

CONGREGATE NUTRITION SERVICES (Title III – C1)
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES-VIRGINIA
DIVISION FOR THE AGING
SERVICE STANDARD

Definition¹

Provision, to an eligible client or other eligible participant at a nutrition site, senior center, or some other congregate setting, 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 congregate nutrition site provides opportunities for socialization and recreation that may alleviate isolation and loneliness.

Eligible Population

Congregate 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 In addition to meeting established eligibility, individuals must be mobile, not homebound, and physically, mentally, and medically able to attend a congregate meals program in accordance with written Area Agency on Aging (AAA) guidelines.

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 including the following³

- The recipient's spouse, regardless of age or disability
- 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
- At the discretion of the AAA, individuals with disabilities, regardless of age, who reside at home with and accompany older eligible individuals to the congregate site

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)

³ Older Americans Act of 1965, as amended, Section 339 (2) (H&I)

- At the discretion of the AAA, individuals, regardless of age, providing volunteer services during the meal hours

There is no prohibition against providing services to persons under age 60 with funds from other sources.⁴

Service Delivery Elements

The Area Agency on Aging or service provider must perform all of the following components of the congregate nutrition services:

Program Requirements

Each nutrition services provider must provide at least one hot or other appropriate meal in a congregate setting each day the site is in operation. Additional meals meeting the requirements specified above under “Definitions” may be provided to each participant for days the site is not open.

AAAs must have at least one site operating each of 5 days a week, Monday through Friday, except in a rural area where such frequency is not feasible and a lesser frequency is approved by DARS-VDA.

AAAs that do not have at least one meal site available somewhere within the PSA each day of the week (Monday through Friday, holidays and emergencies excepted) must submit to DARS-VDA for review and approval a plan documenting their rationale and detailing their policies and procedures to address the following issues:

- Documentation of the factors that make it unfeasible to provide meals in at least one congregate meal site each day of the week Monday through Friday.
- On the day(s) that there is no congregate meal site available within the PSA, describe provisions for congregate meal participants to receive meals at other facilities operated by the AAA or service provider such as an adult day health center, assisted living or nursing facility.

The Older Americans Act (OAA) requires that AAAs and nutrition service 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 AAAs and nutrition service providers hire or contract with a registered dietitian (RD). Please see Guidance on Soliciting the Expertise of the RD.

Program participants and other individuals may be encouraged to actively participate in program planning and volunteer to perform tasks at the meal site to their ability and desire.

⁴ Older Americans Act of 1965, as amended

⁵ Older Americans Act of 1965, as amended, Section 339 (2) (G)

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

Additional Meals

Definition: Meals sent home from the congregate meal site to be eaten at home when the meal site is not open, up to 5 days a week.

If an AAA wishes to provide additional take home meals to congregate nutrition participants, the agency shall develop an Additional Congregate Meal Policy that shall be approved by the agency's governing board.

Requirements for additional meals:

1. The additional meals shall be provided at each visit for the client to carry home herself or himself. The meals shall not be delivered in bulk for the week or month. Clients not attending the site will not receive meals. The additional meals policy must state the maximum number of meals each client should receive, based on the days the congregate meal site is open. The policy should also take into account when the site is closed, such as for holidays, other functions, or repairs.
2. The additional meals policy shall state clients taking meals home must provide a signature indicating the number of meals received. Operationally, the client may indicate next to his or her signature on the sign-in sheet, the number of meals taken home. The signature form shall be included with the site's monthly reporting process for documentation of meals provided for entry into the DARS-VDA approved client database.
3. All additional meals counted as eligible meal units shall meet nutrient content guidance as outlined in the DARS-VDA menu planning guidelines.

AAAs may consider partnering with local agencies such as food banks, food pantries, and other food assistance organizations which may provide or donate food for senior participants' use at home. The food would not be counted as eligible service units, but nonetheless may significantly help senior participants. AAA's may also consider facilitating SNAP or other food assistance enrollment for eligible congregate nutrition participants.

Emergency Meals

Definition: There are two situations when emergency meals may be provided.

Anticipatory – Meals sent home from the congregate meal site at the beginning of the winter and/or summer storm season, in anticipation of inclement weather. Participants are instructed to store the meals until needed in case of congregate meal site closure for inclement weather or other emergencies.

Actual emergency meals – Meals sent in response to an actual weather or emergency event which necessitates closure of the congregate meal site for more than one week.

Requirements:

1. No more than 5 meals may be provided at one time in anticipation of seasonal weather emergencies. If known emergency events and site closures have caused participants to eat their emergency meals, subsequent replacements may be provided in 5 meal allotments.

⁶ Older Americans Act of 1965, as amended, Section 339 (2) (B&C)

2. In the event of an actual weather or other emergency, the number of meals provided shall be based on the amount of time the congregate site is closed. Up to 10 meals may be provided at one time, if the congregate meal site will be closed for more than one week.
3. Documentation shall show the number of meals and client names receiving emergency meals. Signatures are preferred, but at a minimum, the client name and number of eligible meals per client shall be reported for entry in the DARS-VDA approved client database.
4. In order to be counted as eligible meals, the emergency meals shall meet nutrient content guidance as outlined in the DARS-VDA menu planning guidelines.

Breakfast Meals

Please see the DARS-VDA Menu Planning Guidelines.

Assessment

- A service-specific assessment using the Virginia Service Quick Form and the Determine Your Nutritional Health screening checklist shall be performed on each potential client or other eligible individual (not a volunteer). Client assessment data shall be documented in the DARS-VDA-approved electronic client database.
- The AAA may develop and use a form (in place of the Virginia Service Quick Form) to be completed by the senior, when appropriate, as long as all information is collected and documented in the DARS-VDA-approved electronic client database.
- Federal Poverty should be determined and documented. The answer to the question “Is the 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.
- Cost sharing does not apply to this service.
- For an individual of any age, who provides volunteer services during the meal hours (not a site participant) and receives a congregate meal, an assessment is not required. However, a Virginia Service Quick Form shall be requested. At a minimum, the full legal name and service units (collected at least on a monthly basis) must be entered into the DARS-VDA-approved client database. If there is continual service, an update to the volunteer’s Virginia Service Quick Form must be requested at least annually. The updated volunteer data must be recorded in the DARS-VDA-approved client electronic database.
- Emergency contact information.

Nutrition Screening

The “Determine Your Nutritional Health” Nutrition Screening checklist developed and distributed by 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 fruit and vegetable intake or to shop for and prepare nutritious meals, depending on what the screening form shows.
- 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 Area Agency on Aging. If used, the Care Plan may include nutritional and social needs that can be met through congregate 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 becomes ill or injured
- 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 participant's need for services, the amount of services provided and the appropriateness of the care plan (if completed) shall be performed when the participant's condition or situation changes, but at least annually.
- The Virginia Service Quick Form, and "Determine Your Nutritional Health" Nutrition

Screening shall be updated at the same time. Client reassessment data shall be documented in the DARS-VDA-approved electronic client 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.
- Cost sharing does not apply to this service.
- Update of emergency contact information.

Site Location

Congregate nutrition sites shall be as close as possible to the majority of eligible older individuals’ residences. Where feasible, sites shall be located that encourage joint arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs.⁷

The AAA or provider shall develop written agreements with each agency or organization where a congregate nutrition site is located. The agreement shall include responsibilities and obligations of each party including, but not limited to:

- Sanitation of restrooms and common areas; cleaning, care and maintenance of facility and grounds; pest control; snow removal; obtaining Health Department Permits; fire inspection; insurance coverage of items owned by the congregate program; liability insurance; compliance with all applicable federal, state and local laws
- Staffing interrelationships and roles, including responsibility and authority
- Cost or payments to be incurred by either party
- Days and hours the congregate sites will operate in the facility
- Provision for termination of the agreement by either party

Physical Facilities, Accessibility and Equipment

Each nutrition site shall meet minimum requirements related to the physical facility and equipment, including, but not limited to:

- Meet Americans with Disabilities Act requirements, and if necessary, have a written plan to accommodate seniors with disabilities
- Access to a kitchen or approved work area, for the set-up and dispensing of meals. This includes all equipment necessary to maintain proper food temperatures. If used for the nutrition program, there shall be operating thermometers in the refrigerator and freezer. Approval of the area by the local health department may be requested, but is not required, for sites where food is served but not prepared.
- Separate sinks for hand washing and food service
- Equipment, including tables and chairs for meals and other programs, which are sturdy and appropriate for older persons. The site shall have adequate space to accommodate persons with canes, walkers, wheelchairs, and other assistive devices.
- Door exit signs
- Occupancy limit signs, if required by locality

⁷ Older Americans Act of 1965, as amended, Section 339 (2) (E)

- Telephone accessible to staff
- Fire extinguisher(s) in good working order
- Readily accessible first aid kit

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.⁸ The nutrition services and programs offered by AAAs will be described in the Area Plan and comply with the following definitions:

Nutrition Education (1 session per participant) -- 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.⁹

Information for nutrition education will be obtained from a reputable source or provided by a registered dietitian or other qualified individual. The participant shall be provided with information on a continuing basis, but at least quarterly. Scheduled programs shall be documented as having taken place including dates, tracking of participant attendance for the DARS-VDA-approved client database, and the source and/or presenter of the information.

Food Safety: At least once a year, Nutrition Education on food safety, such as food handling, reheating, and storage, shall be provided and may include a review of how meals are safely handled at the meal site as well as information for home food safety practices.

Nutrition Counseling (1 session per participant) -- Provision of 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-to-one by a registered dietitian, and addresses the options and methods for improving nutrition status.¹⁰

Disease Prevention and Health Promotion: When the Administration for Community Living (ACL) mandates that Title III-D funds shall only be used for highest tier evidence-based programs, AAAs shall be expected to comply. See DP/HP Service Standard for current requirements and definitions.

Lower tier activities may be offered in the congregate nutrition site through the use of community volunteers and in-kind contributions of local health organizations, as long as no Title III-D funding is used to support them, when highest tier evidence-based activities are mandated by the ACL. Lower tiered activities might be, for example, nutrition education provided in-kind

⁸ Older Americans Act of 1965, as amended, Section 331(3).

⁹ 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 28, 2014.

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 28, 2014.

by Cooperative Extension program assistants, or health screenings provided by volunteer nurses, physicians, and other credentialed and trained health professionals. DP/HP information may be provided to the participant on a continuing basis, but at least monthly. Scheduled programs shall be documented as having taken place including dates, tracking of participant attendance, and the source and/or presenter of the information.

Physical Activity and Exercise

Voluntary participant-appropriate physical activities may be offered on a continuing basis, with the goal of at least weekly. Daily participant-appropriate physical activity will be provided as feasible and may include yoga, exercise, and tai chi classes taught by volunteer instructors. Participants will be advised to discuss participation in the physical activity program with their physician or health care professional. If Title III-D funding is used to support such activities as yoga, exercise, tai chi, etc. these must be structured highest criteria programs, when highest tier evidence-based activities are mandated by ACL that have undergone research study and have been published in peer-reviewed literature.

Community Services and Public Benefits

Congregate Nutrition Services shall provide a link to other available community services such as health screening, counseling, consumer education, senior employment, preventive health services, food stamps and other public benefits, etc.

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 EBT (Electronic Benefit Transfer) 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 to use the food stamps to purchase nutritious food to consume at 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 service provider shall have written procedures to follow in the event of weather-related emergencies or other situations that may interrupt service or the transportation of participants or supplies to the nutrition site.

A written plan that describes procedures to be followed if a participant becomes ill or injured, shall be explained to staff, volunteers, and participants and shall be visibly posted (or otherwise readily available) at each congregate site. "911" posted near a telephone, along with the center's address, is recommended. Site staff shall keep emergency contact information on hand for each participant. Emergency contact information shall be kept up-to-date.

Fire Safety

Fire drills shall be conducted at least quarterly, in accordance with local fire marshal recommendations; documentation is required. During the fire drill, fire exit routes shall be designated and reviewed. Staff shall be knowledgeable about the location and operation of all

fire extinguishers at the site.

Removal of Food Items

The AAA or service provider shall establish and post a policy about food items that participants may, or may not, take home. The sign and printing shall be large enough to be seen and read and shall be reviewed as frequently as necessary with participants. The AAA or service provider may elect to disallow removal of any food items or may allow removal of nonperishable foods such as bread, crackers, pieces of fresh fruit, etc.

Drinking Water

To encourage participants to maintain hydration, drinking water shall be available and located near participants. When feasible, water shall be available at each table.

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.

Sweets Guidelines

See DARS-VDA Guidelines For Sweets Served At The Congregate Nutrition Site.

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 or use during the operation of the meal site.

Meals Brought in by Participants

The AAA or service provider may establish policies and procedures to allow or disallow meals brought in by participants. The policies and procedures may address such situations as participants who attend site activities and either do not eat the meal or bring their own meal, pot luck meals, and sharing of ethnic cuisines. In any case, only the meals provided by the program funds and that meet meal definitions and standards shall be counted as eligible service units.

Meal Preparation

Congregate meals may be provided on site, by a central kitchen, or contracted through other organizations. Congregate meal sites, 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 is provided by the AAA or contracted out, the final responsibility for overall food service operation shall rest with the AAA.

Procurement

When contracting for meal preparation, delivery of meals, and site operations, 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 codes and regulations 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. When the local Health Department is able to comply, inspection of the meal site by the local Environmental Health Specialist is recommended, but not required. 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:

- The rapid and progressive growth of infectious or toxigenic microorganisms;
- The growth and toxin production of *Clostridium botulinum*; or

¹¹ Older Americans Act of 1965, as amended, Section 339 (2) (F)

- 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 to congregate sites.

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 – 135 degrees F) 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, and documented, on a daily basis with a correctly calibrated food thermometer at the time all food leaves the production area

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

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

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

(including the food service vendor's kitchen) and again at the time the meal is served.

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. Prior to use in a food product, thermometers shall be cleaned and sanitized according to industry standards. 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 program participants. 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 site managers.

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

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

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

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.
- 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 at the meal site, 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;

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

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

- 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 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.

- Eligible Meals (required for the DARS-VDA-approved client database) – The number of eligible congregate meals served; see Definitions and Nutrition Services Incentive Program
- Persons Served (unduplicated) - The number of eligible persons who received an eligible congregate meal; see “Eligible Population”

²⁶ 22 VAC 30-60-240, Grants To Area Agencies On Aging, Department for Aging and Rehabilitative Services Regulations, Virginia Administrative Code

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.
- The 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 not permitted to implement cost sharing/fee for service for recipients of this service.²⁸

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.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 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 and to supplement (not supplant) federal funds received.³⁰

A sign large enough to be seen and read shall be posted about the opportunity to contribute to the cost of the meal and shall include a suggested amount and the cost of the meal for ineligible visitors and guests.

Nutrition Services Incentive Program

²⁷ 22 VAC 30-60-400, Grants To Area Agencies On Aging, Department for Aging and Rehabilitative Services 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)

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

Congregate Nutrition Service 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 Title III-C1 of the Older Americans Act
- The participant or other eligible individual (not a volunteer) must be assessed using the Virginia Service Quick Form and the “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 the Virginia Service Quick Form). Assessment data shall be documented in the DARS-VDA-approved client electronic database.
- The question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the DARS-VDA-approved electronic client database.
- Cost sharing does not apply to this service
- For an individual who provides volunteer services during the meal hours (not a site participant) and receives a congregate meal: a Virginia Service Quick Form shall be requested. At a minimum, the full legal name and service units (collected at least on a monthly basis) must be entered into the DARS-VDA-approved electronic client database.
- The participant 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 participant’s name with their meal)
- The meal must meet DRI nutrient requirements and Dietary Guidelines defined above
- Snacks, partial meals and second helpings cannot be counted as a “meal” for reporting purposes
- Congregate meals programs are authorized to serve 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 (NSIP) shall only be used to purchase United States agricultural commodities and other foods for their nutrition projects.³¹

Agencies are not eligible to receive Older Americans Act funding for meals nor eligible to receive funding under NSIP if the agency:

- Is an adult day care agency that charges for meals in an adult day care facility as part of the total package of services
- Is an adult day care agency that provides meals funded by the USDA Child and Adult Care Food Program and reports the same meal to both programs
- Is an adult day care agency that provides meals funded through a Medicaid Waiver program

The meal is eligible if an adult day care provides meals only with Older Americans Act

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

and matching funds.³²

Congregate meals provided to resident(s) living at an Assisted Living facility (previously called Adult Care Residence) and receiving Auxiliary Grant are not eligible for NSIP funding. The Assisted Living must reimburse the AAA for the cost of the congregate meal if Older Americans Act funds are used. The AAA should develop a written agreement with each facility indicating the cost of each meal and specifics about how payment will be made. Each AAA should have a written policy regarding attendance of Assisted Living residents at congregate nutrition sites.

Congregate 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

Meal providers are encouraged to provide congregate meal services 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.³³

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.

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

³² Administration on Aging, Nutritional Services Technical Assistance Brief Number 2, March 2001

³³ Older Americans Act of 1965, as amended, Section 339

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 and organizations that provide congregate site management, as well as those 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 AAA especially on any corrective action(s) recommended and carried out.

Policies and Procedures

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

- Offering congregate meals to 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 participants
- Removal of food items
- Food server health and hygiene
- Required meal temperatures
- Handling potentially hazardous food items that do not meet temperature standards
- Cleaning and sanitizing
- Program evaluation plans, including monitoring of subcontractors
- Medical Foods (if applicable)
- Attendance of Assisted Living residents at congregate nutrition sites

Posted Information

Posted information shall be large enough for participants to read, up to date, and organized. The following information shall be accessible to participants and staff:

- Menu
- Activity and program calendar
- Opportunity for a voluntary donation, suggested amount of meal donation, meal cost for ineligible visitors and guests
- Procedure to follow if a participant becomes ill or injured and/or “911” and address of the meal site
- Removal of food items policy
- Food permit, if applicable
- Cleaning and sanitizing procedures (posted or readily available)

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:

- Site registration/transportation sign-in sheets that identify participants and volunteers, staff, and guests who receive a meal
- Documentation of physical activity, disease prevention/health promotion, and nutrition education activities, such as activity calendars
- Records of temperature checks
- Current Health Department permit and inspection report, if issued
- Fire Drills
- All menus from all vendors with nutrient analysis or meal pattern worksheet

Client Records

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

- Virginia Service Quick Form
- Answers to the “Determine Your Nutritional Health” Nutrition Screening Checklist
- Federal Poverty documentation must be part of the client record. 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 Sliding Fee Scale form may be used.
- Care Plan (optional, but if completed must be recorded in the DARS-VDA-approved electronic client database.)
- Service reassessment
- Consent to Exchange Information, if information is shared with other agencies
- Emergency Contact Information

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

- Service confirmation
- Appeal process