

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
[Division of Aging](#)
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Nutrition Service Standards

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STATEMENT OF PHILOSOPHY AND PURPOSE

I. Statement of Philosophy and Purpose

Nutrition services are intended to

- Promote, maintain, and improve the health and well-being of older adults through the provision of a nutritionally balanced meal five or more days per week served in a strategically located congregate setting or delivered to the home.
- Reduce the isolation experienced by many older adults through opportunities for social interaction by participation in the nutrition program.
- Provide nutrition education and supportive service activities in order to enhance the older adult's ability to remain independent.
- Enable impaired older adults to remain at home as long as possible and facilitate the discharge of older adults from hospitals and care providing facilities.

LEGAL BASE

II. Legal Base

**Older Americans Act of 1965 as amended
(as codified in Title 42 of the United States Code, Chapter 35, sec. 3001 et seq.)**

[official compilation not available as of 7-1-03 – see AoA website for unofficial compilation: <http://www.aoa.gov/>]

Title 45, Code of Federal Regulations, Part 1321 (Grants to State and Community Programs on Aging)
<http://www.access.gpo.gov/nara/cfr/>

N.C. General Statutes, Chapter 143B

§143B-181.1 Division of Aging – creation, powers and duties.

(a) There is hereby created within the office of the Secretary of the Department of Health and Human Services a Division of Aging, which shall have the following functions and duties:

(11): To administer a Home and Community Care Block Grant for Older Adults, effective July 1, 1992

(c) The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United State Code, entitled Programs for Older Americans.

<http://www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl>

N.C. Administrative Code, Title 10A, Chapter 6 – Aging Program Operations, Subchapter K – Nutrition Services

<http://ncrules.state.nc.us/ncadministrativ /title10ahealtha /chapter06agingnp /default.htm>

DEFINITION OF NUTRITION SERVICES

III. Definition of Nutrition Services

Summary of federal and state requirements

- **Congregate nutrition programs must provide at least one hot or other appropriate meal per day, and may provide additional meals, in a congregate setting in which a range of social and supporting services are available.**
- **Home-delivered nutrition services must deliver at least one hot, cold, frozen, dried, canned, or supplemental foods meal per day and may provide additional meals to an eligible individual who is homebound by reason of illness, incapacitating disability or is otherwise isolated.**
- **The meals must:**
 - **Comply with the [Dietary Guidelines for Americans](#).**
 - **Provide 1/3 RDA for one meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.**
 - **Be adjusted to meet the special dietary needs of participants to the maximum extent feasible.**
- **In addition to meal service, nutrition activities must include outreach, screening, nutrition education, activity programming for congregate nutrition sites, and volunteer management.**

Practice Guidelines

Service providers are encouraged to note how broad the definition of nutrition services is under federal and state rules. Hot and other appropriate meals are allowed under the Older Americans Act, as well as additional meals. An appropriate meal may be hot, cold, frozen, dried, canned or liquid, as long as it provides 1/3 of the daily recommended dietary allowances, follows the Dietary Guidelines for Americans, and accommodates the needs and capacity of the individual recipient to open, consume, store, refrigerate, freeze, and/or reheat the meal safely. An additional meal is any meal that exceeds one meal per day, 5 days per week.

Options for Responding to Local Needs – Having the flexibility to develop slightly different nutrition programs in each community means that planners can develop programs that are responsive to local needs, such as the risk of malnutrition, health promotion/disease prevention issues, or the diversity of the population. Responses could range from modified and therapeutic diets to salad bars and culturally appropriate meals. They could take the form of frozen or liquid meals. Service delivery for both congregate and home-delivered meal programs can evolve with the needs of the NC communities in which they are located.

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It is not uncommon for communities located especially in the western half of the state to provide shelf-stable meals in anticipation of adverse weather, and agencies are encouraged to make these arrangements. One provider took the idea of shelf-stable meals one step further and developed a Grocery Box Project, an initiative to provide stop-gap services to the neediest people on the agency's long waiting list for home-delivered meals. A box of shelf-stable meals (based on pre-approved menus) is mailed directly from the food caterer to selected applicants who have been screened as being capable of using meals in a shelf-stable form and as being the most at risk.

Other communities have developed frozen meal programs, allowing them to serve eligible people in areas outside the normal area serviced by their home-delivered meal volunteers. Like shelf-stable meals, frozen meals have to be an option chosen only after the recipient has been judged to have the capacity and equipment to store and reheat the meals.

Another form of nutrition service is the provision of liquid nutritional supplements, which are nutritionally fortified, commercially prepared liquid meals. The provision, frequency, and duration of this service have to be approved by a physician, physician's assistant, nurse practitioner, registered nurse, or registered dietitian. Liquid supplements must be served in addition to a complete congregate or home-delivered meal, but may replace a meal if a participant cannot tolerate solid food or cannot chew food. It is inappropriate to solely serve supplements for a meal if the client can tolerate solid foods.

Communities that are able to expand the types of meals offered can be more responsive to individual needs. Like having the right tool to do the job, having a menu of different meal options allows a service provider to choose the method that produces the best outcome for an individual.

Additional Meals – Each community must assess its overall service needs and gaps to determine where nutrition services fit in the local system of home and community-based services and how to define the scope of local service. Not every community has the capacity or funding to diversify nutrition service delivery beyond the traditional hot lunch offered Monday through Friday. Nevertheless, if funding is available, then the nutritional risk status of nutrition clients across NC suggests that local planners may want to investigate the provision of additional meals to the most high-risk clients, especially those with inadequate social support when the nutrition program is closed.

The 1992 amendments to the OAA made it easier and more cost-effective to offer two and three meals per day. Instead of requiring that each meal contain

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1/3 RDA, the 1992 amendments gave increased flexibility to develop two-meal programs that together contain 2/3 RDA and three-meal programs that contain 100% RDA. For example, nutrition service providers can deliver a lighter meal for breakfast and a higher calorie, nutrient-dense lunch.

Communities also can consider the option of providing additional meals in the form of weekend meals, when people without family or friends are the most food insecure because the regular nutrition program is not in operation.

More than a Meal – The federal and state units on aging are proud to market nutrition services as more than a meal, because providers typically offer so much more to their participants. In addition to meals, all agencies offer nutrition screening and nutrition education and may offer nutrition assessment and counseling. Communities routinely describe their nutrition services not only in terms of providing nutritionally sound meals or decreasing malnutrition, but also in terms of reducing social isolation, promoting health, and preventing physical and mental decline. In most communities, nutrition providers also play a critical role in linking older people to other services.

Nutrition providers are encouraged to do a self-assessment and see how well their services go beyond meals to offer social interaction, mental stimulation, informal support systems, and volunteer opportunities. Are participants connected, as needed and appropriate, with other health and supportive services, such as transportation and home repairs? Are they referred for other food assistance programs, such as [Food Stamps](#)?

Local planners are requested to think broadly about defining nutrition services in terms of effective outreach to target populations, screening, assessment, counseling, education, programming, service coordination, and referrals as well as meal provision.

ELIGIBILITY FOR NUTRITION SERVICES

IV. Eligibility for Service

Summary of federal and state requirements

- **Eligibility for congregate nutrition services:**
 - **People 60+ and their spouses regardless of age when the older adult is a nutrition client.**
 - **Local option, based on AAA's written procedures, to offer congregate meals to volunteers who work during meal hours**
 - **Local option to offer congregate meals to people under age 60 with disabilities who reside with and accompany eligible people to meal sites.**
Local option to offer congregate meals to people under age 60 with disabilities who reside in housing facilities occupied primarily by older adults at which a congregate nutrition site is located.
- **Eligibility for home-delivered nutrition services:**
 - **People age 60+ who are physically or mentally unable to obtain food or prepare meals, who have no responsible person who is able and willing to perform this service, and who are unable to participate in congregate nutrition program because of physical or mental impairment.**
 - **The spouse of an older person, if one or the other is homebound by reason of illness or incapacitating disability.**
 - **The family caregiver of an eligible homebound older adult.**
 - **Local option to offer home-delivered meals to volunteers who work during meal hours.**
 - **Local option to offer home-delivered meals to people under age 60 with disabilities who reside at home with an eligible older adult.**
- **The Area Agency on Aging will establish written procedures outlining the documentation required to be in client records at the local level to certify special eligibility for volunteers and people under age 60 with disabilities receiving meals. Disability status must be demonstrated with some form of notice of disability award.**
- **Ineligibility criteria:**
 - **People whose dietary needs cannot be met through the meals offered.**
 - **People residing in long-term care facilities or enrolled in care-providing programs (including adult day care/day health, except that people attending day/care/day health centers may receive meals on the days they do not participate in the adult day program).**
- **Congregate nutrition service priority:**

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- **People in adult protective services.**
- **People at risk of needing adult protective services.**
- **People with health impairments who need nutritional support or people whose living arrangements do not provide adequate meal preparation facilities.**
- **Home-delivered nutrition service priority:**
 - **People in adult protective services.**
 - **People at risk of needing adult protective services.**
 - **People without a caregiver or other responsible party assisting with care.**
 - **People who have ADL impairments (self-care limitations) and IADL impairments (household management limitations).**
- **Home-delivered nutrition providers must:**
 - **Conduct an in-home assessment within 7 working days.**
 - **Determine eligibility and notify within 10 working days of assessment.**
 - **Conduct a written reassessment every 6 months, unless client is on temporary meal status.**
 - **Establish written procedures for reporting changes in eligibility.**

Practice Guidelines

What is the difference between eligibility criteria, priority for service, and targeting?

Eligibility criteria (such as being the spouse of an eligible older adult or being homebound and having no one willing or able to prepare meals) must be met before an applicant is considered for services. However, being eligible does not assure that services will be provided. The HCCBG is a dollar-limited program, not an entitlement program, and providers can serve eligible people only as funding permits. The home-delivered meals program accounts for a substantial number of people on the state's waiting list for HCCBG services. Providers have the option to offer meals to people under special eligibility criteria.

Priority for service – Applying criteria to rank people who qualify for services allows providers to direct limited funding for services to the eligible people who need them most. In general the Home and Community Care Block Grant (HCCBG) assigns priority for service to people under protective services, people at risk of needing protective services because of declining mental or physical functioning, and people who have functional limitations (see section 2 of the HCCBG Procedures Manual for more information). The specific priorities for congregate and home-delivered meals are listed above.

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Targeting – Before determining eligibility or ranking applicants for priority of service, usually there is some form of community outreach to target populations to inform eligible people about the availability of services. The 2000 amendments to the Older Americans Act added rural older adults as a target population, along with older adults who are economically or socially needy, older adults with severe disabilities or limited English-speaking ability, and older adults with Alzheimer's or related disorders and their caregivers. If a community reviews its service statistics and finds that client characteristics for various HCCBG services do not reflect the prevalence of these target populations in the community, then updated methods of reaching out to these groups likely need to be developed.

Summary of Special Eligibility Rules

Providers are not required to enroll any other category of special eligibility client other than spouses, but they have the option to offer meals to other categories of special eligibility people on the same basis as eligible older adults. The AAA is responsible for developing written procedures to guide providers who want to exercise their option to offer meals to special eligibility clients.

Spouses – An underage spouse is eligible for congregate meals if the eligible older adult is a nutrition client. A spouse is eligible for home-delivered meals if either person is homebound by reason of illness or incapacitating disability.

Volunteers – Providers have the option to offer meals to volunteers who work during meal hours for either the congregate or home-delivered meals program. Since volunteers may be well people under the age of 60, providers should take note of whether offering meals to volunteers will displace eligible older adults on the county's HCCBG waiting list.

People under age 60 with disabilities –

- Congregate meals may be offered to a person under age 60 with disabilities if:
 - the person with disabilities resides at home with and accompanies an eligible older adult, or
 - the person with disabilities resides in housing primarily for older adults that has a congregate nutrition site.
- Home-delivered meals may be offered to people with disabilities who live with an eligible older adult.
Documentation of disability status has to be kept on file for monitoring.

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Waiting Lists

It is very important for providers to document people waiting for nutrition services by entering their names in ARMS, the Division of Aging's client tracking and reimbursement system. Providers are not required to do in-home assessments prior to adding a person's name to the waiting list, but they should do sufficient screening by telephone to believe that a person probably is eligible. This list is a powerful indicator to legislators and decisionmakers that local communities have a documented need for nutrition services. Although the ARMS waiting list does not capture the entire need for nutrition services in any community, it does serve a very useful purpose. Providers must keep the waiting list updated and periodically contact people on the list to determine if they are still in need of services.

When providers have an opening and can move someone from the waiting list to active status, they should use the priority for service criteria as a guide.

Applying the Homebound and Social Support Eligibility Criteria

The term "homebound" is clarified in federal OAA rules as "homebound by reason of illness or incapacitating disability" [45 CFR 1321.69(a)]. Inevitably there are questions about how homebound you have to be to receive home-delivered meals, even when you are talking about chronically disabled people who leave their homes only for short periods of time or infrequently.

This question has also been an issue for Medicare services in the past, when leaving the home for any reason other than a medical one could be grounds for terminating Medicare home health care. In 2000, Congress expanded the definition of homebound for Medicare purposes to allow people to attend adult day care programs or religious services. New instructions issued in 2002 make clear that people who are homebound and chronically disabled may leave their homes infrequently for special occasions and for short periods of time without being disqualified.

Being homebound is part of the eligibility criteria for home-delivered meals:

- unable to participate in the congregate nutrition program because of physical or mental impairment,
- physically or mentally unable to obtain food or prepare meals,
- no responsible person who is able or willing to perform this service.

Home-delivered meal providers have some local flexibility to interpret what homebound means for the HCCBG nutrition program, as long as the interpretation is applied fairly and equitably to all applicants and clients. The

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clear intent of NC rules is to reserve the home-delivered meals program for people who are homebound and unable to attend the congregate meals program, who cannot fix their own meals, and who have no one able or willing to perform this service for them. A person does not have to be bedridden to be generally confined to his or her home, but leaving home for non-medical reasons should be for short periods of time or infrequently.

Another question is whether meals can be authorized for homebound older adults when they have family clearly assisting with their care. The answer is yes, if circumstances indicate it is in the best interests of the homebound older adult. Some caregivers work but are able to take care of all meals except the midday meal. In other situations, a hot lunch could provide respite for a full-time caregiver and contribute to the long-term viability of a caregiver who is on duty for all other meals during the week and on weekends. Moreover, if needed, the caregiver is eligible for a meal.

Professional caregivers also sometimes cloud the eligibility picture. If an aide is in the home at midday and is able to prepare a meal, then a provider could legitimately deny services and give the meal to a person ranked higher on the priority list. On the other hand, the presence of an aide in the home very early in the morning for personal care tasks would not necessarily preclude the authorization of a lunch for the homebound older adult.

It is important for providers to be consistent in how they interpret and apply eligibility and priority for service criteria. Assessment forms should document the reason why services are authorized, denied, or terminated. In tight budget times, providers are likely to be squeezed by more requests for service at the very time they have to be more selective about how funding is spent. Consistent interpretation of criteria at the local level will not prevent complaints when services are denied or terminated, but good documentation will support equitable decisions made by an agency.

For home-delivered meal applicants, providers must assess eligibility within 7 days and notify them regarding eligibility or ineligibility within 10 working days. Written reassessments must take place every 6 months, except for people on temporary status, and the agency must have written procedures for reporting changes in participant eligibility.

Using Eligibility Determinations to Coordinate Services or Make Referrals

A good in-home assessment for home-delivered meals and even registration of congregate meal clients is an agency's opportunity to make connections for people who do not always know what questions to ask. Congregate meal participants may be eligible for [Food Stamps](#). Home-delivered meal clients may

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need personal care services and be eligible for [Medicaid](#). Linkages such as these are what distinguish outstanding agencies that provide nutrition services. Contact with an applicant or client is not limited to an eligibility determination; it is used as an opportunity to really assess the client/family situation and to make referrals both within the agency and to other resources in the community.

Ineligibility Criteria

Despite our efforts to be responsive to local needs, our network may not be able to meet the nutritional needs of all people who come to us for service. Thus, eligibility is restricted to people whose dietary needs actually can be met by the Division of Aging's menu requirements. Agencies are allowed to develop a therapeutic diet program based on the written prescriptions of physicians, but the regular HCCBG meals may not be suitable for all people who apply to participate. Providers are encouraged to offer reduced sodium, low fat, low sugar meals because they are healthy, but some nutritional needs demand strict adherence to diets that are not offered as part of the broader program.

Another example of an ineligible person is someone whose meal is already provided by another publicly funded program, such as a long-term care facility or adult day care. On the other hand, a person who is a private pay resident of a long-term care facility is not considered ineligible. If other public funds are already being used to purchase a lunch for these older adults, then HCCBG meals may not be authorized. This does not mean that a person cannot attend as a guest as long as someone pays for the cost of the meal.

Grievance Procedures and Appeals

Agencies need to provide applicants, clients, or their representatives with information about how to appeal decisions affecting the receipt of services. More information about this requirement for all HCCBG service providers may be found in section 7 of the [HCCBG Procedures Manual](#). Procedures may include an administrative review by the provider; a hearing panel that includes the provider, a county representative, and the AAA; review by the Division of Aging; and appeal to the Office of Administrative Hearings. Grievances can relate to service authorization or any action that reduces or discontinues a service.

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V. Nutrition Program Menus

Summary of federal and state requirements

- **Nutrition providers must carry out program activities with the advice of dietitians (or persons with comparable expertise), meal participants, and other people knowledgeable about the needs of older adults. Minimum required documentation includes:**
 - **Menu certification – A licensed dietitian/nutritionist as defined in [N.C. General Statutes § 90-352](#) must sign each page of a menu to certify that the menu meets the menu requirements below. The nutrient analysis and menu change forms must be on file with the certified menus.**
 - **Annual Survey – The nutrition provider must have on file at least one annual survey of participants soliciting menu suggestions and client satisfaction.**
- **Menus must be posted in both the congregate serving area and the meal preparation area.**
- **Approved menus must be followed, subject to seasonal availability of food and the availability of USDA donated food.**
- **Menu substitutions**
 - **The caterer or on-site production manager must document substitutions for dietitian/nutritionist approval.**
 - **Caterers must send written notification of meals that have an emergency menu substitution on the date delivered.**
 - **Menu change form - Any deviation from the approved menu must be documented on a menu change form that provides the date of delivery, specific food substitution, and signature of the production manager and/or dietitian authorizing the change. These forms must be kept on file with the certified menu.**
 - **Menu substitutions must be approved by the dietitian/nutritionist within 90 days or no later than July 31st for meals served in the 4th quarter of the state fiscal year.**
- **Menus must be kept on file with menu change forms for at least one year.**

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- **The signature of a licensed dietitian/nutritionist must be on each page of an approved menu certifying that the following requirements have been met:**
 - **Menus document that at least one hot or other appropriate meal is provided daily at least 5 days per week, except for holidays.**
 - **Menus follow the [Dietary Guidelines for Americans](#).**
 - **Menus provide the [recommended dietary allowances](#): 1/3 RDA for 1 meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.**
 - **Menus are adjusted to meet the special dietary needs of participants to the maximum extent feasible.**
 - **Each meal provides at least 700 calories.**
 - **Sodium content does not exceed 1,300 mg per meal.**
 - **Nutrient analysis**
 - **All foods are identified on the menu in order to calculate nutrient value. All prepared or breaded meat items or meat in combination are specified. The form of vegetable or fruit (fresh, frozen, dried, or canned) on a menu is specified.**
 - **Recipes are provided to facilitate nutrient analysis. When recipe ingredients change, the recipe is resubmitted for approval by the dietitian/nutritionist.**
 - **Menus are written for a period of at least 20 days and submitted to the dietitian/nutritionist for nutrient analysis and approval at least 2 weeks in advance of the meals being served.**
 - **Menus follow the menu pattern requirements**
 - **Meat/meat alternative – no less than 21 grams.**
 - **Bread/grains – 2 servings of whole grain or enriched grain products.**
 - **Vegetables/fruits – 2 servings – juice may fulfill no more than half of this requirement for any one meal – vitamin C-rich foods must be served at least twice per week.**
 - **Fats – not more than 30% of the total calories per meal – gravies, salad dressings, mayonnaise, margarine, or butter must be specified.**
 - **Dairy – no less than 400 mg of calcium from combined menu items.**
 - **Menus are changed at least two times per year.**
- **Therapeutic diets**
 - **A physician's prescription for a therapeutic diet must be on file prior to services, and prescriptions must be reordered in writing every 6 months.**

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- **Therapeutic diet prescriptions and menus must follow the guidelines of the NC Dietetic Association Diet Manual.**
- **Menus must be written by a licensed dietitian/nutritionist and remain on file at least one year.**
- **Each food container must be dated and labeled with the client's name.**

- **Liquid Nutritional Supplements**
 - **Prior to distribution, a written authorization must be on file from one of the following professionals: a physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist.**
 - **The nutrition provider must disclose to the professional who is requested to authorize the product's brand name, nutritional content of one serving, and the amount that will be needed to constitute the required 1/3 for reimbursement to meet the participant eligibility requirements.**
 - **Served in addition to a complete congregate nutrition or home delivered meal. May be counted as 2 meals but together they must provide 66% of the RDA.**
 - **Replacing a meal based on assessed need as determined by the authorizing professional. Such products cannot replace conventional meals unless a disability or condition warrants their sole use. Liquid supplements may be served to participants who cannot tolerate solid foods or cannot chew food.**
 - **The authorization must include name of recipient, reason why product is needed, amount and frequency of product to be provided, duration (not to exceed 6 months), name/signature/telephone number of the authorizing professional, and date of authorization.**

- **All frozen meals must be dated with the date delivered to the nutrition provider.**

Practice Guidelines

Meal Pattern

<u>FOOD GROUPS</u>	<u>AMOUNT TO SERVE PER MEAL</u>
Meat/Meat Alternative	2 ounces cooked, edible portion or equivalent
Bread/Grains	2 servings
Vegetables/Fruits	2 servings
Fats	total fat not to exceed 30% of total calories/meal
Dairy	1 serving

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To assure that each participant is offered a meal based on the required menu pattern, the first meal served at each nutrition site should be accurately weighed or measured by volume to provide a visual standard of reference for portion size when serving the remainder of the meals. Portion control utensils should be used when serving food.

(1) Meat/Meat Alternative Group

The requirement for each meal is to contain at least 2 oz. of cooked edible portion of meat, fish, poultry, or eggs. Meat alternatives may be used occasionally for variety and can include bean, pea, or lentil soup or entrees, as well as peanut butter. Processed meats, such as hot dogs or sausage, should be limited to once or twice a month because of the high fat and sodium content and limited nutrient value.

(2) Breads/Grains Group

The requirement for each meal to contain 2 servings of a whole grain or enriched grain product may be met in a variety of ways. The following examples are considered one serving from the Bread/Grains Group: 1/2 cup rice, potatoes or pasta; 6 saltine crackers; cornbread (2" cube); 1 roll, biscuit, or muffin; or 1 slice of bread. These may be served as separate items or incorporated into the main entree in the amounts specified above. An alternate way of meeting the menu requirement for two servings of bread/grain product would be to provide one serving of bread product as listed above and a starchy vegetable such as 1/2 cup of sweet or white mashed potatoes (or 1 medium-sized potato), lima beans, green peas, or corn. If this alternative is chosen, the starchy vegetable may not be used to satisfy both the bread/grain requirement and the vegetable/fruit requirement. A variety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended.

(3) Vegetable/Fruit Group

To meet the requirement for two servings of different fruits and/or vegetables per meal, a nutrition provider may consider the following examples of one serving: 1/2 cup canned fruit (drained), 1/2 cup cooked vegetable (drained), 1 piece of fresh fruit, or 6 ounces of 100% fruit juice (orange, grapefruit, orange-grapefruit, or other 100% fruit juice fortified with Vitamin C to meet 1/3 RDA for Vitamin C), 1/2 cup coleslaw, or 1 cup tossed mixed fresh vegetable salad. Providers should note that the menu requirements in 10A NCAC 06K .0203 specify that juice may fulfill no more than half of the vegetable/fruit requirement for a meal.

The nutrition rules require that one serving of Vitamin C rich food be served twice each week. It is recommended that one serving of Vitamin A rich food also be served twice each week.

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Fruits or vegetables used in gelatin, soups, or main entrees may be counted as one serving if at least 1/2 cup of fruit or vegetable is provided per serving. Vegetable or fruit sauces (e.g., tomato sauce for spaghetti) may not be identified as meeting the fruit/vegetable requirement, except that applesauce may be counted as a fruit.

(4) Fats Group

Salad dressings, mayonnaise, gravies, white sauces, margarine, or butter must be identified on the menu. Each meal may contain fat, but care should be taken not to exceed the 30% fat level of total calories per meal. Methods that limit the amount of fat during cooking or serving are recommended. However, it should be pointed out that sauces over thin slices of meat help to maintain require food temperatures.

(5) Dairy Group

Calcium requirements have gone up to 400 mg. calcium per meal. This may be obtained by a serving of milk or other foods high in calcium. Calcium-fortified foods, juices, and other beverages may be served to meet the calcium requirement.

(6) Desserts

Dessert may be provided as an option, including fruit, puddings, fruited or plain gelatin, ice cream or ice milk, frozen yogurt, sherbet, cake (frosted or with fruit sauce), cobblers, cookies, or pies (or pie squares), etc. Care should be taken not to exceed the 30% fat level of total calories for the meal.

If fruit is used as a dessert, it can be counted as one serving of fruit/vegetable category. If any calcium-rich foods are used as dessert, they may be counted as part of the total calcium content of the meal.

(7) Beverage Category

Coffee or tea may be served, but cannot be counted as fulfilling any part of the 1/3 daily [Recommended Dietary Allowances](#) requirement.

Menu Planning

(1) Nutrition providers should stay in touch with their participants in order to offer meals that are acceptable to the majority of people who want to partake. An annual survey must be done to solicit menu suggestions and determine client satisfaction.

(2) Putting the [USDA Food Guide Pyramid](#) into practice for menu planning helps to insure a more healthful menu. In general, it is recommended to choose foods

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- that are higher in fiber and lower in fats and sugars. The fat content of meals should be no more than 30% of total calories. Menus should include fiber-containing foods, such as whole wheat bread, fresh fruits, and vegetables. Special attention should be directed to including nutrient-dense foods on the menu and limiting the number of desserts. Cake, pie, cookies, donuts, and similar foods are not recommended for frequent use because of low nutrient density.
- (3) Food items within the meat/meat alternative, vegetable/fruit, and bread/grain groups should be varied within the week and the menu cycle. Food items should not be repeated two days in a row or served on the same days of consecutive weeks. Menus should include a variety of food items and preparation methods, including a mixture of colors, food combinations, textures, sizes, shapes, tastes, and appearances.
 - (4) Menus must be changed twice a year, but should be changed every quarter.
 - (5) Menu substitutions should not exceed one per month.
 - (6) Menu conferences between the licensed dietitian/nutritionist and the service provider should be conducted quarterly to discuss any problems, suggestions, additions, deletions, client comments, upcoming special events, or other topics pertaining to the nutrition program menus.
 - (7) Menu sharing between agencies with different food vendors and in different regions is encouraged in order to offer more variety to the participant.
 - (8) Six ounces of juice should satisfy the fruit/vegetable requirement no more than a maximum of two days per week.
 - (9) Main dish salads may be served on the menu.
 - (10) Vegetable protein products are allowed by the Food and Nutrition Service-USDA to be used in meat mixtures up to a maximum of 30%. This means all meat mixtures must contain at least 70% of meat in the mixture.
 - (11) Fresh and frozen vegetables should be used as much as possible. When canned vegetables are used, salt should not be added.
 - (12) Fresh fruits and vegetables of good quality may be donated and incorporated into the menu only when they can be used to serve all participants.

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- (13) If the nutrition program uses a caterer, dietary specifications and menu pattern requirements need to be stipulated in the contract between the caterer and the nutrition program. These requirements must be stated as clearly and specifically as possible to prevent any misunderstandings and set forth the responsibilities of both parties.
- (14) Nutrition program staff should tour the caterer's kitchen facilities at least annually. The caterer should be evaluated to assure that food is being prepared in a Grade "A" kitchen and that food-handling procedures are safe and sanitary. Any requirements in federal and state nutrition rules that are delegated to the caterer should be monitored during these visits.

Therapeutic Diet Meals and Special Modified Meals

Therapeutic diets and special modified meals may be provided when there is sufficient need and when the skills to prepare and serve these special diets are available.

- (a) Therapeutic Diet Meals: A nutrition program may offer therapeutic diets to participants with a physician's authorization. A physician's written diet order must be on file prior to serving therapeutic diet meals and must be reordered every six months. Menus for therapeutic diet meals have to be written by a dietitian following the standards of the current NC Dietetic Association Diet Manual. A best practice for therapeutic meal delivery is to provide a copy of the certified menu to the person delivering the meal to assure that the physician's prescription is fulfilled. A therapeutic diet meal must provide 1/3 of the [recommended dietary allowances](#) to qualify for reimbursement through the Home and Community Care Block Grant and NSIP.
- (b) Special Modified Meals: Certain changes in the certified approved menu may be offered where feasible and appropriate to meet the medical requirements of a participant. These changes can be made within the existing meal program without a physician's authorization. These changes include:
- *Change in entrée.* A participant may request a lower sodium entrée on days when high sodium entrees are served. A higher sodium entrée contains more than 500 milligrams of sodium.
 - *Change in dessert.* Serving a dessert is optional. If a dessert other than fresh fruit or canned fruit packed in its own juice (not a sugar syrup) is served, then fresh fruit, juice-packed or water-packed fruit, or other dietetic, low-sugar desserts should be available if requested by the participant to replace the planned dessert.

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Using Shelf-Stable and Frozen Products When the Regular Nutrition Program Is Not Operating or Not Available

Shelf stable, frozen, canned, or dehydrated meals may be provided to participants for emergency situations, holidays, additional meals, and weekend meals. These types of meals are expected to follow the menu pattern requirements. Frozen meals may be useful in areas where daily delivery is limited or for weekend meal service. Emergency meals may be provided for inclement weather days if distributed in advance of the inclement weather. The adequacy of freezer and refrigeration equipment and the ability of the participant to prepare meals must be taken into consideration when authorizing these meals.

Providers who order frozen meals or shelf-stable meals often store them and deliver them in quantities, such as delivering a week of meals at one time. Providers should use these meals within 6 months of delivery. They must be dated upon delivery and should be rotated if necessary to assure that the oldest meals are delivered first.

The method of packaging and delivering more than one meal at a time may make it difficult or impossible to visualize the original menu grouping approved by the dietitian as meeting 1/3 RDA. For this reason, providers may want to provide some type of instructions to the meal recipients regarding suggested menus.

When delivering multiple meals to a client, the total number of meals should be reported for reimbursement on the day they are delivered. For example, the delivery of one hot meal on Friday along with 4 frozen meals for the weekend would be shown on the meal report as 5 meals on Friday's date.

Distributing Liquid Nutritional Supplements

As authorized by a professional (physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist), liquid nutritional supplement meals may be provided as a second meal per day or as a meal replacement for frail older adults. The normal menu pattern requirements do not apply to these products, but they must be provided in a quantity sufficient to assure 1/3 RDA in order to be reimbursed by the HCCBG or the NSIP.

As a Second Meal – When liquid nutritional supplements are included within the scope of nutrition services offered in a community, generally they should be distributed with a hot or other appropriate meal because it is intent of the Older Americans Act to provide food, not supplements. In combination with a conventional meal, liquid nutritional supplement may be a very cost-effective

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means of helping people who are at high risk of malnutrition and in need of additional meals.

As a Meal Replacement – Because liquid nutritional supplement is meant to supplement and not replace meals, special authorization is required for meal replacement. In the authorization form, the authorizing professional must certify that the person approved for liquid supplement as a meal replacement has a disability or condition that prevents them from chewing food or otherwise tolerating solid foods.

FOOD PREPARATION AND SAFETY REQUIREMENTS

VI. Food Preparation and Safety Requirements

Summary of federal and state requirements

- **Federal, State, and Local Requirements**
 - Federal rules require that nutrition programs comply with all state and local requirements for the safe and sanitary handling of food, equipment, and supplies. Services must meet state and local licensing, health, and safety requirements.
 - Permit – North Carolina nutrition providers must maintain a permit from the Division of Environmental Health, N.C. Department of Environment and Natural Resources, and must comply with the food safety and sanitation practices issued in the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" ([15A NCAC 18A .2600](#)).
 - Grade A Sanitation Rating – Nutrition providers and food preparation sub-contractors must follow the sanitation rules in [15A NCAC 18A .2600](#) to maintain a Grade A (or at least 90%) sanitation rating. If the grade falls below "A" or 90%, the AAA must be notified and must receive a copy of the Environmental Health inspection report. Corrective action must be undertaken and a request for reinspection for purposes of raising the grade must be made within 7 days of the lower grade. When the local Environmental Health Specialist reinspects the facility, the AAA must receive a copy of the reinspection report. The facility where meals are prepared or served may continue to provide meals for the nutrition program with a sanitation rating of less than "A" or 90% at the discretion of the AAA.
- **Food Safety**
 - All staff working in the preparation of food must be under the supervision of a person who shall insure the application of hygienic techniques and practices in food handling, preparation, and service. This supervisory person shall consult with the nutrition service provider's dietitian for advice and consultation as necessary.
 - Nutrition providers must educate participants and all staff annually regarding the sources and prevention of foodborne illness.
 - All food must be packaged and transported in a manner to protect against potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling.
 - Packaging and transport equipment must maintain temperatures. All documentation of food temperatures must be kept on file for audit.

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- The area where meals are handled or served must be kept clean and in good repair.
- Summary of time and temperature requirements:
 - Food temperatures must meet the requirements of "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" ([15A NCAC 18A .2600](#)). Basically all potentially hazardous food must be held at 140°F or above or 45°F or below except during necessary periods of preparation and serving.
 - The sanitation rules found at ([15A NCAC 18A .2600](#)) allow time rather than temperature requirements under certain procedures approved by the local Environmental Health Specialist.
 - Food preparation caterers must document each food item delivered and record the end of food preparation time on meal delivery tickets (signed by the food production manager).
 - Food not prepared on-site must be received at the drop-off location by a nutrition program employee or trained volunteer.
 - The nutrition program employee or trained volunteer must document meal arrival time on the caterer's delivery ticket (signed by the person receiving the food). If warming equipment or refrigeration equipment is used to hold food prior to serving, then temperatures also must be taken and recorded at the time of food delivery.
 - Congregate Nutrition Program - Food temperatures must be taken just prior to serving congregate meals, and the time of temperature documentation must be noted. Food temperatures must be recorded by the name of each specific food item, except bread products, cake, fresh fruit, and fruit cobblers.
 - Home Delivered Meals Program - regardless of whether food for home delivered meals is received in bulk for packaging at a nutrition site or arrives pre-plated from the caterer, temperatures of each specific food item (except bread products, cake, fresh fruit, and fruit cobblers) must be recorded at least one time per month on each route.
- Food Preparation
 - Food prepared, frozen, or canned in the home cannot be served at the site.
 - Food from unlabeled, rusty, leaking, or broken containers or cans with side dents, rim dents, or swells cannot be used.
 - All meat and poultry, fresh or frozen, must bear inspection stamps on the box or package indicating inspection by [USDA](#), the [N.C. Dept. of Agriculture and Consumer Services](#), or other agencies having regulatory authority.

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- **All foods used in the meals must be from sources approved by federal or state agencies ([USDA](#), [FDA](#), the [NC Dept. of Agriculture and Consumer Services](#), or other agencies having regulatory authority). All foods used in meals must be in compliance with applicable state and local laws, ordinances, and regulations. They must be clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption.**
- **Fresh raw fish must bear the PUF_I (Packed Under Federal Inspection) Shield.**
- **Prior to use, all fruits and vegetables must be washed to remove dirt or insecticide residues. Fresh fruits and vegetables free from disease and infestation may be donated and incorporated into the menu only when they can be used to serve all participants.**
- **Whether food is prepared on-site or prepared off-site and delivered, recipes need to provide a consistent quality and quantity of meals.**
- **Food preparation needs to present optimum flavor and appearance, while retaining nutrients and food value.**

- **Home-delivered meal packaging and packing –**
 - **Meals packaged at nutrition sites must be individually packaged before congregate meals are served. Whether home-delivered meals are packaged at nutrition sites or pre-plated at food preparation centers, they must be individually packaged, packed in insulated food carriers, and transported immediately.**
 - **All food delivery carriers must meet National Sanitation Foundation standards and must be sanitized daily by the food service provider.**
 - **Divided containers with air-tight seals must be used for hot food.**
 - **Bread must not be placed on top of other food.**
 - **Cold and hot food must be packaged and packed separately.**
 - **Individual containers with tight-fitting coverings must be used for all cold food. Sealable "sandwich" type bags may be used for bread.**

Practice Guidelines

Permits/Inspections/Grade Cards

Each congregate nutrition program site should be located at an approved public or private facility meeting the following requirements:

- (a) Each site has a "Permit to Operate" from the local health department prior to opening.
- (b) Each site has a current Health Department inspection "grade card" posted.

Nutrition sites with on-site food preparation are inspected like restaurants on a quarterly basis. On the other hand, catered congregate nutrition sites are

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inspected by local health departments only one time per calendar year. It is possible for more than 12 months to lapse between inspections and perhaps be closer to 2 years if a site is inspected at the beginning of one calendar year and then again near the end of the next.

Since nutrition sites are inspected or monitored by both Environmental Health Specialists and AAAs, both may be involved in corrective actions by a nutrition program. The Division of Aging expects local programs to maintain the highest quality of service delivery possible with a sanitation grade of "A" or 90%. However, a facility where food is prepared or served may drop below a grade of "A" or 90% and still be allowed to operate by the health department. Points may be deducted for deficiencies in buildings used by other programs not subject to Environmental Health rules or in buildings managed by entities not willing to address deficiencies identified by the Environmental Health Specialist. Communities are not always able to locate nutrition programs in ideal buildings if they want to offer meals in areas where people need them the most. These competing factors need to be resolved in the best interest of participants by nutrition providers, local health specialists, and AAAs. The main purpose of the DOA Administrative requirement is to have the AAA be informed and actively participating in providing support and oversight to a local nutrition program that falls below a grade of "A" or 90% as required by the Division's nutrition standards. The nutrition program may continue to operate at the AAA's discretion while efforts are made to resolve deficiencies, so long as the health department does not withdraw its permit to operate. The nutrition program must take corrective action within 7 days of the sanitation rating falling below an "A" or 90%.

Overview of Food Temperature Requirements

Providers are expected to comply with the temperature requirements of [15A NCAC 18A .2600](#) [specifically .2609 (g)], but all holding time requirements have been deleted from the Division of Aging service standards. The length of time between end of preparation and delivery must now be controlled through food contracts, and providers are strongly encouraged to assure the shortest holding time possible by the caterer or the agency. Maintaining temperatures at safe levels while preserving food quality, taste, and appearance depends on these contract provisions and fast delivery.

Temperature control is a part of the risk management procedures that an agency undertakes to protect all parties. There are clear challenges in maintaining temperatures in Older Americans Act nutrition programs. Whereas restaurants cook and serve food, most of our nutrition programs cook, hold, and then serve meals. Challenges include the length of time between preparation and serving, the adequacy of equipment for maintaining temperatures, the number of people

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involved in handling and distributing meals, and the distance between drop-off points and clients.

Sometimes a lapse in procedures may lead to unpalatable food, and other times it may lead to foodborne illness. For this reason, all nutrition programs are required to document food temperatures and adhere to other risk management procedures, including the following:

- End of preparation time for food not prepared on-site and arrival time at the drop-off location must be documented. Even though there are no time requirements between end of food preparation and meals being dropped off, this is basic documentation for the line of control and responsibility for meals should there ever be a question related to foodborne illness in connection to the nutrition program meals.
- Packaging and transport equipment must maintain appropriate food temperatures.
- If congregate sites use warming or refrigeration equipment prior to serving food, then temperatures must also be taken and recorded at the time food is delivered.
- All hot food must be at least 140 ° F and all cold food 45 ° F or below at the time it is delivered or served to a participant.
- Time and temperatures must be taken just prior to serving congregate meals.
- Temperatures must be recorded for each food item on a menu, except bread products, crackers, cake, fresh fruit, and fruit cobblers.
- Home-delivered meals packaged at nutrition sites must be packaged before congregate meals are served, placed in insulated containers, and transported immediately. All home-delivered meals pre-plated by a caterer must be individually packaged, packed, and transported immediately.
- Temperatures must be taken at least once per month on each nutrition route. The nutrition program should evaluate whether it is more feasible to order an extra meal for the temperature check or to train staff to take the temperature from a participant tray without contaminating the food.
- All temperature records must be maintained for audit.
- If food temperatures are out of compliance at the time it is delivered to a home-delivered meal participant, corrective action plan must be implemented and documented. Possible solutions may include redesigning shorter routes, using heat stones, or using better equipment.

Providers may use an Environmental Health requirement to be judged on time rather than food temperature compliance. This entails a special process to obtain approval from the local Environmental Health Specialist in advance of the food being prepared [see rule .2609 (h) of [15A NCAC 18A .2600](#)]. This requirement states that food must be served to the public within two hours of completing the cooking process or when food is otherwise removed from

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required temperature controls. With prior approval from the Health Department, this provision allows a specified food item to be served below 140 degrees or above 45 degrees as applicable, but all of the unserved food must be thrown out after two hours.

Other Food Safety Issues

Nutrition rules require that agencies educate participants and staff about the sources and prevention of foodborne illness. This is especially important if unserved food leftover at a congregate nutrition site is taken home by participants or donated to food pantries or homeless programs. Agencies need to have guidelines regarding the handling and storage of leftover food.

NUTRITION EDUCATION AND PROGRAMMING

VII. Nutrition Education and Programming

Summary of federal and state requirements

- **Nutrition education and counseling**
 - **Nutrition program funding may provide not only meal service, but also nutrition education and counseling.**
 - **Nutrition education programs must be scheduled at least two times per quarter at each nutrition site.**
 - **Nutrition education for home-delivered meal clients must be provided at least two times per year.**
 - **Nutrition education on the sources and prevention of foodborne illness must be provided at least annually to staff and participants.**

- **Nutrition Programming**
 - **The nutrition site manager is responsible for activities at the site. A calendar of activities and programs must be posted at the beginning of each month at each site.**

Practice Guidelines

The senior nutrition program is “more than a meal”. Programmed activities should be provided daily at each site and posted on an activity calendar at the beginning of each month. Activities should be varied to include programs that promote exercise and healthy living, provide nutrition education, increase social interaction, and inform older adults about community-based services. Providers should establish partnerships with other community agencies that also serve seniors and have agreements with them to make presentations at nutrition sites about services and resources available to older adults. These agencies also can make arrangements with nutrition providers to offer services at nutrition sites. A number of sites cooperate with [local health departments](#) to offer flu shots or blood pressure screenings. Many also cooperate with [local departments of social services](#) when applications are being taken for programs such as the low-income energy assistance program.

Nutrition education helps promote health and prevent disease and is a required part of nutrition services (twice per quarter for nutrition sites and twice per year for home-delivered meal clients). A best practice would be to provide health education, health promotion, and food safety education on a regular monthly basis to congregate program participants. Programming on the sources and prevention of foodborne illness should be presented in connection with information about the nutrition program's policies on taking home leftover food.

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Nutrition education programs should go beyond written information alone and should include culturally appropriate activities. Examples of other ways to conduct nutrition education include cooking classes, field trips, food tasting sessions, gardening, and presentations covering food safety. Also, providers should consider connecting nutrition education presentations on the cardiovascular benefits of exercise with some fun exercises or walking programs.

One-on-one nutrition education instruction can be conducted with home-delivered meal clients during their six-month reassessment visits. Some programs make special arrangements for home-delivered clients who are determined to be at high risk of malnutrition. A registered dietitian visits these clients to complete nutritional assessments and provide individualized nutrition education activities. Emphasis should be placed on referring participants to available services indicated by reassessments as needed in order to help them maintain their independence at home.

Providers may budget for nutrition education as part of HCCBG nutrition services. However, both nutrition education and counseling are also allowable services under Title III-D Health Promotion/Disease Prevention funding. If providers are unable to use the HCCBG allocation for nutrition counseling because of a long meal waiting list but feel there is an unmet need in the county for nutrition counseling, they should discuss their needs with the Area Agency on Aging and inquire about opportunities to apply for health promotion funding.

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VIII. Staffing and Training Requirements

Summary of federal and state requirements

- **Nutrition programs are not required to employ a licensed dietitian or nutritionist, but arrangements must be made for a qualified dietitian/nutritionist to certify nutrition program menus.**
- **Nutrition providers must provide enough staff to operate the program, including a nutrition program director and, if funded for congregate nutrition, a site manager. Site managers may not be paid through the Home and Community Care Block Grant for more than 4 hours per day. Nutrition staff also must recruit, orient, train, and supervise volunteer staff to help with meal service and programming.**
- **Training:**
 - **Nutrition program directors must successfully complete within 12 months of employment at least 15 hours of instruction in food service sanitation and also participate in training on nutrition program management offered by the N.C. Division of Aging. They are responsible for day-to-day management and thus must be knowledgeable about administrative procedures, site operations, record-keeping and reporting requirements, food safety, and food service.**
 - **Site managers must be knowledgeable about site operations and record-keeping requirements, community resources and referral procedures, food safety, and food portioning.**
 - **All staff must be knowledgeable about the aging process.**
 - **All staff must know procedures for fire or disaster evacuations.**

Practice Guidelines

Staffing

Although nutrition programs do not have to include dietitians on staff, federal rules do require that a dietitian or individual with comparable expertise be involved in planning nutrition services. Menu planning and review can be arranged through subcontracts or volunteer agreements.

A service provider should provide adequate staff to operate the nutrition program, based on the size of the nutrition program (number of nutrition sites and clients), the service area, the method and level of service provided, and outreach needed. The nutrition program director may be full-time or part-time, depending on the

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size and scope of the program. Site managers can be paid for no more than four hours per day out of the Home and Community Care Block Grant, and they may work fewer hours if the nutrition provider can meet all requirements in less time. Nutrition sites with good attendance and full activity schedules probably will need to employ a site manager for at least four hours per day.

Training

Agencies should document that training is provided to staff. This may be done with agendas and sign-in sheets for group training. For individual sessions, documentation might take the form of a list of topics discussed that is signed or initialed and dated by the staff member or volunteer. Agencies also could assemble written information in booklets or binders for site managers and volunteers and then document the date that information is explained and distributed. Documentation may take many forms, but it is important to assure that the nutrition agency has met the requirement for staffers to have the required skills and knowledge. This is usually done by documenting that they have participated in training sessions.

Staff working in food preparation – whether paid or volunteer – must be under the supervision of a knowledgeable person who can assure the application of hygienic techniques and practices in food handling, preparation, and service. The requirement for the nutrition program director to complete at least 15 hours of instruction in food service sanitation may be met by completing a food sanitation course offered by an accredited college or university or by completing the SERVSAFE, Serving Safe Food Certification course offered through the Education Foundation of the National Restaurant Association.

The N.C. Cooperative Extension Service, local health departments, and community colleges often sponsor courses in communities across the state. To see a schedule of upcoming local food service training courses posted on the NC State University website, go to the following link:

<http://www.ces.ncsu.edu/local-county-center/>

In addition, the Division of Aging provides a basic orientation to nutrition program management twice a year, required for nutrition program directors but also open to site managers.

Nutrition agencies must assure that site managers are well versed not only in food safety and food portioning, but also in site operations, community resources and methods of referrals, and record-keeping (for example, documentation of client registration information and documentation of meals ordered, received, and served). Training in site operations should include among other things the agency's requirements for programming and nutrition education, procedures to

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be followed in case of participant illness or injury, provisions for quarterly fire drills, and the agency's procedures for evacuating the site in case of fire or explosion.

Not only site managers but all staff should be trained in evacuation procedures in case of fire or explosion. In addition, you would expect that all staff (paid or volunteer) should understand the aging process and apply that awareness to their interactions and communications with the nutrition program participants.

Certain agency requirements – such as protecting confidentiality, safeguarding the collection of voluntary donations, or refraining from prohibited activities (e.g., giving medications) – may not be listed as training requirements but certainly are a part of program operations.

Some staff and volunteers are responsible for specific tasks that require individual training. For example, the person designated to receive food if food preparation is subcontracted to a caterer has certain responsibilities for documenting arrival time and notifying responsible parties if incomplete meals are delivered. Their training also should involve temperature control after food delivery if it is held prior to serving. Staff or volunteers who assist with food service should be taught how to portion food according to menu specifications. Congregate site workers may need instruction in how to provide assistance to participants who have difficulty walking or carrying trays.

Home-delivered meal volunteers also need training specific to their role in meal service, such as:

- maintaining temperatures while delivering food,
- procedures for documenting that a meal was delivered to a specific client,
- friendly visiting and providing assistance with opening meals, beverages, or utensils,
- what to do if they encounter an emergency at a client's home,
- how to report changes in a client's status or condition,
- how to report situations that look like the client or the household is in imminent danger,
- procedures for accepting donations, including Food Stamps,
- protecting confidentiality,
- not to leave a meal unless the participant is at home to receive it (unless other arrangements have been made),
- not to conduct financial transactions except those related to meal donations,
- not to administer medical treatment or medications, and
- not to accept gifts from participants.

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Agencies must maintain some type of documentation that training has been offered to volunteers.

Other Staff Responsibilities

Our nutrition programs provide more than a meal to most participants. We strive to provide an environment where friendships develop, activities stimulate interest and participation, and seniors find a point of connection to other community resources as their circumstances change. This is why the nutrition rules make it a requirement for site managers to be trained in community resources and methods of referral and for congregate sites to have site managers who are responsible for activities at the site.

Programs can be educational, social, recreational, or intergenerational. They can be designed to foster continued involvement in the community through volunteer activities. Presentations about community resources should be arranged in cooperation with valuable partners such as the local library, parks and recreation, [health department](#), [mental health](#), [social services](#), [Cooperative Extension](#), and [Social Security Administration](#). Whether for learning or for fellowship, these activities are what help our programs to be more than a meal.

In addition to programming, the other challenge and opportunity is for nutrition staff to become effective at knowing when and how to help link nutrition clients with other services provided by the agency or other service providers in the community. Nutrition staff often are acutely aware of changes in functioning, resources, and needs in the people they see weekly. A best practice for nutrition providers would be to train staff to assess the needs of home-delivered meal clients for other long-term care services and referral, rather than focusing strictly on eligibility and need for meals. For both homebound clients and lunch site participants, the nutrition program can be an extremely important entry point to services that will keep them functioning independently in their homes for as long as possible.

NUTRITION PROGRAM ADMINISTRATION

IX. Nutrition Program Administration

Summary of federal and state requirements

- **Operation of nutrition programs**
 - **Except for holidays or emergency situations, nutrition programs must operate five days per week, 52 weeks per year, unless the Division of Aging has approved a waiver for a rural area where such frequency is not feasible.**
 - **Participants must be notified in writing of designated holidays.**
 - **The area to be served by the home-delivered meals program must be established in writing.**
 - **If feasible, services should include intergenerational meal programs in cooperation with schools or other facilities serving meals to children.**
 - **Nutrition programs should enter into contracts that limit the amount of time that meals spend in transit before they are consumed.**
 - **Nutrition program providers must be authorized by USDA to accept [Food Stamps](#) as contributions toward the cost of services and must conform to requirements for the use and handling of Food Stamps.**

- **Records of service activities must be maintained for client registration; meal service records; service cost-sharing; diet prescriptions for therapeutic diets; documentation of meals prepared, meals served, and meals unserved; and employment records.**
 - **Client records and units of service reports must be submitted on a regular basis, and errors must be corrected when they are identified.**
 - **Congregate – Client registration information must be updated annually for congregate nutrition clients.**
 - **Home-delivered – Client registration information must be updated when participants are reassessed every 6 months (except for temporary meal status).**

- **Nutrition program providers must maintain confidentiality of client records.**

- **Nutrition providers must inform participants about agency procedures governing the provision of services, confidentiality, waiting lists, service priorities, complaints and grievances, and other matters germane to the participant's decision to accept service.**

NUTRITION PROGRAM ADMINISTRATION

- **Congregate only requirements**
 - There must be a site manager responsible for activities at the site.
 - Provisions must be made for meal service to eligible participants with disabilities and limited mobility.
 - The site should be located as close as feasible to the residences of the majority of people eligible for services.
 - The site must conform to all applicable [fire code](#), [building code](#), and [sanitation code](#) requirements of state and local government.
 - Each congregate nutrition site must be located at a facility that meets the following general requirements:
 - (a) Has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.
 - (b) Is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.
 - (c) Has an adequate number of sturdy tables and chairs appropriate for older adults.
 - (d) Has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.
 - (e) Has at least 2 exits which are unlocked during hours of operation.
 - (f) Has parking spaces available.
 - (g) Has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.
 - (h) Is heated during colder months to at least 72 degrees Fahrenheit while participants are present.
 - Each site must have an emergency plan for medical emergencies and evacuation in case of fire or explosion.
 - Each site must conduct fire drills quarterly during hours of site operation.
 - Each site must have posted in at least one visible location a written plan that describes procedures to follow in case a participant becomes ill or injured. This plan must be explained to staff, volunteers, and participants.

- **Home-delivered only requirements**
 - Within 7 days of referral, a written in-home assessment must be conducted. The applicant must be notified of the eligibility determination within 10 working days of the assessment.
 - A written in-home reassessment must be conducted every 6 months, except for people on temporary home-delivered meal status. This

NUTRITION PROGRAM ADMINISTRATION

- reassessment must include the updating of client registration information.**
- **The nutrition provider must have written agency procedures for reporting changes in participant eligibility.**
 - **The nutrition provider may only deliver meals to an eligible person residing in a home setting and only when an individual receives them.**
 - **The home-delivered meal provider must maintain a daily written record, signed by the meal delivery personnel, of meals received by each client on each route.**
- **Prohibited activities**
 - **Funds may not be used to purchase vehicles to deliver meals.**
 - **Meals may not be provided to ineligible people without reimbursement of the full cost of the meal.**
 - **Therapeutic meals may not be served without a physician's order on file and the nutrition program has the capability to provide the service**
 - **Staff and volunteers may not administer medical treatment or medications.**
 - **Staff and volunteers may not carry out financial transactions except those related to service cost-sharing donations.**
 - **Staff and volunteers may not provide unapproved meals to participants.**
 - **Staff and volunteers may not accept gifts.**
 - **Congregate meal sites may not be closed or combined on a temporary or permanent basis (except in an emergency) without the prior written approval of the AAA administrator assuring that options for maintaining services have been considered.**
 - **Nutrition Services Incentive Program (NSIP)**
 - **The NSIP is the new name for the USDA cash or commodities program authorized by the Older Americans Act for many years. Any meal that satisfies the requirements of the Older Americans Act (regardless of funding source) is eligible and may be reported for the NSIP cash or cash and commodities allocation as long as the program has the same OAA eligibility requirements for clients and the same OAA nutritional requirements for meals.**
 - **Meals are not eligible for NSIP if participants are means-tested as part of the eligibility requirements under other funding sources.**
 - **Meals are not eligible if a set fee is charged for them.**
 - **NSIP-eligible meal programs must provide participants with a voluntary opportunity to contribute toward the cost of meals.**

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- **For an agency to be eligible for NSIP reimbursement for meals provided with funding other than the NC Home and Community Care Block Grant (which includes Older Americans Act funding), the agency must be under the audit authority of the Area Agency on Aging. This means that the agency must have a grant agreement with the AAA. Agencies without a grant relationship to the AAA may not submit meals for NSIP reimbursement.**
- **NSIP funds must not be used to supplant nutrition funding under other sections of the Older Americans Act.**
- **NSIP cash in lieu of commodities can only be used by grant recipients and contractors to purchase U.S. agricultural commodities or other foods.**

Practice Guidelines

Waivers – Providers must offer meal service 5 days a week year-round, except for holidays and emergencies. This federal and state requirement is waived only for good cause, and waivers must be requested annually.

Food preparation contracts – Nutrition providers should develop bid specifications (and enter into contracts) that limit the amount of time meals are in transit before they are consumed. Even though meal delivery requirements no longer include time compliance and instead focus on temperature compliance, still it is important to remember that food quality and appearance will always be linked to the time between end of preparation and consumption. Providers should negotiate contracts that give meal participants the most nutritious and pleasing product possible. Delivering food that meets temperature requirements but is unpalatable and unappetizing defeats the purpose of service delivery. Vendors must be held to contracts that limit the length of time between end of preparation and drop-off to the nutrition provider. The nutrition provider then has the responsibility to serve or deliver the food as expeditiously as possible in order to maintain both temperatures and quality.

Multiple funding sources – Providers are encouraged to seek additional funding, especially for the home-delivered meals program. Grants from churches, foundations, and other private sources can make a big difference in the number of meals served. Another source of public funding is the NC Medicaid-waiver program for disabled adults. The Medicaid Community Alternatives Program for Disabled Adults (CAP/DA) will reimburse for home-delivered meals provided to CAP clients as part of their care plans. Per 2003 guidance from the Administration on Aging, however, CAP/DA meals may not be reported for the Nutrition Services Incentive Program subsidy (formerly called the USDA cash or

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commodities program) because meal recipients are means-tested as part of the eligibility determination for Medicaid.

Nutrition Services Incentive Program (NSIP) – The NSIP is not a new program. Until 2003, the program was administered by USDA as a cash and/or commodities program to supplement OAA meals, but it has been authorized under the Older Americans Act in one form or another since 1978. In 2003, administration of the program was transferred to the Administration on Aging. There are no significant changes in the program as a result of this transfer. Commodities or cash in lieu of commodities are still available. The new name refers to the fact that the cash or cash and commodity allocation is a proportional share of a federal fiscal year allocation. As long as meals satisfy the requirements of the OAA, they are eligible to be reported for purposes of the NSIP regardless of funding source. The more meals reported to AoA by a state, the larger the state's share of the federal allocation is. Thus, the purpose of the program is to reward performance in meal delivery by programs funded, in whole or in part, under Titles III and VI of the OAA.

According to AoA, the basic criteria that make a meal eligible for the NSIP reimbursement are:

- Meals must meet the OAA nutrition requirements for 1/3 RDA and follow the Dietary Guidelines for Americans.
- Meals must be served to eligible individuals: a person who is 60 or over the spouse of a nutrition client who is aged 60 or over.
 - Eligibility may extend to certain eligible people under age 60, including people with disabilities who reside in housing for seniors with a congregate nutrition site or people with disabilities who live with and accompany eligible older adults to the nutrition program.
 - Eligibility may extend to volunteers providing services during meal hours.
- Participants may not be means-tested for eligibility.
- Regardless of funding sources, meals reported for the NSIP subsidy must be served by a provider who is under the jurisdiction, control, management, and audit authority of an Area Agency on Aging. This means that an agency is eligible if it has a grant agreement with the AAA. Privately funded nutrition programs or assisted living facilities that are not funded by the AAA are not eligible to participate in the NSIP.
- No set fee can be charged for the meals provided (private pay meals are not eligible).

NSIP cash still must be used to purchase U. S. agricultural commodities and other foods of U.S. origin. NSIP funds may not be used to supplant funds previously earmarked for services to older adults.

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Private pay meals – Providers may develop private pay programs for any service offered by the agency. Public funding should not be used to support the provision of private pay meals to ineligible people. If ineligible individuals participate regularly in the HCCBG nutrition program, providers should charge them the full unit reimbursement rate for their meals. Providers must recoup at least the total cost of the meal for ineligible guests.

Consumer contributions – Requirements for soliciting contributions from participants are found in the [HCCBG Procedures Manual](#). A carefully thought out approach to requesting donations could add significant resources and allow a provider to expand nutrition services.

[Food Stamps](#) – Nutrition providers are required to accept Food Stamps as contributions for meals. Since Food Stamps have become part of the federal Electronic Benefits Transfer (EBT) system, this is typically done through Offline Food Stamp Vouchers, which are filled out noting the participant's contribution. If a provider receives a Food Stamp EBT voucher, it should be called in on the day it is received from the client. This can be done after participants leave a nutrition site, and a copy of the voucher can be given to the contributor the next day. All vouchers should be collected and mailed once a week to the EBT reimbursement processor. Home-delivered meal clients also can contribute using EBT vouchers, and volunteers can assist as needed. If a volunteer collects a voucher for contribution, it should be returned to the nutrition program office immediately just as the old Food Stamp coupons were. Copies of the contribution voucher can be returned to the home-delivered meal client after the voucher is processed.

Referrals to other community resources – If nutrition providers determine that a client is low income and potentially eligible for other community resources, it is important for them to make referrals. One important connection is to help low-income participants apply for the Food Stamp program. Participation rates indicate that only about 26 % of eligible older adults in North Carolina actually receive Food Stamps. The average Food Stamp benefit for NC older adults is \$45, a helpful amount of extra income that can be used for groceries during the month. Site managers should have the contact information for the [county's Dept. of Social Services Food Stamp representative](#) available to distribute. This information can be given to any senior who says they are economically needy when the [Client Registration Form \(DOA-101\)](#) is being filled out or updated.

Expanding services through health promotion funding – Providers are reminded that nutrition counseling is an allowable activity under the Older Americans Act Title III-D health promotion/disease prevention funding. Local service providers with unmet needs in this area are encouraged to discuss their needs with the Area Agency on Aging. Although nutrition counseling is an allowable expenditure

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as part of the regular nutrition services, sometimes it is not possible to meet both the demand for meals and the need for nutrition counseling through the HCCBG allocation. Nutrition counseling is an important intervention for people with specific health conditions.

Record-keeping – An essential part of administering a nutrition program is maintaining client records and documenting service activity. Client registration information (and updates) and units of service reports must be entered into the reimbursement system regularly. Providers should review Error Reports on a monthly basis and correct all errors immediately. Failing to do this means that reimbursement reports do not accurately reflect the balance of funding available to a provider, since funding is obligated but not paid until errors are corrected. Providers also should periodically print out other management reports such as the Client Master List and look for obvious errors. Meticulous record-keeping results in accurate reimbursements for nutrition providers, but this information also is used statewide and nationally to describe the clients receiving nutrition services in North Carolina. It is extremely important for all staff to be accurate in the information they collect from clients and in the data they report to the state information system.

Policies and procedures – Throughout these standards, both requirements and guidelines have been discussed that should be incorporated into an agency's policies and procedures manual:

- Eligibility and service priority (including special eligibility policies if the agency provides meals to eligible underage people with disabilities or volunteers and written agency procedures for reporting changes in a person's eligibility for home-delivered meals).
- Confidentiality policies and procedures (also see [the HCCBG Procedures Manual](#) for guidance).
- Policy to assure that participants have a choice of whether to pray, either silently or aloud, before meals at congregate sites.
- Procedures to be followed in case of participant illness, injury, or other medical emergencies.
- Evacuation procedures in case of fire or explosion.
- Prohibited activities per [10A NCAC 06K .0206](#).
- Guidelines for leftover food taken home by participants or donated to food pantries and homeless programs.
- Appeal procedures (also see the [HCCBG Procedures Manual](#) for guidance).
- Procedures regarding the request for contributions (also see the [HCCBG](#) for guidance).

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Congregate Nutrition

Choosing a nutrition site – Many requirements and guidelines influence the choice of a nutrition site but generally include:

- the demographics of the surrounding area, including concentrations of older people and target populations identified by the Older Americans Act;
- whether the site would serve an unserved or underserved part of the county;
- local interest in the program;
- the availability and cost of transportation to the site;
- the cost and effort needed to meet environmental health permit requirements;
- how accessible the site is for people with disabilities;
- how comfortable and attractive the building and furnishings are, including acceptability in terms of the cultural and ethnic background of projected participants; and
- staff and overhead costs for the location.

Nutrition site agreements – Nutrition program providers should develop written agreements with the agency or organization where a congregate nutrition site is located. Providers are encouraged to use public facilities that do not charge the congregate nutrition program a fee for renting or leasing the nutrition sites.

Notifying the AAA and DOA of a change in nutrition sites – Nutrition providers must use Form DOA-302 to document the location of congregate nutrition sites in each county. The form must be updated and submitted to the AAA whenever sites change or days of operation change. The AAA will submit all forms from the region to the Division of Aging.

Closing a nutrition site – Unless an emergency occurs, a site cannot be closed permanently or temporarily without the written permission of the AAA. The AAA's role is to assure that options for maintaining services have been considered.

Sometimes the concern is reversed, and the focus is on wasted resources when a site's attendance is so low that costs seem to outweigh the benefits of keeping it open. Combining sites can reduce staff and overhead costs. Ultimately it is a county decision regarding location of congregate nutrition sites, but efforts should be made to increase participation so that per meal or per participant costs are lower overall and the county's funding buys more service. Paying a site manager for a program that serves 10 or 11 people is not very cost effective.

A common rule of thumb is to aim for an average of at least 25 participants each day the site is in operation. One practical reason is that pans of food with this many servings in them tend to hold heat, and it is easier to maintain required food temperatures.

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If the option of combining sites is ruled out for local reasons, then increasing participation must be the focus. There are no magic or unfailing prescriptions for adding new participants. Strategies for expanding participation might include:

- More or better outreach to promote the program,
- More transportation assistance to the site for people who need it,
- More or better programming to attract interest, and
- Better food or menus that are more palatable and responsive to cultural or ethnic preferences.

Transportation – Transportation for nutrition site participants who do not own cars, do not have access to a car, or do not possess a valid drivers license should be coordinated with existing transportation resources. Spouses under age 60 who are congregate nutrition participants are also eligible for transportation services to and from the meal site, if needed. Transportation assistance for spouses under age 60 is limited to getting to and from the site. No units of service may be reported for any other transportation purpose.

Imminent danger – If congregate site staff members become aware of conditions placing an older adult or the household in imminent danger, they must report the situation to appropriate staff members for follow-up.

Emergencies – A congregate nutrition site manager has to prepared for the possibility that an emergency will take place while people are participating in the congregate nutrition program. The nutrition provider must develop plans for each site that outline how staff will handle medical emergencies and how the site will be evacuated in case of a fire or explosion. A written plan for handling participant illnesses or accidents must be posted in at least one visible location at each nutrition site. It is important to train staff – both paid and unpaid – about these procedures. In addition, the participants themselves should be generally familiar with emergency plans, or staff might not have their cooperation when it is needed most. This is one reason why fire drills have to be conducted quarterly – to give participants and staff some confidence and sense of control when a true emergency takes place. Staff and participants should know who is assigned to what role when a medical emergency takes place.

Home-delivered Nutrition

Home-delivered meal delivery – Agencies must assure that participants are at home to receive their meals unless other arrangements have been made. Volunteers should not leave meals outside a client's home under any circumstances and should notify appropriate staff when participants are not at home.

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Volunteer vs. staff meal delivery – Providers have to arrange for the delivery of meals to homebound persons, by volunteers if possible. The home-delivered meals program depends heavily on the dependability, kindness, and skill of a host of volunteers who pick up and deliver meals. In some locations the need for volunteers outstrips the people available to provide this critical service. Since federal law does not prohibit staff delivery, the Division of Aging has responded to local requests and has made staff delivery an allowable expense and a local option. We strongly recommend that communities continue to recruit and train a volunteer force for meal delivery, given that home-delivered meals account for a large percentage of the Division's locally maintained waiting list for services. Using staff as back-up to a strong corps of volunteers allows us to deliver the most meals with limited Home and Community Care Block Grant funds. One approach to incorporating limited staff delivery as a local option is to open routes with staff while recruiting volunteers or to use staff only on routes where an agency consistently is unable to enlist people to service the area.

Volunteer staff training – Volunteers are the eyes and ears of an agency where homebound clients are concerned. Paid staff may not have face-to-face contact with a participant outside the 6-month reassessment visit, but volunteer staff regularly see their status and living conditions first-hand. It is very important for volunteer orientation and training to teach and promote confidentiality rules, as well as to teach the need to observe and report conditions for follow-up by appropriate nutrition program staff (i.e., not only conditions placing the older adult or the household in imminent danger, but also conditions indicating the need for referral to additional services). Clients may need help with opening meals, beverages, and utensils. Volunteers should be encouraged to take time for friendly visiting, but also to protect food temperatures by timely delivery along the meal route.

Emergency contact information – Nutrition providers should identify an emergency contact person for each participant on the home-delivered meals route, because volunteers may find situations at the client's home requiring notification. The client registration form has a field to record this information. Training for volunteers should instruct them on how to notify the nutrition provider and the steps that will be taken. A best practice would be to include a phone number for the nutrition program office and written emergency procedures on the meal delivery route sheet.

Imminent danger – Agencies may learn from volunteer reports or reassessments about conditions that place an older adult or the household in imminent danger. Volunteers should be trained how to report situations to appropriate staff for follow-up. Staff must follow-up and refer to the appropriate officials.

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Assessments/Reassessments – The nutrition rules require that agencies assess each participant in the home-delivered meals program at least every 6 months in the home, except for participants on temporary meal status (such as after hospitalization). Client information should be updated at the same time and entered into ARMS. Assessment/reassessment in this context means that a person's situation is reviewed to assure that he or she:

- Has dietary needs that can be met by the home-delivered meals program as described in the Nutrition Program Menus section and as further defined locally to include hot or other appropriate meals.
- Is eligible or continues to be eligible for home-delivered meals.

Assessment/reassessment can also mean that information gathered from updating the client registration information such as the Nutrition Risk Score will help the nutrition provider to make good referrals.

The assessment form should include clear eligibility criteria for determining when services are authorized or terminated. Persons who are determined ineligible and able should be referred to the congregate meals program. Agencies also should use the in-home assessment visit to determine the most appropriate form of meal delivery in communities where frozen meals, shelf-stable meals, or liquid nutritional supplements are offered in addition to hot lunches. There is no state-mandated assessment form, giving communities the flexibility to develop forms based on the scope of local services (samples are provided in the appendices). Agencies must consider the adequacy of freezer and refrigeration equipment and the ability of the homebound older adult to prepare the meal, when authorizing frozen or shelf-stable meal service. If a local nutrition program provides emergency, weekend, or additional meals, the assessment form should include questions to document the need and authorize the service. These questions might include asking how the participant currently obtains food when the nutrition program is not in operation or asking about the availability of family or friends to obtain or prepare meals in the evenings or on weekends.

DOCUMENTATION AND REPORTING

X. Documentation and Reporting

Summary of federal and state requirements

- **Nutrition providers must maintain documentation of client eligibility and protect the confidentiality of all client information.**
- **[Client registration information](#) must be submitted for each client and updated on a regular basis (every 12 months for congregate and every 6 months for home-delivered). In addition, there must be a written in-home assessment and reassessment of each home-delivered meal participant, except those on temporary meal status, every 6 months. The initial assessment must be conducted within 7 days of referral, and notification regarding eligibility must be provided to the applicant within 10 working days of assessment.**
- **Screening each client for nutritional risk is a federal requirement and is part of the HCCBG client registration process.**
- **Nutrition providers must maintain documentation of meals prepared, meals served, and meals unserved (usually recorded on meal delivery tickers, if food preparation is subcontracted).**
- **Diet prescriptions must be kept on file, if therapeutic meals are provided.**
- **Service cost-sharing records must be maintained. Nutrition providers must follow federal and state requirements for collecting and reporting Food Stamps as contributions toward the cost of meals.**
- **Nutrition providers must submit client records and units of service reports for reimbursement on a regular basis. Errors must be corrected when they are identified. A unit of service is a hot or other appropriate meal that meets all menu requirements and is served to an eligible individual.**
- **Meals provided under other funding sources may be eligible for the Nutrition Services Incentive Program (NSIP) if they meet the same basic requirements as HCCBG meals. They must be reported as NSIP-only meals (formerly USDA-only meals) and are subject to audit by the AAA.**

DOCUMENTATION AND REPORTING

- **Additional HCCBG meals – Providers may serve additional meals beyond the one meal per day, 5 days per week, but must make an individual determination of need when authorizing additional meals.**

Practice Guidelines

Other sections of these standards address documentation from the standpoint of compliance with requirements in those sections, for example, staff training, maintenance of temperatures, or administrative requirements. This section deals with documentation of client information and services.

Client Eligibility – Congregate and home-delivered meal clients have to be registered as clients using the [DOA-101 Client Registration Form](#) (CRF), unless the nutrition provider is a DSS reporting on the DSS Client Intake Form (DSS-5027) through SIS. Instructions for completing the CRF may be found in section 4 of the Home and Community Care Block Grant Procedures Manual (<http://www.dhhs.state.nc.us/aging/manual/hccbg/hccbg.htm>). Care should be taken to record accurate information when registering clients, as statistics compiled on people receiving nutrition services are reported statewide and nationally.

Client registration provides adequate documentation of client eligibility for congregate meal clients and spouses under age 60. For optional special eligibility clients receiving congregate meals, additional documentation is needed in the client records to document disability or volunteer status.

For home-delivered meal clients, client registration information is only the first step toward documenting that a person is eligible. The client record must include documentation that in-home assessments and reassessments every 6 months have been conducted to confirm a person's eligibility in terms of condition and need (see the Eligibility section for a discussion of home-delivered meal eligibility criteria). People receiving home-delivered meals under special eligibility requirements need documentation related to disability, spouse/caregiver status, or volunteer status.

AAAs are responsible for developing procedures related to the documentation of special eligibility. If providers exercise their option to provide meals to volunteers or certain eligible adults with disabilities under age 60, they should confer with the AAA about the documentation needed in the client record.

Waiting List – Nutrition providers should document the number of people waiting for nutrition services by entering contact information in ARMS. DSSs that report

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through SIS should submit waiting list information to their Area Agency on Aging for data entry in ARMS.

Assessments/Reassessments – There are no required forms for nutrition assessments, giving agencies the flexibility to develop forms based on the scope of local services. If frozen or shelf-stable meals are provided as emergency, weekend, or additional meals, an assessment form should document that the agency has considered the adequacy of a person's freezer and refrigeration equipment, as well as their ability to reheat or prepare the meals. The assessment form also should document the need for weekend or additional meals beyond the traditional hot lunch Monday through Friday. This is easily done through the typical home-delivered meal assessment, which looks at functional limitations and the availability of a support system when the nutrition program is not in operation. Similar notations of need should be documented if weekend or additional meals are provided to congregate clients.

When service reassessments are conducted (every 12 months for congregate and every 6 months for home-delivered), the information on the [Client Registration Form](#) must be updated. Only the signature of the agency staff person completing the client registration information update is required so long as an original client signature is maintained on file.

Screening for Nutritional Risk – The DETERMINE Your Nutritional Risk Checklist must be completed each time the client registration information is updated, and a paper copy of the DETERMINE checklist should be on file with the client registration form. Nutrition clients may complete their own forms or staff may administer the survey, as appropriate, but the nutritional risk score must be documented and updated regularly. It is appropriate to use this screening as an indicator of whether referral for additional screening or services is necessary. Information on the DETERMINE checklist also may be used to document the need for additional meals.

Therapeutic Diet Meals – If an agency provides therapeutic diet meals, the client record must include the physician's written order, updated every 6 months.

Liquid Nutritional Supplement – The client record of a person receiving liquid nutritional supplement products must include the same client registration form as other nutrition clients and the written authorization of a professional (physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist), updated at least every 6 months. This includes special authorization on file for supplements to be used as a meal replacement, if applicable. Typically it takes 2 cans of the supplement product to meet the 1/3 RDA requirement. If one box of 12 cans is delivered to a client, per a

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professional's authorization, then 6 meals may be claimed for reimbursement on the date of delivery.

Nutrition Services Incentive Program (NSIP) – The NSIP (formerly referred to as the USDA subsidy) is available to agencies funded by the HCCBG for nutrition services. Even though the name has changed, there are no changes in how meals are reported for NSIP. All meals reported for the HCCBG will receive the NSIP subsidy.

NSIP-only meals – Providers with additional funding sources may submit those meals for reimbursement as NSIP-only (formerly known as USDA-only) under service codes 181 (congregate) and 021 (home-delivered). Documentation requirements are the same as for the HCCBG meals, except for cost-sharing provisions (no requirement to solicit – may collect voluntary contributions – may not charge a set fee). Client eligibility criteria are the same, and meals must meet the same nutritional requirements. The meals must be served by an agency that is under the jurisdiction, control, management, and audit authority of the Area Agency on Aging (meaning they must have a grant agreement with the AAA). Records of NSIP-only meals served to specific clients on specific dates must be kept on file for audit.

Documenting Meals Served – Agencies providing nutrition services must maintain documentation of meals ordered, meals served, and meals unserved. Delivery tickets from the caterer often serve to record the number of meals ordered and received. They can also record missing items and other problems with the meals delivered. Incomplete meals, unserved meals, and leftover food served as second helpings cannot be reported for reimbursement. Providers are encouraged to use a reservation system to reduce the number of unserved meals.

For congregate meals, a best practice is to have a sign-in sheet at each nutrition site to verify who received meals, but it is acceptable to record meals served by date on the ZGA-903 "turnaround document". Food left after everyone has been served at a congregate site may be served as seconds, but they may not be reported for reimbursement as additional meals served. For home-delivered meals, meal delivery personnel must sign the route sheet or similar documentation to certify that meals were delivered to specific clients on each route.

More than one meal may be recorded per delivery date if a person receives additional meals or emergency meals. Meals should always be reported on the date they are distributed or delivered.

DOCUMENTATION AND REPORTING

Eligible Meals – To be eligible for reimbursement, a meal must meet all the requirements listed in the Nutrition Program Menus section:

- A licensed dietitian/nutritionist has to approve the menus based on a nutrient analysis and all menu requirements. Substitutions have to be certified as meeting menu requirements.
- The nutrition provider has to offer a complete meal to an eligible client. Nutrition participants have the right to refuse food items, but the food items must be available to be served.

A unit of service equals one hot or other appropriate meal served to an eligible individual.

Tying Eligible Meals to Eligible Clients – No provider wants disallowed meals denied for reimbursement, but lack of any of the following documentation can create problems:

- Make sure that documentation of *client eligibility* is on file and up-to-date.
- Make sure that documentation of a *meal's eligibility* is on file. This means menu certification, including menu substitutions and nutrient analysis, and may also include authorization by a professional for liquid nutritional supplement or therapeutic diet meals.
- Make sure that documentation is on file to show that an adequate number of meals were order and that enough complete meals were received to verify that all the meals reported for reimbursement were eligible.

Consumer Contributions

Documentation requirements for requesting consumer cost-sharing are outlined in section 5 of the [HCCBG Procedures Manual](#).

Requirements for documenting, depositing, and reporting contributions follow some common sense guidelines. The donations should always be counted and recorded by two people, for their own protection and because this is an accepted accounting practice. The person who verifies and deposits the funds should not be the same person who counted and recorded the donations. The donation record should match the deposit record on the agency's general ledger. This amount should also match the report of program income on ARMS financial reports. An agency must never reduce the amount of donations reported because of petty cash purchases. Strict accounting procedures should be used.

ARMS Reports

A variety of reports based on client and unit information submitted to ARMS are available to nutrition program providers. Providers are urged to check these reports regularly in order to verify if correct information is in the system.

APPENDIX A
OLDER AMERICANS ACT NUTRITION REQUIREMENTS

The Older Americans Act of 1965, as amended by P.L. 106-501 in November 2000, provides the federal requirements for nutrition programs funded under the N.C. Home and Community Care Block Grant. The act will be codified in Title 42, Chapter 35 - Programs for Older Americans, of the U.S. Code, but the official version is not yet available. An unofficial version of the codified rules can be accessed through the Administration on Aging website:

http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx

The following six sections of **42 U.S.C. Chapter 35** specifically pertain to nutrition services:

- [42 USC sec. 3030a](#) - Nutrition Services Incentive Program
- [42 USC sec. 3030e](#) - Congregate Nutrition Services - Grants for Establishment and Operation of Nutrition Projects
- [42 USC sec. 3030f](#) - Home Delivered Nutrition Services - Grants for Establishment and Operation of Nutrition Projects for Older Individuals
- [42 USC sec. 3030g](#) - Home Delivered Nutrition Services - Efficiency and Quality Criteria
- [42 USC sec. 3030g-21](#) - General Provisions - Nutrition
- [42 USC sec. 3030g-22](#) - General Provisions - Payment Requirement

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING
Part A - General Provisions

42 USC Sec. 3030a. Nutrition services incentive program

(a) Purpose

The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.

(b) Allotment and provision of cash or commodities

(1) The Secretary of Agriculture shall allot and provide in the form of cash or commodities or a combination thereof (at the discretion of the State) to each State agency with a plan approved under this subchapter for a fiscal year, and to each grantee with an application approved under title VI of this chapter for such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) of this section as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of

meals served by the title VI grantee, under such application approved for such preceding fiscal year), bears to the total number of such meals served in all States and by all title VI grantees under all such plans and applications approved for such preceding fiscal year.

(2) For purposes of paragraph (1), in the case of a grantee that has an application approved under title VI of this chapter for a fiscal year but that did not receive assistance under this section for the preceding fiscal year, the number of meals served by the title VI grantee for the preceding fiscal year shall be deemed to equal the number of meals that the Assistant Secretary estimates will be served by the title VI grantee in the fiscal year for which the application was approved.

(c) Donation of products

(1) Agricultural commodities and products purchased by the Secretary of Agriculture under section 612c of title 7, shall be donated to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this subchapter.

(2) The Commodity Credit Corporation shall dispose of food commodities under section 1431 of title 7 by donating them to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this subchapter.

(3) Dairy products purchased by the Secretary of Agriculture under section 1446a-1 of title 7 shall be used to meet the requirements of programs providing nutrition services in accordance with the provisions of this subchapter.

(d) Cash payments in lieu of food commodities

(1) In any case in which a State elects to receive cash payments, the Secretary of Agriculture shall make cash payments to such State in an amount equivalent in value to the donated foods which the State otherwise would have received if such State had retained its commodity distribution.

(2) When such payments are made, the State agency shall promptly and equitably disburse any cash it receives in lieu of commodities to recipients of grants or contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase United States agricultural commodities and other foods for their nutrition projects.

3) Nothing in this subsection shall be construed to authorize the Secretary of Agriculture to require any State to elect to receive cash payments under this subsection.

(4) Among the commodities delivered under subsection (c) of this section, the Secretary of Agriculture shall give special emphasis to high protein foods. The Secretary of Agriculture, in consultation with the Assistant Secretary, is authorized to prescribe the terms and conditions respecting the donating of commodities under this subsection.

(e) Authorization of appropriations

There are authorized to be appropriated to carry out this section (other than subsection (c)(1) of this section) such sums as may be necessary for fiscal year 2001 and such sums as may be necessary for each of the 4 succeeding fiscal years.

(f) Dissemination of information

In each fiscal year, the Secretary of Agriculture and the Secretary of Health and Human Services shall jointly disseminate to State agencies, area agencies on aging, and providers of nutrition services assisted under this subchapter, information concerning -

- (1) the existence of any Federal commodity processing program in which such State agencies, area agencies on aging, and providers may be eligible to participate; and
- (2) the procedures to be followed to participate in the program.

(Pub. L. 89-73, title III, Sec. 311, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stat. 1533; amended Pub. L. 97-115, Sec. 9, Dec. 29, 1981, 95 Stat. 1600; Pub. L. 98-459, title III, Sec. 310, Oct. 9, 1984, 98 Stat. 1779; Pub. L. 99-269, Sec. 2, 3(b), 4, Apr. 1, 1986, 100 Stat. 78; Pub. L. 100-175, title I, Sec. 122(c), Nov. 29, 1987, 101 Stat. 933; Pub. L. 102-375, title I, Sec. 102(b)(10)(A), title III, Sec. 310, Sept. 30, 1992, 106 Stat. 1202, 1236; Pub. L. 103-171, Sec. 3(a)(6), Dec. 2, 1993, 107 Stat. 1990; Pub. L. 106-501, title III, Sec. 309, Nov. 13, 2000, 114 Stat. 2246.)

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
AGING

Part C - Nutrition Services

subpart i - Congregate nutrition services

Sec. 3030e. Grants for establishment and operation of nutrition projects

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title for the establishment and operation of nutrition projects -

- (1) which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;
- (2) which shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and
- (3) which may include nutrition education services and other appropriate nutrition services for older individuals.

(Pub. L. 89-73, title III, Sec. 331, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stat. 1536; amended Pub. L. 102-375, title III, Sec. 313, Sept. 30, 1992, 106 Stat. 1238; Pub. L. 103-171, Sec. 3(a)(13), Dec. 2, 1993, 107 Stat. 1990; Pub. L. 106-501, title III, Sec. 312(c), Nov. 13, 2000, 114 Stat. 2252.)

**TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
AGING**

**Part C - Nutrition Services
subpart ii - home delivered nutrition services**

**42 USC Sec. 3030f. Grants for establishment and operation of nutrition projects
for older individuals**

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title for the establishment and operation of nutrition projects for older individuals which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one home delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.

(Pub. L. 89-73, title III, Sec. 336, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stat. 1536; amended Pub. L. 102-375, title III, Sec. 314, Sept. 30, 1992, 106 Stat. 1238; Pub. L. 103-171, Sec. 3(a)(13), Dec. 2, 1993, 107 Stat. 1990.)

**TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
AGING**

**Part C - Nutrition Services
subpart ii - home delivered nutrition services**

42 USC Sec. 3030g. Efficiency and quality criteria

The Assistant Secretary, in consultation with organizations of and for the aged, blind, and disabled, and with representatives from the American Dietetic Association, the Dietary Managers Association, the National Association of Area Agencies on Aging, the National Association of Nutrition and Aging Services Programs, the National Association of Meals Programs, Incorporated, and any other appropriate group, shall develop minimum criteria of efficiency and quality for the furnishing of home delivered meal services for projects described in section 3030f of this title. The criteria required by this section shall take into account the ability of established home delivered meals programs to continue such services without major alteration in the furnishing of such services.

(Pub. L. 89-73, title III, Sec. 337, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stat. 1536; amended Pub. L. 97-115, Sec. 10(e), Dec. 29, 1981, 95 Stat. 1601; Pub. L. 100-175, title I, Sec. 182(n), Nov. 29, 1987, 101 Stat. 967; Pub. L. 102-375, title III, Sec. 315, Sept. 30, 1992, 106 Stat. 1239; Pub. L. 103-171, Sec. 3(a)(13), Dec. 2, 1993, 107 Stat. 1990.)

**TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
AGING**

**Part C - Nutrition Services
subpart iii - general provisions**

42 USC Sec. 3030g-21. Nutrition

A State that establishes and operates a nutrition project under this chapter shall -

- (1) solicit the advice of a dietitian or individual with comparable expertise in the planning of nutritional services, and
- (2) ensure that the project -
 - (A) provides meals that -
 - (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture,
 - (ii) provide to each participating older individual -
 - (I) a minimum of 33 1/3 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
 - (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
 - (III) 100 percent of the allowances if the project provides three meals per day, and
 - (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
 - (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,
 - (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
 - (D) where feasible, encourages arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,
 - (E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,
 - (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,

- (G) ensures that meal providers carry out such project with the advice of dietitians (or individuals with comparable expertise), meal participants, and other individuals knowledgeable with regard to the needs of older individuals,
- (H) ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany older individuals eligible under this chapter,
- (I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, and
- (J) provides for nutrition screening and, where appropriate, for nutrition education and counseling.

(Pub. L. 89-73, title III, Sec. 339, as added Pub. L. 106-501, title III, Sec. 313, Nov. 13, 2000, 114 Stat. 2252.)

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
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Part C - Nutrition Services
subpart iii - general provisions

42 USC Sec. 3030g-22. Payment requirement

Payments made by a State agency or an area agency on aging for nutrition services (including meals) provided under part A, B, or C of this subchapter may not be reduced to reflect any increase in the level of assistance provided under section 3030a of this title.

(Pub. L. 89-73, title III, Sec. 339A, as added Pub. L. 102-375, title III, Sec. 317, Sept. 30, 1992, 106 Stat. 1241.)

APPENDIX B
OAA FEDERAL REGULATIONS
PERTAINING TO NUTRITION REQUIREMENTS

The most current regulations promulgated by the U.S. Administration on Aging for the Older Americans Act of 1965 as amended may be accessed through the AoA website: http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx

The regulations pertaining to nutrition service requirements identified below are excerpts from **45 CFR 1321**. The source is 53 FR 33766, August 31, 1988. As of the effective date of the current NC nutrition standards (effective 7-1-03), the Administration on Aging is rewriting the regulations for the 2000 amendments to the OAA.

Headings and introductory material are included in the excerpts below. Sections not pertaining to nutrition are excluded, and thus the numbering is not sequential because of the omitted subsections.

45 CFR Sec. 1321.17 Content of State plan.

To receive a grant under this part, a State shall have an approved State plan as prescribed in section 307 of the Act. In addition to meeting the requirements of section 307, a State plan shall include:

- f. Each of the assurances and provisions required in sections 305 and 307 of the Act, and provisions that the State meets each of the requirements under Secs. 1321.5 through 1321.75 of this part, and the following assurances as prescribed by the Commissioner:

- 12. Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Act.

45 CFR Sec. 1321.69 Service priority for frail, homebound or isolated elderly.

- a. Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.
- b. The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person.

APPENDIX C
NUTRITION RULES IN THE NC ADMINISTRATIVE CODE, TITLE 10 A

The NC Administrative Code (NCAC) may be accessed on-line at the website of the Office of Administrative Hearings: http://ncrules.state.nc.us/ncadministrativ_/default.htm
Title 10A includes rules for the NC Department of Health and Human Services.
Chapters 5 through 8 are the rules of the NC Division of Aging.

CHAPTER 05: AGING – GENERAL PROVISIONS
SUBCHAPTER 05A - INTRODUCTION

SECTION .0100 – GENERAL PROVISIONS

10A NCAC 05A .0101 DEFINITIONS

In addition to the definitions found in 45 C.F.R. 1321 (Grants for State and Community Programs on Aging), the following terms shall have the meanings specified, unless the context clearly requires otherwise:

- (8) "Nutrition Services" are those services, whether provided by a public or private non-profit agency or organization, which provide meals and other nutrition services, including nutrition education and outreach to older persons. Such services may be provided in;
 - (a) a congregate setting in which a range of social and supporting services are available; or
 - (b) in the home of an eligible older person if that individual is homebound by reason of illness, incapacitating disability or is otherwise isolated.

*History Note: Authority G.S. 143B-10; 143B-138; 45 C.F.R., Chapter XIII, Part 1321;
Eff. September 1, 1978;
Amended Eff. October 1, 1980.*

CHAPTER 06: AGING – PROGRAM OPERATIONS
SUBCHAPTER 06K – NUTRITION SERVICES

SECTION .0100 – SCOPE OF SERVICE

10A NCAC 06K .0101 DEFINITION OF CONGREGATE AND HOME-DELIVERED MEALS

(a) A congregate meal is a hot or cold nutritionally balanced meal that meets one-third of the current daily recommended dietary allowance (as recommended by the Food and Nutrition Council) served in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where older persons can obtain other social and rehabilitative services. Besides promoting better

health among the older segment of the population through improved nutrition, such a program is aimed at reducing the isolation of old age and offering older person the opportunity to live their remaining years in dignity.

(b) A home-delivered meal consists of a hot, cold, frozen, dried, canned or supplemental food, that meets one-third of the current NRC daily recommended dietary allowance served in the home to a home-bound older person. Such a program is aimed at promoting better health among the older segment of the population through improved nutrition and at keeping the individual in his or her own home rather than in an institution by providing the opportunity to achieve greater independence in meal preparation and the activities of daily living.

History Note: Authority G.S. 143B-10; 143B-138; 45 C.F.R., Chapter XIII, Part 1321; Eff. October 1, 1980; Amended Eff. November 1, 1993; April 1, 1990.

SECTION .0200 – SERVICE PROVISION

10A NCAC 06K .0201 STAFFING

Staffing requirements for nutrition service providers shall be:

- (1) Each nutrition service provider that receives Home and Community Care Block Grant funds shall make arrangements for a qualified dietitian or nutritionist to certify the menu. A qualified dietitian or nutritionist is a licensed dietitian/nutritionist as defined in G.S. 90-350.
- (2) The nutrition service provider shall provide staff to operate the program including a nutrition program director and, if funded for congregate nutrition, a site manager.
- (3) The nutrition program director must be empowered with the authority necessary to conduct the day-to-day management and administrative functions.
- (4) The site manager may be paid from Home and Community Care Block funds for no more than four hours per day.
- (5) Nutrition service providers shall recruit, orient, train, and supervise volunteers to assist in nutrition program services and activities.
- (6) Training Requirements:
 - (a) Nutrition program directors must complete within 12 months of employment at least 15 hours of instruction in food service sanitation practices.
 - (b) Within 12 months of employment the nutrition program director must participate in training on Nutrition Program Management arranged by the Division of Aging.
- (7) The following staff shall have knowledge of the following:
 - (a) Nutrition Program Directors: administration procedures, record keeping systems, reporting, food safety, food service.
 - (b) Site Manager: (for Congregate Nutrition Sites) site operations, site records, community resources and methods of referrals, food safety, and food portioning.

- (c) Volunteers: site procedures for specific volunteer activities.
- (d) All staff: aging process and fire/disaster evacuation.

History Note: Authority G.S. 143B-10; 143B-138; 143B-181.1 (c); 45 C.F.R., Chapter XIII, Part 1321; Eff. October 1, 1980; Amended Eff. July 1, 2003; November 1, 1993; April 1, 1990.

10A NCAC 06K .0202 FOOD PREPARATION AND SAFETY REQUIREMENTS

All congregate and home delivered meal nutrition services providers shall meet the following requirements, in addition to those specified in the federal regulations:

- (1) Food Preparation.
 - (a) Each nutrition provider must abide by food safety and sanitation practices required in the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600).
 - (b) All staff working in the preparation of food shall be under the supervision of a person who shall insure the application of hygienic techniques and practices in food handling, preparation and service. This supervisory person shall consult with the nutrition service provider's dietitian for advice and consultation as necessary.
 - (c) Recipes adjusted to yield the number of servings needed shall be used to achieve a consistent quality and quantity of meals.
 - (d) All foods shall be prepared and served in a manner to present optimum flavor and appearance, while retaining nutrients and food value.
- (2) Home-delivered Meal Packaging and Packing Standards.
 - (a) All meals packaged at nutrition sites for home delivery shall be individually packaged first (before congregate meals are served) and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
 - (b) All home-delivered meals pre-plated at food preparation centers shall be individually packaged and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
 - (c) Only divided containers with air-tight seals shall be used for hot food. Bread shall not be placed on top of other food.
 - (d) Cold and hot food shall be packaged and packed separately.
 - (e) Individual containers with tight-fitting coverings shall be used for all cold food. "Sandwich" type bags that can be sealed may be used for bread.
 - (f) All food delivery carriers must meet National Sanitation Foundation Standards (pursuant to the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" at 15A NCAC 18A .2600) and must be sanitized daily by the food service provider.
- (3) Food Safety.

- (a) All food shall be packaged and transported in a manner to protect against potential contamination including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling. Packaging and transport equipment must maintain food temperatures that meet the requirements of the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600). Records of all temperature checks shall be kept on file for audit by the service provider.
- (b) Nutrition service providers shall educate participants and all staff regarding the sources and prevention of foodborne illness.
- (c) All nutrition providers and food preparation sub-contractors shall follow the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600) to maintain a Grade A sanitation rating.
- (d) Food prepared, frozen, or canned in the home shall not be served at the site.
- (e) Food from unlabeled, rusty, leaking, or broken containers or cans with side dents, rim dents, or swells shall not be used.
- (f) All meat and poultry, fresh or frozen, used in the meals must be inspected by USDA, the N.C. Department of Agriculture and Consumer Services, or other states' agencies having regulatory authority, from Federally or State inspected plants, and must bear inspection stamps on the box or package.
- (g) All foods used in the meals must be from sources approved by USDA, FDA, the N.C. Department of Agriculture and Consumer Services, or other states' agencies having regulatory authority; be in compliance with applicable state and local laws, ordinances, and regulations; and be clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption.
- (h) Fresh raw fish must bear the PUF (Packed Under Federal Inspection) Shield.
- (i) Fresh fruits and vegetables free from disease and infestation may be donated and incorporated into their menu only when they can be used to serve all participants. Prior to use, all fruits and vegetables shall be washed to remove dirt or insecticide residues.
- (j) Food temperatures must be taken and recorded immediately before serving congregate meals. If warming equipment or refrigeration equipment is used to hold food prior to serving, then temperatures also must be taken and recorded at the time of food delivery. Food temperatures shall be recorded by the name of each specific food item. All temperature records must be maintained until audited.
- (k) Temperature checks shall be made at least one time per month on each home-delivered meal route to document that food temperatures meet the "Rules Governing the Sanitation of

Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600).

- (l) The area where meals are handled or served must be kept clean and in good repair.

History Note: Authority G.S. 143B-10; 143B-138; 143B-181.1(c); 45 C.F.R., Chapter XIII, Part 1321; Eff. October 1, 1980; Amended Eff. July 1, 2003; November 1, 1993.

10A NCAC 06K .0203 MENU PLANNING REQUIREMENTS

(a) Agencies providing congregate nutrition or home delivered meal services must comply with the following menu planning requirements:

- (1) Each meal served shall contain at least one-third of the current daily Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. If a nutrition program provides additional meals, then the nutrient analysis of the combined food items may be used to document that at least two-thirds of the Recommended Dietary Allowances have been provided for two meals per day or 100% of the Recommended Dietary Allowances for three meals per day, rather than each individual meal providing one-third of the nutrients.
- (2) All foods must be identified on the menu in order to calculate nutrient value.
- (3) The calorie content must be at least 700 calories per meal.
- (4) The sodium content shall not exceed 1,300 mg per meal.
- (5) Recipes for all foods used in combination must be supplied to the person responsible for certifying the menu to facilitate nutrient analysis. When recipe ingredients are changed, the recipe must be re-submitted for approval by the licensed dietitian/nutritionist.
- (6) All prepared or breaded meat items or meat in combination must be specified on the menu.
- (7) The form of vegetable or fruit used (fresh, frozen, dried, or canned) must be indicated on the menu for nutrient analysis.

(b) Menu Requirements

- (1) All menus shall be written at least 20 days in advance of the meal and shall be certified by a licensed dietitian/nutritionist to assure the menus provide one-third of the current Recommended Daily Allowances.
- (2) All regular menus shall be submitted to the dietitian/nutritionist for review and approval at least two weeks prior to use.
- (3) The approved menus shall be kept on file, with any changes in writing, for at least one year by the service provider.
- (4) At least one hot or cold nutritious meal shall be provided daily at least five days a week. Frozen, canned, dehydrated, or nutritional supplement products may also be used for emergency situations and additional or weekend meals. All frozen meals shall be dated with the delivery dates.

- (5) Menus with serving dates must be posted in a conspicuous location in each congregate meal site as well as each preparation area.
 - (6) All menus shall be adhered to subject to seasonable availability of food items as well as availability of USDA donated food.
- (c) Therapeutic Diet Standards.
- (1) Prior to serving a therapeutic diet, a physician's prescription written according to the guidelines in the current North Carolina Dietetic Association Diet Manual shall be on file with the nutrition service provider.
 - (2) Each therapeutic diet prescription shall be re-ordered in writing by the physician every six months. Menus for each type of therapeutic diet must be written by a qualified dietitian/nutritionist. Menus for the therapeutic diets shall follow the standard set forth in the North Carolina Dietetic Association Diet Manual. These menus shall remain on file for at least one year.
- (d) Each food group and amount of the following "Menu Pattern" shall be offered and must be available to be served to each participant.

<u>MENU PATTERN FOOD GROUP</u>	<u>AMOUNT</u>
Meat/Meat Alternative	2 ounces cooked, edible portion or equivalent
Bread/Grains	2 servings
Vegetables/Fruits	2 servings
Fats	total fat not to exceed 30% of total calories per meal
Dairy	1 serving

- (1) Meat/Meat Alternative Group.
 - (A) The total protein content of each meal must be no less than 21 grams. Of this, 14 grams must be a "complete protein" in the form of 2 oz. edible meat, fish or poultry, exclusive of fat, bone, or gristle. One-half cup cooked drained dried beans, peas or lentils may be used as a substitute for 1 oz. of meat. One cup of dried beans may be used as a substitute for 2 oz. meat; however, a "complementary" protein source must be served at the same meal with the one cup dried beans in order to serve a complete protein (i.e., rice, corn, or cornbread). Other protein sources such as one egg or two tablespoons peanut butter may also be substituted for 1 oz. meat.
 - (B) Ground meat may be used in entrees no more than twice in one week. Casseroles or other mixed dishes must have ingredients specified on the menu to facilitate nutrient analysis.
- (2) Bread/Grains Group. Each meal shall contain two servings of a whole grain or enriched grain product.
- (3) Vegetable/Fruit Group.
 - (A) Each meal must contain two servings of different fruits and vegetables. When salad is served, it must be placed in a separate compartment of a compartmental tray to avoid mixing with other foods or served in a separate salad bowl. Juice may fulfill no more than half of the vegetable/fruit requirement for any one meal.

- (B) One serving of vitamin C-rich food must be served twice per week. The USDA Food Values Handbook lists all foods containing Vitamin C.
- (4) Fat Group. Total fat shall not exceed 30% of the total calories per meal. One teaspoon of butter or fortified margarine in an individual covered package chip or container may be used if it adds palatability to the menu. The menu must identify whether gravy, salad dressing, mayonnaise, margarine or butter is used when served.
- (5) Dairy Group. Each meal must contain a total of no less than. 400 mg. calcium. This may be obtained by one serving of 8 ounces of whole, low fat, skim, buttermilk, chocolate (not chocolate drink), sweet acidophilus milk, or Ultra High Temperature (UHT) milk, fortified with vitamins A &D in an individually sealed carton, or other foods.

*History Note: Authority G.S. 143B-181.1(c);
Eff. November 1, 1993;
Amended Eff. July 1, 2003.*

10A NCAC 06K .0204 ELIGIBILITY FOR SERVICE

(a) Congregate Nutrition Program.

- (1) Target Population.
 - (A) Congregate nutrition services shall be available to persons 60 years of age and older and their spouses, regardless of age. Spouses under the age of 60 are eligible for services when the person 60 and over is receiving nutrition services.
 - (B) Area Agencies on Aging shall establish written procedures that will also allow congregate nutrition programs the option to offer a meal, on the same basis as meals are provided to persons 60 years of age and older, to individuals providing volunteer services during the meal hours and to individuals with handicaps or disabilities who have not attained 60 years of age but who reside with an eligible older adult or reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided. Disability status shall be verified by reviewing a notice of disability benefit award. Nutrition service providers shall maintain a current copy of the notice of benefit award for each person served.
- (2) Service Priority. Priority shall be given to serving:
 - (A) Individuals who have been abused, neglected, or exploited as substantiated by the county department of social services and for whom the service is needed as part of the adult protective services plan;
 - (B) Individuals who are at risk of abuse, neglect, or exploitation because of a decline in mental or physical functioning;
 - (C) Individuals who are health impaired and who are in need of nutritional supports, or those older persons whose independent

living arrangements do not provide facilities adequate for meal preparation.

- (3) Ineligible Persons.
 - (A) Eligibility for the service is restricted to those persons whose dietary needs can be met by the meals available through the program as outlined in Rule .0203 of this Section.
 - (B) Persons residing in long term care facilities and persons enrolled in a care-providing program or a facility, including an adult day care or adult day health care program in which a meal is provided, are not eligible. Persons who meet eligibility criteria who are enrolled in care providing programs including adult day care or adult day health care programs are eligible to receive congregate meals on the days they do not participate in such programs.
- (b) Home Delivered Meals.
 - (1) Target Population.
 - (A) Home delivered meals shall be available to persons 60 years of age and older who are physically or mentally unable to obtain food or prepare meals, who have no responsible person who is able and willing to perform this service, and who are unable to participate in the congregate nutrition program because of physical or mental impairment. The spouse of an eligible older person is also eligible to receive a home delivered meal if one or the other is homebound by reason of illness or incapacitating disability.
 - (B) Area Agencies on Aging shall establish procedures that will allow home delivered meals programs the option to offer a meal, on the same basis as meals are provided to persons 60 years of age and older, to individuals providing volunteer services during the meal hours and to individuals with disabilities who reside at home with an eligible older adult. Disability status shall be verified by reviewing a notice of disability benefit award.
 - (C) Where a family caregiver is caring for an eligible homebound older person, the family caregiver is also eligible to receive a meal.
 - (2) Service Priority. Priority shall be given to serving:
 - (A) Individuals who have been abused, neglected, or exploited as substantiated by the county department of social services and for whom the service is needed as part of the adult protective service plan;
 - (B) Individuals who are at risk of abuse, neglect, or exploitation because of a decline in mental or physical functioning;
 - (C) Individuals who do not have a caregiver or another responsible party available to assist with care; and
 - (D) Individuals who experience impairment in performance of activities of daily living (ADL) and instrumental activities of daily living (IADL) as defined in 10A NCAC 05G .0301.
 - (3) Ineligible Persons. Eligibility for the service is restricted to those persons whose dietary needs can be met by home delivered meals available

through the program as outlined in Rule .0203 of this Section. Persons residing in long term care facilities and persons enrolled in a care-providing program or a facility, including an adult day care or adult day health care program in which a meal is provided, are not eligible. Persons who meet eligibility criteria who are enrolled in care providing programs or adult day care or adult day health care programs are eligible to receive home delivered meals on the days they do not participate in such programs.

*History Note: Authority G.S. 143B-181.1(c);
Eff. November 1, 1993;
Amended Eff. July 1, 2003.*

10A NCAC 06K .0205 ADMINISTRATION REQUIREMENTS

Agencies providing Congregate and Home Delivered Meal nutrition services shall:

- (1) Apply for authorization to accept food stamps as contributions at the nearest Field Office of the Food and Nutrition Service, USDA.
- (2) Assure that all provisions relating to the use and handling of USDA issued food stamps as prescribed by federal, state, and local agencies responsible for administering the food stamp program are met.
- (3) Maintain records documenting service activities which shall include:
 - (a) Client registration forms;
 - (b) Unit of service records;
 - (c) Service cost sharing records;
 - (d) Diet prescriptions for each therapeutic diet served;
 - (e) Meal delivery tickets if food preparation is sub-contracted or similar documentation of meals prepared, meals served, and meals unserved; and
 - (f) Employment records including equal opportunity employment goals and outcomes.
- (4) Comply with all regulations related to donated USDA food and cash reimbursement. Disbursements of cash in lieu of commodities shall only be used by grant recipients and contractors to purchase U.S. agricultural commodities and other foods for their nutritional projects.
- (5) Submit client records and units of service reports for reimbursement on a regular basis. Correct errors when they are identified.
- (6) Maintain confidentiality of all participant records.
- (7) Operate five days per week, 52 weeks per year, except for holidays designated by the county or state or during emergency situations. Participants shall be notified in writing of designated holidays.
- (8) Inform participants of agency procedures governing the provision of service, confidentiality, waiting lists, service priorities, complaints and grievances, and other matters germane to the participant's decision to accept service.
- (9) Congregate requirements:
 - (a) Have a site director who is responsible for activities at the site;

- (b) Make provisions necessary for the service of meals to eligible handicapped individuals with limited mobility;
 - (c) Meet all local and state fire codes and building code requirements;
 - (d) Meet all local and state sanitation codes adopted in accordance with 15A NCAC 18A .2600;
 - (e) Be located in areas as close as feasible to the majority of eligible individuals' residences;
 - (f) Update client registration information for each client at least annually;
 - (g) Develop emergency plans for each site for medical emergencies and for evacuation in case of fire or explosion. Conduct fire drills at least quarterly during hours of site operation; and
 - (h) Have a written plan which describes procedures to be followed in case a participant becomes ill or is injured. The plan shall be explained to staff, volunteers, and participants and shall be posted in at least one visible location in each nutrition site.
- (10) Home-delivered requirements:
- (a) Conduct an in-home assessment in writing within seven working days of acceptance of referral;
 - (b) Notify a participant in writing of his/her eligibility or ineligibility for home delivered meals within 10 working days of assessment;
 - (c) Conduct a written reassessment of each home-delivered meal participant every six months, except those on temporary home delivered meal status;
 - (d) Establish in writing the area to be served by the Home Delivered Meals program;
 - (e) Ensure that each home delivered meal route maintains food delivery temperatures that meet the requirements of "Rules Governing the Sanitation of Restaurants and Other Food Handling Establishments" (15A NCAC 18A .2600);
 - (f) Deliver meals only to an eligible person residing in a home setting and only when they are received by an individual; and
 - (g) Establish written agency procedures for reporting changes in participant eligibility.

*History Note: Authority G.S. 143B-181.1(c);
 Eff. November 1, 1993;
 Amended Eff. July 1, 2003.*

10A NCAC 06K .0206 PROHIBITED ACTIVITIES

- (a) Funds shall not be used to purchase vehicles to deliver home delivered meals to participants.
- (b) Prohibited service activities:
 - (1) Medical treatment or medication shall not be provided or administered by program staff or volunteers.

- (2) Financial transactions except those related to service cost sharing shall not be carried out by program staff or volunteers.
- (3) Unapproved meals may not be provided to participants.
- (4) Gifts from participants may not be accepted by program staff or volunteers.
- (5) Meals shall not be provided to residents of long term care facilities, guests, ineligible handicapped persons under age 60, adult day care or adult day health care participants, and paid staff under age 60 without reimbursement of the full cost of the meal. Participants in adult day care or adult day health care programs are eligible for nutrition services on the days they do not attend day care or day health care programs.
- (6) Therapeutic diets may not be served unless a physician's order is on file and the nutrition program has the capability to provide the service.
- (7) Except on an emergency basis, nutrition site(s) shall not be closed or combined on a temporary or permanent basis without the prior written approval of the Area Agency on Aging Administrator assuring that options for maintaining services for participants have been considered.

*History Note: Authority G.S. 143B-181.1(c); 42 U.S.C. 3027;
Eff. November 1, 1993;
Amended Eff. July 1, 2003.*

APPENDIX D
DOA ADMINISTRATIVE REQUIREMENTS

- I. Statement of Philosophy and Purpose**
- II. Legal Base**
- III. Definition of Nutrition Services**

(1) *Required Nutrition Activities* – The primary service provided is meal service, but other authorized services include nutrition screening, assessment, education, and counseling. Nutrition activities must include outreach, screening, nutrition education, activity programming for congregate sites, and volunteer management.

- IV. Eligibility for Service**

- V. Nutrition Program Menus**

- (1) Certification of Menus

- (a) Certification of menus by a licensed dietitian/nutritionist as defined in [N.C. General Statutes § 90-352](#) must be indicated by an original signature on each page of the menu.
- (b) The nutritional value of menus must be confirmed by a nutritional analysis, which shall be kept on file with certified menus. When nutrient values are recalculated because recipes have changed, the revised nutrient analysis shall also be kept on file with menus.

- (2) Menu Substitutions

- (a) All menu substitutions must be documented by the caterer or on-site production manager and approved by a licensed dietitian/nutritionist. Caterers must send written notification of emergency menu substitutions with meals on the date of delivery, signed by the production manager and/or dietitian.
- (b) Any deviation from the certified menu must be documented by the caterer or on-site production manager using a menu change form. The menu change form must include the date of delivery, the specific food substitution, and the signature of the production manager and/or dietitian authorizing the change. Menu change forms shall be kept on file with the certified menu for audit purposes.
- (c) Substitutions must be approved by a licensed dietitian/nutritionist within 90 days of serving or, in the case of meals served in the fourth quarter of the state fiscal year, not later than July 31. Meals with substitutions not approved in this manner are not eligible for reimbursement.

- (3) Menu Planning

- (a) Menus shall be changed at least two times per year.

- (b) The special needs of older adults in each local area must be solicited and considered in menu planning with regard to consistency, food preferences, and local customs. A survey of participants shall be done at least once per year to solicit menu suggestions and determine client satisfaction.

(4) Liquid Nutritional Supplement Meals

Reimbursement for meals which are comprised in whole, or in part, of an approved liquid nutritional supplement product (e.g., Ensure Plus or Boost Plus) is contingent upon the following:

- (a) Prior to distributing a nutritional supplement product to a client, service providers must obtain written authorization for the provision of a liquid nutritional supplement product from one of the following professionals:
- physician,
 - physician's assistant,
 - nurse practitioner,
 - registered nurse, or
 - licensed dietitian/nutritionist.
- (b) The service provider must provide the authorizing professional with the following information, in writing, at the time the written authorization is requested:
- the brand name of the product to be provided;
 - the nutritional content of one serving of the product; and
 - the amount of product needed to constitute one-third of the [Recommended Daily Allowances](#) (RDA).
- (c) Served in addition to a complete congregate nutrition or home delivered meal. May be counted as 2 meals but together they must provide 66% of the RDA.
- (d) Replacing a meal based on assessed need as determined by the authorizing professional. Such products cannot replace conventional meals unless a disability or condition warrants their sole use. Liquid supplements may be served to participants who cannot tolerate solid foods or cannot chew food.
- (e) Written authorization from the authorizing professional must include, at a minimum, the following information:
- the name of the individual authorized to receive the supplement;
 - a notation as to why the product is needed (could be in the form of a check-off list);
 - the amount and frequency of product to be provided (e.g., two cans of *[product name]*, seven days per week);
 - the duration of the authorization, not to exceed six months from the date of authorization; and
 - the name and signature of the authorizing professional, date of authorization, and telephone number.
- Service providers may develop a form to meet these requirements.
- (f) The amount of liquid nutritional supplement provided for a given meal must meet 1/3 of the Recommended Dietary Allowances in order to be

reimbursed through the HCCBG. Liquid nutritional supplement meals that meet the 1/3 RDA requirement also are eligible for USDA reimbursement. If authorized, nutrition providers may give clients products that equal less than 1/3 RDA, but a unit of service for the nutritional supplement product may not be reported for reimbursement.

Other than liquid nutritional supplements, vitamin and/or mineral supplements must not be purchased with Home and Community Care Block Grant Funds.

(5) Therapeutic Diet Meals

When therapeutic diet meals are provided to home-delivered meal participants, each food container must be dated and labeled with the name of the participant.

VI. Food Preparation Requirements

(1) Catered Nutrition Sites

- Meal delivery tickets, signed by the food production manager, must document specific foods delivered and the end of production time.
- Meal delivery tickets, signed by the person receiving the food, must document the arrival time at the nutrition provider's drop-off location.
- Food not prepared on-site must be received at the drop-off location by a nutrition program employee or a trained volunteer who records arrival time on the delivery ticket and food temperatures if warming or refrigeration equipment is used to hold food prior to serving.

(2) All nutrition sites, whether food is prepared on-site or prepared by a caterer, must record the time that food temperatures are documented just prior to serving congregate meals.

(3) If the sanitation grade of a provider and subcontractor falls below an "A" or 90%, the Area Agency on Aging (AAA) must be notified immediately and receive a copy of the environmental health inspection report. Corrective action must be undertaken and a request for reinspection for purposes of raising the grade must be made within 7 days of the lower grade. The AAA must receive a copy of the reinspection report issued by the Environmental Health Specialist.

VII. Nutrition Education and Programming

(1) *Nutrition site activities* – Nutrition providers must post a calendar of site activities and programs at the beginning of each month at each site. At least quarterly, activity programming must include a presentation on community resources or services available to older adults.

- (2) *Nutrition education* – Nutrition education programs must be scheduled at least two times per quarter at each nutrition site. Nutrition education for home-delivered meal clients must be provided at least twice per year.
- (3) *Foodborne illness* – The requirement in 10A NCAC 06K .0202 (3) (B) for nutrition service providers to educate participants as well as staff on the sources and prevention of foodborne illness must be met annually.

VIII. Staffing and Training Requirements

IX. Nutrition Program Administration

- (1) *Congregate Nutrition Facilities* – Each congregate nutrition site must be located at a facility that meets the following requirements:
 - (a) Has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.
 - (b) Is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.
 - (c) Has an adequate number of sturdy tables and chairs appropriate for older adults.
 - (d) Has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.
 - (e) Has at least 2 exits which are unlocked during hours of operation.
 - (f) Has parking spaces available.
 - (g) Has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.
 - (h) Is heated during colder months to at least 72 degrees Fahrenheit while participants are present.
- (2) *Client registration information* – The required 6-month reassessment of home-delivered meal clients must include the updating of information on the client registration form.
- (3) *Record of meals received* – Agencies providing home-delivered meals must maintain a daily written record, signed by the meal delivery personnel, of meals received by each client on each route.

X. Documentation and Reporting

- (1) Nutrition Screening Initiative (NSI) Nutritional Risk Checklist –
 - (a) Per federal requirements to conduct nutrition screening, agencies providing nutrition services must screen participants for nutritional risk using the NSI DETERMINE Your Nutritional Risk Checklist during the client registration process.

- (b) The nutritional risk score and other client registration information must be updated during regular service reassessments – every 12 months for congregate participants and every 6 months for home-delivered meal participants.
- (2) Documenting the need for additional meals –
- (a) The Older Americans Act authorizes the provision of meals in addition to one congregate or home-delivered meal per day, 5 days per week. Agencies that provide additional meals beyond one meal per day, 5 days per week must document that a determination of individual client need was made and additional meals were authorized. The purpose of this requirement is to discourage the distribution of multiple meals only to expend a nutrition allocation. Any notation such as moderate to high nutritional risk, functional impairments that affect the ability to arrange or prepare meals, or lack of social support during times when the nutrition program is not in operation will be accepted as reasonable documentation of need for additional meals.
 - (b) Meals intended for use as replacement meals during emergency situations are not considered additional meals. Frozen or shelf-stable meals provided as a substitute for hot lunches are not considered additional meals.
 - (c) Liquid nutritional meals are not considered additional meals for purposes of this requirement. The provision of liquid nutritional meals is based on a need determination process involving a physician, physician's assistant, nurse practitioner, registered nurse, or registered dietitian.
- (3) NSIP-only meals (formerly known as USDA-only meals) – Meals provided under other funding sources may be submitted for the Nutrition Services Incentive Program (NSIP) subsidy, but are subject to the same eligibility and meal requirements as HCCBG meals:
- (a) Each meal recipient must meet the same eligibility requirements as clients under the Home and Community Care Block Grant, and a completed client registration form must be entered in ARMS.
 - (b) Units of service must be documented for NSIP-only services, and documentation must be kept on file for audit purposes.
 - (c) Menus must be certified by a licensed dietitian/nutritionist as meeting all of the menu requirements of the Home and Community Care Block Grant nutrition services.