

Chapter 7

Nutrition

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7-1: Description of the Nutrition Program

The Aging Nutrition Program was established by the Older Americans Act [42 U.S. Code Chapter 35, Subchapter 3, Part C – Nutrition Services] to:

- reduce hunger and food insecurity;
- promote socialization of older individuals; and
- promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services.

Congregate Nutrition Services [Title III C1], established in 1972, and Home-Delivered Nutrition Services [Title III C2], established in 1978, provide meals and related nutrition services to older individuals in a variety of settings including congregate facilities such as senior centers, or by home-delivery to older individuals who are homebound due to illness, disability, or geographic isolation. **Services are targeted to those in greatest social and economic need with particular attention to low-income individuals, minority individuals, those in rural communities, those with limited English proficiency, and those at risk of institutional care.** The Aging Nutrition Program helps older individuals remain independent and in their communities.

7-1-01: Statutory Authority

The Older Americans Act (OAA) of 1965, as amended in November 2006, under Title IIIC authorizes the Assistant Secretary to 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:

Subpart 1 – Congregate Nutrition Service

- (1) provide five (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 contract under this subpart may elect to provide;
- (2) 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. [42 U.S.C. 3030e]

Subpart 2 – Home Delivered Nutrition Service

- (1) provide on five (5) or more days a week (except in a rural area where such frequency is not feasible [as defined by the Assistant Secretary by rule] and a lesser frequency is approved by the State agency) at least one (1) home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental goods and any additional meals that the recipient of a grant or contract under this subpart elects to provide; and
- (2) nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients. [42 U.S.C. 3030f]

The Older Americans Act (OAA) as amended in April of 2017, provides the federal requirements for nutrition programs funded by the Tennessee Commission on Aging and Disability (TCAD). Title IIIC of the OAA, Nutrition Requirements Authorizing documents are listed in Chapter 7 of TCAD's Program and Policy Manual, Appendix L.

7-1-02: Administrative Requirements

- (1) TCAD shall assure the following by contract:
 - (a) 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.
 - (b) The meals provided comply with the most recent Dietary Guidelines for Americans (DGAs), published by the Secretary and the Secretary of Agriculture.
 - (c) The meals for each participating adult age 60 and over have the following:
 - (i) a minimum of 33 1/3 percent of the dietary reference intakes establish by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day;
 - (ii) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
 - (iii) 100 percent of the allowances if the project provides three meals per day.
 - (d) The meals, to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.
 - (e) The nutrition project provides flexibility to local nutrition providers in designing meals that are appealing to program participants.

- (f) The nutrition project encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed.
- (g) The nutrition project, where feasible, encourages joint arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs.
- (h) The nutrition project provides that meals, other than in-home meals, are provided in settings in as close proximity to the residences to the majority of eligible adults age 60 and over, as feasible.
- (i) The nutrition project 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 adult age 60 and over.
- (j) Nutrition service providers solicit the advice and expertise of:
 - (i) a dietitian or other individual describe in (a);
 - (ii) meal participants; and
 - (iii) adults age 60 and over knowledgeable with regard to the needs of adults age 60 and over.
- (k) Nutrition services will be available to adults age 60 and over, and to their spouses, and may be made available to individuals with disabilities who are not adults age 60 and over but who reside in housing facilities occupied primarily by adults age 60 and over at which congregate nutrition services are provided.
- (l) Each participating AAAD establishes procedures that allow nutrition service providers the option to offer a meal, on the same basis as meals provided to participating adults age 60 and over, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with adults age 60 and over eligible under this chapter.
- (m) The nutrition project provides for nutrition screening, nutrition education, and nutrition assessment and counseling, if appropriate.
- (n) The nutrition project encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound adults age 60 and over, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for

influenza, pneumonia, and shingles, in the individuals' communities. [42 U.S.C. 3030g-21]

(2) AAAD shall:

- a. solicit nutrition service bids structured according to the Request for Proposal (RFP) outline developed by TCAD when practical. In each instance where it is determined that use of a competitive procurement method is not practical, the following must be completed prior to entering into a contract for nutrition services:
 1. Supporting documentation, including a written justification, must be submitted to the TCAD Aging Nutrition Director for review.
 2. The AAAD must obtain a written approval by the TCAD Executive Director, for a final decision on the ability for a non-competitive procurement.
- (a) comply with OAA Sections 306 and 307, regarding targeting populations with the greatest economic and social needs, those with low income and eligible minorities.
- (b) notify TCAD, in writing, regarding any changes to the current Area Plan as it relates to the operation of the nutrition service program.
- (c) assure that the nutrition service providers develop and implement a policy manual containing, at a minimum, the following information:
 - (i) fiscal management;
 - (ii) food service management;
 - (iii) safety and sanitation;
 - (iv) staff responsibilities; and
 - (v) organizational chart.
- (d) assure that nutrition service providers comply with all applicable federal, state, and local laws (including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act, and the Governor's Executive Order 16 (Prevention of Sexual Harassment) and 21 (Minority Business Enterprises), program instructions, regulations, and standards.

- (e) assure that the nutrition service providers have sufficient insurance to indemnify loss of federal, state, and local resources due to casualty, fraud, physical injury, and food borne illness.
 - (f) assure that each nutrition service provider has a letter of agreement in place with the owner of the congregate meal site facility.
 - (g) assure that each nutrition service provider in collaboration with the AAAD shall develop complaint and grievance procedures.
 - (h) assure that each nutrition service provider in collaboration with the AAAD shall develop denial or termination of service procedures.
 - (i) assure that staff performing nutrition screens shall have training, as prescribed by the TCAD in the use of the approved instrument annually or as needed. Standardized screening forms and procedures provided or approved by TCAD shall be used for all nutrition screenings.
 - (j) assure that each nutrition service provider complies with all applicable state and federal laws and regulations in the performance of nutrition service provision including the U.S. Office of Management and Budget's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
- (3) The AAAD may approve contracts and subcontracts for nutrition services that meet the following requirements.
- (a) The nutrition service provider shall furnish assurances to the AAAD that the nutrition service provider or its subcontractor:
 - (i) shall maintain a copy of all current Food Service Establishment Inspection Reports completed by state and local health department staff for each food preparation site and food service subcontractor/caterer used in the nutrition program. Corrective actions recommended by state or local officials must be resolved in a timely manner.
 - (ii) shall maintain efforts to solicit voluntary contributions; and
 - (iii) shall not use OAA nutrition award funds to supplant funds earmarked for services for eligible persons from non-Federal sources.

- (4) In order for the AAAD to provide nutrition direct services, the AAAD must apply for a waiver in the Area Plan.
- (5) The AAADs shall give primary consideration to the provision of meals in a congregate setting except that each AAAD:
 - (a) may award funds made available under the OAA to organizations for the provision of home-delivered meals to adults age 60 and over based upon a determination of need made by the recipient of a grant or contract without requiring that such organizations also provide meals in a congregate setting.
 - (b) shall, in awarding funds, select such organizations in a manner that complies with the provisions of the OAA.
 - (c) shall not enter into contract for the provision of nutrition services unless such contract has been awarded through a competitive process, or the AAAD has submitted a request with supporting documentation and justification to the Nutrition Director and has obtained written approval from the TCAD Executive Director prior to doing so .

7-1-03: Definitions

- (1) Nutrition Site: A nutrition site is any location where Older Americans Act-funded meals are prepared, served, or packaged for delivery. Sites may operate satellite extensions that are flexible regarding days of operation and attendance provided that Older Americans Act Title IIIC funds are not used to staff or maintain the location including rent and other occupancy costs and provided that all other provisions of contract and policy are observed.

7-2: General Requirements

7-2-01: Administrative Requirements

- (1) The nutrition service provider shall comply with all applicable federal, state, and local laws including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Americans with Disabilities Act [ADA], the Age Discrimination in Employment Act, and the Governor's Executive Orders 16 [Prevention of Sexual Harassment] and 21 [Minority Business Enterprises], program instructions, regulations, and standards.
- (2) The AAAD and nutrition service provider shall comply with OAA Sections 306 and 307, regarding targeting populations with the greatest economic and social needs, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- (3) The nutrition service provider shall solicit the advice and expertise of:
 - (a) a dietitian or other individual described in (a);
 - (b) aging nutrition program participants; and
 - (c) adults age 60 and over knowledgeable with regard to the needs of adults age 60 and over.
- (4) The nutrition service provider shall have sufficient insurance to indemnify loss of federal, state, and local resources due to casualty, fraud, physical injury, or food borne illness.
- (5) The nutrition service provider shall develop and implement a policy manual containing, at a minimum, the following information pertaining the operation of the nutrition service program:
 - (a) fiscal management;
 - (b) food service management;
 - (c) safety and sanitation;
 - (d) staff responsibilities; and
 - (e) organizational chart.
- (6) The nutrition service provider, in collaboration with the AAAD, shall develop written complaint and grievance procedures to be included in the nutrition service provider policy manual.

- (7) The nutrition service provider, in collaboration with the AAAD, shall develop written denial or termination of service procedures to be included in the nutrition service provider policy manual.
- (8) The AAAD shall notify TCAD, in writing, regarding any changes to the current Area Plan as it relates to the operation of the nutrition service program.

7-2-02: Contracting Requirements

- (1) AAADs shall:
 - (a) in awarding funds, select such organizations in a manner that complies with the provisions of the OAA.
 - (b) not enter into contract for the provision of nutrition services unless such contract has been awarded through a competitive process, unless authorized in writing by the TCAD Executive Director. AAADs shall solicit nutrition service bids structured according to the Request for Proposal (RFP) outline developed by TCAD.
 - (c) approve all subcontracts for nutrition services.
 - (d) ensure that contracts with for-profit organizations for nutrition services receive prior written approval of TCAD. Such approval must be obtained on an annual basis. Copies of such contracts shall be forwarded to TCAD.
- (2) In order for the AAAD to directly provide nutrition services, the AAAD shall apply for a waiver in the Area Plan.

7-2-03: SAMS Reporting

- (1) AAADs shall:
 - (a) maintain program data and participant information in the SAMS database.
 - (b) ensure that all nutrition client data is accurately recorded in the SAMS database by the 20th day of the month for the preceding month.
 - (c) ensure that meals are identified by the meal site where they are served or the location (i.e. a meal site or other final point of departure such as a central kitchen) from which they are delivered.
 - (d) ensure that meals are identified by type (e.g. C1, IIC2 – hot, IIC2 – frozen) as outlined in the contract between the Grantee and contractor.

(2) SAMS data shall be used as supporting documentation for reimbursement between the State and the Grantee and the Grantee and its contractor(s).

7-3: Program Income

- (1) Program income includes but is not limited to voluntary contributions, non-eligible participant payments, and private pay meals.
- (2) Program income shall be used to:
 - (a) increase the number of meals served by the nutrition service provider involved;
 - (b) facilitate access to such meals; and/or
 - (c) provide other supportive services directly related to nutrition services.

7-3-01: Voluntary Contributions

- (1) Congregate and home-delivered meal participants shall be given an opportunity to contribute voluntarily to the cost of the service; however, no eligible person shall be denied a meal because he or she will not or cannot contribute to the cost of services.
- (2) The AAAD shall consult with nutrition service providers and participants regarding the best method for accepting contributions.
- (3) The method of solicitation shall be non-coercive.
- (4) Suggested contribution amounts shall take into consideration the income ranges of eligible individuals in communities served.
- (5) Procedures shall be established by nutrition service providers to protect each participant's privacy and confidentiality with respect to his or her voluntary contributions or lack of contribution.
 - (a) Contribution envelopes shall be provided for home-delivered and congregate meal participants to ensure privacy.
 - (b) Locked contribution boxes shall be used at each congregate meal site.
- (6) Procedures for handling, counting, safeguarding, and depositing contributions shall be in accordance with the TCAD fiscal policy and procedures.
 - (a) Two people shall count and record contributions daily. When two people perform this task, one should be a nutrition service provider staff member and the second should not be a nutrition service provider staff member.
- (7) A display sign, clearly visible and easy-to-read, shall be posted near the entrance and/or the sign-in table of congregate meal sites stating the actual cost of the meal and the income-

based schedule for suggested donation. The display sign should indicate that those individuals who are not eligible participants shall pay the full program cost of the meal.

7-3-02: Non-Eligible Participant Income

- (1) Any meals provided for persons not eligible for nutrition program participation shall be paid for at the total program cost of the meal.
- (2) An additional amount may be charged at the discretion of the nutrition service provider and approved by the AAAD. Funds generated over and above the actual program cost of the meal shall be considered program income.
- (3) If a nutrition service provider decides to provide an additional meal program as a service to non-eligible persons, such as private pay or nursing home contract, and the meal service is not connected to the OAA, OAA funds shall not be included in the plan for these meals and meals shall not be counted as OAA meals.

7-3-03: Private Pay Meals

- (1) If meal services are denied due to limited program resources, meals meeting the current Dietary Guidelines for Americans may be offered to eligible individuals at meal cost.
- (2) Meals sponsored by community donation or other source that are not designated for service provision to a specific person or persons shall not be considered private pay meals and may be counted for Nutrition Service Incentive Program (NSIP) provided those meals meet all other program requirements.

7-4: Congregate Meals

7-4-01: Eligibility

- (1) Congregate meals shall be made available to:
 - (a) adults age 60 and over; and
 - (b) spouses of adults age 60 and over.
- (2) Congregate meals may be made available to:
 - (a) individuals with disabilities who have not attained 60 year of age, but who reside in a housing facility occupied primarily by adults age 60 and over at which congregate meals are served;
 - (b) volunteers who work during meal hours;
 - (c) individuals with disabilities who reside in the home with and accompany adults age 60 and over and who are eligible under the OAA to congregate meal sites.

7-4-02: Registration

- (1) The Participant Registration Form and the Nutrition Screening Initiative (NSI) Checklist shall be completed and on file for all eligible individuals receiving a congregate meal.
- (2) Congregate meal participants shall be screened annually using the NSI Checklist. Nutrition risk screening scores will be used to establish nutrition risk status for referral to appropriate resources for intervention.

7-4-03: Prioritization

- (1) Eligible participants, in order of priority, include the following:
 - (a) those over age sixty (60) and their spouses regardless of age in order of economic or social need as determined by the Screening Prioritization Form (Appendix E); and
 - (b) those under sixty (60) who are eligible per 7-5-01(2)(e).
- (2) The Screening Prioritization Form need only be completed for a potential participant if there is a waiting list for congregate meal services.
- (3) A waiting list is to be established only after all measures for improving the efficiency of the service delivery system have been examined and, when feasible, implemented. Procedures shall be established for the timely updating of the waiting lists.

7-4-04: Minimum Congregate Attendance Requirements

- (1) Each nutrition service site (congregate meal site) shall serve a combined annual per day average of ten (10) congregate and home-delivered Older Americans Act Title IIIIC funded meals or meals funded through other sources but conforming to Title IIIIC requirements.
[T.C.A. 71-2-110 (2015) Congregate meal sites]
- (2) If a site drops below the ten (10) meal threshold, a plan of correction must be accepted within thirty (30) days of notification and implemented within sixty (60) days of notification.
- (3) The period thirty (30) days following the corrective action period will be used to assess if the site has met the threshold.

7-4-05: Congregate Meal Sites

(1) Time of Congregate Meals

- (a) Meals shall be served at a pre-established time. Adequate serving time shall be allowed for all participants to eat a leisurely meal.

(2) Location of Congregate Meal Sites

- (a) Each congregate meal site location shall be located:
 - (i) in areas accessible to adults age 60 and over with the greatest social and economic needs with particular attention to low income and/or minority individuals.
 - (ii) in as close proximity to the majority of eligible individuals' residence as feasible.
 - (iii) at an approved facility, with particular attention to multipurpose senior centers, schools, or other community organizations, preferably within walking distance where possible.
 - (iv) where all eligible adults age 60 and over shall feel free to visit and where their cultural and ethnic background will not be offended.
- (b) Where feasible, joint arrangements should be made with schools and other facilities serving meals to children in order to promote intergenerational meal programs.

(3) Meal Site Accessibility

- (a) Each congregate meal site shall:
 - (i) be in compliance with the Americans with Disabilities Act (ADA).

- (ii) have space available for comprehensive supportive services and activities.
- (iii) have an adequate number of sturdy tables and chairs appropriate for adult participants.
- (iv) have at least one table surrounded by adequate aisle space to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease.
- (v) have at least two exits which are unlocked during hours of operation.
- (vi) have, when feasible, accessible transportation to congregate meal sites provided through coordination of existing transportation resources for participants who do not own or have access to a vehicle or possess a valid driver's license.
- (vii) have adequate parking, safe and appropriate places for arrival, departure, boarding, and disembarking vans, or other transportation services.

(4) Site Agreement

- (a) Where appropriate, the nutrition service provider shall have a letter of agreement in place with the owner of each congregate meal site facility that includes, but is not limited to, the following:
 - (i) The facility owner is responsible for Fire and Life Safety Code Compliance;
 - (ii) The facility owner is responsible for liability insurance; and
 - (iii) Thirty (30) day notice is needed prior to eviction.

(5) Change in Meal Site Operation

- (a) Nutrition service providers shall obtain written approval from the AAAD before opening a new meal site, changing location of a site, or closing a site.
- (b) When a meal site is opened, closed temporarily or its operations significantly changed, the AAAD shall notify TCAD of the site's name, address, telephone number, contact person, county location, and days/times of operation for inclusion in or removal from the TCAD's Nutrition Resource Directory within three (3) business days of the change. This shall be reported using the *Change in Meal Site Operations Form* (Appendix H).
- (c) When a meal site is closed long-term or permanently, the AAAD shall notify TCAD of the site's name, address, telephone number, contact person, county location, and the reason for closing the site at least 10 days prior to closing, if possible. This shall be reported using the *Change in Meal Site Operations Form* (Appendix H).

7-4-06: Congregate Meal Service

- (1) The nutrition service provider shall serve at least one nutritious meal per day in a congregate setting five (5) or more days a week except in rural areas where such frequency is not feasible and a lesser frequency is approved by TCAD.
- (2) Congregate meal sites shall not be closed more than four (4) consecutive days without written approval from TCAD.
- (3) Prayer at Congregate Meal Sites
 - (a) Each nutrition service provider shall adopt a policy that clearly states the participant has a free choice whether or not to pray, either silently or aloud, and that prayer or other religious activity is not officially sponsored, led or organized by persons administering the congregate nutrition program.
- (4) Picnic Meals
 - (b) Picnic meals may be served for special group events scheduled at locations away from the nutrition meal site, if the nutrition service provider has the capability to package and deliver meals on the day the meals are consumed.

7-4-07: Leftovers

- (1) A second serving of leftover food shall be offered only when all participants have been served.
 - (a) Leftover food served to the same individual at the same meal service shall not be counted as a second meal for reporting purposes.
- (2) Participants may take home any portion of a meal served to them at a meal site after a call for second servings has been made or at the time that no more individuals would normally be served. Food items removed from the premises and the safety thereof shall become the responsibility of the participant.
- (3) Nutrition service providers are encouraged to provide participants with take home packaging, such as boxes, plastic wrap, or foil, as long as it does not have a significant fiscal impact on the operation of the nutrition program.
- (4) Nutrition service providers shall have a written policy posted regarding the removal of food items from the congregate meal site.

7-4-08: Congregate Meal Outreach

(1) The nutrition service provider shall conduct outreach activities that assure that the maximum number of eligible individuals in the priority populations shall have the opportunity to participate in congregate meals.

(a) Activities initiated by the nutrition service provider may include:

- (i) identification of the locations for adults age 60 and over in the priority populations that are in need of services;
- (ii) outreach in identified areas particularly through community settings such as churches; and
- (iii) direct telephone or personal contacts.

(b) A record of all outreach activities shall be kept on file in the nutrition service provider's office.

7-5: Home-Delivered Meals

7-5-01: Eligibility

- (1) In order to receive home-delivered meals, a person shall be:
 - (a) 60 years of age and older;
 - (b) physically or mentally unable to obtain food, prepare meals, or lack support to have meals provided for them; and
 - (c) frail (45 CFR 1321.69; defined at 45 USC Sec. 102 [22]); or
 - (d) homebound or otherwise isolated (45 CFR 1321.69).
- (2) Additionally, a home-delivered meal may be made available to:
 - (e) the spouse of an older person eligible for home-delivered meals if the receipt of the meal is in the best interest of the home-bound participant; or
 - (f) a non-elderly person with a disability who resides in a non-institutional household with a person eligible to receive home-delivered meals if the receipt of the meal is in the best interest of the home-bound participant.
- (2) Appendix A contains a description of the evidence necessary to document eligibility.

7-5-02: Registration and Eligibility Determination

- (1) The procedure for determining basic eligibility and a priority ranking for a home-delivered meal applicant is through the completion and evaluation of the SAMS Independent Living Assessment/ NSI Checklist (ILA; Appendix D). See Appendix A for the specific criteria to use in determining eligibility.
 - (a) Nutrition risk screening scores will be used to establish nutrition risk status for referral to appropriate resources for intervention.
- (2) Home-delivered meal program participants shall be screened annually using the ILA.
 - (a) Staff should be alert for changes in a participant's condition or circumstances that may warrant a reassessment at an earlier date.
- (3) Completion and evaluation of the ILA is not necessary for participants enrolled in the congregate meal program and receiving temporary or emergency meals for a period not to exceed thirty (30) days.

7-5-03: Prioritization

- (1) Eligible participants, in order of priority, include the following:
 - (a) those over age sixty (60) in order of economic or social need as determined by the Screening Prioritization Form (Appendix E); and
 - (b) those under sixty (60) who are eligible per 7-5-01(1)(e) and 7-5-01(1)(f).
- (2) The Screening Prioritization Form need only be completed for a potential participant if there is a waiting list for home-delivered meal services.
- (3) A waiting list is to be established only after all measures for improving the efficiency of the service delivery system have been examined and, when feasible, implemented. Procedures shall be established for the timely updating of the waiting lists.

7-5-04: Temporary Home-Delivered Meals

- (1) The AAAD may authorize up to twenty (20) meals for congregate meal participants who have just been discharged from a hospital or nursing facility.
- (2) Each AAAD offering temporary home-delivered meals shall have written policies and procedures for the provision of such services.

7-5-05: Home-Delivered Meal Service

- (1) Home-delivered nutrition services shall provide one nutritious meal five (5) or more days a week, except in the case of the participant having a source for obtaining a meal and requesting less frequent delivery.
- (2) Meals shall be delivered only to eligible participants in their homes and shall not be left at the door or anywhere unattended. Meals may be left with the participant's designee if prior arrangements have been made.
- (3) The nutrition service provider shall advise participants that food shall be consumed immediately after delivery and/or shall ensure that instructions for proper heating, storage, and handling of home-delivered meals are provided. The nutrition service provider shall also advise participants that once the meal has been delivered, the meal becomes the responsibility of the participant.
- (4) Home-delivered meals may include the delivery of more than one meal for each day's consumption provided that proper storage and heating facilities are available in the participant's home.
- (5) Each delivery route shall be clearly established.

- (6) Nutrition service providers should seek to minimize the time meals spend in transit to ensure meals are within safe temperature ranges and of optimal quality.

7-5-06: Missed Home-Delivered Meals

- (1) The AAAD shall develop a policy for missed meals that shall be carried out through established guidelines by nutrition service providers. The policy should address the number of times a participant is allowed to miss a meal before being terminated from the program.
- (2) The nutrition service provider may serve missed meals to eligible individuals registered as home-delivered meal participants when an individual on the route is absent, and no one has been designated to receive the meal for the eligible participant.
 - (a) This meal shall be reported as a second meal for the participant.
 - (b) The nutrition service provider shall meet all standards for maintaining appropriate food temperatures, potential food hazards, and proper handling and storage of the second meal.
 - (c) No meals shall be delivered to someone who is not a registered home-delivered meal participant.

7-6: Holiday and Emergency Meal Service

7-6-01: Holiday Meal Service

- (1) The nutrition service provider shall:
 - (a) develop procedures for the use, distribution, and accountability of pre-packaged meals used for holiday meal service.
 - (b) specify the holiday closing schedule and procedures for providing holiday meals in the nutrition service provider policy manual.
- (2) Holidays officially recognized for the employees of the State of Tennessee, constitute the maximum number of holidays any nutrition program or congregate meal site shall be closed without prior written authorization from both the AAAD and TCAD. Current State of Tennessee holidays are listed here: <http://www.tn.gov/main/article/state-holidays>

7-6-02: Emergency Meal Service

- (1) A minimum of three (3) emergency meals shall be provided to home-delivered participants and may be provided to congregate participants for use during emergencies, weather-related emergencies, or nutrition staff training events when the nutrition program cannot provide meals. Meals shall be replenished as they are used and replaced annually.
- (2) For reporting purposes, meals shall be counted in the month in which they were distributed.
- (3) Procedures for the use, distribution, and accountability of prepackaged meals must be developed and detailed in the nutrition service provider policy manual.
- (4) Shelf stable emergency meals must follow meal and menu planning policies outlined in Section 7-7 below. Sodium requirements may be waived for these meals.

7-7: Meal and Menu Planning

7-7-01: Nutritional Requirements

- (1) Meals shall comply with the most recent Dietary Guidelines for Americans (DGAs; Appendix M), published by the Secretary and the Secretary of Agriculture, including the following guidance:
 - (a) For all food items served, nutrient-dense, lean, and/or low-fat forms are preferred.
 - (b) Locally grown and seasonal items should be incorporated whenever possible.
 - (c) A variety of fruits and vegetables shall be served. This shall include at least one serving (two if two meals are served per day and three if three meals are served per day) of each of the following on a weekly basis: dark green vegetables, red/orange vegetables, legumes (beans and peas), and starchy vegetables.
 - (d) Added sugars, refined starches, saturated fats and salt shall be used sparingly. The 2015-2020 DGAs specify that an individual should get less than 10% of calories from added sugars, get less than 10% of calories from saturated fats, and not consume more than 2,300mg of sodium per day.
 - (e) Use of whole fresh or frozen fruits is preferred over canned fruits to avoid added sugars. When using canned fruit, it should be packed in its own juice, with light syrup, or without sugar.
 - (f) Fruit is the preferred desert option.
 - (g) Whole grain items are preferred and should constitute at least half of all grain items served.
 - (h) Use of plant-based oils that are high in unsaturated fats is preferred when adding fats and oils to meals.
 - (i) Use a variety of herbs and spices to replace added salt.
 - (j) Use of fresh or frozen vegetables is preferred over canned vegetables to avoid added sodium. Utilize low-sodium canned products or rinse before using. If using processed foods, balance the meal with fresh or frozen items to keep total sodium below 1,000 mg.
 - (k) To balance the effect of sodium on blood pressure, offer potassium-rich foods. Many fruits and vegetables are rich in potassium including bananas, sweet potatoes, orange juice, white beans, and tomatoes.

- (l) All juices whether unsweetened fruit juice or vegetable juice shall be full-strength (i.e. 100% juice). Vitamin-fortified juices, low-sodium vegetable juice or sodium-reduced tomato juice are preferred over other juices.
- (m) Calcium and vitamin D fortified full-strength juice may be used as a milk alternate for participants. It may not be considered as both a serving of fruit and a serving of milk in the same meal.
- (n) A variety of protein sources shall be served including meats, poultry, seafood, eggs, nuts, seeds, and other vegetarian proteins.

(2) Meals shall contain:

- (a) a minimum of 33 1/3 percent of the dietary reference intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, for the provision of one meal daily (Table 1);
- (b) a minimum of 66 2/3 percent of DRIs for the provision of two meals daily; and
- (c) 100 percent of DRIs for the provision of three meals daily.

Table 1: DRI Requirements for One Meal Daily¹

| Nutrient | Amount Required (Averaged over one week) | Notes |
|-----------------|---|------------------------------------|
| Calories | ≥ 655 calories | No less than 600 calories per meal |
| Fat | ≤ 35% of calories | |
| Protein | ≥ 17 g | |
| Fiber | ≥ 8 g | |
| Sodium | ≤ 1000 mg | No more than 1200 mg per meal |
| Calcium | ≥ 400 mg | |
| Vitamin A | ≥ 300 mcg (RE) | |
| Vitamin B12 | ≥ 0.8 mcg | |
| Vitamin C | ≥ 30 mg | |

¹ Double these values for two meals served daily. Triple these values for three meals served daily.

7-7-02: Nutritional Requirements Compliance

- (3) Assurance of compliance with DGA and DRI requirements may be achieved by one of the following methods:
 - (a) Conduct a computer nutrient analysis based on DRI requirements in Table 1 noting that

requirements may be averaged over a week of meals. The meal pattern in Table 2 or an alternative meal pattern outlined in the most recent Dietary Guidelines for Americans may be used as a guide in developing meals that meet nutrient requirements but is not required to be followed if meals meet nutrient requirements.

Compliance shall be verified by completing and submitting the Nutrition Analysis Worksheet (Appendix F) for each unique week of meals and for any special meals such as emergency meals, menus, and nutritional analysis to the AAAD for review at least three (3) weeks prior to the initial use of the menu; OR

(b) Plan and prepare meals that conform to the meal pattern in Table 2 or an alternative meal pattern outlined in the most recent Dietary Guidelines for Americans noting:

- that each serving may only be classified in one category (For example, a serving of legumes [beans or peas] may only be classified as a vegetable or a meat alternate, but not both; a serving of cheese may be classified as either a serving of meat alternate or a serving of milk alternate.); and
- that the same food item served in sufficient quantity may satisfy more than one serving requirement (For example, two slices of bread would satisfy the requirement for two grain servings).

Compliance shall be verified by completing and submitting the Meal Pattern Worksheet (Appendix O) (or a document containing the same information with prior approval from TCAD and the AAAD) for review at least three (3) weeks prior to the initial use of the menu.

Table 2: Meal Pattern

| Food Group | Serving per meal¹ | Current Dietary Guidelines Servings per day for 2000 Calories per day² |
|-------------------|---|--|
| Vegetable | 2-3 servings*: 1 serving = ½ cup raw or cooked vegetable, ½ c vegetable juice, 1 cup leafy salad greens, ¼ c. dried vegetable | 2 ½ C. equivalents or 5 servings daily. Includes dark green, red or orange vegetables, cooked beans and peas, starchy vegetables and others such as green beans. |
| Fruit | 1-2 servings*: 1 serving = ½ cup raw or cooked fruit, | 4 servings daily. Includes all fresh, frozen dried fruit |

| | | |
|---|--|--|
| | ½ c fruit juice, ¼ c. dried fruit, one medium size whole fresh fruit | and fruit juices. |
| Grains/Starches Bread or bread alternate | 2 servings (one should be whole grain): 1 serving = ½ cup cooked rice, pasta, oats or cereal; 1 medium slice bread; 1 oz. ready-to-eat cereal | 6 one ounce equivalent servings daily. One half should be whole grain. Refined grains should be enriched. |
| Dairy Milk or milk alternate | 1 serving: 1 serving = 1 cup milk, yogurt or fortified soymilk; 1 ½ ounces natural cheese such as cheddar cheese or 2 oz. of processed cheese. | 3 servings daily. Choices should be fat free or low fat. Includes all milk (including soymilk), yogurt, frozen yogurt, dairy desserts and cheeses. |
| Protein foods Meat or Meat Alternate | 1 serving: 1 serving = 3 oz. or equivalent – 1 oz. equivalent is: 1 oz. lean meat, poultry or seafood; 1 egg; ¼ cup cooked beans or tofu; 1 Tbsp. peanut butter; ½ oz. nuts or seeds | 5 ½ oz. equivalents daily. Includes meat, poultry, seafood, eggs, nuts and seeds. |
| Oils/fats | 1 serving: 1 serving = 1 teaspoon of fortified, soft margarine; mayonnaise; or vegetable oil; or one tablespoon of salad dressing | 27 grams. Avoid trans fats and limit saturated fat, cholesterol. |
| Other Items Including Dessert, Beverages, and Accompaniments | Optional | |

¹ The number of servings per meal estimates for 1/3 of the DRIs

² Caloric value (2,000 kcal/per day) based on a 61+ year old male, “sedentary” physical activity level [Source: Dietary Guidelines for Americans 2015, Appendix 3]

* Must have minimum 3 servings total of fruits and vegetables

7-7-03: Meal Planning

- (1) A variety of food and preparation methods, including color, combinations, texture, size, shape, taste, and appearance shall be included in meal planning.

- (2) Meals should be designed to be suitable for persons with diabetes, heart disease and hypertension.
- (3) Religious, ethnic, cultural, regional, or medical (i.e. diabetic, salt-restricted) dietary requirements or preferences of a major portion of the participants at a congregate meal site shall be reflected in the meals served. Where feasible, efforts should be made to meet individual dietary requirements or preferences.

7-7-04: Menu Planning

- (1) Menus shall be:
 - (a) planned in advance for a minimum of four weeks. Approved menus may be repeated in a three month cycle.
 - (b) reviewed and determined acceptable in writing by a Registered Dietitian (RD) or individual of comparable expertise (ICE) per the standards outlined in 7-7-02.
 - (c) posted in a conspicuous location in each congregate meal site.
- (2) Menu items shall be purchased per product specifications as determined by the Registered Dietitian or an ICE in consultation with the nutrition provider to ensure menu standards are met.
- (3) Menu substitutions shall be approved by director of the provider agency's nutrition service program and the Registered Dietitian or an ICE in planning of nutritional services, who is a staff member of, or regular consultant to, the nutrition service provider.

7-7-05: Liquid Nutrition Supplements

- (1) Older Americans Act funds may be used for the provision of liquid nutrition supplements provided that the delivery of such service complies with all relevant policies in TCAD Program and Policy Chapter Seven with the exception that such supplements may not be reported as NSIP eligible.
- (2) Appendix B outlines policies and procedures regarding the provision of liquid nutritional supplement meals.

7-8: Food Service Sanitation and Safety

7-8-01: Compliance

- (1) The nutrition service provider shall comply with the following where applicable to each food preparation site and food service subcontractor/caterer used in the nutrition program:
 - (a) the Tennessee Department of Health Rules and Regulations Pertaining to Food Service Establishments (Division of General Environmental Health Chapter 1200 – 23 – 1 [See appendix N]); and
 - (b) all other federal, state and local health, sanitation, fire, safety, and building codes, regulations, and licensure requirements; and
- (2) The nutrition service provider shall be inspected by and keep copies of all current inspection reports and Tobacco Surveys by Health Department staff, registered sanitation inspector, and fire officials on file and current inspection report shall be posted at the meal site in a prominent location for participants to view.

7-8-02: Food Safety Control

- (1) The nutrition service provider may opt to follow temperature or time as control in order to maintain food safety.
 - (a) If utilizing temperature as control, the following shall be adhered to:
 - (i) Cold foods shall be maintained at 41 degrees Fahrenheit or below at all times.
 - (ii) Hot foods shall be maintained at 135 degrees Fahrenheit or above at all times.
 - (b) If utilizing time in lieu of temperature as control, the following shall be adhered to:
 - (i) The food shall have an initial temperature of 41 degrees Fahrenheit or less when removed from cold holding temperature control or 135 degrees Fahrenheit or greater when removed from hot holding temperature control.
 - (ii) The food shall be labeled to indicate the time four (4) hours past the point when the food is removed from temperature control with instructions to discard the food if that time is passed.
 - (iii) Efforts shall be made to keep foods within temperature control per 7-8-02(1)(a)(i-ii) during the four (4) hour period.

(iv) The food shall be delivered to the participant at least one (1) hour prior to the four (4) hour limit outlined in 7-8-02(1)(a)(iii). The participant shall be informed that the food should be consumed before the time on the label or discarded.

(v) Procedures for adherence to this policy shall be included in the nutrition service provider policy manual.

(2) Food Safety Control Monitoring

(a) Temperature checks shall be conducted daily with a food thermometer in proper working order and recorded at the time all food leaves the preparation area and if temperature is used as control, again immediately before the food is served to participants.

(i) For home-delivered meals, each delivery route temperature shall be checked at least once per quarter. The last meal delivered on the route shall be checked.

(b) If time is used as control, the time food is taken out of temperature control, and the time food is served or delivered shall be recorded.

(c) All food items shall be tested and recorded per each food item. Bread products and fresh, whole fruits are exempted from testing.

(d) When food is found at improper temperatures, a plan for immediate correction shall be developed, implemented, and documented in a narrative report.

(3) Time/ temperature control reports shall be kept on file for five (5) years plus the current year.

7-8-03: Donated Foods

(1) All foods donated to a nutrition service provider shall meet standards of quality, sanitation, and safety that apply to foods that are purchased commercially by the nutrition service provider.

(2) Foods prepared or canned in the home shall not be used in meals funded by the OAA program. Only commercially prepared or hermetically-sealed canned foods shall be used.

(3) When a potluck meal is served at a congregate meal site, Title III-C meals shall not be co-mingled with home prepared or potluck meals. Potluck meals may not be counted as a meal in the NSIP report or the State Reporting Tool (SRT) report.

(a) Home-delivered meals shall be provided on the same basis as if the potluck meal had not been scheduled.

7-8-04: Food Recalls

- (1) The nutrition service provider is responsible for ensuring that the food supply is safe and fit for consumption. In the event of a food recall:
 - (a) The AAAD is responsible for notifying TCAD in writing of any food recalls involving their nutrition service providers.
 - (b) Potentially hazardous food should be suspended immediately until confirmation from food distributors is made stating that the food supply is safe.
 - (c) Upon receipt of confirmation statement, the AAAD shall notify TCAD that service of suspended food may be resumed.
- (2) TCAD advises all AAADs and nutrition service providers to sign up and check the U.S. Department of Agriculture and Food and Drug Administration websites for the latest notices of food recall:
 - (a) <http://www.fsis.usda.gov/wps/portal/fsis/topics/recalls-and-public-health-alerts>
 - (b) <http://www.fda.gov/Safety/Recalls/>

7-8-05: Food Borne Illness

- (1) The nutrition service provider shall save a sample test meal including all food items served to participants that is dated, labeled, and frozen at each food preparation site and retained for seventy-two (72) hours for checking purposes should food borne illness occur.
- (2) In the event of an emergency occurrence (fire, flood, power shortage, or similar event) that might result in contamination of food or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the appropriate authority, upon receiving notice of this occurrence.
- (3) Prompt handling and referral of food related complaints are the foundation for the successful investigation of possible food borne illness. When an illness related to food is suspected, the following procedures shall be implemented:
 - (a) Assist individual(s) in obtaining medical treatment.
 - (b) If available, label and refrigerate suspected food item until appropriate health authorities are contacted.
 - (c) Notify the nutrition service provider, state and/or local health department officials, and AAAD of the suspected contaminated food.
- (4) The AAAD shall provide a report to TCAD which includes:

- (a) location where suspect food was served;
- (b) date and time suspect food was consumed;
- (c) number of persons affected;
- (d) name of the alleged food item;
- (e) symptoms of illness, health care provider contacted, and clinical diagnosis;
- (f) name of nutrition provider; and
- (g) reported ill workers involved, if applicable.

7-9: Other Programs and Services

7-9-01: Nutrition Education

(1) For congregate meal service, nutrition education:

- (a) shall be provided to congregate participants on a not less than quarterly basis at each congregate meal site.
- (b) activities shall be posted at the beginning of each quarter at each meal site.
- (c) plans shall be developed by an RD or ICE.
- (d) shall include a wide range of teaching techniques (lecture, presentations, videos, pamphlets, or other printed materials) and a variety of topics should be developed in the plan to include, but not limited to:
 - (i) adequate daily nutritional intake including balanced meal planning and preparation, Dietary Guidelines for Americans; and
 - (ii) the wise use of limited food dollars including shopping assistance, use of SNAP, and product information.
 - (iii) health promotion, and disease prevention, maintenance of an active physical lifestyle

(2) For home-delivered meal service, nutrition education:

- (a) shall be provided to home-delivered participants in the form of pamphlets or other printed materials that shall be delivered to the participant on a not less than quarterly basis relating to the same topics outlined for congregate nutrition education.

(3) Congregate sites shall post information regarding SNAP and accessing the benefit at all times. Home-delivered meal participants shall receive information regarding SNAP and accessing the benefit at least once per year which may count as the nutrition education for the month.

(4) Nutrition service providers are encouraged to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities. [42 U.S.C. 3030g-21]

7-9-02: Nutrition Counseling

- (1) Nutritional Counseling is a component of a nutritional care plan in which a registered dietitian or nutritionist gives professional guidance to a participant for a physician's treatment plan. Participants, particularly those identified as high nutrition risk, should be made aware of the availability of nutrition counseling services. The AAAD or nutrition service provider is encouraged to develop and utilize community partnerships first in offering this service. Such partnerships may include healthcare providers, dietetics programs, and county Health Departments. The AAAD or nutrition service provider may provide the service directly through a registered dietitian if such partnerships are not feasible.
- (2) Nutrition counseling service includes:
 - (a) assessing present good habits, eating practices, and related factors;
 - (b) developing a written plan for appropriate nutritional counseling;
 - (c) translating the written plan with the participant; and
 - (d) planning follow-up care and evaluating achievement of objectives.

7-9-03: Transportation to Congregate Meal Sites

- (1) Title IIIC1 funds may be expended for transporting eligible participants to and from congregate meal sites.
- (2) Participants shall not be charged for transportation services supported by Older Americans Act funds.
- (3) Participants shall be given the opportunity to make a voluntary contribution toward the cost of transportation services per 7-3-01.

7-9-04: Referral to Other Services

- (1) Nutrition service providers shall refer participants to the AAADs Information and Assistance program regarding other aging and disability services.
- (2) AAAD and nutrition service provider staff or volunteers shall assist eligible persons in accessing benefits available to them under other programs, especially the Supplemental Nutrition Assistance Program (SNAP).
- (3) **The nutrition service provider shall ensure that all personnel, paid or volunteer who come in contact with adults age 60 and over and adults with disabilities are aware of their responsibilities under the Tennessee Adult Protection Act that requires "any person having reasonable cause to suspect that an adult has suffered abuse, neglect, or**

exploitation shall report such information to the nearest county office of the Tennessee Department of Human Services brought to the attention of the appropriate officials for follow-up.” (T.C.A. 71-6-103)

7-9-05: Other Nutrition Services

- (1) With prior approval from TCAD, the AAAD or nutrition service provider, with additional approval from its AAAD, may offer additional services that further the purposes of the nutrition program as defined by the Older Americans Act using Title III C funds.

7-10: Personnel and Training

7-10-1: Staffing

(1) The AAAD shall assure that the nutrition service providers have sufficient staffing to operate the services being provided and shall assure that nutrition service provider programs are established and administered by the following:

(a) Nutrition Director

The nutrition service program shall have a full-time project director qualified by education and experience, responsible for implementing the nutrition service program and for the development and implementation of day-to-day management and administration functions of food management, staff supervision and staff training.

(i) Educational qualifications of the Nutrition Director are as follows:

1. Graduate from a four-year college or university with a Bachelor's degree in Food and Nutrition, Food Service, Home Economics, Institutional Management or a related field or an equivalent combination of education and related professional experience to provide critical knowledge and skills required for this management position.
2. Shall maintain current food safety certification.

(ii) The job duties and responsibilities of the Nutrition Director are as follows:

1. program and fiscal planning, management and evaluation;
2. recruit and hire staff, supervise, direct, and evaluate the performance of staff working in nutrition services;
3. attend required nutrition-sponsored meetings and assure appropriate staff attend meetings and trainings as required;
4. assure that all nutrition, food safety, production, procurement, and food service is in compliance with this Chapter and other applicable regulations;
5. provide training for staff and volunteers to enhance their understanding of the program and their skills; and
6. perform job-related duties as directed.

(b) The OAA requires congregate and home-delivered nutrition services be carried out with the advice of a dietitian or individual with comparable expertise.

- (i) For the purpose of these policies:
 - 1. a dietitian shall be defined as a dietitian registered by the Commission on Dietetic Registration (Registered Dietitian or RD); and
 - 2. an Individual With Comparable Expertise (ICE) shall be defined as a nutritionist with a master's or doctorate degree in one of the following areas: Human Nutrition, Nutrition Education, Foods and Nutrition, Public Health Nutrition, or Nutrition Sciences.
- (ii) It is recommended that the RD or nutritionist be licensed in the State of Tennessee.
- (iii) A Registered Dietitian or ICE shall be available to the service provider for the planning and provision of nutrition services, either on staff, under contract, full or part-time, or in a volunteer capacity
- (iv) Duties and responsibilities of RD or ICE are as follows:
 - 1. develop, plan, and certify that menus meet nutrition standards;
 - 2. provide technical assistance on food quality, safety, and service;
 - 3. implement management and administration functions of food service;
 - 4. develop/disseminate approved nutrition education materials;
 - 5. provide in-service training to staff;
 - 6. provide program monitoring, planning, and evaluation;
 - 7. provide nutrition counseling and referral for participants identified at high nutrition risk as a result of NSI checklist screening;
 - 8. evaluate and assess the use and need for medical nutritional foods used as supplements and reassess feasibility and appropriateness based on medical need; and
 - 9. additional responsibilities which may include attending and participating in required training sessions with TCAD.

7-10-02: Background Checks

- (1) All service providers, contractors, and subcontractors shall verify individual criminal history, background information for employees and volunteers who provide direct care or, have direct

contact with, or have direct responsibility for the safety and care of disabled or elderly persons in their homes [T.C.A. 71-2-111]. TCAD Program and Policy Manual Chapter 15 provides guidance for complying with this requirement. Note that a local or state criminal background check may be waived by the provider for volunteers who work in the Nutrition Program; however, checks shall be performed and documented of:

- (a) the National Sex Offender Registry;
- (b) the Tennessee Felony Offender Registry; and
- (c) the Tennessee Abuse Registries.

7-10-03: Staff Development and Training

- (1) The nutrition service provider shall establish a formalized nutrition training plan for all nutrition service staff and volunteers.
 - (a) The nutrition service provider shall have a written training plan describing the content of training and the subject matter expected to be covered during in-service training.
 - (b) The nutrition program training plan should include training in the following topics (including, but not limited to):
 - (i) specific health, social, economic, and nutritional needs of adults age 60 and over;
 - (ii) supportive services available participants through other community resources;
 - (iii) the specific job skills, knowledge, and area of responsibility;
 - (iv) food service and management;
 - (v) nutrition education;
 - (vi) dietary guidelines;
 - (vii) menu requirements;
 - (viii) safety and sanitation;
 - (ix) monitoring and quality assurance;
 - (x) food handling, preparation, and storage;
 - (xi) meal delivery;

- (xii) records and reporting requirements;
 - (xiii) temperature control and food safety;
 - (xiv) Title VI, Civil Rights Act; and
 - (xv) complaint and incident handling and reporting.
- (c) The dates and content of training provided shall be documented.
- (2) The nutrition service provider's nutrition director shall attend training programs provided by TCAD.
- (3) All staff performing participant eligibility assessments shall be trained in the use of approved standardized screening tools.

7-11: Monitoring and Quality Assurance

7-11-01: TCAD Monitoring and Quality Assurance

- (1) TCAD shall:
 - (a) monitor the AAAD annually for contract and Chapter 7 compliance;
 - (b) review monitoring of provider contract and Chapter 7 compliance conducted by AAAD Quality Assurance staff;
 - (c) compile a written narrative report of the AAAD monitoring visit to include findings and plans for compliance and corrective action, as applicable; and
 - (d) send a copy of the monitoring report to the AAAD and keep a copy on file at TCAD.

7-11-02: AAAD Monitoring and Quality Assurance

- (1) The AAAD shall:
 - (a) conduct an internal review annually using the AAAD Monitoring Tool (Appendix I);
 - (b) monitor each nutrition service provider annually using the Provider Monitoring Tool (Appendix J);
 - (c) monitor each meal production facility annually using the Site Monitoring Tool, Food Safety Monitoring Section (Appendix K);
 - (d) each nutrition site biannually (every two years) utilizing the Site Monitoring Tool, Food Safety Monitoring Section AND as appropriate the Congregate Service Monitoring Section and Home Delivered Service Monitoring Section (Appendix K);
 - (e) document findings and plans for compliance and corrective action;
 - (f) send a copy of monitoring tools and supporting documentation including findings and plans for compliance and corrective action to the nutrition provider and maintain a copy on file at the AAAD; and
 - (g) assure that personnel who monitor nutrition programs have knowledge and experience in food preparation and storage, food safety and sanitation, including current food safety certification.

7-11-03: Nutrition Service Provider Monitoring and Quality Assurance

- (1) The nutrition service provider shall:
 - (a) conduct an internal review annually using the Provider Monitoring Tool (Appendix J);
 - (b) monitor each meal production facility semiannually (twice a year) using the Site Monitoring Tool, Food Safety Monitoring Section (Appendix K);
 - (c) each nutrition site annually utilizing the Site Monitoring Tool, Food Safety Monitoring Section AND as appropriate the Congregate Service Monitoring Section and Home Delivered Service Monitoring Section (Appendix K);
 - (d) document findings and plans for compliance and corrective action;

- (e) maintain a copy a copy of monitoring tools and supporting documentation including findings and plans for compliance and correction action;
- (f) conduct regular temperature checks of hot and cold food items; and
- (g) assure that personnel who monitor nutrition programs have knowledge and experience in food preparation and storage, food safety and sanitation, including current food safety certification.

7-11-04: Participant Satisfaction Surveys

- (1) Comprehensive participant satisfaction surveys shall be distributed to congregate and home-delivered participants at least annually.
 - (a) Survey items shall include meal quality, food quantity, service, and the value of nutrition education.
 - (b) Survey data received through these surveys shall be reviewed and summarized in a report with suggested improvements.

7-12: Records Retention

- (1) The AAAD shall require nutrition service providers to retain all program and financial records for no less than five (5) years plus the current year.
- (2) Documentation requirements include, but are not limited to:
 - (a) Participant records: Participant Registration Form with Nutrition Screening Initiative Checklist, Client Intake Screening Form, SAMS Independent Living Assessment;
 - (b) Meal records: Client Meal Reports/Client Rosters, Missed Visit/Meal Reports, Total Meal Counts (NSIP Eligible/Ineligible), Temperature Check Records, Menus, Menu Nutrition Analysis;
 - (c) Financial Records: Budgets, Food Cost Records, Labor Cost Records, Supply Cost Records, Inventories, Financial Reports, Contribution Records;
 - (d) Inspection/Code Compliance Records: Health Department Inspections and Any Related Documents, Fire Code Inspections, Pest Control Records;
 - (e) Quality Assurance Records: Site Monitoring Reports, Plans of Correction, Participant Surveys;
 - (f) Education/Outreach Reports: Nutrition Education Calendar, Nutrition Education Records, Staff Training Records; and
 - (g) Nutrition Site Forms: AAAD Central Kitchen Monitoring, AAAD Nutrition Site Monitoring, and AAAD Nutrition Program Provider Compliance Review.

7-13: General Requirements for Participation in the Nutrition Services Incentive Program

(1) Description of the Program

Nutrition Services Incentive Program (NSIP) provides incentives to encourage and reward effective performance by states in the efficient delivery of nutritious meals to adults age 60 and over. TCAD elects to utilize the cash option.

(2) Authority

The Nutrition Services Incentive Program (NSIP) is authorized by Section 311 of the OAA, as amended.

(3) Disbursement

TCAD shall disburse NSIP funds to AAADs based upon each AAAD's proportion of the total number of eligible meals served in the state in the previous Federal Fiscal Year. The AAAD shall assure that NSIP funds are disbursed to nutrition service providers based upon each provider's proportion of the total number of eligible meals served in the AAAD's service area in the previous Federal Fiscal Year.

(4) Expenditure of NSIP Awards

- (a) The nutrition service provider shall expend NSIP funds within the year in which the payment is received.
- (b) The nutrition service provider's records shall show the amount of NSIP cash received and how it was expended.
- (c) Allowable NSIP expenditures are:
 - (i) foods approved by the United States Department of Health and Human Services and other foods produced in the United States of America; or
 - (ii) meals furnished to nutrition service providers under contractual arrangement with food service management companies, caterers, restaurants, or institutions, provided that food/beverages are produced in the United States; and
 - (iii) NSIP eligible meals.
- (d) Non-allowable NSIP expenditures are:
 - (i) meals served to individuals, guests, or staff less than sixty (60) years of age;
 - (ii) meals served to persons who are paying a fee for the meal;

- (iii) any meal that is served to a participant who is required to meet income eligibility or other means-tested criteria including CHOICES clients;
- (iv) meals used as a non-federal match for other federal program funds;
- (v) alcoholic beverages and vitamin supplements that are not allowed under the nutrition program guidelines;
- (vi) meals served to adult day care/health participants for whom the cost of the meal is provided for in the adult day care/health care rate, paid by any source; and
- (vii) meals served to individuals in nursing homes, adult care homes, or assisted living facilities where the meal is a part of the per diem.

(5) NSIP Eligible Meals

- (a) A meal shall be reported as NSIP eligible if:
 - (i) the meal is served by an agency which has a grant or contract from the AAAD for the provision of IIC nutrition services and is under the jurisdiction, control, management, and audit authority of the network of State and Area Agencies;
 - (ii) the meal meets the nutrition requirements in Sections 331 and 336 of the OAA as amended in 2006 and complies with 1/3 dietary reference intakes and the Dietary Guidelines for Americans;
 - (iii) the meal is served to an eligible individual as defined in Sections 339 (h) and (i) of the OAA as amended 2006 (age 60 and over; spouses; volunteers; and, at the discretion of the AAAD, adults with disabilities residing in congregate housing where a nutrition site is located, those who accompany an adult age 60 and over to a site, or those who reside with a recipient of a home-delivered meal);
 - (iv) the participant is provided the opportunity to make voluntary contributions to the cost of a meal;
 - (v) the participant is assessed using required uniform registration and screening forms, including the Nutrition Screening Initiative (NSI) form; and
 - (vi) the AAAD and nutrition service provider maintain records documenting eligible meals.

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Appendix A
Home-Delivered Meal Eligibility Criteria

The following table outlines the minimum criteria necessary to be eligible for home-delivered meals.

| Eligibility Criteria | Evidenced by the following |
|---|---|
| 7-5-01(1)(a) 60 years of age and older; AND | Client's date of birth (on ILA) |
| 7-5-01(1)(b) Physically or mentally unable to obtain food, prepare meals, or lack support to have meals provided for them; AND | Meal Preparation IADL (on ILA) |
| 7-5-01(1)(c) Frail; OR | Two ADLs (on ILA) or a cognitive impairment documented in case notes |
| 7-5-01(1)(d) Homebound or otherwise isolated. | <p>Yes response to homebound screen (on ILA) and documented in case notes based on the following:</p> <ul style="list-style-type: none"> • Leaving home is not recommended due to the condition of the individual; or • Leaving home takes a considerable and taxing effort; or • The individual's condition keeps him/her from leaving home without help (such as using a wheelchair or walker, needing special transportation, or getting help from another person); or • The individual is unable to access a congregate meal site. <p>Note: An individual may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as attending religious services.</p> |
| 7-5-01(2)(a) Spouse of an eligible older person as defined in 7-5-01(1). | Note as spouse for NSIP eligibility (on ILA) |
| 7-5-01(2)(b) a non-elderly person with a disability who resides in a non-institutional household with an eligible older person as defined in 7-5-01(1). | Note as disabled individual for NSIP eligibility (on ILA) |

Appendix B

Liquid Nutritional Supplement Meals and OAA Funds

The intent of the OAA is to provide “food first”. Therefore, liquid nutritional meals shall not be used as the first tactic when a participant’s food intake becomes problematic which may result in under nutrition, nutritional imbalances, and increased nutritional risk.

- (1) Recipients of liquid nutritional meals shall meet all eligibility criteria for Title III Nutrition Services either congregate or home-delivered nutrition.
 - (a) Reimbursement for meals which are comprised in whole, or in part, of an approved liquid nutritional supplement product shall be contingent upon the following:
 - i. A liquid nutritional supplement may be permitted as an eligible meal funded by OAA, if the volume of liquid nutritional supplement as a meal replacement meets 33 1/3% of the Dietary Reference Intakes (DRIs) and the Dietary Guidelines for Americans (DGAs) for one meal; if two meals are provided, the combined amount shall meet 66 2/3% of the DRIs/DGAs for two meals; and 100% of the DRIs/DGAs to qualify as three eligible meals.
 - ii. Prior to distribution of a nutritional supplement product to participants, the nutrition service provider or AAAD shall obtain a written physician’s order to include:
 1. Physician’s name;
 2. Participant’s name;
 3. Participant’s diagnosis and/or reason for necessity of supplement or meal replacement;
 4. Nutrient type or name of the liquid nutritional supplement meal;
 5. Volume or supplemental meal replacement and the amount constituting the nutritional requirement;
 6. Date of order; and
 7. Length or duration of order.

- iii. The Registered Dietitian (RD) or individual of comparable expertise (ICE) shall evaluate the physician's order and assess appropriateness based on the NSI, anthropometrics, and medical assessments.
- (2) RD or ICE may consult with authorizing physician to recommend other alternative dietary resources as needed.
 - (a) These resources may include, but are not be limited to, counseling on nutrient dense foods, referral to food banks, SNAP, or considering other means of nutrition support; e.g.: soft foods, ground foods, or assistance to resources that could treat the medical condition causing the need for liquid nutritional supplements.
- (3) Written authorization from the physician for liquid nutritional supplement orders should be updated at least every six (6) months and kept on file.

Appendix C
Participant Registration Form with Nutrition Screening Initiative Checklist

Available upon request.

Appendix D
SAMS Independent Living Assessment

Available upon request.

Appendix E
Screening Prioritization Form

Available upon request.

Appendix F
Nutrition Analysis Worksheet

Available upon request.

Appendix G
Place Holder for Subsequent Reference Integrity

Appendix H
Change in Meal Site Operations Form

Available upon request.

Appendix I
AAAD Monitoring Tool

Available upon request.

Appendix J
Providing Monitoring Tool

Available upon request.

Appendix K
Site Monitoring Tool

Available upon request.

Appendix L
Older Americans Act Nutrition Program Authorizing and Guidance Documents

Older Americans Act, 2016

https://aoa.acl.gov/AoA_Programs/OAA/Reauthorization/2016/docs/Older-Americans-Act-of-1965-Compilation.pdf

Specifically pertaining to nutrition: 42 USC 3030a; 42 USC 3030d-21; 42 USC 3030e; 42 USC 3030f; 42 USC 3030g; 42 USC 3030g-21; 42 USC 3030g-22

Older Americans Act Title III Federal Regulations

http://www.aoa.gov/AOA_programs/OAA/resources/doc/title_III_regs_sessions_1321.pdf

Administration for Community Living Program Instructions

http://www.aoa.acl.gov/AoA_Programs/OAA/Aging_Network/pi/pi.aspx

45 CFR 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

<http://www.ecfr.gov/cgi-bin/text-idx?SID=a89f91e08af1e4704faefcc9d8dca77f&mc=true&node=pt45.1.75&rgn=div5>

Appendix M
Dietary Guidelines for Americans, 2015

See Appendix 7 of this document for Dietary Reference Intakes.

<http://health.gov/dietaryguidelines/2015/guidelines/>

Appendix N
Tennessee Department of Health, Division of General Environmental Health, Chapter 1200-23-1

<http://share.tn.gov/sos/rules/1200/1200-23/1200-23-01.20150716.pdf>

Appendix O
Meal Pattern Worksheet

Available upon request.