DHS Oregon Department of Human Services

Seniors and People with Disabilities

Action Request Transmittal

Mike McCormick
Authorized Signature

Number: **SPD-AR-12-022**
Issue Date: 6/6/2012

Topic: Other

Due Date:

Subject: Oregon Congregate and Home-Delivered Nutrition Program Standards

Applies to (check all that apply):

- ☐ All DHS employees
- ☒ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☒ Seniors and People with Disabilities
- ☐ Other (please specify):

Action Required: The Oregon State Unit on Aging has completed a revision to the Oregon Congregate and Home-Delivered Nutrition Program Standards. The goal of these revisions was to clarify and modernize nutrition practices to meet the needs of Older Oregonians and the nutrition programs that serve them. The main revision areas include nutrition education, menu nutrient requirements, donated food and food safety.

These standards are effective beginning July 1st, 2012. However, the nutrient requirements, listed on p. 14, do not take effect until July 1st, 2013. Fiscal year 2013 allows for nutrition service providers and contractors to revise menus to meet new nutrient requirements. Nutrient requirements may be averaged over one week to allow more flexibility in menu planning.

A Netlink on the new standards will be provided on July 26th. Please see the 2012 standards on the State Unit on Aging website: http://www.oregon.gov/DHS/spwpd/sua/nutrition.shtml and attached to this action request.

Reason for Action: Revisions to the Oregon Congregate and Home-Delivered Nutrition Program Standards

Field/Stakeholder review: ☒ Yes ☐ No

If yes, reviewed by: **O4AD Nutrition Program Directors**

If you have any questions about this action request, contact:

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Oregon Congregate and Home-Delivered Nutrition Program Standards

Older Americans Act and Oregon Project Independence

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Modified: May 2012

DHS
Oregon Department of Human Services

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- NOTE: Older Americans Act (OAA) statues and Oregon Administrative Rules (OARS) referenced are accurate as of the date of this document.

Program Purpose

The Oregon Senior Nutrition Program is part of the continuum of care designed to support independent living of older Oregonians under the Title III (Grants to State and Community Programs on Aging) and Title VI (Grants for Native Americans) of the Older Americans Act (OAA).

The objectives of the OAA nutrition programs are to provide an opportunity for older individuals to live their years in dignity by providing healthy, appealing meals; promoting health and preventing disease; reducing malnutrition risk and improving nutritional status; reducing social isolation and increasing social interaction; linking older adults to community-based services; and providing an opportunity for meaningful community involvement, such as through volunteering.

Adequate nutrition, on a daily basis, is the key to a person maintaining the adequate health necessary to live at home. Frequent contact with others provides a means to monitor the participant's health, well-being, and safety. The programs across the state strive to accomplish this by providing congregate nutrition programs and home-delivered meals. Although the primary service is meals, other nutrition services authorized by the OAA to promote better health include nutrition screening, education and counseling.

Provision of Services by Area Agencies on Aging (AAA)

Per OAR 411-011-0000, no supportive or nutrition services will be directly provided by the State agency or an Area Agency on Aging, except where, in the judgment of the State agency, provision of such services by the State agency or an AAA is necessary to assure an adequate supply of such services, or where such services are directly related to such State agency or AAA administrative functions, or where such services of comparable quality can be provided more economically by such State agency or AAA. Older Americans Act, Section 307(a)(10) Direct provision of nutrition services by the designated AAA must be approved by the State Unit on Aging, DHS/SPD.

All questions regarding interpretation and implementation of these standards shall be referred to the State Unit on Aging, Registered Dietitian or Manager.

Nutrition Programs Service Description

Congregate and Home Delivered meals comply with the current *Dietary Guidelines for Americans* and provide a minimum of 33⅓% of the current daily Dietary Reference Intakes as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and the current *Dietary Guidelines for Americans* (published by the Secretaries of the Department of Health and Human Services and USDA).

1. Congregate Nutrition Services (Title III, Subpart CI)

The congregate program is designed to help increase the nutrient intake and to prevent health deterioration and social isolation of participants. Congregate meals are offered in a variety of settings, including nutrition sites, senior centers/community centers, churches, schools, adult care facilities, or some other congregate setting under the supervision of a nutrition project.

The congregate setting is designed to provide a welcoming and pleasant atmosphere where people age 60 and older (and their spouses) can gather for a meal. Seniors can enjoy meeting new people, form friendships and support groups by coming together for meals on a regular basis. The balanced meal and the social contact together provide a positive motivation for self-care for seniors who often eat poorly on their own and can become lonely and depressed in isolation. The nutrition program is more than just a meal—its purpose is to nourish the whole person.

Service Unit Definition: Matrix #7 (one unit = one meal) a meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state and local laws.

2. Home-Delivered Meals (Title III, Subpart CII)

Meals that are delivered to homebound clients are critical to maintaining independence and allowing clients to remain in their own homes.

Individuals who receive home-delivered meals tend to have more health problems than congregate participants do and may have become homebound because of increasing age or short-term/long-term health problems. Programs can provide nutritional support through the delivery of one or more meals per day and in some cases liquid nutritional supplements. Other nutrition interventions can provide added care and support to high-risk individuals.

Service Unit Definition: Matrix #4 (one unit = one meal) a meal provided to a qualified individual in his/her place or residence that meets all of the requirements of the Older Americans Act and state and local laws.

3. OAA Meals Eligibility Criteria

a. Congregate Nutrition Services

Congregate meals will be available to persons who are 60 years of age or older, and their spouses, regardless of age, and to individuals with disabilities who reside at home with and accompany older individuals who are eligible under the OAA.

- NOTE: Efforts should be made to serve those eligible participants with the greatest economic need, greatest social need, those with low incomes, and eligible minorities. OAA Section 306(a)(1)

Congregate meals may also be made available to disabled persons under 60 years of age who reside in housing facilities where congregate meals are served and which are primarily occupied by persons age 60 and older.

AAA's have the authority to establish procedures that allow the option to offer a meal, on the same basis as meals provided to participating older individuals, to volunteers, regardless of age, who provide volunteer services during meal hours. OAA Section 339(2)(H)

b. Home-Delivered Meals

To be eligible for home-delivered meals, a person must meet the following criteria:

1. Be 60 years of age or older and homebound[1] by reason of injury, illness, or an incapacitating disability or be otherwise isolated, or
2. Be the spouse or disabled dependent child of any age who resides with a senior who is eligible under this criteria, if it is in the best interest of the client, or
3. Be a disabled person under 60 years of age who resides in a housing facility where a senior meal site is located, or
4. Be 60 or older and physically or mentally predominately unable to shop for or safely prepare meals to meet minimal nutrition requirements, or
5. Be 60 or older and have an inadequate support system for food shopping or meal preparation, or
6. Be 60 or older and unable to tolerate a group situation due to physical or mental disability or substance abuse, and
7. Is willing to eat the meal within a reasonable time, such as within 30 minutes of delivery, or refrigerated on arrival and eaten within 48 hours or discarded after 48 hours of refrigeration and
8. Is approved for eligibility by the AAA or the OPI service provider, and
9. Lives within the service area boundaries designated by the AAA or OPI service provider, or
10. Lives outside the service area boundaries and can make arrangements to have a meal picked up and delivered to the eligible client's home.

❖ NOTE: Efforts should be made to serve those eligible participants with the greatest economic need, greatest social need, those with low incomes, and eligible minorities. OAA Section 306(a)(1)

[1]Homebound means that leaving home is a major effect, leaving home unassisted is not normally possible, and when leaving home, it must be to get medical care, or for infrequent non-medical reasons such as trip to get a haircut, or to attend religious service or adult day care http://www.aspe.hhs.gov/daltcp/reports/OASISfr.htm;

Congregate Nutrition Service Standards[1]

1. Nutrition providers shall provide at least one hot meal or other appropriate meal in a congregate setting at least once a day, five or more days per week.

2. In rural areas where the frequency of serving meals five or more days per week is not feasible, nutrition providers must provide a written request to the State agency for approval of a lesser frequency of meal service. This written request may be included in the Area Plan; however, it should also be submitted when a nutrition project decides to change meal service frequency from five days a week to a lesser frequency. This request must include a statement as to why it is not feasible to serve at least five congregate meals per week. The mechanism for approval of a lesser frequency will be via the Area Plan and Area Plan Amendment processes. If requests are submitted as part of the Area Plan or as part of an Area Plan Amendment, approval of the Area Plan will constitute approval of the waiver request.

3. Congregate nutrition providers will make every effort to obtain the required NAPIS data, which includes the OAA Nutrition Risk from each meal site participant. There is a NAPIS intake form provided by APD that is located in Oregon ACCESS. Nutrition Risk Assessment can be found in Oregon Access in the *Service Needs* under the *Nutri Risk/ADL* tab, www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml or in Appendix A of this document.

4. The OAA Nutrition Risk Assessment should be completed at the time of intake and at annual update. Each AAA office should develop appropriate policies or procedures for review of the nutrition-screening checklist and for making appropriate referrals if participants score at a high nutrition risk.

5. The NAPIS information shall be updated annually. Congregate Nutrition Programs must collect and report the information required by the Department and the Older Americans Act and send the information to DHS/SPD.

6. Clients who decline to provide NAPIS data may not be denied service.

7. Congregate meal participants should be advised to keep an emergency food shelf at home; in case of inclement weather that prevents travel to the congregate site or other such

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[1] Older Americans Act Nutrition Requirements: Sec. 331 PART C − NUTRITION SERVICE; SUBPART 1 − CONGREGATE NUTRITION SERVICES PROGRAM AUTHORIZED Sec. 331. The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects that (1) 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide; (2) which shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and (3) provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants. [1]Home means that leaving home is a major effect, leaving home unassisted is not normally possible, and when leaving home, it must be to get medical care, or for infrequent non-medical reasons such as trip to get a haircut, or to attend religious service or adult day care http://www.aspe.hhs.gov/daltcp/reports/OASISfr.htm;

emergencies. A good resource for additional information is with the OSU Extension's Family and Community Development website at: http://oregonstate.edu/Dept/ehe. They also have a publication developed for adult foster care providers that is available.

8. Nutrition providers must administer nutrition education to meal site participants at a minimum of quarterly. Nutrition education subjects will be based on the needs of the participants and should be culturally appropriate.

9. Nutrition providers will develop a strategy that allows participants to make confidential donations for congregate meal(s). See pages 9-13 for more information.

10. Site Location

    The location for the congregate meal program is vital to its success. In order to create a gathering place that offers opportunities for good nutritious meals and social interaction, an ideal facility will:

    a. Be conveniently located to the target population.
    b. Have convenient, accessible and affordable transportation.
    c. Be in a safe, well-lit, well-maintained location.
    d. Be easily visible and open to the public.
    e. Have adequate space to support programming.
    f. Have clear, inviting and culturally appropriate exterior and interior signage.

11. The physical interior of a meal site should create an atmosphere that is pleasant and inviting, as well as conducive to the needs of the older population. This environment should include:

    a. A welcoming ambience that plays down institutionalization
    b. Adequate lighting
    c. Acoustics that support individual and group conversations
    d. Accessible restroom locations
    e. Kitchens that support high quality and safe meal service
    f. Furnishings that are functional, comfortable, safe and appropriate

12. Site Management

    Site management is important to the success of a comprehensive, safe and vital meal program. A successful program should include, but is not limited to these components:

    a. Staffing: To be knowledgeable of the aging network system and services, sensitive to aging issues and competent in food service management.

b. Nutrition and Meal Services: To provide safe and appetizing meals that meet OAA requirements; meals that adapt to the client satisfaction; opportunities for nutrition education

c. Programming: To provide interactions that meet client interests and needs.

d. Services Referral: To help clients become familiar with community resources.

e. Outreach to the Community: To create public awareness of program and services.

f. Volunteer Opportunities: To provide a volunteer program that cultivates purposeful and responsible involvement.

g. Administrative: To provide consistent and accurate required reporting, monitoring of budget and fund raising activities, and other duties as needed.

13. Compliance with applicable federal, state and local code and regulations relating to the public health, safety, and welfare of food preparation is required in all stages of food service operation.

14. Projects must develop, implement, and annually update an operating policy manual containing, at minimum, the following information:

    a. Fiscal Management

    b. Food Service Management

    c. Safety and Sanitation

    d. Staff Responsibilities

    e. Emergency/Disaster Plan

15. Personnel and volunteers who assist with the congregate meal site operations should be instructed in:

    a. Portion control,

    b. FDA Food Code practices for sanitary handling of food,

    c. Agency safety policies and procedures,

    d. Protecting confidentiality and safeguarding collection of voluntary donations, and

    e. How to report concerns to appropriate staff for follow-up.

16. Each congregate meal site shall meet ADA requirements for accessibility to public programs. DHS Policy DHS-010-005 See the DHS policy at: www.dhs.state.or.us/policy/admin/exec/010_005.htm#policy

17. Persons handling food/food service will do so in compliance with the Food Protection Program, which adopted the 1999 FDA Food Code with Oregon Amendments. See www.dhs.state.or.us/publichealth/foodsafety/rules.cfm to obtain Oregon's Food Sanitation Rules (OAR 333-150 through 333-160, et al and ORS 624.010 through 624.992 et al) and in compliance with local public health code regulating food service establishments.

18. Compliance with State of Oregon Public Health Code and local licensing standards for food preparation, storage and delivery, as well as any preparation or distribution standards issued by the Oregon State Unit on Aging. See the Food Safety Training Manual at: www.dhs.state.or.us/publichealth/foodsafety/manual.cfm.

Home-Delivered Meal Standards

1. Meals may be hot, cold, frozen, dried or canned with a satisfactory storage life.

2. In rural[2] areas where the frequency of serving meals five or more days per week is not feasible, nutrition providers must request approval from the State agency of a lesser frequency of meal service.

    a. This waiver request will be indicated in the Area Plan; however, it shall also be submitted in writing during the terms of the Area Plan when a nutrition project decides to change meal service frequency from five days a week to a lesser frequency.

    b. This request must include a statement of why it is not feasible to serve at least five home delivered meals per week.

3. Client Assessment for Home-Delivered Meals

    In order for homebound older persons to remain independent and in their own home if possible, it is necessary that each service provider adequately determine their eligibility for home-delivered meals and other appropriate services. Home-Delivered Meal nutrition providers will make every effort to obtain the required NAPIS data, which includes the OAA Nutrition Risk Assessment, from each meal site participant. There is a NAPIS intake form provided by APD that is available at the DHS forms server and located in Oregon ACCESS for AAA offices and nutrition providers' use.

4. The OAA Nutrition Risk Assessment, Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) must be completed at the time of intake and at annual update. Each AAA office should develop appropriate policies or procedures for review of the nutrition risk assessment and for making appropriate referrals if participants score at a high nutrition risk. See Appendix A or view the nutrition risk assessment on the DHS website at: www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml.

5. Clients who decline to provide NAPIS data may not be denied service.

[2] Rural is defined by the Administration on Aging as "any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants." The definition was retrieved from the Administration on Aging website at: http://nutritionandaging.fiu.edu/OANP_Toolkit.

6. Initial Assessment

    a. The initial assessment shall be conducted in person. The initial assessment should focus both on the individual's strengths and limitations. Other means of realistically obtaining consistent and adequate meals, such as shopping assistance, assistance from friends and family, attending a congregate site and homemaking services should be explored. The presence and usefulness of other means of assistance to the applicant may reduce the need for home-delivered meals and help determine the level of service priority. Coordination of other services within the continuum of care may be appropriate.

    b. The initial assessment/screening Title III, Section 339, of OAA, including the required OAA nutrition risk assessment, ADL and IADL needs shall be completed within the period designated by the AAA. See Appendix A or view the screening survey on the DHS website at www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml.

    c. This nutrition-screening checklist is also available in Oregon Access, for those nutrition providers that have access to this program. It is located in the *Service Needs* section (the smiley face icon) under the *Nutri Risk/ADL* tab. It is recommended that each participant complete this nutrition screening once per year.

    d. Program applicants who are determined ineligible to receive home-delivered meals should be directed to the nearest congregate nutrition site or to other appropriate food assistance programs.

    e. Conditions or circumstances that place the older person or the household at high risk of abuse, neglect or exploitation must be brought to the attention of appropriate officials (Adult Protective Services or law enforcement) for follow-up.

7. Reassessments

    a. The purpose of reassessments is to determine if a participant's need for home-delivered meals still exists and at what level.

    b. Participants who originally were determined to need meals for a few weeks, such as those recovering from surgery or illness, should be reassessed before the end of that service period to determine if their need for meals still exists. If the participant continues to need home-delivered meals, services should continue and an appropriate reassessment schedule should be determined.

    c. Participants receiving home-delivered meals that are expected to need the service for long periods should be reassessed at least every six months to a year depending on the unique needs of the person receiving the service. Annual reviews must be performed in-person. Six-month reviews may be performed over the telephone if it is not feasible to meet the participant in-person.

   d. If a participant is no longer eligible to receive home-delivered meals, the service provider should direct them to the nearest congregate nutrition site or to other appropriate food assistance services.

8. All nutrition service providers will have a plan to insure clients will receive meals during emergencies, weather-related conditions and natural disasters. Plan could include shelf-stable emergency meal packages, four-wheel drive vehicles, volunteer arrangements with other community resources, etc.

9. If the nutrition provider chooses, it is acceptable to provide a combination of two or three meals, including breakfast, lunch, and/or dinner, to participants receiving home-delivered meals. It is also encouraged that nutrition providers offer weekend meals, which could be hot, cold or frozen meals.

10. Nutrition providers will develop a strategy that allows participants to make confidential donations for home-delivered meal(s).

11. Training: Personnel who assist with the home-delivery meal operations should be trained in safe food handling procedures. Each provider should develop written procedures for all components of meal services. Regular training should be provided to reinforce safe food handling practices.

12. Home-Delivery Projects will develop, implement, and annually update an operating policy manual containing, at minimum, the following information:

    a. Fiscal Management
    b. Food Service Management
    c. Safety and Sanitation
    d. Staff Responsibilities

Nutrition Education[3]

- Nutrition Education, as defined by the Administration on Aging, is

  "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*. (AoA Title III/VII Reporting Requirements Appendix- www.aoa.gov)."

To be effective, programs must incorporate methods to encourage behavior change. To do so, nutrition education must be provided on a continuous basis to OAA Nutrition Program participants.

[3] OAA SECTION 339 Nutrition − (2) ensure that the project— (J) provide for nutrition screening and, where appropriate, for nutrition education and counseling.

a. Each congregate meal nutrition site shall provide nutrition education at a minimum of quarterly.

b. Home delivered meals shall provide nutrition education a minimum of one time per year. Nutrition education is required at the first nutrition risk assessment. Subsequent yearly nutrition education may be determined by local nutrition service providers.

- Nutrition Education has to go beyond providing information alone, distributing newsletters or brochures that contain nutrition information from a trusted source do not constitute nutrition education unless they are accompanied by some form of instruction to a group or individual. Instruction is defined as imparting knowledge or information.

  a. In a congregate setting, this may include reviewing main concepts of nutrition education materials prior to the meal.

  b. In a home setting, this may include reviewing educational materials that relate to the annual nutrition risk assessment or other relevant nutrition education topics with a homebound client.

- Nutrition Education shall be planned and directed by a licensed dietitian who is covered by liability insurance. Under the direction of the dietitian, individuals with comparable expertise or special training i.e. Cooperative Extension agents or trained Meal Site Coordinators, may provide such activities. An individual with comparable expertise is defined as a person who has a Bachelor's or Master's degree in Home Economics, Family and Consumer Sciences, Public Health Nutrition, Health Education or Human Sciences with an emphasis in Nutrition and Dietetics.

- The State Unit on Aging Nutrition Webpage (http://www.oregon.gov/DHS/spwpd/sua/nutrition.shtml) has materials reviewed by the State Unit on Aging dietitian. His/her expertise and credentials fulfill the part of the definition related to being overseen by a dietitian.

- Nutrition education topics will be based on the needs of the participants and should be culturally appropriate. Teaching methods and instructional materials must accommodate the older adult learners, i.e. large print handouts, demonstrations.

Nutrition Education for Congregate Meals

Acceptable Nutrition Education	**Not Allowed**
Evidenced Based Older Adult Nutrition Education Programs • Healthy Eating for Successful Living	Any nutrition education activity that is not overseen by a dietitian.

• Eat Better, Move More • Eat Smart, Live Strong	
Newsletter or Brochure with Instruction	Newsletter or Brochure
• Educational Cooking Demo (must include information and instruction on nutrition) • Demo or lecture in conjunction with Senior Farm Direct Nutrition Program (SFDNP) distribution (if applicable)	Cooking demonstration that does not include nutrition.
Table tent with instruction	Table tent without instruction
OSU Ext. program instruction	
Gardening and Cooking from the Garden programs (with a focus on nutrition)	
Field Trips (with instruction) to Farmers Markets	
Living Well with Chronic Conditions, week #4	
Arthritis Foundation Walk with Ease with added nutritional education supplement	

Nutrition Education for Home Delivered Meals

Acceptable Nutrition Education	**Not Allowed**
Nutrition information and instruction related to topics identified during the annual nutrition screening.	Any nutrition education activity that is not overseen by a dietitian.
Newsletter or brochure with Instruction	Newsletter or brochure without instruction
Nutrition Focused multi-media (DVD, video, podcast etc.) approved by contracting dietitian or State Unit on	DVD, video, podcast

Aging dietitian.	

- Nutrition Counseling[4] as defined by the Administration on Aging, is

  "the provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medication use, or chronic illness, about options and methods for improving nutritional status, performed by a health professional in accordance with state law and policy"

- Nutritional counseling is a service, which may be provided. It is an important component of a nutritional care program in which a Registered Dietitian gives professional guidance to an individual as part of a medical provider's treatment plan. The service includes:

  a. Assessing current nutrition status
  b. Developing a written plan for appropriate behavior modifications
  c. Reviewing the plan with the individual to ensure understanding
  d. Planning follow-up nutrition counseling and evaluating progress toward nutrition goals

- Nutrition projects shall maintain the following documentation of nutrition education or nutrition counseling (if provided) for a minimum of three years:

  - Date of presentation or other allowable nutrition education activity
  - Topic discussed
  - Number of eligible persons participating in nutrition education activity

- Nutrition Education Reporting

  Nutrition Education is a cluster 3 Non-registered service and requires reporting service units.

  Reporting of congregate nutrition education: one unit = one session per participant.

  Reporting of home delivered nutrition education: one unit = one session per participant. This will likely be one time per year per participant.

  If one nutrition class is attended by 30 seniors, then 30 units must be reported. Newsletters or brochures alone cannot be reported as nutrition education.

[4] OAA SECTION 339 Nutrition − (2) ensure that the project— (J) provide for nutrition screening and, where appropriate, for nutrition education and counseling.

In the area plan, the AAA must describe their plan for meeting the Nutrition Education requirements per the current Oregon Nutrition Standards. This can include an annual nutrition education plan/schedule and an explanation of how the AAA works with partners or contractors to meet the requirement. An estimated budget for nutrition education must also be included.

- Nutrition Counseling Reporting

  Nutrition Counseling is a cluster 2 Registered Service which requires unduplicated client and unit counts; reporting age, gender, rural, federal poverty level, number in household, race and ethnicity and if applicable, number of persons with high nutrition risk.

  Reporting of nutrition counseling: one unit = one session per participant.

- Nutrition Outreach

  Nutrition outreach is designed to seek out and identify, on an ongoing basis, the maximum number of eligible individuals. Outreach activities will ensure that the maximum number of eligible individuals in the program area have the opportunity to participate in nutrition services.

Menus and Menu Planning

1. Oregon State Unit on Aging encourages every attempt to include the key nutrients and recommendations that influence chronic disease and the health of older Oregonians when developing menus for the senior nutrition programs. Oregon SUA also acknowledges that a number of variables affect the ability to fulfill all nutrient requirements.

2. Menu standards are developed to sustain and improve client's 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.

3. Each meal served by the Older Americans Act funded nutrition services provider must meet the current USDA/HHS *Dietary Guidelines* and must contain at least 33⅓ percent of the current Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Academy of Science-National Research Council.

4. Present regulations in the Older Americans Act specify that meals shall comply with the current *Dietary Guidelines for Americans*. Further specification states that a minimum of 33⅓ percent of the dietary allowance as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences be present if one meal per day is provided. If two meals are provided, 66⅔ percent will be included, and if all 3 meals are provided, 100 percent of the DRI must be met.

5. Special needs of the elderly must be considered in menu planning. To help ensure that menus will address the nutritional needs of the elderly, menu planning should be designed to:

a. Include a variety of foods, especially fruits, vegetables and whole grains.
b. Avoid too much total fat, saturated fat, trans fat and cholesterol. Encourage mono and poly unsaturated fats.
c. Include foods with adequate complex carbohydrates and fiber.
d. Avoid too much refined carbohydrates and added sugars
e. Encourage nutrient dense foods
f. Avoid too much sodium by using salt free herbs and spices, cooking from scratch and utilizing less processed and manufactured foods
g. Provide an appropriate number of calories to help maintain ideal body weight.

6. Nutritional Analysis is best practice for menu planning. Computer analysis will provide better information about the menus than a meal pattern and may decrease food cost. See appendix C for examples of nutrient analysis software.

Nutrient	Target Values	Compliance Values **AVERAGED OVER 1 WEEK**
Calories	700 calories	600-850 calories
Protein	19 g per meal	17-21 grams
Total Fat **Saturated Fat** **Trans Fat**	<30% calories <10% calories No trans fat	≤ 30% calories, averaged over one week No one meal may be more than 35% fat Nutrition label or manufacturer specification must indicate zero grams of trans fat per serving.
Fiber	>10 gm	≥7gm
Calcium	400 mg	400 mg
Magnesium	116 mg	≥88 mg
Zinc	3.7 mg per meal	3.1mg
Vitamin B6	.6 mg	.57 mg
Vitamin B12	.8 mcg	.79 mcg
Vitamin C	30 mg	30 mg
Sodium	<500 mg	FY13: <1500 FY14: <1350 mg FY15: <1200 mg FY16: <1050 mg

*Target value represents one-third the Dietary Reference Intake for a >70 year male. Compliance range represents acceptable minimum or maximum values as specified by the State to allow for menu flexibility and client satisfaction. Fortified foods should be used to meet vitamin B12 needs.

A Registered Dietitian must certify and sign that each meal will meet 1/3 of the Dietary Reference Intakes. If a Registered Dietitian is not readily available, programs shall consult with the State Unit on Aging Registered Dietitian.

a. Each meal certified as having met the nutrient requirements should be served as written
b. Food substitutions should be infrequent or similar nutritional value, not reduce or radically alter the nutritional content and consultation and approval by a Registered Dietitian shall be sought. See appendix D.
c. Any departure from the certified menu must be documented and initialed on the nutrition providers official file copy of the menu and/or nutrient analysis form and kept on file for three years.

7. Meal Patterns

A menu pattern is best used as a menu-planning tool rather than as a standard for nutrition adequacy or as a compliance tool. A computer assisted nutrient analysis and dietitian is best practice. Varieties of meal types are available and standardized recipes that support the menu and recommendations should be used.

See appendix C for nutrient analysis and meal production software. Menus should be planned and written for a minimum of four weeks, see appendix E.

8. Sugary beverage consumption is strongly discouraged, especially on special occasions when high calorie, fat and sugar items are offered. Sugary beverages include any beverage with added caloric sweetener; most commonly fruit-flavored drinks such as fruit punch or lemonade, sodas and sports drinks. Frequent sugary beverage consumption is linked to obesity and many health problems, including diabetes, coronary heart disease, and high blood pressure. Providing sugary beverages in a congregate meal site makes it more difficult for seniors to self manage their chronic diseases.

9. Beverages such as milk and calcium fortified soymilk may contribute to nutrient intake and are encouraged. Water shall always be available. All beverage consumption enhances fluid intake of participants.

10. Special Menus[5]

[5] OAA Section 339 Nutrition A(B) State that establishes and operates a nutrition project under this chapter shall (1) solicit the expertise of 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, and (2) ensure that the project—

To the maximum extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference and provide flexibility in designing meals that are appealing to program participants.

11. Supplements and Use of OAA Funds

    OAA may fund liquid nutritional supplements with limited usage. Conventional meals are highly preferred over supplements. Supplements may not replace a meal except by a physician's order or emergency/disaster situation if a meal cannot be provided. Supplements are to be used only in extenuating circumstances. Regular follow-up is required by a Registered Dietitian or Registered Nurse. Supplements are optional per agency discretion.

Food Service, Sanitation and Safety

Nutrition providers must notify the State Unit on Aging Registered Dietitian or Manager of any prolonged changes in the meal production and delivery system. This might include a change from a hot home delivered meal (HDM) to a frozen HDM or changing from a central kitchen to onsite cooking. This notification may be included in the Area Plan; however, it must be submitted when a nutrition project decides to change the meal delivery system.

Sanitation/Safety Requirements for Central Kitchens and Congregate Meal Sites

1. Compliance with applicable federal, state and local fire, health, sanitation, safety and building codes, regulations, licensor requirements, and other provisions relating to the public health, safety, and welfare of meal patrons is required in all stages of food service operation.

2. Inspection Reports: Copies of all current inspection reports by health department staff, registered sanitarian or fire officials should be kept on file for three years by the provider and posted at the meal site.

3. Temperature checks should be taken with a food thermometer daily at the time food leaves the production area, upon arrival if food is prepared off site, and again at serving time. Records of these temperatures checks should be kept in the nutrition program files.

4. Each meal site is required by state sanitation laws to limit kitchen access to those who work in it.

5. Foods must be prepared, served 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.

6. Effective procedures for sanitizing dishes, equipment and work areas should be written, posted and followed consistently.

(A) provides meals that—
(iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.

7. Hot food items must be maintained at or above 140 degrees Fahrenheit and cold food items must be maintained at or below 41 degrees Fahrenheit throughout the period of meal service. In order to retain maximum nutritional value and food quality, foods should be served as soon as possible after preparation.

Sanitation/Safety Requirements for Home-Delivered Meals

See appendix G for a pictorial on sanitation/safety requirements

1. When home-delivered meals are dispatched from a congregate meal site, they shall be individually plated, packaged and prepared for transportation prior to the serving of the congregate meal. Delivery of each meal will be in accordance with procedures for Safe Food Handling for Off-Site Service as outlined in current "Serve Safe Essentials" manuals, adjusted to meet reasonable standards of food handling safety after removing from temperature control and dispatch to participants, specifically:

    a. The meal will be delivered directly to the participant or as otherwise directed by the participant in accordance with food safety guidelines.

    b. Hot food items, scratch prepared the same day can be held without temperature control for up to three hours. This is only when the temperature is checked to be at 140 degrees or higher directly upon removing it from temperature control (oven, stove, microwave, etc.), followed by immediate plating, packaging and placing into the thermal holding container for delivery. Items must be discarded if not delivered with the three hours from the time of removal from temperature control (oven, stove, microwave, etc.).

    c. Hot food items, prepared the day prior, properly chilled and placed in refrigeration overnight to be reheated next day for delivery, including chilled or frozen prepackaged prepared hot food item meals can be held up to three hours. This is only when temperature is checked to be at 165 degrees directly upon removing it from temperature control (oven, stove, microwave, etc.) followed by immediate plating, repackaging (if needed), and placing into thermal containers for delivery, and discarded if not delivered within the three hours from the moment of removal from temperature control (oven, stove, microwave, etc).

    d. Cold food items can be held without temperature control for up to three hours provided it is temperature checked at 40 degrees or lower upon removing it from refrigeration and does not reach 70 degrees at any time from the point of removal from refrigeration to the time of delivery to the participant. Cold food with temperature above 70 degrees at any time must be discarded.

    e. The meal provider/agency at the location of serving preparation shall document daily, each batch of hot and cold food items internal temperature at the time of its removal from temperature control and placed into the thermal holding container for delivery.

f. The AAA shall develop written procedure for maintaining compliance for sections a-e listed above.

Meal Packaging Supplies and Carriers

1. Meal packaging supplies and carriers will be used that ensure hot foods are packaged and transported in separate carriers from cold foods.

2. Meal carriers used to transport food will be enclosed and equipped with insulation and supplemental hot or cold sources as needed to support hot and/or cold food temperatures.

3. Meal carriers will be cleaned and sanitized daily.

Nutrition Services Incentive Program Meals (formerly USDA Meals)

The Nutrition Services Incentive Program (NSIP)[6] was administered by the United States Department of Agriculture (USDA) until 2003 when the OAA was amended to transfer the NSIP from the USDA to the Administration on Aging (AoA) within the Department of Health and Human Services (HHS).

1. Eligibility

   Meals eligible for NSIP funds must be served by a nutrition service provider that is under the jurisdiction, control, management and audit authority of the Area Agency on Aging (AAA)

   a. Meals eligible for NSIP reimbursement are those meals served to eligible persons, as defined by the Older Americans Act (OAA) or Oregon Project Independence (OPI).
   b. Meals paid with Title XIX or private reimbursement programs are not eligible for NSIP reimbursement.
   c. The AAA must establish a systematic method for documenting the number of meals served to qualify for receipt of NSIP reimbursement. NSIP reimbursement may not be used to supplant funds previously earmarked for services for older individuals. NSIP funds must be used to expand meal services through purchase of foods of United States origin and/or other U.S. agricultural commodities.
   d. Any Nutrition Services provider receiving NSIP reimbursement must operate in compliance with all federal requirements, state operating standards pertaining to the Congregate and Home-Delivered Meal Program.

2. Reimbursement of NSIP Funds

[6] SECTION 311 (42 U.S.C. 3030a) NUTRITION SERVICES INCENTIVE PROGRAM
(a) The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.

Reimbursement from the State of Oregon Department of Human Services, Aging & People with Disabilities shall be disbursed as requested monthly by the AAA. The service provider must expend NSIP funds according to state guidelines, before using state or federal funds or program income.

Meal Donations

1. Voluntary contributions shall be allowed and may be solicited if the method of solicitation is non-coercive. OAA Section 315(b)(1) The area agency on aging and service providers shall not deny services to any individual who does not contribute to the cost of the service, nor conduct means testing to determine eligibility. OAA Section 315(b)(3)

2. A clearly visible and easy-to-read sign may be posted near the entrance and/or the sign-in area stating the actual cost of the meal, suggested donation and statement that meal recipients under 60 must pay the full cost of the meal.

3. Volunteers offered the option of a meal on the same basis as meals provided to participating older individuals, should be encouraged to donate towards the cost of their meal.

4. Donations for Congregate Programs

   Nutrition providers will develop a strategy that allows meal participants an opportunity to voluntarily contribute to the cost of the service while protecting the privacy and confidentiality of each participant with respect to whether a contribution was made or not made. Supplemental Nutrition Assistance Program (SNAP) benefits may also be used as donations. Nutrition providers shall clearly inform each meal participant that there is no obligation to contribute and that the contribution for congregate meal(s) is purely voluntary. OAA Section 314(b)(4)(B-C)

5. Donations for Home-Delivered Programs

   a. Nutrition providers shall develop a strategy that allows homed delivered meal participants an opportunity to voluntarily contribute to the cost of the service while protecting the privacy and confidentiality of each participant with respect to whether a contribution was made or not made. Nutrition providers shall clearly inform each meal participant that there is no obligation to contribute and that the contribution for home delivered meal(s) is purely voluntary. OAA Section 314(b)(4)(B-C)

   b. Drivers receiving contributions from meal recipients should be instructed to bring all donations back to the meal site and given to the appropriate person.

Food Donations

Donations of food items may be prepared and served at senior nutritional centers if they are safe, wholesome and able to be used as human food. Food donations cannot be utilized when deemed adulterated. For definition of adulterated food, see ORS 616.235. Nutrition quality,

health issues and client perception shall also be considered when deciding how to accept and utilize food donations.

Non-commercial canned, packaged items and homemade items shall not be permitted for use in a reimbursable meal. Nutrition providers shall develop appropriate policies or procedures for use of these items at their congregate meal site. See appendix

Game meat donated to charitable organizations shall be inspected and determined fit for human consumption by the State of Oregon Department of Agriculture, the State Department of Fish and Wildlife or the Department of State Police who have been trained by the State Department of Agriculture to determine fitness for human consumption.

For definition of charitable organization and regulation on use of donated food see ORS 624.165 and ORS 619.095 and section 403(a)(5)(A) of Federal Meat Inspection Act (FMIA) and section 20(a)(5)(A) of the Poultry Products Inspection Act (PPIA).

Use of Program Income

1. Program income includes all participant donations for meals. Programs funded completely or in part by Older Americans Act receive program income in the form of donations. Appropriate procedures to safeguard and account for all contributions shall be established and all collected contributions shall be used to expand the service for which the contributions were given. OAA Section 314(b)(4)(D)

2. All program income shall be used within the program year in which it is received and shall be used before federal, state or local funds are used. OAA Section 314(b)(4)(E)

3. Program income shall be documented in the service provider's financial records in the same manner as all other federal, state or local funds. Program income shall be reported on the monthly financial reports to SPD as required.

Administrative and Program Requirements

1. The Older Americans Act Section 307(a)(7)(A) requires assurance of fiscal control and fund accounting procedures to ensure proper disbursement of, and accounting for federal funds paid to contract or grant recipients. Required methodologies shall be:

    a. AAA shall have a process for monitoring the program budget and making adjustments, as needed;

    b. AAA shall have a procedure for reconciling meal counts and sub-contractor invoices to ensure accuracy; and

    c. AAA or nutrition provider has a system in place that reduces the risk of fraud or mishandling of contribution/donations.

2. Section 339 of the Older Americans Act requires that the program:

a. Solicits the advice of a dietitian or individual with comparable expertise in the planning of nutritional services;

b. Provides meals that comply with current *Dietary Guidelines for Americans* published by the Secretary and the Secretary of Agriculture and the Dietary Reference Intakes as established by the Food and Nutrition Board of the National Research;

c. Provides to each participating older individual a minimum of one-third of the daily Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the program provides one meal per day;

d. Provides minimum of two-thirds of the allowances if the program includes two meals per day;

e. Provides 100 percent of the allowances if the program includes three meals per day;

f. To the maximum extent feasible, is adjusted to meet any special dietary needs of program participants;

g. Provides meals that are appealing to program participants;

h. Enters into contracts that limit the amount of time meals must spend in transit before they are consumed;

i. Provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals= residences as feasible;

j. 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;

k. Ensures that meal providers carry out such services with the consideration of meal participants, dietitian or individual with comparable expertise and other individuals knowledgeable with regard to the needs of older individuals;

l. Ensures that each participating AAA establish procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to the child of individuals with disabilities who reside at home with individuals eligible under OAA guidelines;

m. Ensures that nutrition services will be available to older individuals and to their spouses, and to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided; and

n. Provides for nutrition screening, nutrition education and nutrition assessment and counseling, if appropriate.

3. When a meal site is to be permanently closed, the following procedure must be followed:

a. The program must notify the Oregon Department of Human Services (DHS), State Unit on Aging and local AAA in writing of the intent to close a meal site in advance of notifying participants;

b. The program must present a rationale for closing the meal site which is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources, or other justifiable reason;

c. The Oregon DHS, State Unit on Aging and/or AAA will review the rationale and determine that all options for keeping the site open or relocating have been exhausted. If there remains a need for service in the area that was served by the meal site, efforts will be made to develop a new meal site and/or assist participants to attend another existing meal site;

d. The DHS, State Unit on Aging and/or AAA will approve in writing the closing of all meal sites operating with funds awarded from DHS and notify DHS of all meal site closings. If a meal site to be closed is located in an area where low-income and/or minority persons constitute 25% or more of the population, or if low income and/or minority persons constituted more than 25% of meal participants served over the past twelve months, DHS must also approve in writing the closing of the meal site; and

e. The program must notify participants at a meal site to be closed of the intent to close the site at least 30 days prior to the last day of meal service.

Participant Input

Each service provider will establish a means of soliciting participant input on appropriate matters relating to Congregate and Home-Delivered Nutrition Program services. Information may be obtained through focus groups, advisory councils, suggestion boxes, or surveys. Suggestions may also come from food production staff, site managers, home-delivered meal drivers, and food purveyors.

Nutrition Advisory Council

1. Each AAA is encouraged to establish a nutrition advisory council. The nutrition advisory council may be a sub-committee of an existing advisory council. The nutrition program may also set up a separate advisory council for home-delivered meals representation, if feasible.

2. Suggested Council role and Responsibilities

    a. Make recommendations to the nutrition director regarding the food preference of participants;

    b. Make recommendations to the nutrition director and the aging unit regarding days and hours of meal site operations and site locations;

    c. Make recommendations to the nutrition director regarding meal site furnishings with regard to the disabled or physically challenged participants;

    d. Conduct at a minimum, annual on-site review of each meal site to ensure compliancy in the program;

    e. Advise and make recommendations to the nutrition director and aging unit regarding supportive social services to be conducted at meal sites;

f. As an organized group, give support and assistance to the ongoing development of the nutrition program;

g. Represent and speak on behalf of nutrition participants and program; and

h. As a liaison group, act as a communication clearinghouse between the nutrition program and the public.

NAPIS Reporting

3. National Aging Program Information System (NAPIS)

AAA's shall collect and report Older Americans Act client information using the Oregon ACCESS client database. APD, as the federally designated State Unit on Aging, is required to submit aggregate OAA client information annually to the National Aging Program Information System (NAPIS). APD has developed the SPR computer program to compile and aggregate the OAA data in the required format for NAPIS.

The required NAPIS data should be collected annually on each participant. NAPIS data for new meal site participants should be remitted to the area agency on a monthly basis for data entry to Oregon Access, unless there is another agreement between the project and area agency to submit this information using an alternative method. The NAPIS intake form can be obtained from the first link on the AAA page of the SUA web site (http://www.oregon.gov/DHS/spwpd/sua/info-aaa.shtml). The direct link to the form is (http://www.oregon.gov/DHS/spwpd/sua/docs/napis-registration-form.pdf)

NAPIS Definitions

The Aging Network, part of the Department of Health and Human Services, Administration on Aging, has issued several definitions of services that must be reported through NAPIS. This guide will focus only on those definitions that relate to the Nutrition Programs (Title III of the Older Americans Act).

4. Minority Status: Minority older persons are confined to the following designations:

i. OAA Ethnicity:

i. Not-Hispanic or Latino: A person not of Cuban, Mexican, Puerto Rican, or South or Central American, or other Spanish culture or origin, regardless of race.

ii. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, or South or Central American, or other Spanish culture or origin, regardless of race.

iii. Unknown

j. OAA Race:

i. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ii. Black or African American: A person having origins in any of the black racial groups of Africa.

iii. American Indian or Alaska Native: A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment..

iv. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

v. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

5. Impairments in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

6. Impairments in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand by assistance, supervision or cues: preparing meals, shopping for personal items, medications management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.

7. Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

8. Home-Delivered Meals: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the Nutrition Services Incentive Program (NSIP) meal reimbursement, but they are included in the total meal counts.

9. Congregate Meals: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the Nutrition Services Incentive Program (NSIP) meals reimbursement, but they are included in the total meal counts.

10. Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a dietitian and addresses the options and methods for improving nutrition status.

11. Nutrition Education: 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.

12. Nutrition Services Incentive Program (NSIP) Meals: A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that:

13. It has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation;

14. It is compliant with the nutrition requirements;

15. It is served by an eligible agency; and

16. It is served to an individual who has an opportunity to contribute.

    Meal counts include all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home-delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.

For additional information regarding NAPIS reporting, please refer to the following Administration on Aging website at:
www.aoa.gov/AoAroot/Program_Results/SPR/Reporting_Tools.aspx.

Appendix A: OAA Nutrition Risk Assessment

The OAA Nutrition Screening Survey includes the following questions:

For all YES answers that apply to you or someone you know, circle the number at the end of the question. Total all your circled numbers (YES answers). This is the Total Nutritional Score.

Nutrition Checklist	
Questions	**YES**
I have an illness / condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits, vegetables or milk products.	2
I have three or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I do not always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last six months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL =	

❖ NOTE: This questionnaire is part of the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, American Dietetic Association, and National Council on Aging. It is funded in part by a grant from Ross Products Division, Abbott Laboratories.

Total your nutritional score. If it's:

- **0-2** − Good! Recheck the nutritional score in six months.
- **3-5** − You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, or health department can help. Recheck the nutritional score in three months.

- **6 or more** − You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian or other qualified health, or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Appendix B: Nutrition Education Resources

A nutrition education program makes available information and guidance concerning:

a. Food: Including the kinds and amounts of food that are required to meet one's daily nutritional needs (Choose My Plate)

b. Nutrition: Including the combination of processes by which the body receives substances necessary for the maintenance of its functions and for growth and renewal of its components, i.e., ingestion, digestion, absorption, metabolism, and elimination

c. Behavioral Practices: Including the factors which influence one's eating and food preparation habits

d. Consumer Issues: Including the management of food purchasing power to obtain maximum food value for the money spent

Nutrition Education Resources:

Approved resources for Nutrition Education materials are available at http://www.oregon.gov/DHS/spwpd/sua/nutrition.shtml

Other Resources Include:

- The Academy of Nutrition and Dietetics: www.eatright.org
- The Oregon Dairy Council: www.oregondairycouncil.org
- Nasco Nutrition Teaching Aids: www.enasco.com/nutrition
- NCES, Inc: www.ncescatalog.com
- Dietary Guidelines-ChooseMyPlate: www.choosemyplate.org and www.cnpp.usda.gov/Dietaryguidelines.htm
- Center for Disease Control and Prevention: www.cdc.gov/nccdphp
- Oregon State University: http://extension.oregonstate.edu/fcd

Appendix C: Examples nutrient analysis software

- Computrition: www.computrition.com
- Food Processor, ESHA Research: www.esha.com
- DINE Healthy: www.dinesystems.com
- Mealformation Software: www.mealformation.com
- NutriBase Software: www.nutribase.com

Appendix D: Menu Planning and Nutrient Sources

Food Group	Servings per meal	2010 Dietary Guidelines Servings per Day for 2000 kcal/day
Bread, cereal, rice, pasta	2 servings: 1 ounce or 1oz equivalents 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	6, 1 ounce equivalent servings daily. At least ½ of grain servings should be whole grain products.
Vegetables (may serve an additional vegetable instead of 2 fruits)	2-3 serving(s): ½ c or equivalent measure 1/2 cup of raw or cooked vegetables or vegetable juice, or 1 cup of raw leafy greens can be considered as 1/2 cup from the Vegetable Group.	5 servings daily (2.5 cups) Look for dark green, red, orange and/or yellow for best nutrients.
Fruits (may serve an additional fruit instead of 3 vegetables)	1-2 servings: 1/2 cup or equivalent measure 1/2 cup of fruit or 100% fruit juice, or 1/4 cup of dried fruit can be considered as 1/2 cup from the Fruit Group	4 servings daily (1.5 cups) Deep-colored fruit typically has more nutrients.
Milk, yogurt, and cheese	1 serving: 1 cup or equivalent measure 1 cup of milk, yogurt or calcium enriched soymilk, 1 ½ ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the Dairy Group.	3 servings (3 cups) Select low or nonfat products.
Meat, poultry, fish, dry beans, eggs, and nuts	1 serving: 3 oz or equivalent measure 1 ounce of meat, poultry or fish, ¼ cup cooked beans, 1 egg, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds can be considered as 1-ounce equivalent	2 servings daily, total of 5.5 ounces Include lean/lower fat choices of meat; beans are good source of fiber, protein and other nutrients.

Specific Nutrient Sources
Nutrient content amounts are approximate
Source: USDA National Nutrient Database for Standard Reference, Release 18
http://www.nal.usda.gov/fnic/foodcomp/search/

Vitamin C target - 30 mg/meal **compliance-** 30 mg

Rich sources (>30 mg in ½ cup)

Kiwi fruit	Red and green sweet raw or cooked peppers
Raw orange	Orange and grapefruit juice
Strawberries	Tomato and vegetable juice
Brussels sprouts	Kohlrabi
Cantaloupe	Broccoli
Papaya	

Fair Sources (20-30 mg in ½ cup)

Cauliflower	Beet, mustard, and turnip greens
Kale	Cabbage, coleslaw
Pineapple	Mango
Baked potato with skin	Sweet potato, canned

Vitamin B6 target- 0.6 mg/meal **compliance-** .57 mg

Good sources

Fish-cod, haddock, tuna	Chicken, turkey
Beef, pork	Garbanzo beans
Baked potato, with skin	Rice
Ready to eat cereals (fortified)	Prunes, prune juice
Banana	

Vitamin B12 target - 0.8 mcg/meal **compliance-.79 mcg/meal**

Lean meat, poultry, fish
Milk, cheese, yogurt
Eggs
Ready to eat cereals (fortified)

Calcium target – 400 mg/meal **compliance-** 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	Spinach	146 mg/ ½ cup
Turnip greens	124 mg/ ½ cup	Kale	90 mg/ ½ cup
Beet greens, bok choi	80 mg/ ½ cup		

Beans, cooked:

Green soybeans	130 mg/ ½ cup	White beans	96 mg/ ½ cup
Black-eyed peas	106 mg/ ½ cup	Mature soybeans	88 mg/ ½ cup

Magnesium – **target** 116 ug/meal **compliance-**≥88 mg

Good sources (> 80 ug/ serving)
Halibut
Spinach
Brazil Nuts
All Bran
Quinoa

Fair sources (> 40 ug/ serving)
Fish: pollock, haddock, flounder, tuna,
Beans: white beans, black beans, chickpeas, navy, lima, pinto
Nuts: peanuts, almonds, cashew
Brown rice
Couscous
Vegetables: okra, baked potato with skin, artichokes
Raisin Bran
Soy beverage

Zinc – **target** 3.7 mg/meal **compliance-**3.1 mg/meal

Lean meat	beef ~ 5 mg/ 3 oz.	pork ~ 2 mg/ 3 oz.
Poultry	~ 1.3 mg/ 3 oz.	
Seafood (especially oysters)		
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 ≥10 gm/meal **compliance-**≥7 g/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,
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)

Appendix E: Food Preparation Guidelines for sodium, total fat, saturated fat and Trans fat standards

1. Prepare most foods without adding salt. To flavor foods, use salt-free herbs and spices, salt-free seasonings, lemon juice, limejuice 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 bread and cheese when feasible.
11. Substitute vegetable oils (ex. canola oil) for shortening, soft margarine for butter. Lard should not be used.
12. Use products that indicate zero grams of trans fat per serving on the label and no partially hydrogenated oils in the ingredient list.

Appendix F: Sample Menus Pattern and Worksheet

Food Group	Grain	Vegetable	Fruit	Milk	Meat & Beans	Oils
Target Amounts	2 ounces ½ c. – 1 oz equivalent	½ c.-1 c.	½ c. -1 c.	1 c.	3 ounces	1-2 tsp optional
Menu Day 1 ***Roast turkey, broccoli, quinoa, strawberry rhubarb crisp, whole wheat roll, fat free milk***	1 small whole wheat roll, ½ c. quinoa	½ c. broccoli	½ c. apples and raisins	1 c. fat free milk	3 oz turkey	1 tsp soft margarine
Menu Day 2 ***Latin roasted pork, Cuban style black beans, brown rice, garden salad-cilantro dressing, strawberries, graham crackers, fat free milk***	½ c. brown rice, 2 graham crackers	½ c. salad greens, ½ c. black beans	½ c. strawberries	1 c. fat free milk	3 oz pork	1 cilantro salad dressing
Menu Day 3 ***Whole wheat spaghetti with meat sauce, steamed spinach, applesauce, whole wheat roll, fat-free milk.***	½ c. whole wheat spaghetti, 1 small whole wheat roll	½ c. spinach, ½ c. reduced sodium tomato sauce	½ c. applesauce	1 c. fat free milk	3 oz lean ground beef	1 tsp soft margarine
Menu Day 4 ***Breaded baked fish with lemon sauce, couscous, spiced carrots, pears, whole wheat roll, fat-free milk***	½ c. couscous 1 small whole wheat roll	½ c. spiced carrots	½ c. pears	1 c. fat free milk	3 oz breaded baked fish	1 tsp. soft margarine
Menu Day 5 ***BBQ chicken on whole wheat bun, baked beans, tossed salad, fresh cantaloupe, fat free milk.***	1 whole wheat bun	½ c. tossed salad ½ c. baked beans	½ c. fresh cantaloupe	1 c. fat free milk	3 oz bbq chicken	1 tbsp reduced fat ranch dressing

Suggested food group components and serving size

The food group information below follows the 2010 Dietary Guidelines. Although some foods are classified in more than one food group, a serving of food can only be counted in one food group within the same meal. For example, beans may be counted either as a meat alternative serving or as a vegetable but not both in the same meal.

Grains: a serving of bread is generally 1 slice (1 oz); ½ c. pasta or grain product or 1 z of ready to eat cereal.

- 1 small 2 oz muffin
- 2" cube cornbread
- 1 biscuit, 2.5" diameter
- 1 waffle, 7" diameter
- 1 slice French toast
- ½ English muffin
- 1 tortilla, 6" diameter
- 2 pancakes, 4" diameter
- ½ bagel
- 1 small sandwich bun
- ½ c. cooked cereal
- 4-6 crackers
- ½ large sandwich bun
- ¾ c. ready to eat cereal
- ½ c. pasta, noodles, rice

Grains do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams or plantains. These foods are found in the vegetable group.

Vegetables: a serving of vegetable is generally ½ c. cooked or raw; or ¾ c. 100% vegetable juice; or 1 c. raw leafy vegetables,

- Fresh or frozen vegetables are preferred to canned vegetables
- Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total ½ c. serving

Fruits: a serving of fruit is generally a medium apple, banana, orange or pear; ½ c. chopped, cooked or canned fruit or ¾ c. 100% fruit juice.

- Fresh, frozen or canned fruit will preferably be packed in juice, lighty syrup or with out sugar

Milk or milk alternative: a serving of milk or milk equivalent is 1 c.
Milk alternatives for the equivalent of one cup of milk include:

- 1 c. yogurt
- 1 ½ c. cottage cheese
- 8 oz tofu (processed with calcium salt)
- 1 ½ oz natural or 2 oz processed cheese

Meat or meat alternative:
2-3 ounces of meat or meat alternate should generally be provided. Meat serving is the edible portion, not including skin, bone or coating.

- 1 egg
- ½ c. cooked dried beans, peas or lentils
- 2 tbsp peanut butter or 1/3 c. nuts
- ¼ c. cottage cheese
- ½ c. tofu

Meal Pattern Worksheets

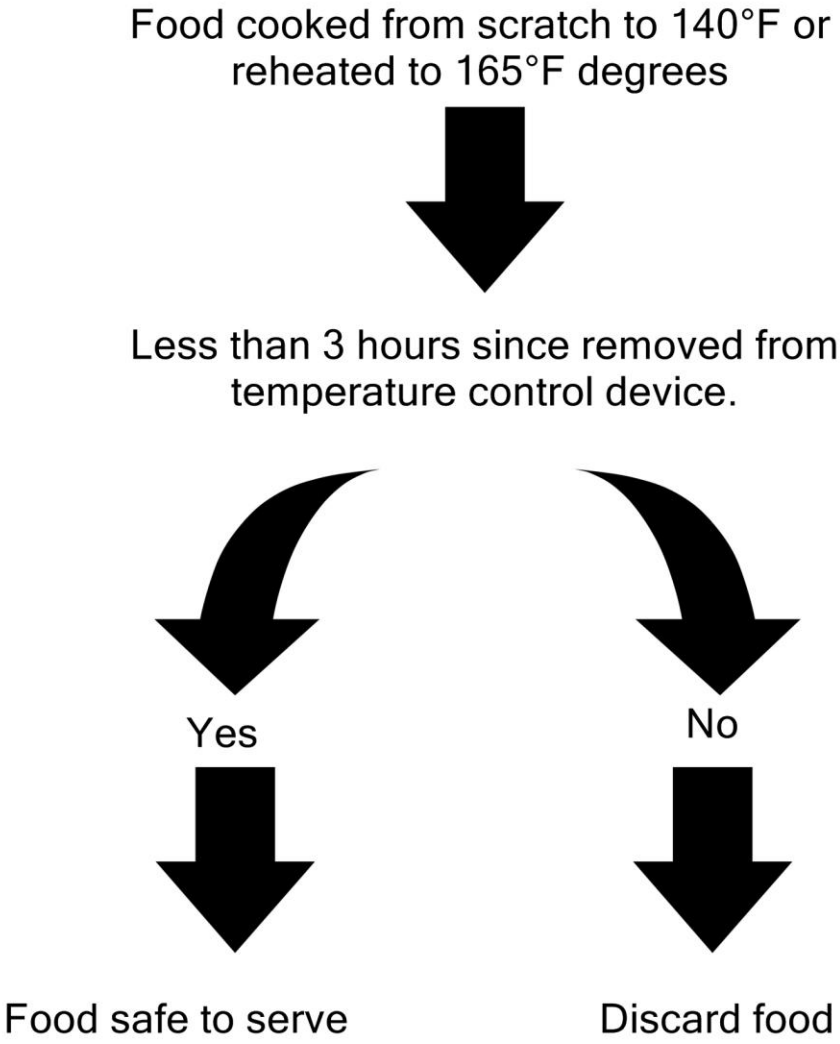
The following pages are worksheets to be used by programs using the meal pattern option of menu planning for documenting that the menus conform to the meal pattern.

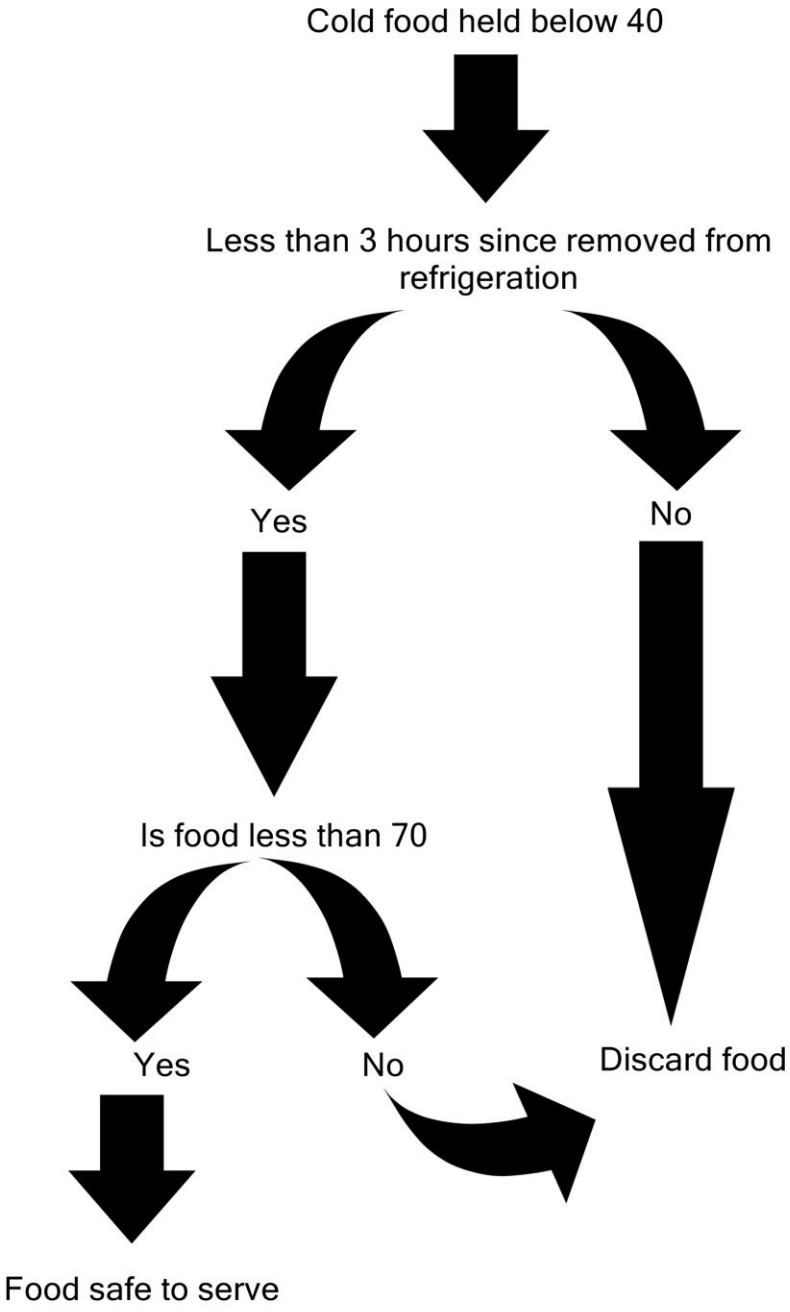
Instructions for use: Enter menu items for each meal in first column. Under each food group, list menu items and portion amounts intended to complete required meal pattern components. (See Sample Worksheet)

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

Food Group	Grain	Vegetable	Fruit	Milk	Meat & Beans	Oils
Target Amounts	2 ounces ½ c. – 1 oz equivalent	½ c.-1 c.	½ c. -1 c.	1 c.	3 ounces	1-2 tsp optional
Menu Day 1						
Menu Day 2						
Menu Day 3						
Menu Day 4						
Menu Day 5						

Appendix G


Food cooked from scratch to 140°F or reheated to 165°F degrees
Less than 3 hours since removed from temperature control device.
Yes
No
Food safe to serve
Discard food


Cold food held below 40
Less than 3 hours since removed from refrigeration
Yes
No
Is food less than 70
Yes
No
Discard food
Food safe to serve

Appendix H

Sample Policy and Procedure:
Using Donated Food in Oregon Congregate and Home Delivered Meals

I. **Background: Donations of food items may be prepared and served at senior nutritional centers if they are safe, wholesome and able to be used as human food. Food donations cannot be utilized when deemed adulterated. For definition of adulterated food, see ORS 616.235. Nutrition quality, health issues and client perception shall also be considered when deciding how to accept and utilize food donations.**

a. **Non-commercial canned, packaged items and homemade items shall not be permitted for use in a reimbursable meal. Nutrition providers shall** develop appropriate policies or procedures for **use of these items at their congregate meal site.**

b. Game meat donated to charitable organizations shall be inspected and determined fit for human consumption by the State of Oregon Department of Agriculture, the State Department of Fish and Wildlife or the Department of State Police who have been trained by the State Department of Agriculture to determine fitness for human consumption.

For definition of charitable organization and regulation on use of donated food see ORS 624.165 and ORS 619.095 and section 403(a)(5)(A) of Federal Meat Inspection Act (FMIA) and section 20(a)(5)(A) of the Poultry Products Inspection Act (PPIA).

II. Sample Policy:

A. XXXXX may accept donated produce and other food items food from commercial food suppliers, grocery stores and farmers' market vendors.
B. In addition, produce may be accepted from local gardeners if XXXXX nutrition program coordinator feel it is reasonably safe, knowing there is inherent risk of contamination of all food.
C. **Non-commercial canned, packaged items and homemade items shall not be permitted for use in a reimbursable meal.**

III. Procedure:

A. The Nutrition Manager will inspect the donated food upon receipt.
   1. Produce that is excessively dirty will not be accepted.
   2. Produce must meet the quality standards of the XXXXX nutrition program.
   3. Do not accept produce or other food items that are moldy, showing signs of decay or past the expiration date.
   4. Produce must be whole. Do not accept any fresh produce that has been cut into pieces.
   5. XXXXX nutrition program must be able to incorporate the donated food into their menu.
   6. Refrigerate produce immediately, if reasonable, to retain nutrients and prevent the growth of bacteria.
   7. If in doubt, do not accept the donation.
C. If accepted, program will:
   1. Retain a log of all accepted donated food including date accepted, name of organization, address and phone number.
   2. Log must be retained for a period of one year.