



OAA - TITLE III-C-2

Home Delivered Meals

Application

Packet

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May 5, 2023

Application for Older Americans Act Services

Senior Services is accepting applications for support of Older Americans Act Services during FY 2024, (October 1, 2023 - September 30, 2024). Public and private non-profit agencies, profit making organizations and municipalities are eligible to apply. The deadline for submitting completed applications is Friday, June 16, 2023, at close of business day, 4:30 p.m.

Enclosed for your completion is an application kit. Different services require different forms. Please make sure you complete the proper application.

Additional information and technical assistance is available from Senior Services during your proposal development process by calling me at (757) 222-4511. **The proposer's conference will be held on Tuesday, June 6, 2023 at Senior Services conference room at 2551 Eltham Avenue from 9:00 a.m. - 11:00 a.m.**

Applicants will be notified by Senior Services of their decision to accept or reject a service proposal on or before August 18, 2023.

We look forward to receiving your application.

Brigid Z. Miller

Chief Financial Officer

Senior Services of Southeastern Virginia

REQUEST FOR APPLICATION

Information & Instructions

Senior Services of Southeastern Virginia is accepting applications for provision of Title III Older Americans Act services under the Area Plan for Aging Services. Funding will be available for the period October 1, 2023 to September 30, 2024 (FY24). Proposals accepted for funding in FY24 may be renegotiated for four additional years.

Applications will be accepted for provision of the following services:

Adult Day Care
Congregate Meals
Home Delivered Meals
Legal
Meal Preparation
Respite Homemaker

Programs and services funded are governed by the Older Americans Act of 1965, as amended. Copies of the Older Americans Act of 1965, as amended, and of the most recent Federal Regulations interpreting the Act are available for review. Sample copies of the agreement to be signed between Senior Services and those contractors accepted as vendors are available for review in the Senior Services Administrative offices. If you are interested in reviewing the agreement or Older Americans Act, please contact:

Brigid Miller
Chief Financial Officer
2551 Eltham Avenue
Suite Q
Norfolk, Virginia 23513
(757) 222-4511

Providers will be selected based on the evaluation criteria shown below. You may be requested to attend interviews or to otherwise clarify your application and to submit revisions of your proposals as may result from negotiation. This application does not commit Senior Services to award a contract, to pay for any costs incurred in the preparation of the application, to respond to this request or to be bound to procure or contract for these services. The decision to award will be based on, but not limited to the following:

- A. Experience and ability of the agency/organization in delivery of the service;
- B. Expertise in reaching the elderly in greatest economic and social need

- C. Reasonableness of costs;
- D. Amount of resources leveraged for the proposed project;
- E. Adherence to service definition and service delivery parameters;
- F. Availability of funds;
- G. Geographic area(s) to be served;

A proposer's conference will be held on Tuesday, June 6, 2023 at the Senior Services Office on Eltham Avenue from 9:00 a.m. to 11:00 a. m.

Applicants should be notified by Senior Services of its decision to accept or reject a service proposal on or before Friday, August 18, 2023.

Instructions:

- A. An original application for each service should be submitted to Senior Services no later than the close of the work day (4:30 p.m.) **June 16, 2023.** Complete the Word formatted application. Attach additional pages where necessary.
- B. Refer to the enclosed descriptions of services defined by the Virginia Department for the Aging.
- C. Each agency must submit a separate application for each service.
- D. Services will commence on October 1, 2023 and the project year ends September 30, 2024. Proposals accepted for funding in FY24 may be renegotiated for four additional years.
- E. Changes may be required in a proposed budget. If this should be the case with your application, your agency will be notified by Senior Services. Submission of a modified application may be requested of the applicant by Senior Services to include a scope of work reflective of the revised budget included in the Senior Services Area Plan. Each applicant organization is given an opportunity to appeal the decision. Such request should be in writing to Steve Zollos, Chief Executive Officer of Senior Services, within ten (10) working days of notification of the decision.
- F. All contracting agencies must be equal opportunity employers and must serve the elderly without regard to race, sex, color, national or ethnic origin, or handicap.
- G. Payment of funds requested from Senior Services will be made on a monthly reimbursement basis upon receipt of Senior Services' monthly financial and programmatic reports.

Budget Specifics

- Proposers must complete the Detailed Budget and may use additional sheets as necessary for supporting budget detail.
- Budget items should reflect only whole-dollar amounts.

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Column B

Title III-B Federal assistance is available to pay up to 85% of total program costs. At least 15% of total program costs must be born from non-federal sources.

Title III-E Federal assistance is available to pay up to 75% of total program costs. At least 25% of total program costs must be born from non-federal sources.

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Column
C-D-E

Non-Federal Match Funds Program Income (revenue generated through contributions from participants), and In-kind resources should equal 15% (Title III-B) or 25%(Title III-E) of the total project costs.

A. GENERAL INFORMATION:

1. Applicant Organization Name _____ Address _____ City/Zip _____ Phone _____		2. Proposed Service: _____ _____ _____	
3. Type of Proposal: New _____ (Check one) Continuation _____		4. Type of Agency: (Check one) Private Incorporated _____ Public Incorporated _____ Profit-Making _____ City or County Government _____ Describe: _____	
5. Project Period From: _____ To: _____			
6. Define the Geographic Area City-Wide _____ to be served: County-Wide _____ Multi- _____ Jurisdictional _____ Neighborhood _____		8. Federal Funds requested From Senior Services: _____	
7. Project Director, Supervisor or Coordinator Name _____ Title _____ Phone _____		9. Local Funds Provided: _____ (a) cash _____ (b) In-kind _____ 10. (a). Program Income: _____ (b). Other Funds: _____	
		11. Total Project Cost: _____ (8 + 9a + 9b + 10a + 10b) _____	
12. I am hereby authorized to submit this proposal on behalf of:			
NAME OF AGENCY _____		SIGNATURE _____	
NAME & TITLE OF OFFICIAL _____		DATE SUBMITTED _____	

Senior Services of Southeastern Virginia
FY19 OAA
APPLICATION FOR DELIVERY OF SERVICES TO THE ELDERLY

B. SERVICES TO BE PROVIDED

Where applicable, please provide your answers on separate paper.

13. a.) Briefly describe the geographic area to be served. Include unique community characteristics, which would help or hinder the delivery of the proposed service.

- b.) Describe the elderly population of the area. Number of persons:

_____ 60 Years of age & Over
_____ 75 Years of age & Over
_____ Elderly persons living alone
_____ Elderly who are below poverty level
_____ Minority elderly (60+)

Source of data: _____

14. Service Activity (Specify)

- a.) Describe the need for the service:

- b.) Plan of Action (Include objectives and methods to deliver services):

- c.) Service Objectives (see "Title III Service Standards" to define "units")

- 1.) What are the pertinent "units of service"? ("Unit of Service(s)" as defined by VDA" e.g. "hours"; "persons"; "contacts"; "miles" _____

- 2.) How many "units of service" will be provided? (give estimate)
"Total Number of Units to be provided with requested Title III
OAA funds": e.g. "1,000 hours"; "75 persons"; etc. _____

15. Describe the experience of your agency in providing the service, what other services your agency provides to senior citizens and how the proposed service fits into the total program. Include information on any certifications required under the service definition (see attachments - "Title III Service Standards").

16. Indicate all the agencies with whom this service will be coordinated and identify the type of support.

17. TOTAL number of unduplicated persons to be served: _____ Total
Of this total, what percentage will be:

RACE	PERCENTAGE
White or Caucasian Only	
Black / African American Only	
American Indian or Alaskan Native Only	
Asian Only	
Native Hawaiian or Pacific Islander Only	
Hispanic or Latino Origin	

Senior Serviceso Southeastern Virginia Application for Title III Older Americans Act Services

18. DETAILED BUDGET	85% or Less	15% or More			
A. BUDGET CATEGORY	B. Funds from Senior Services	C. Non-Federal Match Funds	D. Other Federal	E. In-kind Income	F. Program Income
					G. TOTAL
Personnel (Indicate % of time devoted to project)					
Fringe Benefit (Itemize)					
Travel (Itemize)					
Equipment (Itemize for value of \$500 or more)					
Other (Itemize)					
TOTAL					

HOME DELIVERED NUTRITION
(Title III – C2 & Fee for Service)
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES-VIRGINIA DIVISION
FOR THE AGING
SERVICE STANDARD

Definition¹

Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which:

- Complies with the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture,
- Provides a minimum of 33 1/3 percent of the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is provided per day,
- Provides a minimum of 66 2/3 percent of the DRI if two meals are provided per day,
- Provides 100 percent of the DRI if three meals are provided per day,
- To the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
- Complies 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.

The meal must be delivered and received at the home of the eligible individual who is homebound.

Homebound: Someone unable to leave home to attend regular social activities such as a senior center or congregate nutrition site. The recipient may be able to go to medical appointments, but needs escort assistance to do so safely. A client without access to adequate nutrition and for whom transportation to a congregate site is unfeasible may be considered homebound.

Eligible Population

Home Delivered Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.²

Eligibility criteria include:

- The individual must be homebound as defined above.
- The individual must be unable to prepare meals and have no one available to prepare meals.
- The individual must be able to remain safely at home, with home delivered nutrition as a support service.

Other individuals eligible to receive home delivered nutrition services, include:

- The recipient's spouse, regardless of age or disability
- At the discretion of the AAA, an individual with disabilities, regardless of age, who resides at

¹ Older Americans Act of 1965, as amended, Section 339 (2) (A)

² Older Americans Act of 1965, as amended, Section 306(a)(4)(A)(i)

home with the recipient over age 60 who receives a home delivered meal.

The AAA shall establish procedures for offering a meal on the same basis as meals are provided to participating older individuals, to other eligible individuals listed above. There is no prohibition against providing services to persons under age 60 with funds from other sources.³

Service Delivery Elements

The Area Agency on Aging or service provider must perform all of the following components of Home Delivered Nutrition Services:

Program Requirements

Each nutrition services provider must establish and operate nutrition projects for older individuals which, on 5 or more days a week (except when a lesser frequency is approved by the State agency or when a client's individually assessed and documented need is less), provide per meal recipient at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental food and any additional meals which the provider elects to provide.⁴

An inherent part of the home delivered meal program is the social contact and well-being check that naturally take place when the meal is delivered. It is a concern that this vital aspect of the program is lost when bulk meals are only delivered once or twice a month, especially in rural areas where clients are isolated, vulnerable, and may not have other contacts. It is likewise a concern when meals are delivered by commercial companies such as FedEx and UPS whose mission is package delivery and not necessarily the social, safety, nutritional, or functional needs of the HDM participant. Commercial package delivery of HDM shall be reserved for the small 1-2 percent of the population of a jurisdiction that is geographically isolated and remote from usual HDM routes, if applicable.

AAAs that deliver meals less than weekly to 25% or more of their total home delivered meal clients shall, along with their service provider(s), if applicable, develop and submit a plan for State agency (DARS-VDA) review and approval. The plan will consist of a narrative addressing the following points:

- The AAA shall describe the criteria they will use to identify the most vulnerable individuals receiving meals less than weekly. It is recommended that the AAA develop and describe their criteria with emphasis on using data that is collected using the UAI and other screening and assessment tools already in place. The AAA may consider using data found on pages 3 and 4 of the UAI (living arrangements and functional status) as some of their criteria. Suggested criteria include geographical isolation, lack of family contact and support, high nutrition risk, multiple medical conditions, ADL needs, lack of ability to communicate (such as no phone), structural problems in the home, etc.
- The AAA shall describe how they will provide, monitor, and document appropriate social contact and safety checks with the above-identified, most vulnerable individuals. Contact might be by/through telephone or technology, partnerships with local volunteer organizations, fire/police/TRIAD, enrollment in the agency's already established checking

³ Older Americans Act of 1965, as amended

⁴ Older Americans Act of 1965, as amended, Section 336

program, etc. The frequency of contact must also be addressed in the plan narrative. The AAAs will fully describe the contact method and frequency, and provide all sample forms. If the AAA is using an outside organization to perform the social contacts and safety checks, the formal agreement with the organization shall be attached. The agreement shall include a full description of the contact method and frequency and include all sample forms.

- The narrative shall describe how the documentation will be maintained to demonstrate that the social contacts and safety and security checks are taking place and any issues identified are receiving appropriate follow-up. Documentation shall be available during monitoring.
- The AAA shall describe how they will conduct individual client follow-up evaluation every 6 months to ensure that the meals are still meeting the need and being used properly by the client. The AAA will monitor to make sure meals are not accumulating or being given away, sold, or discarded and that the client still has the facilities and physical ability necessary to store and heat the meals. If the client is not already being re-assessed bi-annually for another service, this evaluation may be, for example, a checklist completed by the driver, a survey asked of the client, or another method developed by the agency, described fully in the narrative, and sample forms attached to the narrative. Documentation of the 6-month evaluation/assessment shall demonstrate that the assessment is being conducted and any issues identified are receiving appropriate follow-up, and shall be maintained and available during monitoring.
- The narrative shall describe the AAA's plan for nutrition education for the HDM participants.
- The narrative shall describe the AAA's plan for solicitation of the HDM participants for voluntary contributions.
- The narrative shall provide a description of the delivery method, including whether volunteers or staff are delivering the meals. If commercial package delivery companies (FedEx, UPS) will be used to deliver meals, the narrative must include a full description of the delivery procedures including whether the client is required to sign for meals, what happens if the client is not there to receive meals, how meal non-delivery is reported to the AAA, what the AAA's responsibility is when meals are not received, what the shelf-life of the meals is if they are not delivered in the expected time frame, how assistance is provided if required by a disabled client, and any other component related to delivery of meals, food safety, and integrity of the program.
- The AAA must attach the food vendor contract/agreement if the food vendor is shipping the meals directly to the client.
- The AAA must attach the nutrient analyses documenting that the meals provided meet 1/3 of the nutrient needs of older individuals and, for example, they are not heavy on sodium or light on fiber, protein, and vegetables, as many shelf stable meals may be. Be reminded that breakfast may not be used as a standalone meal.

- Attach the Advisory Committee- and Governing Board-approved policy showing that infrequent delivery of HDM is an agency policy. If it is not a practice that the Advisory Council or Governing Board signs policies, then attach minutes showing that the specific policy/practice of infrequent delivery of HDM (not the Area Plan) was approved by the Advisory Committee and/or Governing Board.
- Any other information the AAA deems relevant.

Plans shall be submitted for review and approval prior to the AAA beginning to deliver HDM less frequently than weekly and updated when significant changes are made to the plan. Thereafter, plans will be reviewed annually in conjunction with the Area Plan review.

A template is available.

The Older Americans Act (OAA) requires that meal providers solicit the advice and expertise of (1) a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutrition services, (2) meal participants, and (3) other individuals knowledgeable about the needs of older individuals.⁵

DARS-VDA recommends that AAA and nutrition service providers hire or contract with a registered dietitian (RD). Please see Guidance on Soliciting the Expertise of the RD.

Nutrition services providers shall design meals that are appealing to program participants and shall enter into contracts that limit the amount of time meals must spend in transit before they are consumed.⁶

Assessment

- A service-specific assessment using the Uniform Assessment Instrument shall be performed on each potential client that determines whether the individual is eligible for the service, the amount of the individual's service-specific need, and the individual's level of priority for service delivery. A home visit to assess eligibility for home delivered nutrition services is strongly recommended.
- Part "A" Uniform Assessment Instrument and "Determine Your Nutritional Health" Nutritional Screening are required. Client assessment data shall be documented in the DARS-VDA-approved electronic database.
- Federal Poverty should be determined and documented. The answer to the question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the DARS-VDA-approved electronic client database. The Federal Poverty/DARS-VDA form may be used.
- Any fee for service charge to the client shall be determined by the applicable sliding fee scale.
- Emergency contact information.

Nutrition Screening

The "Determine Your Nutritional Health" Nutrition Screening checklist developed and distributed by

⁵ Older Americans Act of 1965, as amended, Section 339

⁶ Ibid

the Nutrition Screening Initiative must be completed during assessment. The AAA or service provider will develop a written plan specifying how the agency will use the screening results.

At a minimum, the screening results may be used in the following ways:

- Referral to appropriate services such as (1) dental professionals for those with tooth or mouth problems, (2) the food stamp program, food bank, or other social programs if they indicate they don't have enough money to buy food, (3) their doctor or a dietitian if they have a chronic condition requiring a special diet, for example.
- Planning nutrition education programs. For example, educating participants how to increase their fruit and vegetable intake or to shop for and prepare nutritious meals, depending on what screening forms show.
- As a criterion in prioritizing client needs for nutrition service especially when program funding is limited.

Care Plan

The Care Plan is optional and may be completed by another department within the AAA. If used, the Care Plan may include nutritional and social needs that can be met through home delivered nutrition services. Before the service is delivered, a written individualized care plan may be developed that identifies the service components to be provided to meet the client's assessed need. The plan should be developed with involvement from the client. "Client" may include the individual's authorized representative or family member. The client should be given the opportunity to provide input for the implementation and evaluation of the plan. The plan may be modified to reflect any change in the client's needs. Each plan may include:

- Identified service needs
- Services to be delivered by the service provider or other sources
- Goals and objectives of service to be provided
- Quantity of service units to be provided

Service Confirmation

A service confirmation, which may be in the form of a letter, packet, or handbook, shall be provided to the client to explain the service arrangement. The client shall receive a copy that includes:

- Service to be provided
- Scheduled days of service
- Information regarding voluntary contributions
- Description of procedures to be followed if a participant is ill or injured or not at home when the meal is delivered
- Service interruption due to severe/inclement weather or other conditions
- Explanation of the Service Termination Policy
- Other policies deemed informative and appropriate by the service provider

If service is denied or the client is placed on a waiting list, written notice shall be provided to the client within 10 business days of the denial decision or placement on the waiting list. The agency's process on filing an appeal shall be provided with the denial.

Service Termination Policy

Service will be terminated at the discretion of the provider. Written notification of service termination

shall be mailed 10 business days prior to the date the action is to become effective. The agency's process on filing an appeal shall be provided with the termination notice.

Reassessment

- A review of the client's need for services, the amount of services provided and the appropriateness of the care plan (if completed) shall be performed when the client's condition or situation changes, but at least annually.
- Part "A" Uniform Assessment Instrument and "Determine Your Nutritional Health" Nutrition Screening Checklist shall be updated at the same time. Client reassessment data shall be documented in the DARS-VDA-approved client electronic database.
- Federal Poverty should be determined and documented. The question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the DARS-VDA-approved electronic client database. The Federal Poverty/DARS-VDA form may be used.
- Any fee for service charge to the client shall be determined by the applicable sliding fee scale.
- Update of emergency contact information.

Nutrition Education, Nutrition Counseling, and other Nutrition Services

AAAs and nutrition service providers will provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants.⁷ The nutrition services and programs offered by AAAs will be described in the Area Plan and comply with the following definitions:

Nutrition Education, Disease Prevention and Health Promotion

Nutrition Education Definition: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.⁸

Accurate information about Nutrition Education, Disease Prevention and Health Promotion shall be provided to the homebound participant on a continuing basis, but at least twice a year. Nutrition and health information will be obtained from a reputable source, registered dietitian, or other qualified individual. The information may be provided in such forms as a newsletter, flyer, brochure, article, or pamphlet and must be documented as having been distributed. A listing or calendar with the date and a copy of the item distributed is acceptable documentation.

Food Safety: At least once a year, Nutrition Education on food safety, such as information on proper handling, reheating, and storage of the home delivered meal or general food safety information for seniors, shall be provided.

Disease Prevention and Health Promotion: See Disease Prevention and Health Promotion Service Standard for definitions

⁷ Older Americans Act of 1965, as amended, Section 331(3).

⁸ Administration on Aging, Title III and Title VII, State Program Report Data Elements accessed at <http://www.agid.acl.gov/Resources/DataSources/DataFiles/StateProgramReportForm053110.pdf> page 23, accessed on July 8, 2014 .

Immunization: AAAs and service providers must provide to homebound older individuals available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.⁹

Nutrition Counseling (1 session per participant) -- Provision of individualized guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-to-one by a registered dietitian, and addresses the options and methods for improving nutrition status.¹⁰

Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program

The AAA or service provider must assist clients in taking advantage of benefits available under the SNAP Electronic Benefit Transfer (EBT) Card and may do so by assisting clients to apply for and use benefits. The AAA or service provider may, but is not required to, accept food stamps from eligible clients as their meal contribution. The AAA or service provider may encourage the seniors or their caregivers to use the food stamps to purchase additional nutritious food for the participant to consume in the home. AAAs or service providers that wish to accept food stamps must apply for authorization through their local USDA-FNS field office and assure that all federal, state, and local agency provisions relating to their use and handling are met.

Emergency Situations

The AAA or provider shall have written procedures to follow in the event of weather-related emergencies or situations that may interrupt service or delivery of meals to the homebound participant. A written plan that describes procedures to be followed if a client is ill or injured when a meal is delivered shall be explained to staff, volunteers, the homebound participant, and their authorized representative or emergency contact person.

Menu Planning

Meals shall meet the requirements specified above under "Definitions." In order to facilitate menu planning, DARS-VDA has developed Meal Planning Guidelines that nutrition program providers must use to ensure that meals meet the nutrient requirements. See DARS-VDA Menu Planning Guidelines.

Donated Foods

The AAA or service provider may establish policies and procedures regarding use or distribution of foods donated by local vendors and retailers. All donated food prepared or served in the program shall meet quality standards. The AAA or service provider may determine which foods are acceptable, healthful, and/or nutritious for distribution to home delivered meals recipients.

Meal Preparation

Home delivered nutrition services may be provided through a central kitchen or contracted through

⁹ Older Americans Act of 1965, as amended, Section 339 (2)(K)

¹⁰ Administration on Aging, Title III and Title VII, State Program Report Data Elements at <http://www.agid.acl.gov/Resources/DataSources/DataFiles/StateProgramReportForm053110.pdf> page 23, accessed on July 8, 2014 .

other organizations. Central kitchens and subcontractors are required to follow all applicable regulations and standards of the Virginia Department of Health, Food Regulations and the DARS-VDA Menu Planning Guidelines. Whether the food service operation and delivery of meals are performed by the AAA or contracted out, the final responsibility for the overall service operation shall rest with the AAA.

Procurement

When contracting for meal preparation and delivery of meals, all procurement transactions shall be conducted in a manner to provide open and free competition. Specifications for bids, and the terms and conditions of the resulting contracts, shall comply with service standards and guidelines as established by DARS General Services Division.

Food Service Operation

Compliance 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 is required.¹¹ This includes, but is not limited to health, fire and safety codes and regulations; building codes; purchasing regulations; licensure requirements; and any other requirements applicable to each meal preparation site and food service vendor used for the nutrition program. If applicable, the current food permit and/or inspection report, issued by the Health Department shall be posted or be on file. The Nutrition Director shall maintain copies of all current inspection reports according to AAA record retention policy, but not less than one year.

Food must be prepared, plated and transported with the least possible manual contact, with suitable utensils and on surfaces that, prior to use, have been cleaned, rinsed and sanitized to prevent cross contamination. Effective procedures for cleaning (removing visible dirt and stains) and sanitizing (reducing the number of micro-organisms by using hot water at 171 degrees (77 degrees C) or above, or a chemical sanitizing solution) dishes, equipment, food contact surfaces, work areas, serving and dining areas shall be written, posted or readily available, and followed consistently.

Material Safety Data Sheets (MSDS) must be readily available on any chemicals. Employees must be informed about potentially dangerous chemicals used in the workplace and how to safely use them. Toxic materials, such as cleaners and sanitizers, shall be maintained in the original container, or transferred to a clearly labeled appropriate container.

Health and Hygiene of Food Servers

The AAA or service provider shall have policies and procedures regarding health and hygiene for all individuals who prepare and/or serve food that includes:

- Infectious illness such as diarrhea, vomiting, fever, sore throat, etc.
- Open sores on hands or arms
- Gloves worn over nail polish and artificial fingernails for individuals serving food
- Central kitchens will abide by Virginia Department of Health Food Regulations

Food Safety & Potentially Hazardous Food Items

"Potentially hazardous food" is any food or food ingredient, natural or synthetic, which requires temperature control because it is in a form capable of supporting:

¹¹ Older Americans Act of 1965, as amended, Section 339

- The rapid and progressive growth of infectious or toxigenic microorganisms;
- The growth and toxin production of *Clostridium botulinum*; or
- In raw shell eggs, the growth of *Salmonella enteritidis*.¹²

Potentially hazardous food includes:

- An animal food (a food of animal origin) that is raw or heat-treated;
- A food of plant origin that is heat-treated or consists of raw seed sprouts;
- Cut melons; and
- Garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified above in this definition.¹³

In addition, any food that consists in whole or in part of:

- Milk or milk products;
- Shell eggs;
- Beef, poultry, pork, lamb, fish, and shellfish;
- Tofu;
- Soy protein foods; and
- Cooked rice, beans, potatoes (baked or boiled), or other heat-treated plant foods.¹⁴

In order to retain maximum nutritional value and food quality, foods shall be served as soon as possible after preparation. The AAA or service provider(s) shall make every effort not to exceed two hours of holding time between the completion of cooking and the serving of the meal and shall minimize, to the extent possible, the length of delivery routes for transporting meals.

Potentially hazardous hot food items shall be maintained at or above 135 degrees Fahrenheit (F) and potentially hazardous cold food shall be maintained at or below 41 degrees F.¹⁵ Fruits and vegetables that are cooked for hot holding shall be cooked to a temperature of 135°F.¹⁶ Frozen foods shall be maintained frozen.¹⁷ If food temperatures are found to be in the temperature danger zone (41 – 140 degrees Fahrenheit) for two or more hours, the food must be discarded (Two Hour Rule).

Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165 degrees F for 15 seconds.¹⁸ Food must be reheated within two (2) hours or thrown away, and can only be reheated once.¹⁹ Hot food holding facilities are prohibited for the rapid reheating of potentially hazardous foods.

Temperature checks on potentially hazardous food shall be taken on a daily basis with a correctly

¹² 12 VAC 5-421-10, Food Regulations, Department of Health, Virginia Administrative Code

¹³ Ibid

¹⁴ Serving Safe Food, Second Edition: Employee Guide, The Educational Foundation of the National Restaurant Association 1996

¹⁵ 12 VAC 5-421-820, Food Regulations, Department of Health, Virginia Administrative Code

¹⁶ 12 VAC 5-421-720, Food Regulations, Department of Health, Virginia Administrative Code

¹⁷ 12 VAC 5-421-770, Food Regulations, Department of Health, Virginia Administrative Code

¹⁸ 12 VAC 5-421-760, Food Regulations, Department of Health, Virginia Administrative Code

¹⁹ Serving Safe Food, Second Edition: Employee Guide, The Educational Foundation of the National Restaurant Association 1996

calibrated food thermometer at the time all food leaves the production area (including the food service vendor's kitchen), at the first meal delivery stop and at the last meal delivery stop.

Thermometers and their cases must be kept clean. During temperature measuring, thermometers should be sanitized between each food; an alcohol swab may be used. After use, thermometers should be washed, rinsed, sanitized and allowed to air dry.

Metal stem-type food temperature measuring devices, accurate to + or – 2 degrees F shall be used to assure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods. Food temperature measuring devices may not have sensors or stems constructed of glass, except that thermometers with glass sensors or stems that are encased in a shatterproof coating, such as candy thermometers, may be used.²⁰

To maintain accuracy, thermometers must be calibrated regularly using the ice method or boiling point method. Thermometers must be calibrated after dropping and after extreme temperature changes. Even if the food thermometer cannot be calibrated, it must still be checked for accuracy using the ice method or boiling point method. Any inaccuracies must be taken into consideration when using the food thermometer or the food thermometer must be replaced. At a minimum, check and/or calibrate thermometers at least monthly and maintain records of check and/or calibration.

For milk stored in a refrigerator maintained at 41 degrees or below, the temperature of the refrigerated unit may be taken and documented, instead of the milk temperature. The accuracy of the refrigerator thermometer should be verified on an ongoing basis by taking a product temperature.

Each AAA or service provider shall have a written policy specifying the temperatures meals must meet in order to be delivered to recipients. The AAA or service provider shall also have written procedures for handling potentially hazardous food items that do not meet or maintain correct temperatures. This information will be provided to all individuals who deliver meals.

Meal recipients should be advised to consume the meal immediately at delivery, refrigerate, or later reheat hot meals to a minimum temperature of 165 degrees for 15 seconds. Food containers may be labeled with this information.

Area Agency on Aging or service providers unable to take first and last meal temperatures on all routes shall work with all subcontractors to implement the following:

- Meal temperatures will be documented when food leaves the central kitchen. Food must be over 135 degrees or under 41 degrees. Temperature and time records will be available during monitoring.
- All ready-to-eat meals (not frozen or shelf stable) must be delivered within 2 hours of leaving the central kitchen.
- The meal recipient will be advised to consume the meal immediately at delivery, refrigerate, or later reheat hot meals to a minimum temperature of 165 degrees for 15 seconds.
- Documentation must be maintained with the time the meal left the central kitchen and the time at the last delivery stop. Records will be available during monitoring. As an alternative to recording the time at the last delivery stop, food containers will be labeled appropriately. For

²⁰ 12 VAC 5-421-1090, Food Regulations, Department of Health, Virginia Administrative Code

example, “Eat this hot meal immediately or refrigerate and later reheat to a minimum temperature of 165 degrees for 15 seconds.”

- Whenever possible, random temperatures will be taken and documented for the first and last delivery stop.

Service providers shall have in place policies that ensure that home delivered meals are not left unattended if the client is not at home.

Food Quality

All foods, whether purchased by or donated to the program, must meet the following criteria:

- Food shall be obtained from sources that comply with law²¹
- Meet or exceed all applicable federal, state and local laws, ordinances, and regulations
- Safe and unadulterated²²
- Food in a hermetically sealed container shall be obtained from a food processing plant that is regulated by the food regulatory agency that has jurisdiction over the plant²³
- If served, hot dogs, luncheon meat, and soft cheeses (feta, Brie, Camembert, Blue veined, Mexican style) must meet temperature requirements
- Pasteurized shell, liquid, frozen, or dry eggs or egg products shall be substituted for raw shell eggs in the preparation of foods such as Caesar salad, hollandaise or béarnaise sauce, mayonnaise, and egg-fortified beverages and for recipes in which more than one egg is broken and eggs are combined²⁴

The following foods must not be used:²⁵

- Prepackaged un-pasteurized juice (including un-pasteurized apple cider)
- Raw animal foods, such as raw fish raw-marinated fish, raw molluscan shellfish, and steak tartare
- Partially cooked animal food such as lightly cooked fish, rare meat, soft-cooked eggs that are made from raw shell eggs, and meringue
- Raw seed sprouts (including alfalfa, clover and radish)
- Home-canned foods
- Any foods prohibited under the Virginia Department of Health Food Regulations or updated versions of The Food Code.

Handling Food Product Recalls

AAAs, nutrition service providers, and subcontractors shall develop and implement policies and procedures that include information on responding to Food Recall Notices. Procedures to consider include:

- Developing and completing a food recall action checklist.
- Identifying the recalled food product.
- Counting the recalled product in inventory.

²¹ 12 VAC 5-421-270, Food Regulations, Department of Health, Virginia Administrative Code

²² 12 VAC 5-421-260, Food Regulations, Department of Health, Virginia Administrative Code

²³ 12 VAC 5-421-280, Food Regulations, Department of Health, Virginia Administrative Code

²⁴ 12 VAC 5-421-950, Food Regulations, Department of Health, Virginia Administrative Code

²⁵ 22 VAC 30-60-240, Grants to Area Agencies on Aging, Department for Aging and Rehabilitative Services Regulations, Virginia Administrative Code.

- Identifying where and how to segregate the recalled food.
- Placing warning labels on the segregated food product.
- Notifying staff not to use the segregated food product.
- Counting the amount of recalled food product already used.
- Accounting for the entire recalled food product by consolidating counts for product used and product in inventory.
- Obtaining information needed for public communications; whether the product was served, to whom it was served, and the date served.

Handling Foodborne Illness Outbreaks

AAAs, nutrition service providers, and contractors shall make reasonable efforts to avoid problems with food product contamination and with food borne illnesses through their food purchasing specifications and buying practices; product receiving and storage procedures; and food handling and delivery practices.

In the event of a complaint that a client became sick from a food and/or beverage they consumed from their home delivered meal, the AAA, service provider, and contractor shall have policies and procedures in place to handle the suspected outbreak.

Complete information such as the following on the suspected outbreak should be gathered:

- Name, address, and telephone number of the person reporting;
- Who became ill and what were their symptoms;
- Was the illness diagnosed by a physician (get the physician's name and contact information);
- What specific foods and/or drinks were consumed (save samples if any of the food remains);
- What was the day and time the food was eaten;
- Who was the person who served or provided the food, if any;
- Other relevant information concerning the time, date, or circumstances of the suspected outbreak.

Outbreaks of suspected foodborne illness shall be reported to the local health department immediately for investigation and AAAs, service providers, and subcontractors shall cooperate fully in the investigation.

Administrative Elements

Staff Qualifications

Individuals responsible for the direction of Nutrition Services shall possess the following minimum qualifications:

- Knowledge: Biological, psychological, and social aspects of aging; the impact of disabilities and illness on aging; community resources; public benefits eligibility requirements; food and nutrition; safe food handling; and disease prevention and health promotion
- Skills: Management and supervisory principles; transportation and meal delivery route scheduling, if appropriate; program planning; establishing and sustaining interpersonal relationships; problem solving.
- Abilities: Communicate with persons with varying socioeconomic backgrounds; work independently.

Job Descriptions²⁶

For each paid and volunteer position funded by Title III of the Older Americans Act, an Area Agency on Aging must maintain:

- A current and complete job description which shall cover the scope of nutrition services staff duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

Units of Service

Units of service must be reported in the DARS-VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

- Meals (required for the DARS-VDA-approved client database) – The number of NSIP eligible home delivered meals served; see Definitions and Nutrition Services Incentive Program
- Non NSIP Meals (required for the DARS-VDA-approved client database) – The number of fee for service home delivered meals served that are not eligible for NSIP reimbursement
- Persons Served (unduplicated) – The number of persons who received home delivered nutrition services; see “Eligible Population”

Program Reports

- Aging Monthly Report (AMR) to DARS-VDA by the twelfth (12th) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- DARS-VDA-approved client database client level data transmitted to DARS-VDA by the last day of the following month.

Consumer Contributions/Program Income There must be a written policy on handling of Client Program Income (CPI) and other gratuities and donations.²⁷

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing/fee for service only for recipients of the general fund (state funds) program.²⁸ Cost sharing/fee for service does not pertain to meals that receive Nutrition Services Incentive Program (NSIP), Title III, or any Federal monies. Any fee for service charge to the client under the Fee for Service program shall be determined by the applicable sliding fee scale.

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive.²⁹

For voluntary contributions, the AAA shall consult with the relevant service providers and older individuals in the planning and service area to determine the best method for accepting voluntary

²⁶ 22 VAC 30-60-400, Grants To Area Agencies On Aging, Department for Aging and Rehabilitative Services Regulations, Virginia Administrative Code

²⁷ 22 VAC 5-20-410, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

²⁸ Older Americans Act of 1965, as amended, Section 315(a)

²⁹ Older Americans Act of 1965, as amended, Section 315(b)

contributions. The AAA and service providers shall not means test for any service for which contributions are accepted, or deny services to any individual who does not contribute to the cost of the service. The AAA shall ensure that each service provider will:

- Provide each recipient with an opportunity to voluntarily contribute towards the cost of the service;
- Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;
- Assure that the method of solicitation is non-coercive;
- Protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
- Establish appropriate procedures to safeguard and account for all contributions; and
- Use all collected contributions to expand the service for which the contributions were given.³⁰

Nutrition Services Incentive Program (NSIP)

Home-Delivered Nutrition Services providers receiving Older Americans Act funds may participate in the Nutrition Services Incentive Program (previously USDA Commodity Food/Cash Distribution Program).

To be counted as an eligible meal, and therefore, receive NSIP reimbursement, the following requirements must be met:

- The person receiving a meal must meet eligibility requirements under Older Americans Act
- The client or other eligible individual must be assessed using Part "A" Uniform Assessment Instrument, "Determine Your Nutritional Health" Nutrition Screening Checklist, and Federal Poverty/DARS-VDA Sliding Fee Scale (unless all information needed to determine federal poverty is documented on UAI).
- The client may make a donation, but cannot be charged for the meal, means tested for participation, or asked for a cost-share
- The AAA or service provider shall have a record keeping system that tracks frequency of participation and generate unduplicated count information (match the client's name with their meal)
- The meal must meet DRI nutrient requirements and Dietary Guidelines defined above
- Snacks and partial meals cannot be counted as a "meal" for reporting purposes
- Home Delivered Meals programs are authorized to offer two- and even three-meal-a-day programs and each meal can be reported for reimbursement purposes
- Cash disbursements received under the Nutrition Services Incentive Program shall only be used to purchase United States agricultural commodities and other foods for their nutrition projects.³¹

Home delivered meals provided under the National Family Caregiver Support Program (Title III-E, Supplemental Services) can be counted as NSIP meals if they are provided to the older care recipient, a caregiver over the age of 60, or a caregiver under the age of 60 who is the spouse of the care recipient. If the meal is provided to a caregiver under age 60 who is not a spouse, Title III-E, Supplemental Services funds may be used but the meals are not NSIP eligible meals.

Quality Assurance

³⁰ Older Americans Act of 1965, as amended, Section 315(b)

³¹ Older Americans Act of 1965, as amended, Section 311(d)(2)

Home delivered nutrition services shall be provided with the advice and expertise of (1) a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, (2) meal participants, and (3) other individuals knowledgeable with regard to the needs of older individuals.³²

Criminal Background Checks

Language is still being developed.

Staff Training

- At hiring, staff involved with providing and assessing for nutrition services shall receive orientation on agency and nutrition services policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Workers shall receive a minimum of 10 (ten) documented hours of in-service or other training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities. This may include participant donations, safe food handling, taking and recording food temperatures, and what to do if meal temperatures are not in compliance.
- All individuals, including volunteers, that prepare and/or serve food will receive training in personal hygiene, hand washing, health policies, and safe food handling
- All individuals, including volunteers, who deliver meals and document temperatures, will receive training in taking and recording food temperatures and what to do if meal temperatures are not in compliance. Written materials are acceptable for volunteers.

Individuals responsible for the direction of Nutrition Services and/or AAA designee involved with nutrition services and/or meals subcontractor must receive and maintain certification in safe food handling. Central kitchens will abide by the Virginia Department of Health Food Regulations.

Supervision

Consultation and supervision shall be available to all staff providing the service. All staff working in the preparation of food must be under the supervision of a person qualified to ensure the application of hygienic techniques and practices in safe food handling, preparation, and service.

Program Evaluation

The agency must develop a written program evaluation plan to conduct regular systematic analysis of the persons served and the impact of the service. Evaluation may include client surveys for program planning and menu input. Surveys should be compiled and summarized in a format reporting how the data gathered will be used to improve services.

Local caterers and companies that provide subcontracted meal preparation, as well as organizations to which the entire program is subcontracted, shall be monitored at least annually. There shall be a written policy that includes: content of monitoring (such as use of DARS-VDA Monitoring Instrument), frequency, and reporting back to the subcontractor especially on any corrective action(s) recommended and carried out.

³² Older Americans Act of 1965, as amended, Section 339

Policies and Procedures

The AAA and service provider must maintain, at the minimum, the following policies and procedures:

- Offering home delivered meals to spouses and other eligible individuals
- Use of Nutrition Screening results
- Service Termination Policy
- Collection, disposition and accounting for program income, including safeguarding and accounting for donations
- Weather related emergencies and other situations that affect service delivery
- Ill or injured client
- Employee health and hygiene
- Required meal temperatures
- Handling potentially hazardous food items that do not meet temperature standards
- Procedures for volunteers who deliver meals
- Cleaning and sanitizing
- Program evaluation plans, including monitoring of subcontractors
- Liquid Nutrition Supplements (if applicable)

Service Records

Service documentation that will be maintained according to AAA record retention policy (but not less than one year), includes, but is not limited to:

- Documentation that identifies meal recipients and number of meals received
- Records of temperature checks
- Documentation of nutrition education
- Current Health Department permit or inspection report, if issued
- All menus from all vendors with nutrient analysis or meal pattern worksheet

Client Records

AAA and/or service providers must maintain specific client records in the approved DARS-VDA electronic database that include:

- Part “A” Uniform Assessment Instrument
- “Determine Your Nutritional Health” Nutrition Screening Checklist
- Federal Poverty documentation. The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the DARS-VDA-approved electronic client database.
- Care Plan (optional, but if completed must be documented in the DARS-VDA-approved client electronic database.)
- Service reassessment
- Consent to Exchange Information, if information is shared with other agencies

The AAA or service provider must maintain the following additional records:

- Service confirmation
- Cost Sharing (Fee for Service), if applicable, calculations must be part of the client record. The Federal Poverty/DARS-VDA Sliding Fee Scale form may be used.
- Appeal process

DATE: February 1, 2016

SUBJECT: Menu Planning Guidelines

TO: AAA Executive Directors and Nutrition Directors

FROM: Nicole Keeney, Program Coordinator

PURPOSE: To provide menu planning guidelines that comply with the Dietary Reference Intakes and the most recent version of the Dietary Guidelines for Americans.

LEGISLATIVE

REFERENCE: Older Americans' Act of 1965, as amended, Sec 339

BACKGROUND: The Virginia Department for Aging and Rehabilitative Services-Virginia Division for the Aging (DARS-VDA) establishes menu planning guidelines to aid program providers in the provision of safe and nutritious meals that meet the requirements of the Older Americans Act.

TIMELINE FOR IMPLEMENTATION:

The Liquid Nutrition Supplements section will be implemented by February 1, 2016.

SPECIAL INSTRUCTIONS:

The VDA Menu Planning Guidelines will be used for the planning and procuring of meals. They will be followed in all meals funded with Older Americans Act Title III and Nutrition Services Incentive Program (NSIP) funds, State funds, and program income.

CONTENT: DARS-VDA Menu Planning Guidelines

MENU PLANNING GUIDELINES

Purpose

Menu Planning Guidelines are developed to sustain and improve client health through the provision of safe and nutritious meals using specific guidelines. These guidelines shall be incorporated into all requests for proposals/bids, contracts, and open solicitations for meals.

Authorizing Documentation

The Older Americans Act of 1965, SEC. 339 as revised in 2006, requires that meals

1. comply with the most recent ***Dietary Guidelines for Americans***, published by the Secretary of Health and Human Services (HHS) and the Secretary of Agriculture, and,
2. provide to each participating older individual:
 - a. a minimum of 33 1/3 percent of the ***dietary reference intakes*** 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,
 - b. a minimum of 66 2/3 percent of the allowances if the project provides 2 meals per day,
 - c. 100 percent of the allowances if the project provides 3 meals per day, and
3. to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.

The Older Americans Act requires Older Adult Nutrition Programs to comply with the current Dietary Guidelines for Americans (DGAs). The DGAs translate the nutrient based recommendations from the dietary reference intakes (DRIs) into food, diet, and physical activity recommendations. The DRIs are considered the latest scientific nutrient reference values.

Dietary Reference Intakes

The Food and Nutrition Board of the National Academy of Sciences, beginning in the early 1990s, undertook the task of revising the RDAs, and new nutrient reference values were developed called the Dietary Reference Intakes (DRIs). There are four types of DRI values: the Estimated Average Requirement (EAR), the Recommended Dietary Allowance (RDA), the Adequate Intake (AI), and the Tolerable Upper Intake Level (UL), *see definitions*. The primary goal of having new dietary reference values was not only to prevent nutrient deficiencies but also to reduce the risk of chronic diseases such as osteoporosis, cancer, and cardiovascular disease. The development of the new federal guidelines impacts the standards to which the Older Adult Nutrition Program (OANP) is being held.

DRI Definitions

- Recommended Dietary Allowance (RDA): the average daily dietary intake level that is sufficient to meet the nutrient requirement of nearly all (97 to 98 percent) healthy individuals in a particular life stage and gender group.
- Adequate Intake (AI): a recommended intake value based on observed or experimentally determined approximations or estimates of nutrient intake by a group (or groups) of healthy people that are assumed to be adequate - used when an RDA cannot be determined.
- Tolerable Upper Intake Level (UL): the highest level of daily nutrient intake that is likely to pose no risk of adverse health effects for almost all individuals in the general population. As intake increases above the UL, the potential risk of adverse effects increases.
- Estimated Average Requirement (EAR): a daily nutrient intake value that is estimated to meet the requirement of half of the healthy individuals in a life stage and gender group - used to assess dietary adequacy and as the basis for the RDA.

Dietary Guidelines for Americans

The Dietary Guidelines for Americans (DGAs) provide science-based advice to promote health and to reduce risk for major chronic diseases through diet and physical activity. The information in the Dietary Guidelines is used in developing Federal food, nutrition, and health policies and programs. It also is the basis for Federal nutrition education materials designed for the public and for the nutrition education components of HHS and USDA food programs.

The 2015-2020 Dietary Guidelines provide five overarching guidelines that encourage healthy eating patterns, recognize that individuals will need to make shifts in their food and beverage choices to achieve a healthy pattern, and acknowledge that all segments of our society have a role to play in supporting healthy choices.

- Follow a healthy eating pattern across the lifespan.
- Focus on variety, nutrient-dense foods, and amount.
- Limit calories from added sugars and saturated fats, and reduce sodium intake.
- Shift to healthier food and beverage choices.
- Support healthy eating patterns for all.

Key Recommendations provide further guidance on how individuals can follow the five Guidelines. The Dietary Guidelines for Americans 2015-2020 Key Recommendations are as follows:

Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.

A healthy eating pattern includes:

- A variety of vegetables from all of the subgroups - dark green, red and orange, legumes (beans and peas), starchy, and other
- Fruits, especially whole fruits
- Grains, at least half of which are whole grains
- Fat-free or low-fat dairy, including milk, yogurt, cheese and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
- Oils

A healthy eating pattern limits:

- Saturated fats and *trans* fats, added sugars, and sodium

The following specified limits can help individuals achieve healthy eating patterns within calorie limits:

- Consume less than 10 percent of calories per day from added sugars
- Consume less than 10 percent of calories per day from saturated fats
- Consume less than 2,300 milligrams (mg) per day of sodium
- If alcohol is consumed, it should be consumed in moderation - up to one drink per day for women and two drinks per day for men - and only by adults of legal drinking age.

Documentation Procedure

Each AAA shall be responsible for ensuring that meals planned and served by nutrition service providers meet nutrient content guidance. The nutritional value of menus shall be confirmed either by (1) nutrient analysis software or (2) correspondence with the meal pattern. Either a staff person at the AAA or a consultant dietitian retained by the AAA shall have the expertise to review the menus with their nutrient analyses or meal pattern worksheets, determine if the menus comply with DARS-VDA nutrient content guidance, and work with vendors or menu planners to ensure compliance. Records of all menus implemented and the accompanying nutrition analyses and menu review shall be kept until monitored by DARS-VDA.

Menus posted for client information may simply list in menu fashion the food items to be served for the week or month. For monitoring and evaluation purposes, programs using the meal pattern, option (2) above, shall document menus clearly indicating portion sizes, describing specific components of combination dishes, and explaining which food groups of the meal pattern the menu items are intended to complete. (See Meal Pattern Worksheet) For monitoring purposes, all menus used in the nutrition programs - congregate, home delivered, hot, shelf stable, breakfast, etc. - from all

vendors and/or any self-planned shall be available. Agencies or providers shall have available the A) Meal Pattern Worksheet or B) Nutrient Analysis for each meal/menu.

Menu Planning

The following are recommendations for planning and using menus.
Menus must be:

1. Planned in advance for a minimum of one month. Repetition of entrees shall be kept to a minimum. If a cycle menu is used, there shall be provisions to include seasonal foods.
2. Reviewed for the current Dietary Reference Intakes (DRI) based on the meal pattern or nutrient analysis. (See Menu Review)
3. Posted in a conspicuous location in each congregate meal site so as to be available to participants. It is acceptable to post menus weekly.
4. Posted in each place of food preparation.
5. Adhered to, with the exception that menus are subject to change based on seasonal availability of foods. Menu substitutions shall have prior approval by the AAA; the AAA may provide a pre-approved list of nutritionally equivalent substitutions. (See Specific Nutrient Resources)
6. On file, with the nutrient analyses or meal pattern reviews that document menu nutrient content compliance, and with any menu changes noted in writing for at least one year or according to AAA record retention policy.

Nutrient Analysis

The table that follows represents the most current DRI values for use when planning and evaluating meals. Values are provided for one meal a day for the average older adult population served by the program. For programs serving two meals a day, the values in the compliance range must be doubled, and for three meals per day, the values are tripled.

Menus that are documented as meeting the nutrient requirements through nutrient analysis software must provide the following:

Nutrient	Target Value per meal (1)	Compliance Range (2)
Calories (Kcal)	685	600-750
Protein (grams)	23 gm	Minimum of 14 gm pro in the entrée/protein portion of the meal
Fat (grams)	23 gm	23-27 grams
Vitamin A (ug) (3)	300 ug or 1000 I.U.	> 300 ug or 1000 I.U. averaged over one week
Vitamin C (mg)	30 mg	
Vitamin B6 (mg)	0.57 mg	
Vitamin B12 (ug) (4)	0.79 ug	
Calcium (mg)	400 mg	
Magnesium(mg)	140 mg	>110 mg
Zinc (mg)	3.1 mg	
Sodium (mg)	800 mg	<1,200 mg (5)
Fiber (gm)	10 gm	>8 gm

(1)Target Value: This value represents one-third the Dietary Reference Intake.

(2) Compliance Range: This range represents acceptable minimum or maximum values as specified by the State to allow for menu flexibility and client satisfaction.

(3)Vitamin A content should be from vegetable (carotenoid) sources.

(4)Fortified foods may be used to meet vitamin B12 needs.

(5)Sodium is liberalized based on the information from the Mathematica study that demonstrated that for many participants the meal provides close to 40-50% of the participants daily intake and to allow for menu flexibility and client satisfaction.

Meal Pattern

If nutrient analysis software is not used, each Older Adult Nutrition Program Meal will follow the meal pattern described in this section:

Food Group	MyPlate Amounts per Day (1)	Amount per Older Adult Nutrition Program Meal (2)	Amount for 2 meals/day	Amount for 3 meals/day
Grains /Whole Grains	6 servings, 1 ounce (or slice) each. Half of grains served must be whole grain	2 servings, 1 ounce each. 1 slice of bread=1 ounce. One of the 1 ounce servings must be whole grain	4 servings, 1 ounce each. Two of the 1 ounce servings must be whole grain	6 servings, 1 ounce each. Three of the 1 ounce servings must be whole grain
Vegetables Fruits	2 ½ cups 2 cups	3 servings - ½ cup or equivalent each. Vegetables and fruits together should total a minimum of 1½ cups of vegetables and fruit or equivalent per meal	6 servings- 1/2 cups or equivalent each	9 servings- 1/2 cups or equivalent each
Dairy	3 cups	1 cup	2 cups	3 cups
Protein Foods	5 ½ ounces	2 ounces	4 ounces	6 ounces
Oils	6 tsp	1-2 tsp optional	2-4 tsp optional	4-6 tsp optional
Dessert / Empty Calories		Optional	Optional	Optional

(1)Caloric Value (2,000 Kcal/day) based on a 71+ year old male, less than 30 minutes physical activity/day. The caloric requirement for women 71+, less than 30 minutes physical activity/day, is 1,600 Kcal/day, per USDA ChooseMyPlate.gov

(2)The amount per meal estimates provision of 1/3 of the DRIs.

Note: Use of the meal pattern does not necessarily ensure that meals meet 33 1/3% the DRIs and the *Dietary Guidelines for Americans*. Meals are likely to require specific types of fruits and vegetables, whole grains, and high fiber foods in order to ensure the key nutrients are met. (See Meal Components and Specific Nutrient Sources).

Meal Pattern Summary and Requirements

Requirements for One Meal Daily:

- **2 servings grains - 1 ounce or slice each (1 serving should be a whole grain source)**
- **1½ cup vegetables and/or fruit** (vegetables and fruit together should total a minimum of 1 ½ cups or equivalent/meal)
- **1 cup skim, 1%, or 2% milk**
- **2 oz. edible cooked meat, poultry, fish, dry beans, eggs, or nuts**
- Optional: oils, desserts, and “empty calorie” foods that provide calories and few other beneficial nutrients

Averaging

Each meal provided and counted as an OAA or NSIP meal must stand alone to meet all meal pattern and nutrient requirements without averaging, except if multiple daily meals are provided as described below.

Requirements for Two Meals Daily

1. Congregate and home delivered meal providers serving two meals per day must furnish a total of 66 2/3 percent of the DRIs. Refer to *Meal Components* for additional information.
2. In cases where the provider knows that the participant is receiving 2 meals that together provide 66 2/3 percent of the DRI; each meal may not have to meet 33 1/3 percent. For example, one meal provides 40% of the DRI and the other meal provides 26 2/3%. If the participant receives both meals, requirements will be met. However, if the participant receives only the meal providing 26 2/3% of the DRI, requirements are not met.
3. If it is unknown which meal a participant is receiving, each meal must stand alone to meet the requirements for one meal.

Requirements for Three Meals Daily

1. Congregate and home delivered meal providers serving three meals per day to the same population must provide 100% of the DRIs. Refer to *Meal Components* for additional information.
2. In cases where the provider knows that the participant is receiving 3 meals that together provide 100 percent of the DRI, each meal may not have to meet 33

1/3 percent. For example, one meal provides 40% of the DRI and the other meal provides 26 2/3% and a third provides 33 1/3 %. If the participant receives all meals, requirements will be met. However, if the participant receives various combinations of meals, requirements are not met.

3. If it is unknown which meal combinations a participant is receiving, each meal must stand alone to meet the requirements for one meal.

Breakfast Meal Pattern

When funding allows, agencies may provide breakfast in addition to another meal for the day. The 2 meals together shall meet the meal pattern requirements or the nutrient analysis requirements for 2 meals. Breakfast may not stand alone as the only meal provided for the day.

A Breakfast Meal Pattern such as the following may be helpful in menu planning:

- Grains, 2 servings, 1 oz. each Cereal and Bread/Toast
- Fruit and Vegetable, 1½ cup Juice and Fruit, Vegetable
- Dairy, 1 cup Milk, yogurt, cheese
- Protein, 2 ounces** Egg, peanut butter, breakfast meat
- Oils, optional Margarine

** It is acceptable for the Breakfast Pattern to provide only 1 ounce from the protein group; however, the second meal must provide at least 3 ounces of protein foods (21 grams protein in the entrée) so that the 2 meal/day requirements for a total of 4 ounces of protein foods and other nutrients are met. The nutrient analysis or meal pattern worksheet must document this meal pattern variation.

Meal Components

Grains

What foods are included:

Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products.

Grains are divided into 2 subgroups, whole grains and refined grains.

Whole grains contain the entire grain kernel -- the bran, germ, and endosperm. Examples include: whole-wheat flour, bulgur (cracked wheat), oatmeal, whole cornmeal, and brown rice.

Refined grains have been milled, a process that removes the bran and germ. Most refined grains are enriched. This means certain B vitamins (thiamin, riboflavin, niacin,

folic acid) and iron are added back after processing. Fiber is not added back to enriched grains. Some examples of refined grain products are: white flour, degermed cornmeal, white bread, and white rice.

What counts as an ounce equivalent:

In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or ½ cup of cooked rice, cooked pasta, or cooked cereal can be considered as 1 ounce equivalent from the grains group.

According to MyPlate, one half of the daily intake should be from **whole grains**. The OANP meals should include foods from whole grain products at least:

- 2 times/week for 1 meal/day
- 4 times/week for 2 meals/day
- 6 times/week for 3 meals/day
- aim for 1 whole grain serving per meal

Include a variety of whole grain, wheat, bran, and rye breads and cereals. If using fortified products, look for items fortified with vitamin B-12 and Vitamin D if available.

In order to provide variety, one slice of bread is also equivalent to:

- One biscuit (2 inch diameter)
- One small muffin (2 ½ inch diameter)
- ½ bagel (1oz)
- Cornbread, (small piece 2 ½" x 1 ¼" x 1 ¼")
- One tortilla, 6 inch diameter
- Six crackers - saltine type
- ½ cup grits
- ½ cup rice
- ½ cup noodles, macaroni, spaghetti
- ½ cup bread dressing

Limit use of breads that are relatively high in fat such as biscuits, muffins, cornbread, dressings, fried hard tortillas, or high fat crackers.

Vegetables

What foods are included:

Any vegetable or 100% vegetable juice counts as a member of the vegetable group. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed. Canned vegetables are usually high in sodium; low sodium varieties are available but may be higher in cost. If it is necessary to use canned vegetables, they may be rinsed thoroughly to remove up to 40% of the sodium. However, rinsing may also remove other valued nutrients.

Vegetables are organized into 5 subgroups, based on their nutrient content. The five subgroups are: Dark green vegetables, red and orange vegetables, dry beans and peas, starchy vegetables, and other vegetables.

The OANP meals should aim to:

- Include a dark green vegetable at least
 - 2 times a week for 1 meal/day
 - 4 times a week for 2 or 3 meals/day
- Include an orange vegetable or fruit at least
 - 2 times a week for 1 meal/day
 - 4 times a week for 2 or 3 meals/day
- Include dried beans and peas at least
 - 2 times/week for 1 meal/day
 - 4 times/week for 2 or 3 meals/day
- Include starchy vegetables (white potatoes, sweet potatoes, yams, corn, green peas, and green lima beans) no more than ½ cup per meal for most meals.

What counts as a cup:

In general, 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the vegetable group.

- A total of ½ cup vegetables as an ingredient in soups, stews, casseroles or other combination dishes is equivalent to ½ cup vegetables.
- Lettuce and tomato served as condiments are not a vegetable serving. One cup of lettuce or leafy greens and ½ cup tomato are each equivalent to ½ cup vegetables.
- Used as a vegetable, ½ cup of a legume dish is equivalent to ½ cup vegetables.
- A total of ½ cup vegetables in molded salads can count as ½ cup vegetable (approximate ¾ cup molded salad).
- Potatoes count as a vegetable serving. If using instant or dehydrated potatoes (higher in sodium), choose a brand enriched with vitamin C.
- Tossed salads may count as a Vitamin C source if they contain at least ½ cup greens and ¼ cup Vitamin C rich items such as peppers, cabbage, or tomatoes. The darker the greens, the greater the content of Vitamin C and Vitamin A. Pale green lettuce is low in nutrient content.

Fruit

What foods are included:

Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed. Canned fruit must be packed in juice, water, or light syrup.

What counts as a cup of fruit:

In general, 1 cup of fruit or 100% fruit juice, or ½ cup of dried fruit can be considered as 1 cup from the fruit group. A small piece of fresh fruit such as a small apple, banana, orange, or peach can be considered ½ cup fruit. A total of ½ cup fruit in molded salads counts as ½ cup fruit (approximate ¾ cup molded salad).

In the OANP meals, limit fruit juices. Offer mostly whole or cut-up fruit—canned, frozen, fresh, or dried rather than juice, for the benefits that the dietary fiber provides.

Dairy

What is included in the dairy group:

All fluid milk products and many foods made from milk are considered part of this food group. Foods made from milk that retain their calcium content are part of the group, while foods made from milk that have little to no calcium, such as cream cheese, cream, and butter, are not. Calcium-fortified soymilk (soy beverage) is also part of the dairy group

Most dairy group choices should be fat-free or low-fat (use skim or 1% milk).

What counts as a cup:

In general, the following are considered 1 cup from the dairy group:

- 1 cup (8 oz.) of fortified skim, 1 %, 2% (higher in fat), low fat chocolate milk or buttermilk (higher in sodium), lactose-reduced milk, lactose-free milk
- ½ cup (4 oz.) evaporated milk
- 1 cup (8 oz.) yogurt (note that most yogurt containers are only 4-6 oz. and would represent ½ - ¾ of a serving)
- 1/3 cup non-fat dry milk powder
- 1 ½ ounces hard cheese (cheddar, mozzarella, Swiss, parmesan)
- 1/3 cup shredded cheese
- 2 ounces processed cheese (American) (higher in sodium)
- ½ cup ricotta cheese
- 2 cups cottage cheese (higher in sodium)
- 1 cup pudding made with milk (higher in sugar)
- 1 cup frozen yogurt (higher in sugar)
- 1 ½ cups ice cream (higher in sugar and fat)

For senior participants who avoid milk because of lactose intolerance, the most reliable way to get the health benefits of dairy products is to include lactose-free alternatives within the Dairy Group, such as cheese, yogurt, lactose-free milk, or calcium-fortified soymilk (soy beverage) or to take the enzyme lactase before consuming milk.

Calcium choices for those who do not consume dairy products include: Specific juices, cereals, breads, rice milk, and almond milk that are calcium-fortified. Canned fish (sardines and salmon with bones), soybeans and other soy products (tofu made with calcium sulfate, soy yogurt, tempeh), some other beans, and some leafy greens (collard and turnip greens, kale, bok choy). The amount of calcium in these foods varies and may not be well absorbed.

Protein Foods (meat, poultry, fish, dry beans, eggs, and nuts)

What is included in the protein foods group:

All foods made from meat, poultry, fish, dry beans and peas, eggs, processed soy products, nuts, and seeds are considered part of this group. Dry beans and peas are part of this group as well as the vegetable group. Most meat and poultry choices should be lean or low-fat.

What counts as an ounce equivalent in the protein foods group:

- 1 ounce of meat, poultry, or fish, **excluding** skin, bone, breading, or liquid
- ¼ cup cooked dry beans or peas
- 1 egg
- 1 tablespoon of peanut butter
- ½ ounce of nuts or seeds
- ¼ cup tuna
- ¼ cup (about 2 ounces) of tofu
- 1oz. tempeh, cooked
- ¼ cup roasted soybeans
- 2 tablespoons hummus

The meal shall contain a 2 to 3-ounce equivalent edible portion of cooked meat, poultry, fish, eggs, or beans that furnishes **at least 14 grams of protein from the entrée** for each meal. Breakfast meals must contain at least 1-ounce equivalent from the meat / protein group. If only 1 ounce from the protein foods group is supplied at breakfast, a second meal must supply at least 3 ounces from the protein foods group (21 grams protein in the entrée) so that together the 2 meals furnish at least 4-ounce equivalents of protein foods per day.

Remember that meat portions lose weight in cooking so allow for shrinkage in determining the edible portion. Take into account that inedible parts such as bone and skin do not count as part of the 2 to 3 ounce portion. Fillings or breading used in preparation do not count as part of the 2 to 3 ounce portion.

Limit use of high sodium meats (e.g., hot dogs, sausage, bacon, ham, cold cuts, etc.) to no more than:

- 1 time per month when serving 1 meal per day
- 2 times per month when serving 2 or 3 meals per day

If high sodium meats are served more than once per month for variety and client satisfaction, then low sodium versions should be used when available and documented on the menu.

Food Safety Reminder: Deli meats, hot dogs, and sausage shall be heated to steaming hot prior to serving.

- Serve legume dishes (using mature dried beans and peas and lentils, such as lima, kidney, navy, black, pinto or garbanzo beans, lentils, black eyed peas and soybeans) as often as possible in accordance with participant acceptance.
- If they are not counted as a vegetable, a total of ¼ cup mature dried beans and peas and lentils as an ingredient in soups, stews, casseroles or other combination dishes is equal to one ounce equivalent of meat.
- Fish, nuts, and seeds contain healthy oils, so these foods are good choices occasionally instead of meat or poultry, according to participant acceptance.
- Ground meat such as ground beef or ground turkey may be served no more than
 - 2 times per week when serving 1 meal/day
 - 4 times per week when serving 2 or 3 meals/day
 - this does not include formed meat products or shredded meats
- Texturized Vegetable Protein (TVP) may be incorporated in recipes with a maximum ratio of 30% TVP to 70% meat.

Protein Food Equivalents for Casseroles and Mixed Dishes

Casserole entrée items that combine meat, a grain such as rice or pasta, vegetables, cooked dried beans, cheese, or creamed sauce are cost effective. However, it can be difficult to achieve the 2 to 3 ounce meat or bean requirement unless the recipe is adjusted accordingly to include more protein ingredients.

When documenting protein food equivalents on the Meal Pattern Worksheets, casseroles and mixed dishes must be broken down into their component parts and shown under the appropriate food group by appropriate portion sizes. If accurate portions are not shown, it is possible the menu will be non-compliant with the nutrient content guidance.

The protein requirement can also be met by supplementing the meal with other protein-rich foods such as:

- Add chopped or sliced egg to a salad
- Add a cold salad made with dried beans
- Add split pea or lentil soup
- Add sliced or grated cheese to garden salads (milk group)(higher in sodium)

- Add a side dish of cottage cheese with fruit (milk group)(higher in sodium)

Portion amounts of these items should be carefully delineated when the Meal Pattern Worksheet is the method for demonstrating nutrient content compliance of the menus.

When purchasing prepared, institutional size frozen entrees or prepared frozen meals, look carefully at the sodium content. Select products and recipes that are lower in sodium and fat.

Oils

What is included:

Oils are fats that are liquid at room temperature, like the vegetable oils used in cooking. Oils come from many different plants and from fish. Some common oils are: canola oil, corn oil, cottonseed oil, olive oil, safflower oil, soybean oil, and sunflower oil.

Oils are not a requirement, but they provide essential nutrients and therefore are often included in menu planning. Each meal may contain oils to increase the palatability and acceptability of the meal. Oil equivalents may be used in food preparation or served as an accompaniment to the meal.

Use 1-2 of the following per meal:

- 1 ½ teaspoon fortified, soft, trans-fat free margarine
- 1 ½ teaspoon margarine spread
- 1 ½ teaspoon mayonnaise or mayo-type salad dressing
- 1 tablespoon salad dressing
- 1 tablespoon light cream cheese

Pay particular notice to portion sizes and individual-serving packets of salad dressings when planning and analyzing the menu. Be aware that dressing packets may contain 1.5 to 2 ounces of dressing and equal 3 to 4 tablespoons or more of dressing, which may be 2, 3, or 4 times the oil allotment allowed.

It is acceptable to use low fat/fat free butter flavored products. Lard may not be used. Limit fats and oils high in saturated and/or *trans*-fatty acids, and when selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.

Gravy and sauces may be an essential component in maintaining temperatures of prepared foods. Gravy and sauces also make it easier for older people to chew and swallow foods. Use recipes and choose mixes for gravy and sauces that are lower in fat and sodium.

Dessert/Empty Calories

Dessert may be provided as an option to satisfy the caloric requirements or for additional nutrients. Use of fruits, whole grains, or dairy equivalents as desserts and foods not excessive in fat and sugar are encouraged.

- Fruit or fruit based desserts can add important nutrients to the meal. When a dessert such as a fruit crisp contains $\frac{1}{2}$ cup of fruit, it may be counted as a $\frac{1}{2}$ cup of fruit equivalent.
- When a dessert contains the equivalent of 1 serving grains per serving, it may be counted as part of the grain equivalents (example bread pudding, rice pudding, cookies made with whole grain flour).
- To increase the fiber content, oats and whole grain or bran cereals are recommended as toppings on fruit, yogurt, or pudding desserts.
- Include desserts that are good sources of calcium such as low- or non-fat frozen dairy desserts, custards, puddings and other recipes made from low- or non-fat milk. When a dessert contains the equivalent of $\frac{1}{2}$ cup milk per serving, it may be counted as $\frac{1}{2}$ cup of dairy.
- Baked products made with whole grains such as oatmeal, and that include other wholesome ingredients such as raisins, applesauce, bananas, or peanut butter, should replace desserts providing calories from sugar and fat but little else.

When foods such as chips, cookies, and crackers that provide mostly calories and few other required nutrients are included, these will be considered empty calorie foods. Such empty calorie foods may be considered on rare occasions if the meal otherwise meets all nutrient requirements, additional calories are needed, and their inclusion does not exceed the compliance range for calories.

Condiments and Product Substitutes

Mayonnaise, ketchup, mustard, salad dressing, tartar sauce, margarine, and fat-free butter flavorings may be provided as appropriate to the particular menu. The oil and sodium content of the condiments should be considered in menu planning. If using high sodium condiments such as ketchup, barbeque and teriyaki sauce, prepared mustard, seasoned salts, bouillon, pickles and olives, balance the menu with low sodium choices. Low sodium condiments, if available and acceptable, are encouraged.

Pepper, herbal seasonings such as Mrs. Dash, lemon, vinegar, and non-dairy coffee creamer may be provided, but shall not be counted as fulfilling any part of the nutrient requirements.

Nutrition providers are not encouraged to provide salt, sugar, salt substitutes, and sugar substitutes because they may not be appropriate for all participants. However, it is known that meal participants are independent adults with the right and ability to

make choices. Therefore, providers are encouraged to develop, implement, and share with meal participants a policy addressing whether or not the provider will make these items available. The policy may include permitting participants to bring these items for their own use.

Menu Review

Each AAA is responsible for having either a staff person or a Registered Dietitian (RD) or individual of comparable background with the expertise to review the menus and their nutrient analyses or meal pattern worksheets and determine if the menus comply with DARS-VDA nutrient content guidance. The menus and nutrient analyses must be determined to be in compliance prior to implementation. The RD or staff person must work with vendors or menu planners to ensure compliance. The fact that a credentialed RD plans meals used by a school, hospital, or nursing home does not necessarily mean that the meals meet the meal planning guidelines and the nutrition requirements for the OANP. The RD must use these DARS-VDA menu planning guidelines as the basis for his/her review of the menus.

In addition to verifying nutrient content and/or correspondence to the meal pattern, the RD must be reviewing other aspects of the menu, such as variety of food, serving sizes, color, texture, consistency, and use of seasonal and ethnic foods. Menu review includes recommending changes to address errors and discouraging the use of extra items that add to food costs.

Menus are also reviewed in light of the available food preparation facilities and equipment, which may affect food combinations and methods of preparation. AAA central kitchen or food preparation vendor staff should work closely with the RD on menu and recipe preparation issues.

Nutrient Analysis Software

Computer analysis is recommended because it will provide more specific information about the nutrient content of the menus than a meal pattern and may assist in controlling food costs. Meal patterns should continue to be used as a planning tool to ensure food plate coverage and requirements as per the Dietary Guidelines for Americans; however, use of computerized nutrient analysis will help determine the nutritional adequacy of meals.

Nutrition directors must be aware that nutrient analysis is not the end in itself, but a tool to be used to plan meals that meet the DRI's and furnish targeted nutrients. The AAA holds the ultimate responsibility to ensure that nutrient analyses are reviewed and that nutrient requirements are met. If the nutrient analyses do not demonstrate that the meals comply with nutrient requirements, it is the AAA nutrition director's responsibility to work with the service provider, vendor, or RD to re-plan and readjust

the menus in order that nutrient requirements are met before the menus are implemented.

The AAA has some discretion to allow flexibility in planning meals that may not meet the meal pattern as long as they meet the nutrient value requirements as demonstrated by computerized nutrient analysis. Fortified food products and combination dishes used in a menu may not match the meal pattern but may provide for the required nutrient values. For example, a fortified snack bar as a dessert could be used to boost the nutrient value of a boxed lunch or special occasion meal.

AAAs are encouraged to include computerized nutrient analysis of menus as a part of their requests for proposals/bids and contracts with nutrition service providers, vendors, or RDs.

Following are some of the commonly used nutrient analysis software programs and links to their websites:

ESHA Food Processor - <http://www.esha.com/foodprosql>

Nutritionist Pro - Axxya Systems <http://www.axxya.com/>

FoodWorks - <http://www.nutritionco.com/FoodWorks.htm>

Shelf Stable Meals

Shelf stable meals shall be made available when feasible and appropriate, usually for emergency or other situations when it is not possible to serve or deliver a perishable meal. The shelf stable meals should be replenished, so the expiration date does not pass.

To the extent possible, shelf stable meals must follow the meal guidelines. However, shelf stable meals may be high in sodium and lacking in quality vegetables and protein foods, as well as several key nutrients. It is difficult to provide the quality and quantity of protein foods and the variety of vegetables required by the DGAs in shelf stable form and at a reasonable cost. For this reason, shelf stable meals are not appropriate for ongoing use in the OANP.

When they are used for emergency purposes, a shelf stable meal pattern such as the following may be helpful:

- Entrée or meat
- Vegetable
- Fruit
- Grain
- Juice
- Dry Milk

Emergency Shelf Stable Meals Sample Menus

#1:	Chili with Beans Carrots Mixed Fruit Pudding Cup Orange Juice Non-fat Dry Milk	#2:	Canned Chicken, 2 oz Corn Mixed Fruit Whole Grain Crackers Apple Juice Non-fat Dry Milk
#3:	Tuna, 2 oz Sweet Peas Applesauce Whole Grain Crackers Fruit Juice Non-fat Dry Milk	#4:	Beef Stew Green Beans Raisins Nutri-grain Bar Apple Juice Non-fat Dry Milk

Packaging Requirements:

- A multi-pack shall include menus to instruct participants how to combine the foods to meet the meal requirements.
- Cans are to be easy to open, with pull tabs whenever possible.
- The box must be clearly labeled with the expiration date or “best if used by____(date)”.

Frozen Meals

Programs purchasing prepared and packaged frozen meals must follow the same meal planning guidelines. Vendors must provide nutrient analyses of their meals. A staff person at the AAA or the AAA’s consultant dietitian shall have the expertise to review the nutrient analyses and verify compliance with DARS-VDA nutrient content guidance, and work with the vendor as needed to achieve compliance. The AAA must keep the verification that menus meet the nutrient content guidance on file with the menus. Menus planned using prepared frozen meals should show the dates particular frozen meals are served/delivered and be reviewed for repetition of entrees and other aspects. (See Menu Review)

Modified Meals

Meals served according to the meal pattern are suitable for persons with diabetes, heart disease, and hypertension.

AAAs shall establish procedures that allow nutrition service providers to furnish modified meals where feasible, appropriate, and cost effective to meet the particular dietary needs that arise from religious or ethnic background or for health needs of the participants. Meals for participants who require therapeutic diets may be offered only

when the modified meal can be obtained from a facility where a registered dietitian approves the meals.

Ethnic and Cultural Meals

Many OANP providers want to expand food choices and respect cultural preferences. However, perceived obstacles include increased costs and compliance with Dietary Reference Intakes (DRIs). Limited funding, decreasing resources, a diminishing volunteer pool, and lack of transportation also challenge Nutrition Programs. These often overshadow desires to increase menu choices. Program administrators need to weigh the benefits and drawbacks of offering more culturally representative menu choices and may consider the following strategies:

- If a program provides only one entrée daily, the cycle menu may offer entrees that are multicultural. Such changes will not increase food costs to any significant degree.
- If a program offers a choice of side dishes to reflect the ethnicity of the community, such changes will not affect food cost significantly.
- If a program hasn't been offering a monthly "ethnic or culture" theme, it may begin to do so. Build it into nutrition education plans. Collaboration with participants and their community representatives will go a long way in establishing good rapport.
- Use an ethnic caterer or restaurant to serve specific ethnic and/or religious communities. The restaurant or caterer may follow a meal pattern provided by the nutrition provider and the caterer develops the actual menu based on the known preferences of the group.
- Hispanic, Asian, African-American, and other ethnic restaurants and caterers can provide meals at costs comparable to other establishments, particularly if individuals in the community assist in negotiations.
- To comply with the DRIs when incorporating new foods, follow a meal pattern first and know the main ingredients and nutrient content of the food. A number of nutrient databases contain foods of other regions and cultures. Commercial food purveyors may be able to provide nutrition information about their products. Compliance with the DRIs may be challenging, but it is not an "excuse" to avoid menu variety.

Liquid Nutrition Supplements

Definitions

Medical food, The term medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive

nutritional requirements, based on recognized scientific principles, are established by medical evaluation."

Medical foods are known by a variety of names, such as nutrition supplements, "liquid meals," and oral supplements. However, the most appropriate statutory term is medical food.

Liquid nutrition supplements (LNS), is the term that will be used for the purpose of this document and will be understood to include **medical food** as defined above.

Also, for the purpose of this document, LNS are commercial preparations such as Ensure or Boost that are provided to participants who need additional sources of nutrition and/or who cannot tolerate regular solid food.

Requirements

The intent of the OAA and the Nutrition Services Incentive Program (NSIP) is to provide "food first." The OAA allows Title III funds to be used to purchase liquid supplements. Liquid supplements may be served in addition to a meal that meets the OAA nutrition requirements, that meal plus the liquid nutrition supplement would count as one meal.

Liquid nutrition supplements when served alone cannot be counted or reported to the Administration for Community Living (ACL) as meals. They do not meet the current DGA requirements, are not defined as food, and therefore do not meet the requirements to be counted as a meal for the OAA or NSIP.

Eligibility

Recipients of LNS must meet all eligibility criteria for Title III Nutrition Services, either home delivered or congregate nutrition. Recipients of LNS shall be given the opportunity to contribute a voluntary, confidential, and private donation. LNS shall be provided only under the following circumstances:

- When in consultation with a registered dietitian, physician, or other qualified health professional it has been determined appropriate.
- A written doctor's order is required and the older individual's medical status must be reviewed at least annually for ongoing medical need of the LNS.
- The older individual is malnourished, at risk of malnutrition, or has disease related special nutritional needs as determined by a registered dietitian, physician, or other qualified health professional.
- The older individual has anatomical, physiological, or mental problems and cannot meet his or her nutritional needs by eating a nutritionally balanced diet of solid or texture modified foods as determined by a registered dietitian, physician, or other qualified health professional.

Exclusions

The following are NOT considered LNS and shall NOT be provided using OAA, NSIP, and general funds:

- Single or multiple vitamin and/or mineral supplements in tablets, capsules, liquids, or any form, whether prescription or over-the-counter. Examples include “One-A-Day,” “Geritol,” vitamin B-6, iron supplement, etc.
- Liquid supplement products which are used for weight loss have reduced calories and/or fat. Examples include “SlimFast,” “Ensure light,” etc.
- Herbal remedies, teas, medicinal oils, laxatives, fiber supplements, etc.

Specific Nutrient Sources

Nutrient content amounts are approximate

Source: USDA National Nutrient Database for Standard Reference, Release 28

<http://www.nal.usda.gov/fnic/foodcomp/search/>

Vitamin A target - 300 ug/meal

Rich sources (>300 ug in ½ cup)

Sweet potato
Pumpkin
Carrots
Spinach

Kale
Mixed vegetables
Greens, turnip and collard

Fair Sources (120-300 ug in ½ cup)

Greens, beet and mustard
Cantaloupe
Mandarin Oranges
Canned Apricots

Winter squash (hubbard, butternut)
Cooked Chinese cabbage
Red sweet pepper

Vitamin C target - 30 mg/meal

Rich sources (>30 mg in ½ cup)

Kiwi fruit
Raw orange
Strawberries
Brussels sprouts
Cantaloupe

Red and green sweet peppers
Orange and grapefruit juice
Tomato and vegetable juice
Kohlrabi
Broccoli

Fair Sources (20-30 mg in ½ cup)

Cauliflower
Kale

Beet, mustard, and turnip greens
Cabbage, coleslaw

Pineapple
Baked potato with skin

Mango

Vitamin B6 target - 0.57 mg/meal

Good sources

Fish-cod, haddock, tuna

Beef, pork

Baked potato, with skin

Ready to eat cereals (fortified)

Banana

Chicken, turkey

Garbanzo beans

Rice

Prunes, prune juice

Vitamin B12 target - 0.79 ug/meal

Lean meat, poultry, fish

Milk, cheese, yogurt

Eggs

Ready to eat cereals (fortified)

Calcium target - 400 mg/meal

Milk: skim, 1%, 2%, buttermilk, chocolate, whole

~280 mg/8 oz.

Yogurt

~275 mg/8 oz.

Cheese: Romano, Swiss, provolone, mozzarella,
cheddar, muenster, bleu, feta

~300 mg/1.5 oz.

Processed cheeses

~300 mg/ 2 oz.

Ricotta cheese

~300 mg/ ½ cup

Non-dairy sources of Calcium

Fortified, ready to eat cereals: varies, check labeling - 236-1043 mg/1 oz.

Greens, cooked:

Collards 178 mg/ ½ cup

Turnip greens 124 mg/ ½ cup

Beet greens, bok choy 80 mg/ ½ cup

Spinach 146 mg/ ½ cup

Kale 90 mg/ ½ cup

Beans, cooked:

Green soybeans 130 mg/ ½ cup

White beans 96 mg/ ½ cup

Cowpeas 106 mg/ ½ cup

Mature soybeans 88 mg/ ½ cup

Magnesium - target 140 mg/meal

Good sources (> 80 mg/ serving)

Halibut
Spinach
Brazil Nuts
All Bran

Fair sources (> 40 mg/ serving)

Fish: pollock, haddock, flounder, tuna,
Beans: white beans, green soybeans, black beans, chickpeas, navy, Lima, pinto
Nuts: peanuts, Brazil nuts, almonds, cashew
Brown rice
Couscous
Vegetables: okra, baked potato with skin, artichokes
Raisin Bran

Zinc - target 3.1 mg/meal

Lean beef ~5 mg/ 3 oz.
Lean pork ~2 mg/ 3 oz.
Poultry ~1.3 mg/ 3 oz.
Fish ~0.5-0.8 mg/ 3 oz.
Oysters ~75 mg/ 3 oz.
Yogurt 1.68 mg/8 oz.
Split peas, black beans ~1.0 mg/ ½ cup
Fortified, ready to eat cereals: varies, check labeling - up to 15 mg/1 cup

Fiber - target 8-10 gm/meal

Very Good Sources: More than 3 grams fiber/serving

Grains: Barley, bulgur wheat, couscous, All-Bran, shredded wheat cereals

Vegetables: Mature beans (navy, kidney, split peas, lentils, black beans, pinto, lima, white, chickpeas, great northern, cowpeas, soybeans), baked and sweet potato with skin, pumpkin, spinach, cooked greens, artichokes, Brussels sprouts, sauerkraut

Fruits: Dried prunes, dates, figs (3 each), frozen raspberries, blackberries, raw apples and pears with skin

Peanuts (1/4 cup)

Good Sources: 2 to 3 grams fiber

Grains: Brown rice, oatmeal, whole wheat spaghetti, whole wheat bread, Cheerios, Raisin Bran

Vegetables: Sweet potatoes, winter squash, cabbage, broccoli, mixed vegetables

Fruit: Frozen blueberries, strawberries, and peaches, raw orange, banana, canned

apricots and pears

Nuts: 1 oz. (almonds, Brazil, hazelnuts or filberts, macadamia, mixed, pecans, peanuts, pistachios)

Food Preparation Guidelines

1. Prepare most foods without adding salt. To flavor foods, use herbs and spices, salt-free seasonings, lemon juice, lime juice or vinegar.
2. When using high sodium condiments such as ketchup, barbeque and teriyaki sauce, prepared mustard, seasoned salts, bouillon, pickles and olives, balance the menu with low sodium choices. The sodium content of the condiments should be considered in menu planning. Low sodium condiments are strongly encouraged.
3. Light soy sauce should be used to replace regular soy sauce and used infrequently. Monosodium glutamate (MSG) should not be used in food preparation.
4. When feasible, select low sodium versions of canned soups, tomatoes, vegetables, and salad dressings in place of regular canned/bottled items.
5. Use low-fat cooking methods such as baking, broiling or steaming. Do not add fat to cooked meats or vegetables.
6. Use all types of fish, lean cuts of meat, and poultry without skin.
7. Substitute beans, peas, and lentils for some meat. For example, modify recipes to include well-cooked lentils along with meat in pasta sauce or use whole-wheat flour as a thickener or extender in some dishes.
8. Prepare low sodium, low fat soup and gravy stocks rather than purchase. Make sauces and gravies without fat. Add starch to cold liquid, instead of blending starch with fat, before cooking for thickeners.
9. Offer fruit desserts: fruit cup, fruit crisp, fruit cobbler, fruited gelatin (containing ½ cup fruit)
10. Select low fat, low sodium cheese when feasible.
11. Substitute vegetable oils (ex. canola oil) for shortening, soft margarine for butter. Lard should not be used.
12. Refer to Nutrition Service Providers Guide for many additional food preparation and menu planning tips.

http://nutritionandaging.fiu.edu/DRI_and_DGs/nutrition_service_providers_guide.asp

Meal Pattern Worksheets

The following pages are worksheets to be used by AAA programs using the meal pattern option of menu planning for the purpose of documenting that the menus conform to the meal pattern and comply with food and nutrient content guidance.

Instructions: Enter menu items for each meal in first column. In the columns under each food group, list in detail the menu items and portion amounts intended to complete required meal pattern components. Combination and mixed dishes should be broken down and represented under appropriate food group headings. Measurements appropriate to the food item should be used. For example, bread should be represented in slices, fruit and vegetables in cups, fresh fruit in pieces, cereal and pastas in cups, etc. (See Sample Worksheet)

In order to meet nutrient requirements, all food groups and targeted amounts must be correctly represented. If all food groups are not represented with menu items of correct portion sizes, the menus will be considered non-compliant. The AAA Nutrition Director is responsible for ensuring that menus are compliant before they are implemented.

Duplicate as many Meal Pattern Worksheets and adjust spacing as needed to evaluate all meals and keep on file with menus for monitoring purposes.

Meal Pattern Worksheet

Instructions: Enter menu items for each meal in first column. In the columns under each food group, list in detail the menu items and portion amounts intended to complete required meal pattern components. (See Sample Worksheet) In order to meet nutrient requirements, if all food groups and targeted amounts are not correctly represented, the menu must be adjusted before it is implemented. Duplicate as many Meal Pattern Worksheets and adjust spacing as needed to evaluate all meals. Keep on file with menus for monitoring purposes.

FOOD GROUP	GRAINS	VEGETABLES AND FRUIT	DAIRY FOODS	PROTEIN FOODS	OILS/DESSERTS/ EMPTY CALORIE FOODS
Required Amounts	2 servings (1 oz equivalent each) 1 slice bread = 1 oz	1 ½ cups	1 cup	2 to 3 oz	1 to 2 tsp oils optional

Meal Pattern Worksheet Sample

FOOD GROUP	GRAINS	VEGETABLES AND FRUIT	DAIRY FOODS	PROTEIN FOODS	OILS/DESSERTS/ EMPTY CALORIE FOODS
Required Amounts	2 servings (1 oz equivalent each) 1 slice bread = 1 oz	1 ½ cups	1 cup	2 to 3 oz	1 to 2 tsp oils optional
MENU DAY 1 Roast Turkey, Baked Sweet Potato, Broccoli, Whole Wheat Roll/Marg, Apple Raisin Crisp, Fat-Free Milk	1 small whole wheat dinner roll ½ cup oatmeal topping on crisp	½ cup sweet potato ½ cup broccoli ½ cup apples and raisins in crisp	1 cup fat-free skim milk	2 oz turkey	1 tsp soft margarine
MENU DAY 2 Latin Roasted Pork, Cuban Style Black Beans, Rice, Garden Salad-Italian Dressing, Strawberries, Whole Grain Bread/Marg, Fat-Free Milk	½ cup brown, whole grain rice 1 slice whole grain bread	1 cup salad greens (equals ½ cup veg equivalent) ½ cup black beans ½ cup strawberries	1 cup fat-free skim milk	2 oz pork	1 Tbsp Italian dressing 1 tsp soft margarine
Sample Shelf Stable Breakfast Menu Raisin Bran, Unsalted Rye Crackers, Sliced Peaches Orange Juice Non-Fat Dry Milk, Peanut Butter	1 cup Raisin Bran Six unsalted rye crackers	No vegetable (All of fruit and vegetable requirement is provided by fruit and juice for this meal) 1 ½ cup peaches 1 cup 100% orange juice	1 ⅓ cup nonfat dry milk powder (reconstitute to 1 cup)	1 Tbsp Peanut butter = one oz equivalent (lunch provides 3 oz meat to equal 4 oz provided by the 2 meals/day)	
Sample Shelf Stable Meal Spaghetti with Beef (7.5 oz canned entrée) Green Beans, Mixed Fruit, Graham Crackers Apple Juice, Non-Fat Dry Milk	½ cup spaghetti in canned entrée 3 graham cracker squares	¼ cup tomato sauce in canned entrée ½ cup green beans ½ cup mixed fruit ½ cup apple juice	1 ⅓ cup nonfat dry milk Powder (reconstitute to 1 cup)	2 oz. beef in canned entrée	

What is In-Kind

In~Kind is a donated specialized service or product that an agency would normally have to purchase.

In~Kind is donated money to be used for the purchase of services, supplies or other items normally paid through the Agency

In~Kind is specialized volunteered services which would generally be paid from grant funds

In~Kind is also known as non-Federal Share, Cost Match and Third Party Contributions.

There are no steadfast rules on what can or cannot be considered as In-Kind. However, there are factors that must be considered when evaluating a service:

- The services represent an integral part of the organization's program (such as physician services at a community clinic)
- The services are required to fulfill part of the organization's ongoing administrative requirements (such as preparation of the organization's Form 990).
- Volunteer services make up a significant part of the organization's total program activities (such as teachers who train other volunteers who will in turn teach others to read).
- Similar services are also purchased from third parties when volunteer services are not available (such as legal services).

If the answer to one of the factors is "Yes," then the situation can be considered as In-Kind. The most important item to remember is "if you are not sure, just ask!"



May 5, 2023

PUBLIC NOTICE

Senior Services of Southeastern Virginia hereby notifies municipalities, public, non- profit and profit-making organizations of their eligibility to submit proposals for the delivery of services to elderly persons in Virginia Planning and Service Area 20 under the Area Plan for Aging Services, which covers the period October 1, 2023, through September 30, 2024.

Proposals will be accepted for the provision of the following services: ADULT DAY CARE, CONGREGATE MEALS, HOME DELIVERED MEALS, LEGAL, MEAL PREPARATION, and RESPITE HOMEMAKER.

Application kits will be available online on Monday, May 8, 2023, on our website at ssseva.org.

The proposers' conference will be held at the Senior Services office at 2551 Eltham Avenue, Norfolk VA on Tuesday, June 6, 2023, from 9:00 a.m. to 11:00 a.m. The deadline for receipt of completed applications by Senior Services is close of business day, 4:30 p.m., Friday, June 16, 2023.

Successful candidates may have their initial award funded for up to an additional four fiscal years.

Receipt of a completed application(s) is no guarantee for funding of service(s).

2024 RFP Process Schedule

1. Public Notice / Solicitation.....Friday, March 5
2. Proposer's Conference..... Tuesday, June 6
3. Application Due (by 4:30pm)Friday, June 16
4. Staff Review Monday, June 19 to Friday, July 14
5. Finance Committee Approval Wednesday, July 19
6. Notice of Award (to selected vendors)..... Friday, August 18
7. Agreements Distributed for Signature..... Monday, August 28
8. Services Begin Monday, October 2
9. Potential for ExtensionAnnually for four additional years