



# GREATER SPRINGFIELD SENIOR SERVICES, INC.

DIGNITY - PASSION - PURPOSE

## Federal Fiscal Year 2025

October 1, 2024 – September 30, 2025

**Application Due Date:** Friday, May 10, 2024 by 5:00 PM

Late, hand-written, faxed, or incomplete applications will not be accepted.

Electronic submissions must be emailed by the due date to the Community Services Director, Anna Randall, at [anna.randall@gsssi.org](mailto:anna.randall@gsssi.org)

Hardcopy submissions **must arrive** by the due date and should be dropped off or mailed to:

Greater Springfield Senior Services, Inc.  
66 Industry Avenue, Suite 9  
Springfield, MA 01104  
Attention: Anna Randall

**Please complete this form and include it with the completed application.**

Legal Name of Organization Applying:

Application Contact Person:

Phone:

Email:

**Check off that the following document have been completed and included with the final application:**

- RFP Checklist
- Project Application (signed – **wet signatures required**)
- Project Narrative
- Budget Form
- Budget Narrative
- \*Eligibility Policy & Supporting Documents
- \*Copy of Voluntary Contribution Policy & Supporting Documents
- \*Copy of Consumer Satisfaction Policy & Supporting Documents
- \*Copy of Not-at-Home Policy & Supporting Documents

\* Or a written commitment to develop said policy and necessary documents & submit them to GSSSI no later than September 30, 2024.

## **Federal Title III-C (Nutrition) Request for Proposal Introduction**

Title III awards will be made available through Greater Springfield Senior Services, Inc. (GSSSI) for the federal fiscal year (FFY) 2025, from October 1, 2024, through September 30, 2025.

Limited Title III-C (Nutrition) funds will be awarded to towns on a tiered basis based on the number of older adults aged 60 and older who reside in that town. Data from the [2020 Census](#) will be used to determine population levels.

Towns with under 4000 residents aged 60 plus are eligible for up to \$20,000  
Towns with 4001-7000 residents aged 60 plus are eligible for up to \$30,000  
Towns with 7001 or more residents aged 60 plus are eligible for up to \$38,000

**This is a competitive process where requests are expected to exceed available funds.**

GSSSI reserves the right to amend award amounts based on satisfactory program performance and federal funding availability during the grant period.

### **FFY 2025 RFP Timeline**

- The FFY 2025 RFP application will be released on **Monday, April 15, 2024**.
- A virtual technical assistance session will be held on **Monday, April 22, 2024, at 2:00 p.m.** All applicants will be sent a link and are encouraged, but not required, to attend. All questions asked at the session or previously submitted to the Community Services Director, Anna Randall, in writing will be answered in a FAQ document distributed to all applicants after the session. All current grantees will be emailed a link to the technical assistance session on **April 15<sup>th</sup>**. New applicants should email the Community Services Director, Anna Randall, at [anna.randall@gsssi.org](mailto:anna.randall@gsssi.org) for a link.
- All proposals are due by **5:00 PM on Friday, May 10, 2024**. GSSSI will accept either an electronic or typed hard copy. No handwritten, incomplete, or late proposals will be accepted.
- The Program & Services Committee of the GSSSI Board of Directors and crucial GSSSI staff will review all proposals during **May and June 2024**. The group will make funding recommendations to the full Board of Directors at their **July 17, 2024**, meeting.
- Applicants will receive letters announcing funding decisions via certified mail by **August 1, 2024**. Appeal rights will be included.
- The new grant cycle will start on **October 1, 2024**.

### **Service Area**

GSSSI's AAA planning service area includes the cities/towns of:

Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield, and Wales.

Activities proposed by applicants must cover one or more of the above communities.

## **Older Americans Act Priority Populations**

As defined by the Older Americans Act (OAA) in Section 102, parts 29 and 30, as amended through December 31, 1992, services provided with OAA funds must be given priority to older adults (aged 60 or older) with the greatest economic and/or social need, including low-income individuals (defined as those living at or below the poverty level), low-income minorities, those with limited English proficiency, LGBTQIA + older adults, veterans, and older adults at severe risk of social isolation.

## **General Requirements**

- Applicants must be able to do business with the Secretary of the Commonwealth of Massachusetts.
- All applicants must establish that they can provide matching funds totaling at least 15% of the total Title III award request. The 15% matching funds may consist of in-kind or non-federal contributions (not paid for with federal funds).
- All grantees must be able to submit a copy of their Certificate of Insurance, listing Greater Springfield Senior Services, Inc. as an additional insured and a Certificate Holder, concerning the funded program/project, making sure to show the limits of the insurance by **September 30, 2024**. Funding will not be released if the Certificate of Insurance is not received by the deadline in the manner required.
- All grantees must comply with all requirements associated with the receipt of federal funding, including, but not limited to, being fully handicap accessible, completing Criminal Offender Record Information (CORI) checks, and Office of Inspector General (OIG) checks on all staff and volunteers who will be working on the funded project who will have direct or indirect contact with older adults, or access to consumer files. Please note that OIG checks need to be completed in the List of Excluded Individuals and Entities (LEIE) database on an annual basis using the following link: [LEIE Downloadable Databases | Office of Inspector General | U.S. Department of Health and Human Services \(hhs.gov\)](#)
- All grantees must submit monthly monitoring & data reports to GSSSI by the 15th of the following month. Incomplete reports will not be accepted, and programs that are chronically late with their monthly reports risk losing current and future funding.
- Grantees must credit the grant funding source in all online or printed materials, including but not limited to newsletters, menus, flyers, annual reports, and websites, in the following manner:  
  

***“This service has been made possible in part by funding from the Older Americans Act as granted by Greater Springfield Senior Services, Inc.”***
- Per Massachusetts State law and the Massachusetts Executive Office of Elder Affairs (EOEA) directives, all Title III subgrantees are required to retain program and client records for a period of seven (7) years.

## Proposal Evaluation Process

The Program & Services Committee of the GSSSI Board of Directors and other key staff will form the Proposal Grant Committee to review all submitted applications. A structured scoring sheet will guide the evaluation process, and applicants may be asked to interview before the Committee. Review criteria are listed below, although not in any particular order.

- **Capability for Implementation:** Evaluation of the applicant's capacity to execute the proposed project effectively and attain specified goals and objectives within the designated grant period.
- **Alignment with Priority Populations:** Assessment of the project's ability to serve the identified priority populations and address the strategic priorities outlined by OAA and GSSSI.
- **Sustainability:** Consideration of the applicant's potential to sustain the project beyond the grant period without reliance on Title III funds.
- **Past Funding History:** Examination of the duration of Title III funding previously received by the applicant.
- **Demonstrated Need and Uniqueness:** This determines whether the project fulfills an evident need within the community and avoids duplication of existing services.
- **Innovative Initiatives:** Recognition of proposals introducing new programs or seed projects to address identified gaps or emerging needs. Preference is given to proposals introducing new initiatives or expanding existing services rather than merely replacing existing funding sources.
- **Cost-Effectiveness:** Evaluation of the efficiency and fiscal prudence of the proposed project in achieving desired outcomes.
- **Competitive Pool:** Considering the overall number of proposals received in the current evaluation cycle.
- **Proposal Quality:** Assessment of the overall clarity, coherence, and persuasiveness of the proposal in communicating its objectives, methods, and anticipated impacts.

## FFY 2025 Title III C (Nutrition) Application

**Legal Name of Organization:**

**Address:**

**Organization Phone:**

**Organization Website:**

**Organization Federal Tax ID # (EIN):**

**Project Contact Person:**

**Contact Person Phone:**

**Contact Person Email:**

**Proposed Project Title:**

Define your target audience:

What is the estimated number of unduplicated adults (aged 60 or older) to be served in the grant period?

What is the estimated number of Community Dining (congregate) meals to be served in the grant period?

What is the estimated number of Meals on Wheels to chronically home-bound participants to be served in the grant period?

By signing this application, you attest that the information submitted is correct and the applicant organization is willing to fulfill all the grant requirements listed and the Standards and Policies for the Massachusetts Elderly Nutrition Program. (Attachment A)

**Name & Title of Person Authorized to Submit Proposal:**

**Date:**

**Signature:**

*\* wet signatures are required*

## Proposed Project Description

Please describe your organization and the proposed project in an attached narrative, not to exceed three (3) single-space typed pages. **Please make sure to address all of the following in your narrative. Incomplete narratives may jeopardize award funding.**

- What is your organization's mission and experience serving a diverse range of older adults?
- Is this a new or an existing project? If it is an existing project, has it been previously funded using Title III funds, and for how many years?
- What need is the project designed to address, and what population is the project intended to serve?
- How will the project serve the priorities the OAA & GSSSI identified? (*Listed in the RFP introduction*)
- What services will be provided by the project? Please be as specific as possible.
- What is the staffing plan for the project?
- What outreach efforts will you make to promote this project, and how do you plan to ensure that these efforts reach low-income, minority, and other OAA priority groups?
- What methods will you use to measure the outcomes of your project, and how will you measure its success?
- What efforts will be made to acquire other funds for this project during the grant period and beyond? Please include specific information on other potential funding sources.

## Meals on Wheels and Community Dining Eligibility

Organizations wishing to provide Meals on Wheels and Community Dining meals must adhere to the eligibility standards below. Additionally, project staff must complete an assessment for every Meals on Wheels participant at the time of initial need and, at minimum, once annually to ensure they continue to meet the eligibility criteria. Grantees are free to use their own written method of evaluation, as long as it, at minimum, includes the eligibility criteria listed below. Please attach your organization's Meals on Wheels eligibility policy or procedure, a copy of the assessment, and the completed application.

If your organization does not have a policy, please include a written statement of your agency's commitment to developing one and having it ready for implementation by **September 30, 2024**. A copy of this document & related materials must be submitted to GSSSI before grant funds can be released.

### Meals on Wheels Eligibility

- Adults aged 60+ who are frail and homebound because of illness, disability, or isolation. The person must be chronically incapable of shopping and preparing meals independently and must be too medically frail to travel to a Community Dining meal site.
- The spouse, regardless of age, who resides with an eligible Meals on Wheels consumer
- The disabled adult child (aged 18 or older) who resides with their parent(s) who are eligible and receiving Meals on Wheels.

### Community Dining Eligibility

- Adults aged 60+ would benefit from socialization and a nutritious meal. Eligible participants cannot be required to pay for a membership to obtain a meal.
- Adults under 60 who reside in a housing complex that is an approved Community Dining site.

## **National Aging Program Information System (NAPIS) Forms**

All grantees must have all nutrition project participants, including Meals on Wheels and Community Dining, completed a NAPIS form (**Attachment B**) when they first attend or become eligible for a meal and at regular intervals afterward (to be determined with advanced notice by Greater Springfield Senior Services). Forms must be filled out completely and submitted along with the monthly grant invoices. If a participant refuses to complete a form or sections of the form, the grantee organization must indicate in writing that the participant refused. Grantees with chronically late or incomplete NAPIS forms risk losing current and future funding.

## **Voluntary Contributions**

All project participants must be informed of the opportunity to make voluntary, confidential donations to support long-term sustainability. Participants should know that they cannot be denied services based on their desire or ability to donate and that their privacy concerning their contribution must be protected. Donations received must be explicitly used for the Title III-funded project. Compliance and success in soliciting donations will be considered during the monitoring process and subsequent RFP requests. **Projects receiving Title III funding are expressly prohibited from charging any form of mandatory fee to access the Title III-funded project, including membership fees.**

Please attach your organization's Confidential Donation policy or procedure along with the completed application. Also, please include a copy of any materials, such as donation letters, given or mailed to participants. If your organization does not have a policy, please include a written statement of your agency's commitment to develop one and have it ready for implementation no later than **September 30, 2024**. A copy of this document must be submitted to GSSSI before grant funds can be released.

## **Participant Satisfaction Survey**

All grantees who use Title III funds must create and utilize a formal, written system for collecting participant feedback regarding the services they have received. Please include a copy of your organization's current participant satisfaction policy and the survey tool used. If your organization does not have a policy in place, please include a written statement of your agency's commitment to develop one to be ready for implementation no later than **September 30, 2024**. A copy of this document and relevant materials must be submitted to GSSSI before grant funds can be released.

Please keep in mind that this survey must be conducted at least once a year, and a copy of the survey tool and a summary of the responses must be submitted to GSSSI no later than July 1st of the grant year (FFY 2025 deadline is **July 1, 2025**). The survey results will be considered during the monitoring process, and they will also be considered when deciding on additional funding during subsequent RFP cycles.

## **Not-at-Home Policy**

The Meals on Wheels program is intended to provide a nutritious meal and serve as a wellness check for homebound individuals. As such, all Title III Nutrition grantees wishing to deliver Meals on Wheels must have a policy and procedure for dealing with consumers not at home for their scheduled meals. Meals cannot be left with anyone other than the participant on the door or in a cooler. The policy must also address what the organization does upon learning that the participant missed a meal. Please include a copy of your organization's current Not-at-Home policy. If your organization does not have a policy in place, please include a written statement of your agency's commitment to develop one to be ready for implementation no later than **September 30, 2024**. A copy of this document and relevant materials must be submitted to GSSSI before grant funds can be released.

## Budget Summary

Amount of Title III-C (Nutrition) Funds Requested by GSSSI:

Matching Funds (requirement is a minimum of 15% of the total project costs):

\* Matching funds can consist of state or town funding (as long as they are not pass-through federal funds), other non-federal grants, donations, or in-kind sources.

## Annualized Budget

Estimate the budget for the grant period (October 1, 2024 – September 30, 2025)

<b>Project Income</b>	<b>Amount</b>
<b>GSSSI Federal Title III Funding Request</b>	
Other Federal Funding	
State Funding	
City/Town Funding	
Other Grants	
Meal Participant Donations	
Other Donations	
In-Kind	
Commodities	
<b>TOTAL</b>	
<b>Project Expenses</b>	
<b>Amount</b>	
Salaries & Wages (itemized)	
Taxes, Fringe, Related Payroll Costs	
Raw Food Cost	
Packaging & Paper Supplies	
Cleaning/Chemical Supplies	
Travel	
Building Space	
Utilities	
Printing/Postage (itemized)	
Equipment (itemized)	
Other Costs (itemized)	
<b>TOTAL</b>	



## Budget Narrative

If you intend to use federal Title III award funds for salaries, please list the position title, how many hours they work weekly, the current salary of that position, what are the related tax and fringe benefit costs, and what percentage of Title III funds will be used to pay for that salary.

Position Title	Weekly Hours	Salary	Taxes, Fringe, Related Payroll	Federal Title III Request

Should a position using GSSSI federal Title III monies become vacant during the grant year, the monthly portion of the grant allocated for that salary will be withheld until the position is filled. In the event of a funded staff vacancy, the grantee must email the Community Services Director within ten business days of learning of the vacancy.

Please remember that federal grant funding is unpredictable, and GSSSI cannot guarantee available funding or funding priorities from year to year.

**Greater Springfield Senior Services reserves the right to adjust the final approved budget levels as necessary should federal funding levels be reduced or shifted during the grant period.**

**Optional:** Please use the space below (or include an attached typed narrative if more space is required) to add any details regarding the budget that you feel would be important for the Proposal Grant Committee to know.

**STANDARDS AND POLICIES  
FOR THE  
MASSACHUSETTS  
ELDERLY NUTRITION PROGRAM**



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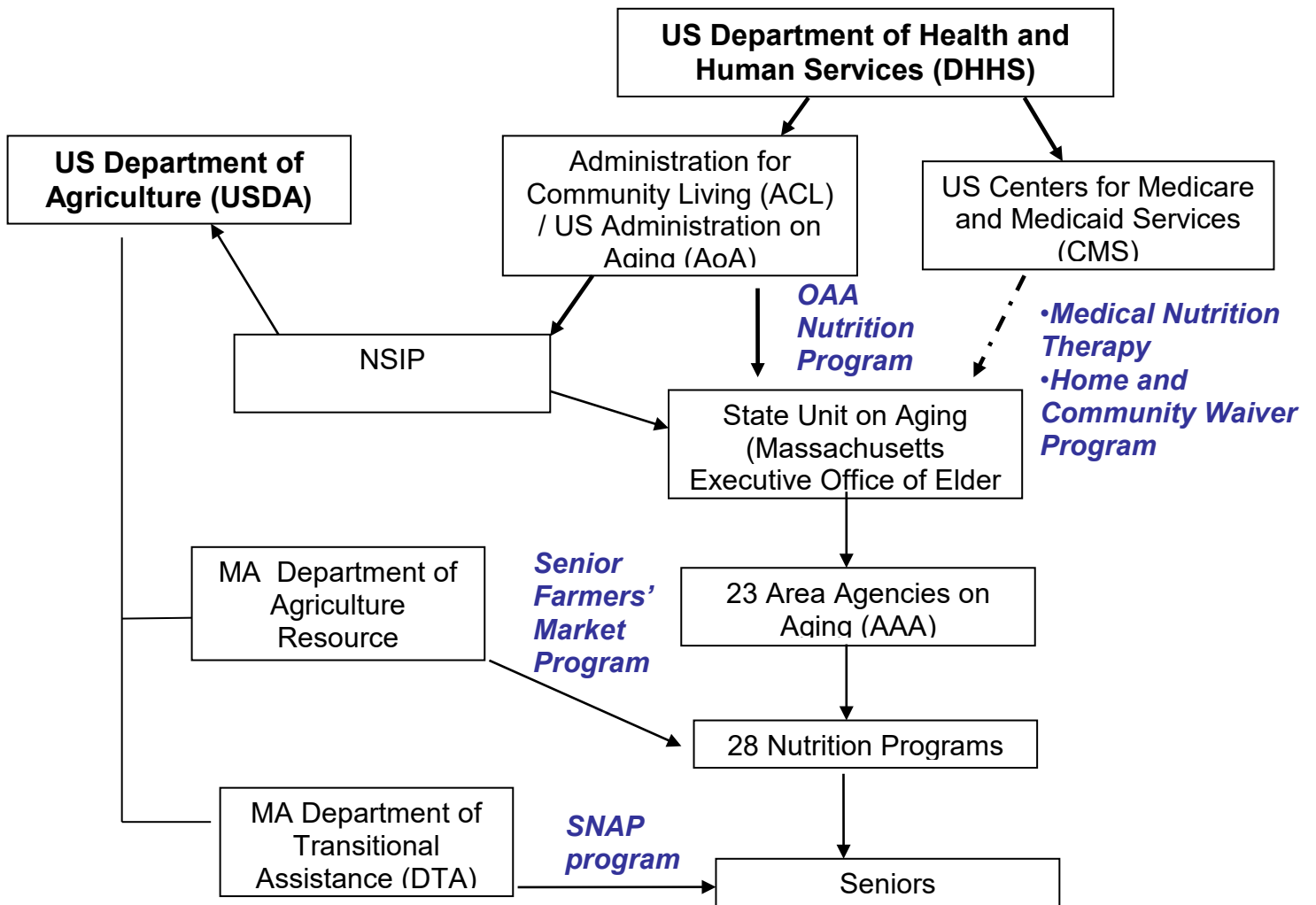
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## Government Sponsored Senior Nutrition Programs Funding Sources



# NUTRITION STANDARDS

The Federal Regulations governing the Nutrition Program for the Elderly require that: Each meal served must contain at least one-third of the current Dietary Reference Intake (DRI) for meals for the population aged 51 years + as established by the Food and Nutrition Board of the National Academy of Science, National Research Council.

## Calories/Fat/Sodium

- ❖ The caloric range per meal must fall between **700-800 calories**.
- ❖ The fat content, based on total calories, must not exceed **30%-35%**.
- ❖ The sodium content of the meal must fall within the range of a **No Added Salt** diet (3-4 gm/day).

## High Sodium Days

When the sodium content for all of the components of a meal exceeds 1200mg, the day is considered a high sodium day and must be noted on the menu. An alternative lower sodium meal should be available on these days. Any higher sodium items (>500mg) should also be marked on the menu.

Meals may be provided hot, cold, frozen, dried, canned or in the form of supplemental food. Menus must comply with the Elder Affairs Menu Policies and Nutrition Standards, which incorporate the Dietary Guidelines of the US Department of Agriculture/Health and Human Services and the Surgeon General's Report on Nutrition and Health.

## Vitamins A & C

Good food sources of vitamins A and C are required within the menu policy. A "good source" of a nutrient must contain 20% or more of the RDA. Good vegetable/fruit sources of vitamins A and C are listed in Appendix A. Foods high in fiber are additionally required.

## Fiber

A high fiber bread is a bread/bread alternate which provides at least 1 gram of dietary fiber per one ounce serving; a high fiber vegetable/fruit shall contain at least 2 grams of dietary fiber per serving.

## Medically Tailored Meals

Medically tailored meals prescribed by a physician should be planned to provide as close to the 1/3 DRI as possible. However, the 1/3 DRI requirement may be waived by the State if there are significant restrictions on foods or components of foods based upon the medical needs of the participant(s). Additionally, the State may grant waivers regarding specific menu policies, concerning the 1/3 DRI requirement, for cultural meals where for cultural or religious reasons, the State menu policies are not appropriate.

## Special Meals (religious or cultural)

Religious, , cultural, or regional dietary requirements or preferences of a significant portion of the elderly population within a Program Service Area should be reflected in the meals served. Where feasible and appropriate, individual dietary needs may also be met.

## Meals to Cover Holidays

Nutrition Projects are encouraged, but not required, to provide meals for home delivered clients who do not have other sources of meal service during holidays when the Nutrition Project is closed (i.e. provide chilled, shelf stable or frozen meals for clients for the following day if the Nutrition Project does not deliver that day.) Home delivered meals clients shall miss no more than 3 days of meal service due to holidays, unless other arrangements are pre-approved by Elder Affairs.

## Nutritionists

- Nutrition Projects shall have qualified nutritionists who shall review menus to ensure the State Nutrition Standards/Menu Policies have been met. It is the responsibility of the Nutrition Project to ensure nutritional adequacy. Area Agencies on Aging are responsible for monitoring that menus are reviewed by a qualified nutritionist and menus and nutrient analysis are submitted monthly to the State Nutritionist.
- It is recommended that nutrition education programming is provided by a qualified Nutritionist (criteria below) at least twice yearly at all congregate sites and at least once for home delivered meals participants; monthly or quarterly nutrition education is encouraged.
- It is also recommended that the qualified Nutritionist provide individual counseling/Medical Nutrition Therapy to seniors in the community who have conditions impacted by nutrition such as diabetes, renal disease, cardiac conditions, malnutrition or others. Counseling can be provided in the home or at “nutrition clinics” in a private area at a site such as a senior center. All programs are strongly encouraged to seek reimbursement for eligible seniors in order to expand the availability of this service. Reimbursement sources include CMS Medicare Part B or Medicare Advantage (diabetes and renal), SCO, MassHealth and insurance companies.
- Elderly Nutrition Program Community Nutritionist requirements: Four year degree in food and nutrition, public healthy nutrition, or nutrition education from an accredited program with at least one year experience in Community nutrition OR 2 year degree in food and nutrition with minimum 2 years community nutrition experience (PI-94-40). For new hires as of FY13, Massachusetts licensure required (LDN), RD preferred.

## Nutrition Analysis

### Computrition (Standard Computerized Nutrition Reporting System)

Menu planning plays a critical role in the delivery of quality nutrition services. Reviewing menus at State, AAA, or local levels involves verifying that they conform to nutrition standards and menu policies. Computer analysis ensures that menus conform to the Dietary Guidelines for Americans and provide appropriate DRI's for older adults. Reviews may also indicate necessary changes when menus contain errors or to discourage the use of extra items to avoid added food costs. In addition, reviews are needed to evaluate the variety of foods, color appeal, texture, and consistency.

Elder Affairs chose Computrition for its ability to provide a comprehensive nutrition care package. Computrition has two main components: Food Service and Patient Care. The Food Service component, which includes menu planning, recipe analysis, and cost control functions, is the one currently being implemented by



Elder Affairs. As the State and the ASAPs increase their client base, this comprehensive nutrition system will serve us well into a new community based long-term care era.

Since FY 2007; all nutrition projects have used the Computrition software system to report to Elder Affairs. Elder Affairs monitors menus and nutrient information directly from the system; however, submission of the “Menu Specification Checklist” is still required and should be submitted electronically. This system is only to be accessed on location at the nutrition project or menu planning meeting.

Nutritional analysis of meals shall be provided to the State Nutrition Department in the following instances:

1. Regular and Weekend Meals:

A complete nutritional analysis shall be performed using the Computrition system for any meal that is served more than 3 days a week with a 4 week cycle menu. Examples include the following:

- Regular (main), weekday meals (served 5 to 7 days)
- School meals (served 4-5 days per week)
- Weekend meals other than limited selections (7 days)

2. Limited Selection Meals:

Nutritional analysis for the limited selection menus must be submitted once per year, at the time of menu submission. Limited selection menus (with a 3 day Computrition nutritional analysis) must be submitted to the State Nutrition Department each year at the end of the second fiscal quarter, March 31. Limited selection meals are defined as those served 3 or fewer days a week with a 2 week cycle. Examples of limited selection meals may include the following:

- Ethnic meals (i.e. Kosher, Spanish, etc.)
- Cold bag supper meals

3. Other Meals:

A complete, three day nutritional analysis shall be required on a spot-check basis for the following meal types:

- Homeless meals
- Title III Council on Aging Meals unless it is a nutrition meal site
- Title III School Meals (served less than 4 days per week)
- Other Title III meals programs

Requirements for complete nutritional analysis:

- A complete nutritional analysis of the menu shall be performed using Computrition during the menu planning process. Labels from food products should be submitted to EOEI for entry into the database. The Nutritionist shall obtain recipes/production sheets used by the kitchen or caterer, with ingredients and quantities and enter them into Computrition. Menus will be built using these recipes. Nutritionists shall review the menus for nutritional adequacy.
- If a second (and third) meal is provided to any clients for consumption on the same day as the meal(s) mentioned above, nutrient analysis shall also be performed using Computrition. For example, if an evening, multiple meal or breakfast menu is provided to clients in addition to a noon, regular meal, the second (and third) meal(s) should be entered unless these meals are considered limited selection.

- The State Nutrition Department will review the nutritional analysis in Computrition on any meal, which appears not to meet State requirements, or for “spot-checking” purposes.
- Full product descriptions for individual items used within Title IIIC meals must be provided or made available by caterers, including nutrition labels, recipes/production sheets with ingredients and quantities.
- Consortium/Joint Menus: One signed Elder Affairs menu checklist and menu with highlighted commodities/price and nutritional analysis is required per menu cycle from each Nutrition Project. All Nutrition Projects are also required to submit a copy of their own menu, in the format distributed to participants.
- Limited Selection Meals: If more than one Nutrition Project provides the same limited selection meal, only one nutritional analysis needs to be submitted. It is the decision of the Nutrition Projects which agency(s) shall submit this information to Elder Affairs.
- The menu must be submitted to the State Nutrition Department at least four weeks prior to service, unless a waiver is granted (for schedule of submission, refer to Nutrition Services Quality Assurance Protocol Schedule.) Meals should be planned to contain variety in the areas of color, texture and food choice to enhance nutritional adequacy and participant acceptance.

# **MENU POLICIES**

## **Eligible Title IIC Meals**

Meals served to eligible participants must provide one-third of the Recommended Dietary Allowances and meet the Elder Affairs Nutrition Standards and Menu Policies. “Seconds,” snacks or portions of meals may not be counted towards meeting the 1/3 DRI requirement.

The following meals eligibility requirements need prior approval from the State Nutrition Department. The combined nutritional content is utilized to determine the number of eligible meals which may be counted for statistical purposes:

- Less than 1/3 DRI: not eligible.
- 1/3 DRI or more, but less than 2/3 DRI (for one or two meals served): one eligible meal.
- 2/3 DRI or more, but less than 100% DRI (for two or three meals served): two eligible meals.
- 100% DRI or more (for three meals served): 3 eligible meals.

The number of meals counted as eligible may not exceed the number of meals actually served, regardless of the nutritional contents.

## **Vitamin/mineral supplements**

Vitamin or mineral supplements (e.g. Multivitamin tablets) may not be provided with Title IIC funds and may not be counted towards meeting the 1/3 DRI requirement.

## **Menu cycles**

Menus for weekday, noon meal service may be planned for a minimum of a four week/20 day cycle. No complete meal shall be repeated within that four week time period and efforts should be made to avoid duplicating entrees. Limited selection menus (typically, frozen, evening, multiple, and weekend meals) may have shorter menu cycles with a minimum of 10 days, unless a waiver is granted by the State Nutrition Department to repeat meals on a more frequent basis.

## **Menu submission**

Menus shall be submitted via Computrition four weeks prior to service. The Elder Affairs menu checklist form shall be completed for a Nutrition Project central kitchen or the largest caterer, whichever is applicable. This form shall be signed by the local Nutrition Director and Nutritionist. Commodity foods shall be noted with an asterisk (\*) and the average daily commodity use amount should be noted on the menu submission form (Appendix F). Other menus for small providers may be submitted in the form it is distributed to clients or other legible format.

## **Menu distribution**

Menus need to be distributed to program participants. Menus with nutrition information (minimum: total calories, sodium of individual items, and total sodium) are to be posted on the agency’s website. Agencies may also choose to post additional nutrients. This information helps consumers, their healthcare providers, caregivers, and family members manage their health and chronic conditions.

## Participant input:

Participants input must be incorporated into the menu design process. Nutrition Project Council, regular discussions with participants, site managers' meetings, and observance of plate waste are several methods of receiving participant input concerning the meals. In addition, formal menu questionnaires/surveys shall be performed at least once per year for all congregate and home delivered meals clients.

## Substitutions

Substitutions may be made from menus submitted to the state due to shortages or problems with food delivery to the kitchen or meal site. The substitutions should be as similar to the originally planned food(s) as feasible and kept to a minimum. Nutritionists and Nutrition Project Directors should design, with meal providers, a substitutions list or guidelines for substitutions. Substitutions should take into consideration the commodity usage of the originally planned meal and the nutrient content of the food(s) which must be replaced.

Substitutions may only be performed by the contracted caterer of a Title IIIIC Nutrition project or central kitchen prior to the meals leaving the kitchen. No substitutions may be made at any site other than the kitchen unless there is concern over food spoilage, contamination or a shortage has occurred, at which time the Nutrition Project must be notified immediately to evaluate whether any item(s) within the Title IIIIC meal requires substitution.

## Additions to the Meals

The following foods/beverages may not be added to the Title IIIIC meal:

- Alcoholic beverages.
- Canned foods which have not been commercially canned (i.e. home-canned foods.)
- Sweet desserts/breads, except for special celebrations or events.
- Potentially hazardous foods, such as meat, eggs, fish, chicken, milk or dairy products, etc. which are not directly provided by the Title IIIIC caterer or central kitchen.

Special holiday meals: The holiday meals are expected to comply with the regular menu policy unless preapproved by the EOEA Nutrition Department.

## Meal patterns

### Regular Meal (No Added Salt):

The regular Title IIIIC meal is part of a No Added Salt diet (3-4 grams of sodium per day). It contains no more than 1200 milligrams of sodium. Two days per month Nutrition Projects may offer a meal that contains up to 1500 milligrams. The Meal Pattern for the Title IIIIC Nutrition Program for the Elderly is described below.

#### Regular pattern:

FOOD GROUPS	AMOUNT TO USE
1. Meat/meat alternate	One serving of 2.5* - 3 oz cooked
2. Vegetables/fruits	Two servings of 1/2 cup each
3. Bread/bread alternate	One serving of 1 oz. or 1/2 cup
4. Butter/margarine	Optional, one teaspoon
5. Dessert	One serving of 1/2 cup
6. Milk	One serving of 8 oz.

\* 2.5 ounce minimum for list B entrees only. List A entree must contain at least 3 ounces of meat/alternate. A food provided within a Title III C meal may be counted as only one Food Group. For example, juice served as one of the fruit/vegetable servings may not also count as a fruit serving for dessert.

### **Alternative Selections**

Alternatives to the regular meals may be offered where feasible and appropriate to meet the medical requirements of the client. These do not require a physician's approval:

- Alternative entrée selections: The client is provided with lower sodium entrees on the two days when higher sodium meals are served in order to provide a meal with no more than 1200 milligrams of sodium.
- Alternative milk selections: The client is provided with a whole, low fat, skim or lactose-free milk.
- Alternative dessert selections: The client is provided with fresh or water packed fruit or other dietetic desserts instead of the regular dessert.

### **Meal pattern components**

#### **Meat or Meat Alternative**

Three ounces cooked edible portion of meat/meat alternate must be served for all List A items (see following page). List A items must contain a minimum of 21 grams of protein. Casserole, processed and ground meat items such as Italian dishes, macaroni and cheese, breaded fish square, etc. may contain a minimum of 2.5 ounces of meat/meat alternate (List B). A minimum of 15 grams of protein shall be provided by the List B items. The following meat alternates may replace one ounce of meat (poultry, beef, veal, and fish):

- 1 egg (maximum of 2 eggs per entree)
- 1 ounce cheese
- 1/2 cup cooked dried beans, peas or lentils
- 1 tablespoon peanut butter
- 1/4 cup cottage cheese
- 1 ounce tofu

Lower fat entrees are recommended, such as poultry, fish and lean meat products. Leaner cuts of meat with no visible fat or poultry skin aid in lowering the fat content of the entree. When meat alternates are planned, sources of iron and other nutrients such as zinc, vitamin B6 and magnesium must be provided elsewhere in the meal. For example, planning an enriched or whole grain bread/alternate and iron-rich vegetables or fruits with a meat alternate entree would contribute toward attaining the 1/3 DRI for iron.

Gravies should be made in a way which reduces the sodium content as much as possible - for example, use 1/2 of the gravy base called for in a recipe or on package directions. The use of low-fat gravies is strongly encouraged. Nutrition Projects may require that low sodium and/or low fat bases are used in the preparation of meals. When liver is served, it may fulfill all vitamin A requirements for that week.

The menu pattern contains 20 entrees per cycle. Entrees are categorized in the following way:

<b>Entrée List A</b>	
<b>Examples: Solid Meats</b>	
BEEF, roast	Roast Beef
	Pot Roast
BEEF, cube	Beef Burgundy
	Beef Tips
	Beef Stew
	Other whole muscle
<b>LIVER</b>	
PORK, roast	Roast Pork
	Other whole muscle
PORK, diced	Sweet and Sour
	Other whole muscle
<b>POULTRY</b>	
	Baked Chicken (breast, leg)
	Chicken whole muscle
	Turkey whole muscle
	Roast Turkey breast
	Turkey dinner
<b>FISH</b>	
	Unbreaded Fish
	Other seafood or fish items specified by ELD
<b>Entrée List B:</b>	
<b>Examples: (Casserole dish, ground meats, processed meat, and meatless dishes)</b>	
BEEF, Pork, ground	Meatballs
	Meat Sauce
	Meatloaf
	Salisbury Steak
	Stuffed Pepper
	Chili
POULTRY, diced/ground	Turkey, ground or diced
	Chicken, ground or diced
	Chicken Pot Pie
	Chicken stew
	Chicken A la King
MEATLESS/CHEESE	Vegetable Lasagna
	Manicotti diced/ground
	Ravioli
	Stuffed Shells
	Macaroni/Cheese
	Vegetable/Cheese Bake
	Vegetable Primavera
<b>EGGS</b>	
	Omelet
	Quiche
	Other

1. Menus must include at least two A meats per week with a total of eight A meats per twenty day cycle. Ground, molded or pressed meats may not be used, e.g. turkey roll.
2. Twelve entrees may be B meats.

<b>PROCESSED ENTRÉES (B)</b>	
Beef	Beef Strip Steak
	Veal Patty
	Shaved Steak
Pork	BBQ Rib
	Pork Patty
	BBQ Rib
	Pork Breaded Steak
	Turkey ham
Poultry	Chicken Patty
	Chicken Nuggets
Fish	Breaded Fish (non-filet)
	Fish Nuggets

### Vegetables and Fruit

Two servings of one-half cup each; drained weight should be included in meals. A good source of vitamin A should be served three times per week; a good source of vitamin C should be served daily. Instant mashed potatoes must be enriched with vitamin C.

<b>Good Sources of Vitamin A</b>	<b>Good Sources of Vitamin C</b>	<b>Good Sources of Vitamins A and C</b>
sweet potato	asparagus	cantaloupe
spinach	Brussels sprouts	broccoli
carrots	cabbage	romaine lettuce (1-1/2 oz)
mixed vegetables	cauliflower	leafy greens (1-1/2 oz)
winter squash	fortified fruit juice	kale
avocado	green peppers	tomatoes
apricots	okra	vegetable juices
pumpkin	kiwi	mandarin oranges
	bean sprouts (3 1/2 oz)	
	strawberries	
	orange	
	grapefruit	
	honeydew melon	
	red peppers	
	kohlrabi	
	mango	
	pineapple	
	potato* (fortified instant mashed)	

- Pasta, rice or stuffing may be served in place of one vegetable on an occasional basis, preferably no more than twice per week.
- Lettuce alone may not count towards a vegetable/fruit serving, i.e., lettuce and tomato, tossed salad, may be served each as one vegetable/fruit.
- Vegetable or fruit sauces, such as tomato sauce, cannot count towards meeting the vegetable/fruit requirement.
- Fresh or frozen vegetables shall be used. When canned vegetables are used, no salt should be added in cooking to minimize the sodium content. Vegetable cooking may occur on site as desired by the Nutrition Project.
- A minimum of one high fiber vegetable a week, i.e., peas, corn, raw vegetables must be served.
- All soups must be prepared utilizing minimal amounts of sodium, preferably homemade. In order to count soup as a vegetable serving the standard serving should be 6 fluid ounces (containing ½ cup vegetables.)
- Only full strength fruit or vegetable juices may be used as a vegetable/fruit. Cranberry juice cocktail, enriched with vitamin C, may be served.
- An extra vegetable/fruit (soup, juice, vegetable) will be served twice each month, preferably on casserole or pasta menus.

#### **Enriched or Whole-Grain Bread or Alternate:**

One serving enriched or whole-grain bread, biscuits, muffins, rolls, sandwich buns, cornbread and other hot breads should be included in meals daily.

Twice per month a bakery-type bread item such as a muffin, corn bread, and bran square shall be served.

#### **Bread /bread alternates include:**

- 1 slice bread
- 1 roll, muffin, biscuit
- 1 piece cornbread
- 1 sandwich bun
- 1 tortilla
- 1 ounce ready-to-eat, fortified cereal
- 6-8 ounces cooked cereal, cornmeal, grits, macaroni, noodles, rice, spaghetti (1/2 - 3/4 cup)
- 1 waffle, pancake
- 4 ounces starchy vegetable

Bread alternates are generally for use in ethnic, breakfast, evening or multiple meals program. Nutrition Projects may choose not to utilize alternates due to participant preferences. When a starchy vegetable is planned into the menu as a bread alternate, it may not also count towards meeting the vegetable/fruit requirement. Whole grain, high fiber breads must appear at least three times per week (12 times per 20 day cycle).

#### **Desserts**

One serving of one-half cup should be included in meals daily. Fruit must be served as a dessert at least 3 times per week. It is recommended that fresh fruit is served at least once per week, subject to seasonal quality. The remaining desserts may include a baked product or whipped dessert.



Nutrition Projects are encouraged to provide similar desserts for the regular and non-sweetened dessert menus. For example, when gelatin is on the regular menu, it is suggested that a no-sugar gelatin is served as an alternate.

- Fresh or canned fruits shall be served a total of twelve (12) times per twenty day cycle and at least three times a week.
- Cakes, cookies, gelatin desserts may be served four times per twenty day cycle and no more than twice per week.

### **Butter or Margarine**

Nutrition Projects have the option to include one teaspoon of butter or margarine (trans-fat free recommended\*) in menus. This policy is not to be interpreted as allowing individual participants to choose whether or not to take this item. Nutrition Projects are strongly discouraged from serving butter/margarine “family style” due to sanitary concerns.

Nutrition Projects may provide butter/margarine with all meals as a general policy, or may pre-set the items/meals in which butter/margarine shall be provided. For example, a Nutrition Project may specify that butter/margarine shall be provided when baked potatoes are served, and so on, according to the preferences of participants and to enhance the palatability of the meal.

\* Note: Programs in Boston must comply with Section 4.00 of the Boston Public Health Commission’s Regulation to Restrict Foods Containing Artificial Trans Fat in the City of Boston.

### **Milk/Milk Alternate**

One- half pint skim or low-fat milk fortified with Vitamins A and D should be offered daily. Whole milk may be offered if requested. Lactose-free milk may also be offered. Milk alternates may be provided in place of milk. In general, the use of milk alternates is not encouraged except for clinical or ethnic meals.

#### Milk Alternates:

- 1 cup yogurt
- 2 cups cottage cheese
- 8 ounces tofu (processed with calcium salt)

When milk alternates are used, the same foods may not also count towards meeting the meat alternate or calcium-containing dessert requirements.

### **Additional meal types**

#### **Medically Tailored**

Medically tailored meals represent one classification of meals a Nutrition Project may offer to its participants under the supervision of a registered dietitian. These meals require a physician’s authorization and may be provided only to those clients for whom the regular meal (and special changes) is inappropriate for medical reasons. A physician’s office may granted up to two weeks to provide the authorization during which time the client may be started on meals. A physician’s authorization is also required to change a client back to a regular meal. Examples of medically tailored meals include: cardiac or renal

#### **Cultural**

Nutrition Projects are encouraged to offer when feasible to meet the cultural makeup of elders within their PSA. Examples include: Hispanic, Chinese, Kosher and Southeast Asia meal programs.

## **Breakfast**

A recommended menu pattern for the breakfast meal is:

- Meat and meat alternative - one serving (egg, cheese, peanut butter, etc.)
- Bread and cereal - two servings (pancake, muffin, waffle, slice of bread, etc. /one serving of cooked or dry cereal)
- Fruit or fruit juice - one 4 ounce serving
- Butter/margarine - one serving (1 teaspoon), optional
- Milk - one-half pint
- Optional beverages - 8 ounces

Other menu plans may be used, however, to count as one meal, the breakfast menu must provide 1/3 DRI. Breakfasts provided to home delivered meals participants must receive prior approval from the State Nutrition Department before they may be counted as an eligible meal. The Nutrition project must have written criteria for providing breakfast meals for home delivered clients.

## **Multiple Meals**

The Nutrition Project may offer a breakfast and supper (“multiple meals program”) package. The multiple meals package is typically delivered with the noon meal. Projects offering this program must have written eligibility with the noon meal.

Multiple meals packages containing breakfast and dinner are generally considered as one eligible meal. Prior approval must be granted from the State Nutrition Department if a Nutrition Project wishes to count the package as two eligible meals.

## **Nutritional-Food Supplement**

A nutritional-food supplement is defined as a supplemental food or beverage which is fortified with calories and nutrients and/or altered in texture or elemental nutrients, to meet the special dietary needs of clients with specific medical conditions. The use of a nutritional-food supplement shall be authorized by the participants’ physicians. Nutrition Projects may provide this type of service in addition to providing a Title III C meal, or it may be used within the Title III C meal for clients which require this type of supplement for medical reasons.

**Nutrition projects must receive prior approval from the State Nutrition Department if a nutritional-food supplement is used within a Title III C meal.**

## **Frozen Meals**

With pre-approval from Elder Affairs, a Nutrition Project may choose to deliver frozen meals to clients. For example, five or seven frozen meals once a week may be delivered to approved homebound clients. These clients must be assessed for the ability to handle the frozen meals.

## **Evening Meals**

Nutrition Projects may choose to provide evening meals for congregate or home delivered meals clients. The Nutrition Project must have written criteria for persons receiving home delivered evening meals.

## **Weekend Meals**

Weekend meals programs may be provided by Nutrition Projects in order to extend their 5-day per week programming. Written criteria for receiving weekend home delivered meals must be developed by the Nutrition Project.

## Emergency Meals

*All Nutrition Projects must offer all home delivered meals clients, at the time of assessment, a shelf stable emergency meal package, available for use during inclement weather or other emergency situations, when the Project is unable to deliver meals.* Current clients who may require an emergency meals package may be identified by the case manager. Congregate meals participants should be advised to keep an emergency foods shelf at home in case of inclement weather.

The emergency meal package for home delivered meals participants shall be delivered to clients by **November 1** of each year. The package should consist of two to three days of shelf stable foods and shall be replenished by the Nutrition Project.

It is recommended that the emergency meal package contain one-third DRI; the package should, as much as possible, match the regular menu pattern. An emergency meal package does not count as a meal(s) served. Dessert items may be dried or canned fruit. The no-added-salt policy is waived for these meals; however, low sodium items are encouraged. Persons requiring unsweetened foods must be provided with appropriate items. An example of an emergency meal package (for each day) is as follows:

### Sample Emergency Meal Packages (both acceptable):

1 can beef stew	1 can spaghetti with tomato sauce
2 pkg. Melba toast	1 pkg. Saltines
1 box raisins	1pkg. Hot chocolate mix
1 can apple juice	1 small container applesauce
1 pkg. Nonfat dry milk	

## Food Purchase Specifications

- Poultry, eggs, dairy products - US grade A; Chicken parts:IQF
- Lamb, beef, veal - USDA Choice, Hamburger 80/20 lean:fat
- Pork - USDA #1
- Fish - no more than 41% breading.
- Vegetables - Frozen, canned - U.S. Grade A
- Fresh Produce - U.S. #1
- Fruit - U.S. Grade A
- Milk - Homogenized grade A - Milk in individual containers.

## Food Leaving Sites

Because foods which contain significant amounts of protein (e.g., entrees, salads) spoil quickly when not maintained within specific temperature ranges, only designated items are allowed to be taken home from mealsites.

The following foods are permitted to leave mealsites:

- wrapped breads
- baked desserts

- fresh fruit and individually portioned canned fruit
- unopened milk (participants should be advised to bring the milk directly home and refrigerate it)

The following foods may not leave mealsites:

- entree items
- vegetable/salad items
- soups
- any other food item not specifically mentioned above as permitted to leave the mealsites.

When a congregate mealsite participant is ill, every effort should be made to provide the participant with a home delivered meal as soon as possible through the established home delivered meals system. Delivery in this manner assures that meals will be delivered at appropriate temperatures. Home delivered meals assessments should be performed as with any other home delivered meals client.

If a congregate participant informs the nutrition project that he/she will not be able to attend the mealsite due to illness and a home delivered meal cannot be arranged, then an emergency meal pack may be sent home with a friend/spouse to be delivered to the participant. The emergency meal pack should nutritionally provide one-third of the Recommended Dietary Allowances and should be shelf-stable (i.e., canned and dried foods which are kept in limited quantities at mealsites for this purpose). It may be complemented by the parts of the meal served that day that are allowed to leave mealsites (e.g., fruit, bread). Before a site manager provides this meal, the nutrition project director should be notified and approval given.

To minimize waste: when a participant who has reserved a meal does not come to the mealsite, suggested procedures are:

- Reinforce reservation system and portion control.
- If a “no show” occurs, offer seconds instead of throwing away the meal.
- Sell to the staff in the building on a market price.

Additional food safety information:

<https://www.fda.gov/food/people-risk-foodborne-illness/food-safety-importance-risk-groups#FS3>

<https://www.pewtrusts.org/-/media/assets/2014/11/seniorcitizensfoodbornediseases.pdf>

# KITCHEN FOOD HANDLING AND SANITATION REQUIREMENTS

## Minimum standards

The nutrition project's central kitchen, meal sites and caterers must meet the requirements regarding food handling and sanitation as stipulated within the Massachusetts Department of Public Health 105 CMR 590.000, State Sanitary Code for Food Establishments Chapter X and Vending Machines. Food preparation kitchens and meal service sites must have local Board of Health certificates and other applicable licenses.

## Food Protection Management:

Nutrition projects and food preparation kitchens shall have at least one full time equivalent person in charge (PIC) who shall be an on-site manager, nutritionist or supervisor and at least eighteen (18) years of age, and must be a certified food protection manager who has demonstrated proficiency by successfully completing an exam that is part of an accredited program recognized by the Department of Public Health.

Recognized providers for certified food protection (CFP) test are:

- Certifying Board for Dietary Managers St. Charles, IL
- Experior Assessments Clearwater, FL
- National Registry of Food Safety Professionals (PTI) Orlando, FL
- National Restaurant Assn. Educational Foundation Chicago, IL

## Food Employee (Site supervisor) Training:

All meal site supervisors must be trained annually in the minimum sanitation standards and receive regular, documented in-service training on proper food handling and sanitation practices. Site supervisors' job responsibility is limited to serving food and holding food at the proper temperature. No preparation or cooking is allowed. All site supervisors must demonstrate adequate sanitation knowledge according to their job responsibilities by passing a test (either oral or written) designed by the Massachusetts Executive Office of Elder Affairs. Department of Public Health has approved Elder Affairs' food safety curriculum and has worked very closely with Elder Affairs to identify training needs and monitoring procedures, which will be necessary to request a local variance for Elderly Nutrition state operations. Elderly nutrition projects will use this food safety curriculum to train all site supervisors in safe food handling practices. The training records of each food-handling employee (site supervisor) will be maintained on-site for verification by the Board of Health. The training and certification must be conducted annually.

Each Nutrition Project should have a Local Board of Health Variance on file for each city and town. (Satellite Feeding and Food Manager Certification, 105 CMR 590.003(A))

## Employee's Health

There are 76,000,000 foodborne illness cases each year in the US, causing 5000 deaths. Foodborne illnesses are transmitted through cross contamination of food, improper food temperature control, and food handlers' personal hygiene and medical condition. The **BIG FOUR** pathogens are *Salmonella Typhi*, *Shigella spp.*, *Escherichia coli 0157: H7*, and *hepatitis A*. The Elderly Nutrition Program is serving a highly susceptible population as defined in FC 1-201.10(B) (40). It is important for the Employees to report their disease or medical condition to the nutrition project person in charge (PIC).

## Who needs to report

- 1 Food employee applicants to whom a conditional offer of employment is made

- 2 Food employees
- 3 Volunteers who work or handle food.

### **When to report**

Employees need to report to the nutrition project person in charge (PIC) of:

#### Diagnosis with an illness due to one of the following pathogens:

1. Salmonella Typhi,
2. Shigella spp.,
3. Escherichia coli0157: H7,
4. Hepatitis A virus,
5. Entamoeba histolytica,
6. Canpylobacter spp.,
7. Vibrio cholera spp.,
8. Crytosporidium parvum;
9. Giardia lamblia,
10. Hemolytic Uremic Syndrome,
11. Salmonella spp. (non-typhi),
12. Yersinia enterocolitica,
13. Cyclospora cayetanensis, and
14. Any other disease transmissible through food so designated by the Division of Communicable Diseases of the Department in 105 300.000 et.seq., “Regulations Governing Reportable Illness”.

#### One of the following symptoms:

1. Acute gastrointestinal illness
  - Diarrhea
  - Sore throat w/fever
  - Vomiting
  - Fever
2. Jaundice
3. Pustular lesions
  - Represents a direct threat of introducing *Staphylococcus aureus* into food.

#### Past illness

An employee is ill if he/she has a past illness with one of the pathogens (diagnosis) mentioned above.

#### High-risk condition(s).

1. Causing or being exposed to a confirmed outbreak involving a **BIG FOUR** illness.
2. Living with person diagnosed with a **BIG FOUR** illness.
3. Living with person exposed to a confirmed outbreak caused by **BIG FOUR** illnesses.

### **How the Person in Charge (PIC) defines the condition:**

**Exclusion** – The food employee is not allowed in any part of the food establishment where there is a possibility of transmitting the pathogen via food or person-to-person contact.

**Restriction** – The food employee is limited to duties, which restrict from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles, in a food establishment.

**When to exclude or restrict**

Condition	Exclude	Restrict
Diagnosed with Big Four pathogens	X	
Acute GI symptoms only		X
Acute GI symptoms & high risk condition	X	
Asymptomatic & positive stool ( <i>salmonella</i> , <i>Shigella</i> , <i>E.coli</i> )	X	
Past illnesses ( <i>salmonella</i> ≤ 3 months; <i>Shigella</i> or <i>E.coli</i> ≤ last month)	X	
Jaundice	X	
Persistent sneezing, coughing, runny nose		X

**Removal of exclusion and restriction 590.003(E) and 590.017**

- Freedom from symptoms
- Board of health (Regulatory Authority definition set forth in FC 201.10) approval & Medical clearance

**Food Safety Standards for the Massachusetts Elderly Nutrition Program**

**Inspection**

Every kitchen utilized for the preparation of Title IIIC meals shall be inspected twice per year by the Nutrition Project/Area Agency on Aging using the Elder Affairs Kitchen inspection form. Inspections shall occur at approximately six-month intervals with at least one inspection being unannounced. Inspections should begin during the peak production hours of 5am-9am. Kitchen inspection schedules shall be submitted to the State by September 1 of each year. Inspections must be conducted by two representatives of a single Nutrition Project/Area Agency on Aging. Programs that are part of a consortium may not perform an inspection at the same time. Copies of completed assessments are to be forwarded to Elder Affairs. Follow-up on issues, which are found to be out of compliance, must be clearly defined with date noted by which it must be rectified (within 1 month). A follow-up inspection should be done to ensure compliance.

**Food temperatures**

Temperatures of hot and cold foods shall be taken and documented daily before food leaves the kitchen. Temperatures must be 160°F or above for hot food and 41°F or below for chilled food. Temperatures should be taken, after packaging, as close to the time when the food leaves the kitchen, and not as food is removed from the oven or while it is in a steam table. Frozen meals should remain in a frozen state from packaging to delivery to the client.

### **Meals not eaten at time of delivery**

Home delivered meals which are intended to be eaten at a later time (evening, breakfast, holiday) must be delivered either chilled, shelf-stable or frozen and may not be delivered hot. Emergency meals must be shelf-stable. Meals that are intended for next day use may be delivered chilled or frozen. Meals intended for use 2 or more days after delivery must be delivered frozen or shelf-stable.

### **Foodborne Illness Standard Operation Procedures (SOP)**

EOEA and the DPH Food Protection office agreed upon the following SOP protocol to be implemented by both agencies working together. For any potential outbreak cases or questions regarding food appearance, smell, or temperature, the chain of command should be as follows:

1. The site manager will immediately inform the local Nutrition Director or person in charge.
2. The local Nutrition Director must immediately contact Elder Affairs Nutrition Department
3. Elder Affairs will contact DPH Bureau of Environmental Health - Food Protection Program
4. DPH will navigate the process with the local Board of Health.
5. All media communication will filter through EOEA and DPH.

If food spoilage or contamination is suspected as meals are delivered to congregate meal site(s) or to homebound clients, the food should not be served/delivered.

It is recommended that Nutrition Projects conduct an internal investigation, including the verification of spoilage/contamination through laboratory analysis. Additionally, it is recommended that Nutrition Projects have written procedures for such internal investigations. Nutrition Projects shall document and keep on file, record of investigative actions taken and the findings of the investigation.

Site supervisors and other Nutrition Project staff should receive training about procedures in the event of suspected food borne illness or food spoilage/contamination.

### **Sample meals**

All kitchens providing Title IIIC meals shall freeze a sample meal (dated and labelled), which shall be retained for a period of one week.

### **Packaging meals for transport**

Meals must be packaged in heat retaining transport equipment, which maintains the food within the proper temperature range: Hot foods should be maintained at 140 °F or above; Chilled foods should be maintained at 41 °F or below. Frozen meals must be transported in a way, which keeps them frozen. It is recommended that milk and other potentially hazardous foods transported chilled (e.g. dairy desserts, cold salad meals) are packaged with ice or other similar, appropriate chilling material, especially during the summer months except when transported in refrigerated trucks.

### **Food storage**

Food storage systems shall ensure a “First-In, First-Out” use of foods. All foods stored in freezers shall be dated and labeled.



## **Canned foods**

Canned foods must be purchased in hermetically sealed containers from a licensed establishment. No home-canned foods shall be used.

## **Food Allergy Policy**

The following paragraph outlines the Food Allergy Policy. **Please note that in most cases it may not be safe to serve the program's regular meals to person with a physician documented life-threatening allergy to due the risk of unknown ingredients and cross-contamination.** If there is doubt about presence of an allergy, results from an allergy test should be presented.

**MA elderly nutrition Food Allergy Policy is in compliance with the Food Allergy Awareness Act (FAAA), G.L. c.140 § 6B and Amendments to 105 CMR § 590.000, the State Sanitation Code.** The purpose of the Act is to minimize risk of illness and death due to accidental ingestion of food allergens by increasing restaurant industry and consumer awareness of regulations and best practices with respect to major food allergens

### **Definition of a Major Food Allergen (105 CMR § 590.002(B)):**

Milk, eggs, fish (such as bass, flounder, or cod), crustaceans (such as crab, lobster, or shrimp), tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, and soybeans; and, any food ingredient that contains these proteins. This definition does not include highly refined oils derived from the foods listed above or ingredients exempt under the petition or notification process specified in the federal Food Allergen Labeling and Consumer Protection Act of 2004 (Public Law 108-282).

### **Special Requirements (105 CMR § 590.002 (H))**

1. Food establishments must display a poster provided by the Department of Public Health in a common work area for employees (Attachment 2). The poster includes information on the major food allergens, health risks of food allergies, procedures to follow for customers with food allergies, and emergency procedures to follow if a customer has an allergic reaction to a food.
2. Food establishments are required to place a notice on all printed menus and menu boards stating "Before placing your order, please inform your server if a person in your party has a food allergy".  
NOTE: There are certain institutions that are exempt from the second provision of the regulation (notice on printed menus and menu boards). This exemption states "Food Service operations in institutional settings in which food is prepared and/or served to a specific population (for example, hospitals, non-profit organizations, Older American Act Elderly Nutrition Programs , and charitable food facilities) that have written procedures for identifying, documenting, and accommodating their clients with food allergies are exempt from 105 CMR 590.009(G)".
3. At least one employee from each food establishment must qualify to receive a Certificate of allergen awareness training from an MDPH approved vendor. There are three approved vendors that can issue certificates (Attachment 3). To receive a certificate the employee must view the approved food allergy video and pay a fee of up to \$10. Other employees may watch the video free of charge, but they will not be certified unless they also pay the fee.

## **Required Actions:**

EOEA issued the following food allergy policy effective October 1<sup>st</sup>, 2010.

**Identification and Documentation** All new congregate and home-delivered meal participants will be asked during the initial intake if they have any known *major* food allergies. This information will be documented using the appropriate existing food allergy question in the Comprehensive Data Set (CDS), the Nutrition Intake Assessment form in the SIMS database or the Congregate NAPIS screening form (add a question to the existing form). For any identified *major* food allergies, the nutrition project must then contact participants to gather additional information including the seriousness of the food allergy to *major* food allergen (life-threatening versus non-life-threatening), and to request physician documentation of “life-threatening” which are defined as “resulting in anaphylaxis”. If the nutrition project cannot gather the appropriate information from the participant, the program may, after securing an appropriate release from the participant, also request physician documentation to help further understand the details of the food allergy. Such supplemental information may include: foods to avoid, the amount of food that can cause a reaction, description of the reaction, and appropriate foods for substitution. It is recommended that the nutrition project provide the participant a list of the menu items which may contain major food allergens.

## **SIMS Data Management**

*User Fields* - All identified life-threatening major food allergies should be entered in SAMS using the following two user fields:

1. “Life-threatening food allergy”: Response - yes or no
2. “Type of life-threatening food allergy”: Response – type the name(s) of the major food allergens: Peanuts, Treenuts, Fish, Shellfish, Eggs, Milk, Wheat, and Soy.

*Service Types* -The following meal service types are available to be used in SAMS upon request from SIMS support for allergen-free meals:

Allergen-free meal peanuts, allergen-free meal tree nuts, allergen-free meal fish, allergen-free meal shellfish, allergen-free meal eggs, allergen-free meal milk, allergen-free meal wheat, and allergen-free meal soy.

## **Procedures and Accommodation**

### *Life-threatening Allergies*

To ensure the safety of the seniors who participate in the program and due to the logistical challenges of ensuring that all meals are free of the food allergen, participants determined to have a life-threatening food allergy, will be assessed on a case-by-case basis to determine if reasonable accommodations can be made.

Reasonable accommodations may include:

- Substitute/alternative meals or parts of the meal.
- Determining whether there is a vendor that can provide substitute frozen meals guaranteed to be free of the allergen, including trace amounts and cross-contamination, and securing the meals from such vendor.
- Canceling an individual’s meals on days which potentially offending foods are scheduled to be served.
- Referring the individual to an Aging Services Access Point (ASAP) for an assessment as to what other alternative accommodations may be successful in accommodating the individual.

### *Non-Life-threatening Allergies*

Participants with non-life-threatening allergies or for those with intolerances or dislikes will be accommodated in the Elderly Nutrition Program. The accommodations will be set by each local nutrition

project. For example, the programs may offer substitute/alternative meals or parts of the meal or recommend that participants cancel meals on days on which potentially offending foods are scheduled to be served.

Once an accommodation is determined, it should be documented in the SIMS database and kept on file.

**Training:**

- All nutrition project personnel shall be instructed to call 911 and notify their supervisor in the case of an emergency due to an allergic response.
- All Directors, Nutritionists, Site Managers, and Site Workers must view the food allergen training video. The video provides information on foods identified as the major food allergens and the symptoms they could cause in sensitive individuals.
  - Site Managers must view the video within 30 days after being hired.
  - One *paid staff* member from each *site* is required to have a certificate of allergen awareness training provided by an MDPH approved vendor (see Attachment 3 for additional information).
  - The Program will retain documentation of which staff members have viewed the video. Intake/Case Managers and Drivers are strongly encouraged to view the video.

All congregate meal sites must display the food allergy poster provided by the Department of Public Health in the food preparation area.

## **Frozen Meals and Cook/Chill or Cook/Chill/Rethermalization Systems (MA EOEI-PI-10-06)**

### **Purpose:**

To minimize the risk of foodborne illness to elders served as part of the Elderly Nutrition Program.

### **Background and Program Implications:**

According to the Centers for Disease Control (CDC) an estimated 76 million cases of foodborne disease occur each year in the United States resulting in approximately 325,000 hospitalizations and 5,000 deaths. Food borne illness in the elderly is more likely to result in serious complications and death as a result of infection. One of the most critical methods of preventing foodborne illness is proper time/temperature control. Time/temperature control must be maintained through every step of the food preparation and delivery process to minimize the time food is at unsafe temperatures, known as the Danger Zone. The U. S. Food and Drug Administration (FDA) publishes the *Food Code* with scientifically sound recommendations regarding safe food handling including time/temperature control. The Code details the special handling procedures for high risk foods, such as those which are cooked, cooled, and later reheated (Food Code 3.403.11(A)). The United States Department of Agriculture (USDA) provides Food Safety Inspection Services to ensure that proper handling procedures are being met in order to minimize the risk of foodborne illness.

### **Frozen Meal Policy**

Home delivered meals are provided through nutrition projects to homebound seniors who meet eligibility requirements. A nutrition project may have their own kitchen or contract with a food service provider to provide meals. The nutrition project is responsible for delivery to senior's homes. Typically a lunch meal is delivered daily, Monday through Friday. The Older American's Act authorizes at least one hot or other appropriate meals per day (OAA Title III Part C, Sec. 331). Some nutrition projects also provide weekend and holiday meals. The nutrition project typically conducts an assessment to determine if a senior requires these additional meals. Frozen meals are served to home delivered meals participants who are assessed to need meal services in addition to hot meals.

Currently, EOEI on behalf of the state-wide nutrition projects procures an agreement and selects frozen meal vendors every 3-5 years (3 year agreement and renew up to 5 years). The procurement requires the contractors to demonstrate their ability to meet all local, state and federal laws and regulations, in addition:

1. The operation has to be under USDA Inspection, meet and exceed all USDA guidelines for cooking, preparation, packaging and storage of frozen meals.
2. Conduct routine analytical testing at a registered laboratory for Listeria and anaerobic bacteria testing.
3. Have a comprehensive Hazard Analysis and Critical Control Point (HACCP) plan in place.

In order to minimize the risk of foodborne illness to elders served as part of the Elderly Nutrition Program, EOEI is standardizing the frozen meal policy.

### **Required Actions**

1. All pre-packaged-ready-to-eat frozen meals for the Elderly Nutrition Program must be produced by facilities which are inspected by USDA and comply with state and federal regulations.
2. Exemptions: All require approval from the Executive Office of Elder Affairs (EOEA)

- All exempt food service commissaries must meet Massachusetts regulations regarding preparation, storage and transportation of frozen food License under (M.G.L. C 94: 73A) and licensed under MGL c.94, 305C Minimum Sanitation Standards for food handling)i.
- All exempted food service providers are required to have a blast freezer and/or demonstrate that they can cool food in a timeline according to the Food Code (from 140°F down to 70°F or less within two hours, and drop the temperature from 70°F to 41°F degrees or less within 4 additional hours).

### **Requirements for Cook/Chill or Cook/Chill/Rethermalization Systems**

There has been an increase in use of the cook/chill or cook/chill/rethermalization systems for both congregate and home delivered meal delivery. According 21 C.F.R. Part 120 – Hazard Analysis and Critical Control Point (HACCP) Systems, there are many potential hazard and critical control areas involved with this system (cooking, chilling, distribution, refrigeration and service).

The seven principles of HACCP include:

1. Conduct a hazard analysis
2. Determine critical points
3. Establish critical limits
4. Establish monitoring procedures
5. Identify corrective actions
6. Verify that the system works
7. Establish procedures for record keeping and documentation

Food that experiences multiple temperature fluctuations during repeated heating and cooling has a higher risk of causing foodborne illness. Cold foods which are not reheated to the correct temperature for the appropriate amount of time pose a high food safety risk. For example, USDA provides detailed recommendations on the safe reheating of food using a microwave ([http://www.fsis.usda.gov/FactSheets/Microwave Ovens and Food Safety/index.asp](http://www.fsis.usda.gov/FactSheets/Microwave_Ovens_and_Food_Safety/index.asp)). Foods which are meant to be consumed in a cold state also carry a higher risk as they do not have the control point of heating to kill any potential pathogens.

In Massachusetts, the Executive Office of Elder Affairs (EOEA) works closely with local Board's of Health (LBOH) and MA Department of Public Health (DPH), Food Protection Program (FPP) regulatory agencies, (M.G.L. Chapter 111: Section 127A) and AAA/Nutrition Projects (MA Elderly Nutrition Program Nutrition Standards) to conduct in-state kitchen inspections and monitor food production, transport, and delivery according to appropriate HACCP procedures. In addition, a Standard Operating Procedure (SOP) emergency protocol is in effect to minimize harm to seniors in the case of a foodborne illness outbreak or any other adverse of event that food found have been adulterated. Massachusetts also has regulations in effect regarding food preparation (M.G.L. Chapter 94: Section 305A), State Sanitary Code (105 CMR 590.000) as well the storage of cold foods (M.G.L. Chapter 94: Section 69). These critical systems of protection, however, may not exist for food service providers operating outside of Massachusetts. EOEA deems that lack of such collaboration will compromise food safety and risk the health and wellbeing of seniors served by the Massachusetts Elderly Nutrition Program.

### **Required Actions**

1. Cook/Chill or Cook/Chill/Rethermalization systems may only be used if the kitchen location is within Massachusetts.
2. All food service commissaries that use Cook/Chill or Cook/Chill/Rethermalization systems are required to comply with the MA State Sanitary Code, M.G.L. regulations for the storage of cold foods, provide

documentation of a comprehensive HACCP system and are subject to routine inspection by LBOH, DPH FPP and EOEА.

3. The kitchen location requirements policy is still in effect (PI-97-16, Location of food preparation kitchen).
4. Programs have until October of 2012 to be in full compliance.

### **Effective Dates**

Programs/food service providers currently freezing their own meals, may finish their contract term, but may not renew. The frozen meal policy went into effect 10/2010, and the policy for cook/chill systems required full compliance by 10/2012.

# Commodity and Group Purchasing Programs

## Nutrition Requirements

Processed commodity and group purchasing program foods must meet specified nutrition guidelines. These include entrées with less than 500mg of sodium, less than 30% fat, and a minimum of 15 grams of protein for processed meats and 21 grams for whole muscle meats. Fruits must contain less than 200mg of sodium and be a good source of fiber. Foods may not contain MSG and all bakery goods are trans-fat free.

## USDA Commodity Foods

The provider shall receive, handle, store and utilize USDA commodities made available for Title III-C, in accordance with State Policy and Procedure for Distribution and Control of Commodity Foods. The provider agrees to comply with these regulations around the proper use, storage, loss or damage of commodities and recording/accounting procedures involved. The provider will be responsible to the Nutrition Project and the State Distributing Agency in the outlined areas of responsibility.

## Provider responsibilities

The provider recognizes the following responsibilities to be its own:

- The provider will make use of available USDA commodity foods made available by the Nutrition Project.
- The provider shall submit monthly credit vouchers for commodity foods received attached with the signed receipt of shipment of commodities.
- To confer with the local Nutrition Director and Nutritionist in the ordering of commodities in accordance with an accepted utilization rate and to work with the Nutritionist in designing menus to incorporate the available commodities.
- The provider shall properly store and mark for easy identification all commodity foods.
- The commodities to be credited will be the total value of the commodities received. Credit will be made on the month that the commodities are received.

## End of Year Audit Report

At the end of the year, the local Nutrition Director will reconcile commodity usage to ensure accurate commodity reimbursement.

## Group Purchasing Program

The provider hereby agrees to purchase and use foods made available to the provider through the Department of Elder Affairs' Group Purchasing program. The Group Purchasing Program will arrange for certain foods suitable for use in the Elderly Nutrition program, such as chicken, to be made available at reduced prices for six to twelve month periods due to the Department's bulk purchasing power. The provider will not purchase such foods independently when food comparable in kind and quality is being offered through the Group Purchasing Program. The Group Purchasing Program applies to commercial products and not to USDA commodities.

## Provider responsibilities

- The provider shall purchase, handle, store and utilize foods made available through Elder Affairs' Group Purchasing Program.
- The Nutrition Project shall furnish the provider with information on the availability and prices of foods available through the Group Purchasing Program.

- The provider shall confer with the local Nutrition Director and Nutritionist in the ordering of foods through the Group Purchasing Program and shall design menus to incorporate the available food from the Group Purchasing Program.
- The provider shall make payment directly to the commercial distributor designated under the Group Purchasing Program within thirty (30) days of receiving shipment.



# Appendices

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## Appendix A: Commonly Used Terms for Nutrition Program Structure/Functions

### **Nutrition Program Director/Manager**

The Director is responsible for the supervision and management of the Nutrition Program's multi-funded Elderly Nutrition Program, providing meals to older adults in their homes and at congregate meal sites. Working closely with local communities, food service providers, health/social service agencies, and state/federal regulatory organizations, the Director will ensure quality control in all nutrition and food-service related operations. (See Appendix B: Sample Job Descriptions)

### **Nutrition Services**

The Nutritionist serves as the primary resource on all nutrition-related issues, including – but not limited to – menu planning, nutritional analysis, nutrition education, and nutrition counseling. All new Nutritionists hired after FY13 are required to be licensed by the Commonwealth of Massachusetts (Registered Dietitians preferred).

### **Nutrition Intake /Meal Assessment Services**

Nutrition intake staff is responsible for screening potential new participants for program eligibility, gathering and entering client information into the computer system, and assigning appropriate nutrition services as well as making referrals for other needed services.

### **Congregate Meals Coordination**

The Congregate Meals Coordinator is responsible for the daily operation, food safety, and continuous quality improvement of the Elderly Nutrition congregate meals program. He/she is responsible for supervising, recruiting, and training meal site managers and volunteers.

### **Meal Site Services**

Meal Site Managers are responsible for serving temperature-controlled meals using appropriate food handling techniques and maintaining a reservation system. Site Managers must maintain communication with the Congregate Meals Coordinator and attend required meetings.

### **Home-Delivered Meals Coordination**

The Home-Delivered Meals Coordinator oversees the operation of all home-delivered meal routes in a program service area. He/she is responsible for supervising, recruiting, and training home-delivery and volunteer drivers and ensuring that all guidelines concerning delivery equipment, driver performance, and food transport are met.

### **Home-Delivered Meals Delivery**

Home-Delivered Meals Drivers are responsible for timely delivery of temperature-controlled meals to homebound participants in an assigned delivery area. Drivers must also maintain communication with the Home-Delivered Meals Coordinator regarding any change in a participant's status.

### **Caterer/Food Service Provider**

The Caterer/Food Service Provider is a commercial enterprise or a non-profit organization which is, or may be, contracted with the AAA or Nutrition Projects to manage any aspect of elderly nutrition program food service. The

caterer/food service provider is required to meet all nutrition standards, menu policies and sanitation standards stated in this document.

## **Appendix B: Sample Job Descriptions**

### **Director**

#### **Duties and Responsibilities:**

- Administer all aspects of the regional Elderly Nutrition Program in compliance with appropriate federal, state, and local policies, as well as agency policies and regulations
- Develop and implement nutrition and food safety monitoring procedures in compliance with state, federal, and local regulations; ensure adherence to standards of safety, sanitation, and quality
- Develop and maintain interactive relationships with agency and administrative staff and state, federal, and local Nutrition Programs
- Create and implement contracts and agreements with food service providers and other appropriate vendors as needed; conduct on-going cost-effectiveness of preferred vendors and ensure accuracy of vendor invoices
- Maintain an accurate inventory of all equipment and supplies
- Oversee food-service related activities at congregate meal sites and for home-delivered meal services, such as procurement and delivery methods, kitchen cost control and management, marketing, and employee supervision to economical and efficient best practices
- Actively participate, along with Finance Director, in developing program budgets, monitoring program spending, maintaining cost-effective practices, and acquiring further program resources through activities such as fund-raising or grant writing
- Write, review, and submit all necessary written and verbal documentation (such as reports and invoices), ensuring accurate, timely completion
- Oversee coordination of staff training and development; coordinate and lead in-service days and staff meetings
- Provide appropriate support, supervision, and direction for AAA Nutrition Department Staff, such as the Nutrition Care Manager, Nutritionist, Transportation Coordinator and Site Managers
- Attend required state and local meetings, seminars and workshops pertaining to program administration
- Initiate and implement quality improvement goals, objectives, and measures for all aspects of the Elderly Nutrition Program
- Provide leadership in directing the Elderly Nutrition Program toward meeting stated goals and objectives, as well as those defined in the area plan
- Practice strategic public relations, outreach, and advocacy to promote the Elderly Nutrition Program throughout the community and among key stakeholders
- Explore, facilitate, and assess innovative methods to enhance program services, cost effectiveness, quality control, and accessibility of the Elderly Nutrition Program
- Work closely, along with Nutritionist and other relevant staff, in the development and implementation of educational and recreational programming for participants
- Communicate with outside vendors to meet menu requirements and ensure food quality
- Oversee coordination of Elderly Nutrition Program volunteers in conjunction with AAA volunteer recruitment efforts
- Ensure that client satisfaction surveys are completed annually at congregate nutrition sites and among home-delivered meal participants
- Deliver meals or cover a meal site when needed
- Assume special projects, additional responsibilities, or any other assignment as designated by the Executive Director or supervisor.

**Qualifications and Skills:**

- A degree in Food Service Management, Nutrition, Business or related field or equivalent experience.
- Demonstrated supervisory, program development, management, and organization skills
- ServSafe Certified
- Ability to develop professional, harmonious relationships with staff and outside vendors
- Ability to work with diverse staff and program participants
- Excellent oral and written communication skills; solid computer skills
- Must be flexible with the ability to prioritize and multi-task
- Must have transportation and be able to travel locally as necessary
- Must pass CORI background check

**Nutritionist****Duties and Responsibilities:**

- Monitor and inspect congregate meal and catering sites as dictated by state nutrition standards; ensure compliance to local, state, and federal food safety and sanitation requirements
- Monitor quality and quantity of daily congregate and home-delivered meals; conduct taste-tests and maintain temperature logs
- Work closely with meal site managers to ensure quality control of congregate meal sites; ensure adherence to policies and procedures as detailed by AAA, state and federal standards
- Create monthly menus for congregate meal sites and home-delivered meals; certify that menu meets federal and state nutritional requirements
- Create therapeutic menus for home-delivered and congregate meal participants as necessary, using current medical nutrition therapy guidelines
- Conduct kitchen inspections twice a year
- Utilize Computrition during menu planning to ensure all meals meet state Nutrition Standards; ensure that all recipes are up to date and accurate
- Provide, assess, and evaluate nutrition education at congregate meal sites and other community venues as dictated by state nutrition standards; submit lesson plans, handouts, and evaluation tools to ELD as required
- Create pertinent, audience-appropriate nutrition education materials for distribution to home-delivered meal participants
- Plan and provide staff training and development regarding nutrition education and food safety practices; lead relevant in-service days and staff meetings
- Review nutritional screening and identify at-risk participants for follow-up
- Assess the nutritional status of older adults via home visits and phone consultations; develop individualized nutrition plans and provide appropriate nutritional counseling
- Work closely with the counseling
- e Director to devise an annual nutrition education plan for home-delivered and congregate meal participants, as directed by state standards
- Develop strategic public relations and marketing campaigns to promote nutrition education programs, as well as congregate meal program attendance
- Coordinate activities, promotion, and necessary distribution for special nutrition projects, such as National Nutrition Month or the Farmer's Market Nutrition Program
- Write, review, and submit all necessary written and verbal documentation, such as nutrition assessments for client visits or nutritional analysis reports; ensure accurate, timely completion
- Attend required state and local meetings, seminars and workshops pertaining to nutrition-related activities

- Initiate and implement quality improvement goals, objectives, and measures for all nutritional aspects of the Elderly Nutrition Program
- Work with the Director to explore, facilitate, and assess innovative methods to enhance program services, cost effectiveness, quality control, and accessibility of the Elderly Nutrition Program
- Assist Director in ensuring that client satisfaction surveys are completed annually for home-delivered and congregate meal participants
- Deliver meals or cover a meal site when needed
- Assume special projects and additional responsibilities as designated by the Director or supervisor

**Qualifications and Skills:**

- MA Licensed Dietitian or Dietetic Technician Registered (DTR), Registered Dietitian (RD) preferred who is a graduate of an accredited college.
- Previous experience in menu planning, nutrition education, and nutrition counseling
- ServSafe Certified
- Food service experience preferred
- Ability to develop professional, harmonious relationships with staff and outside vendors
- Ability to work with diverse staff and program participants
- Excellent oral and written communication skills; solid computer skills
- Must be flexible with the ability to prioritize and multi-task
- Must have transportation and be able to travel locally as necessary
- Must pass CORI background check

**Congregate Meals Coordinator**

**Duties and Responsibilities:**

- Supervise and assist with hiring Meal Site Managers, volunteers and other program staff at meal sites
- Coordinate monthly meal site manager meetings and staff trainings in conjunction with the local Elderly Nutrition Program Director
- Ensure meal site managers and volunteers follow policies and procedures as detailed in the site manager manual and update as necessary
- Validate meals served; monitor the quantity and quality of food received
- Ensure necessary food permits are in place and ServSafe/food safety sanitation licenses are updated among staff
- Monitor daily temperature logs and report problems to caterer
- Assist with required program monitoring reports
- Oversee program assistant in client referral/case management, Brown Bag, and food stamp components of program and, when necessary, serve as back-up
- Provide program outreach and participate in fundraising events as necessary
- Assist Director with allocation of Farmers Market Coupons
- Attend agency, program, and statewide meetings; coordinate staff attendance at agency events
- Assist with general office related activities.
- Deliver meals or cover a meal site when needed
- Assume special projects and additional responsibilities as designated by the Director or supervisor

**Qualifications and Skills:**

- Two years prior experience in a community agency as a case manager or in a nutrition capacity; supervisory and management experience a plus
- Good knowledge of food service principles of geriatric nutrition

- ServSafe Certified
- General computer experience
- Strong communication and interpersonal skills
- Must pass CORI background check
- Must have reliable transportation, ability to work at multiple locations, and must be able to lift 50 pounds as needed

### **Congregate Meals Site Manager**

#### **Duties and Responsibilities:**

- Maintain accurate meal site reservation system
- Collect initial assessment data from new participants
- Supervise auxiliary staff and volunteers
- Report to designated locations on time
- Maintain sanitation standards including maintaining appropriate food temperatures and site cleanliness
- Maintain communication with Congregate Meal Site Coordinator
- Provide program outreach and participate in fundraising events as necessary
- Assist Director with allocation of Farmers Market Coupons
- Attend monthly meetings
- Assist with general office related activities.
- Assume special projects and additional responsibilities as designated by the Director or supervisor

#### **Qualifications and Skills:**

- Must have valid MASS driver's license and reliable transportation to designated location
- Must be dependable and consistently present a neat and clean appearance
- Must have accurate and punctual record keeping skills
- Must work well with elderly participants
- Ability to train other employees
- Ability to handle emergency situations
- Ability to maintain confidentiality regarding all Elderly Nutrition Program participants
- Ability to lift hotel pans of food and or home delivered meal carriers
- Must pass CORI background check
- Good verbal communication skills and ability to use a cell phone that is provided

### **Home-delivered Meals Coordinator**

#### **Duties and Responsibilities:**

- Responsible for recruiting, supervising, and training home delivery drivers and volunteers working in various capacities
- Monitor home delivery route lists, food accuracy, and paper goods order
- Monitor vehicle maintenance and other equipment upkeep
- Oversee validation process for home delivered meals served
- Conduct monthly driver meetings and ensure drivers and volunteers are following established standards
- Update and implement guidelines in home delivery operations manual
- Review and approve drivers' weekly time sheets
- Evaluate driver performance and conduct required performance reviews
- Initiate personnel paperwork for home delivery driver positions

- Update Director on pertinent staffing and operational issues
- Update Director and/or Nutritionist regarding problems with meals and initiate corrections with caterer as appropriate
- Participate in agency and community committees and fundraising activities as needed
- Process client changes in computer when other staff is not available; assist with program data collection and recordkeeping
- Assist with meal orders and holiday meal counts as needed
- Provide backup for any driver if spare driver is unavailable
- Assume special projects and additional responsibilities as designated by the Director or supervisor

**Qualifications and Skills:**

- Must have valid MASS driver's license, good driving record, reliable vehicle, and pass background check
- Good knowledge of vehicle maintenance and delivery systems
- Solid familiarity with program service area roads preferred
- Previous supervisory experience helpful
- General computer skills
- Must possess good interpersonal and communication skills and be team player
- Must be sensitive to elderly needs and community issues
- Must be able to handle many tasks at one time
- Ability to lift hotel pans of food and or home delivered meal carriers
- Must pass CORI background check

**Home-delivered Meals Drivers**

**Duties and Responsibilities:**

- Deliver meals to homebound participants on assigned route
- Report to designated locations on time
- Maintain cleanliness of assigned vehicle daily
- Follow agency delivery procedures as specified
- Keep accurate daily route list and weekly travel and time sheets
- Attend monthly drivers training and other meetings as necessary
- Manage home delivery route list and update participant information as needed
- Refer any problems or changes in participants' status to supervisor
- Communicate any route/client status changes daily to office
- Responsible for collating and distributing monthly donation letter
- Assume special projects and additional responsibilities as designated by the Director or supervisor

**Qualifications and Skills:**

- Must have valid MASS driver's license and reliable transportation to designated location
- Must be dependable and consistently present a neat and clean appearance
- Must have accurate and punctual record keeping skills
- Must work well with elderly participants
- Ability to learn delivery routes and train other employees on route
- Ability to handle emergency situations
- Ability to maintain confidentiality regarding all Elderly Nutrition Program participants
- Ability to lift hotel pans of food and or home delivered meal carriers
- Must pass CORI background check

## Appendix C: Home-Delivered Meals Satisfaction Survey

### Home Delivered Meals Satisfaction Survey

Dear Participant: In order to provide a high quality service, we ask you to complete the following survey. Your answers are anonymous and confidential. We value your input.

1. How many years have you been receiving home delivered meals?

- Less than 1     1 – 2  
 3 – 5     6 – 10     10 + years

2. How many meals do you receive weekly?

- 1 – 4     5     More than 5 (if offered)

3. What is your age range?

- 60 – 69     70 – 79     80 – 89  
 90 – 99     100+

4. Gender?

- Male     Female

5. Your City/Town? (optional)

6. Is the home delivered meal your main meal of the day?

- Yes     No

7. Do you live alone with no one to check on you other your than meals driver?

- Yes     No

8. Because I have a Meals on Wheels driver, I feel less lonely..

- Strongly Agree     Somewhat Agree  
 Somewhat Disagree     Disagree Stongly

9. Would you recommend the meals?

- Yes     No

10. How often are you satisfied:

	Always	Usually	Sometimes	Never
With the taste/flavor of the meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the way the food looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the variety of foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the way the food is cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If you currently receive SNAP benefits (food stamps) and need additional support, which of the following would you prefer most (select one)?

- I am not on SNAP     Additional meal delivered each day     Additional SNAP benefits  
 Someone to help me shop & cook     My current benefits are adequate

Optional (if you would like to discuss the survey):

Name & phone: \_\_\_\_\_

12. Do the meals help you to:

- Live independently     Yes     No  
Eat healthier     Yes     No  
Maintain your weight     Yes     No  
Improve your health     Yes     No  
Manage a health condition     Yes     No  
Feel better     Yes     No

13. How would you describe your overall experience with the driver(s)?

- Excellent     Good     Fair     Poor

14. Do you understand the donation policy?

- Yes     No

15. How would you rate the meal quality?

- Excellent     Good     Fair     Poor

16. Do you find the nutrition information on the menu helpful (e.g. amount of sodium)?

- Yes     No

17. If the meal wasn't delivered, would there be a shortage of food in the house?

- Yes     No

18. How much does the meal contribute to all the food you eat in a day?

- Less than one-third  
 One-third to one-half  
 More than one half

19. How have the meals helped you?

(Continue on other side)

## Appendix D: Congregate Meals Satisfaction Survey

### Congregate Meals Satisfaction Survey

Dear Participant: In order to provide a high quality service, we ask you to complete the following survey. Your answers are anonymous and confidential. We value your input.

1. How many years have you been attending the meal site?

- Less than 1     1 – 2  
 3 – 5     6 – 10     10 + years

2. How many days per week do you typically attend the meal site?

- 1     2     3     4     5

3. What is your age range?

- 60 – 69     70 – 79     80 – 89  
 90 – 99     100+

4. Gender?

- Male     Female

5. Your City/Town?

6. How much does the meal contribute to all the food you eat in a day?

- Less than one-third  
 One-third to one-half  
 More than one half

7. How often are you satisfied:	Always	Usually	Sometimes	Never
With the taste/flavor of the meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the way the food looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the variety of foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the way the food is cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If you currently receive SNAP benefits (food stamps) and need additional support, which of the following would you prefer most (select one)?

- I am not on SNAP     More than one daily meal from this program     Additional SNAP benefit  
 Someone to help me shop & cook     My current benefits are adequate

9. Do the meals help you to:

- Live independently     Yes     No  
Eat healthier     Yes     No  
Maintain your weight     Yes     No  
Improve your health     Yes     No  
Manage a health condition     Yes     No  
Feel better     Yes     No  
Socialize with others     Yes     No  
Save money on food     Yes     No

10. Because I attend the meal site, I feel less lonely..

- Strongly Agree     Somewhat Agree  
 Somewhat Disagree     Disagree Strongly

11. How would you describe your overall experience with the meal site staff?

- Excellent     Good     Fair     Poor

12. Do you eat your main meal of the day at the meal site?

- Yes     No

13. How would you rate the meal quality?

- Excellent     Good     Fair     Poor

14. Would you recommend the meals?

- Yes     No

15. Did you know that meal sites are open to all seniors, regardless of where they live?

- Yes     No

16. Do you understand the donation policy?

- Yes     No

17. How have the meals helped you?

*Optional (if you would like to discuss the survey):*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Appendix F: Menu Specification Checklist

Consortium Name (if applicable): \_\_\_\_\_

Project Name: \_\_\_\_\_

Type of Menu: \_\_\_\_\_

Month/Year: \_\_\_\_\_

REQUIRMENTS	CHECK	COMMENTS
Each meal provides a minimum of 1/3 DRI		
“A” meats 2 times/week		
Chicken 1 time/week		
High Sodium Days (>1200mg and ≤ 1500mg) Not more than 2x / month		Date(s):
Vegetable/Fruit 2x / day		
High Fiber vegetable – 1x / week		
High Fiber bread		
Fruit dessert – 3x / week		
Vitamin A – 3x /week		
Vitamin C – daily		
All available commodities used		
Average commodity usage per meal		\$.
Purchasing Pool		1. Items used: 2. How often is each item used?
Monthly Average NA		mg
Monthly Average Kcal		

Submitted by (2 original signatures required):

Nutrition Director \_\_\_\_\_ Date: \_\_\_\_\_

Nutritionist \_\_\_\_\_ Date: \_\_\_\_\_

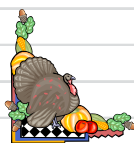
Date menu completed in Computrition: \_\_\_\_\_

## Appendix G: Sample Menu with Nutrition Information

### SENIOR SERVICES Congregate Dining Menu NOVEMBER



**Sodium (NA) is listed next to each item in milligrams**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>3</b> (NA)	<b>4</b> (NA)	<b>5</b> (NA)	<b>6</b> (NA)	<b>7 HIGH</b> (NA)
Portuguese Kale Soup (340)	Meatballs w/Sweet & Sour Sauce (450)	Breaded Pork w/Gravy (510*)	Corn Chowder (345)	<b>SODIUM DAY</b>
Roast Chicken w/Lemon Dill Sauce (172)	Brown Rice (85)	Potato Whip (175)	Stuffed Cabbage w/Tomato Sauce (312)	Split Pea Soup (250)
Whipped Potatoes (135)	Carrots (42)	Broccoli (15)	Green Beans (24)	Slice Ham w/ Pineapple Sauce (710*)
Whole Wht Bread (153)	Rye Bread (200)	White Bread (145)	Whole Wt Bread (175)	Sweet Potatoes (65)
Mixed Fruit (40)	Pineapple (10)	Rice Pudding (155)	Mandarin Oranges (12)	7 Grain Bread (175)
		Diet:Van. Pudding (190)		Fresh Fruit (25)
<b>Sodium (NA): 947mg</b>	<b>Sodium (NA): 985mg</b>	<b>Sodium (NA): 1,107mg</b>	<b>Sodium (NA): 943mg</b>	<b>Sodium (NA): 1332mg</b>
<b>Calories: 698</b>	<b>Calories: 745</b>	<b>Calories: 800</b>	<b>Calories: 782</b>	<b>Calories: 650</b>
<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>
<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>
				

Meals are based on a No Added Salt (3-4 gm sodium diet) for healthy older adults. If you have a special concern re sodium, contact the Nutritionist for guidance on managing your intake to meet your diet requirements.

\*Indicates higher sodium items >500mg. Sodium totals include milk.

## Appendix H: Sodium Policy

### MA Elderly Nutrition Program Sodium Guidelines

Salt, a mineral composed primarily of sodium chloride, is an essential nutrient primarily responsible for regulating fluid balance. Sodium chloride also plays a role in muscle contraction, nerve impulses, acid-base balance, digestion, respiration as well as other functions. Salt flavor is one of the basic tastes and has been used as a method of food preservation for many years.

#### Recommendations/Research

The Institute of Medicine (IOM) has set the Dietary Reference Intake (DRI) for sodium with special consideration to replace sweat losses, especially with high activity levels or humid climates. The DRI Upper Limit (UL) is set at 2.3 grams per day. A < 2.3 gram per day recommendation is set forth by the Department of Health & Human Services (HHS) 2015 Dietary Guidelines for Americans. The IOM does not recommend lower intakes for population subgroups such as seniors because there was no benefit and a risk of adverse effects at levels of 1.5-2.3 gm/day (1). The 2015 Dietary Guidelines no longer recommends a lower sodium intake for the senior population (2). The impact of sodium on health has been contradictory (3). For example, one meta-analysis found that the lowest risk of mortality and cardiovascular events in the usual sodium intake group (2,645 to 4,945 mg/day) compared to the low and high intake groups (4). Another randomized trial of older adults aged 55 to 83 found that a normal sodium diet (2750mg) improved congestive heart failure outcomes compared to a low sodium diet (1800 mg) (5).

#### Sodium and Blood Pressure

These guidelines have been created because for some people, too much sodium can cause a rise in blood pressure; this is called being “salt sensitive”. Patients with elevated blood pressure, kidney, or heart problems often must follow a low-salt diet, generally less than 2g/day.

As is the case with any nutrient, one recommendation does not necessarily fit the needs of whole population. In a position statement of the American Dietetic Association, it is acknowledged that low-sodium diets are often poorly tolerated by older adults and may lead to loss of appetite, hyponatremia, or confusion (6). The paper states that low-sodium diets may be perceived as bland and tasteless and result in unnecessary weight loss, while the benefit of antihypertension treatment may not extend beyond a certain age threshold. It is important to keep in mind the different needs of older adults with regard to sodium.

#### Recommended Eating Plan

The DASH studies (Dietary Approaches to Stop Hypertension) were conducted by scientists supported by the National Heart, Lung and Blood Institute (NHLBI) (7). The studies found that blood pressures were reduced with an eating plan that is low in saturated fat, cholesterol and total fat and emphasizes fruits, vegetables, and fat-free or low-fat milk and milk products. It also includes whole grains, fish, poultry and nuts while limiting red meat, sweets, added sugars and sugar-containing beverages. Sodium intake was also found to be a factor in lowering blood pressure; therefore the DASH eating plan outlines a sample diet to achieve 2.3 grams of sodium per day. This sample diet provides a range of sodium for a daily intake including 3 meals and snacks. For example, lunch ranges from 550mg of sodium to 1235mg. The average breakfast on the DASH sample plan is 467mg, average dinner is 603mg, and an average snack of 180mg. It is also important to remember that increased potassium is also a key factor in the DASH diet in addition to reduced sodium.

## Elderly Nutrition Program

The Nutrition Program guidelines are in accordance with the federal recommendations for sodium and other aspects of the Dietary Guidelines, DRI's (each meal meets 1/3 DRI), and DASH eating plan (emphasizes fruits, vegetables, low-fat milk) and high potassium. A national evaluation of the program found that the meals provided approximately 40 to 50 percent of participants' daily intakes of most nutrients (8). In Massachusetts, over 70% of seniors reported this is their main meal of the day with the meal providing *more* than 1/3 of their daily intake for 85% of the seniors. Program participants, therefore, are unlikely to exceed total daily recommendations when their other meals are factored in. \_

### **How the MA Elderly Nutrition Program Meal Fits**

The Elderly Nutrition program meal provides 700-1200 mg of sodium. Older adults who need to reduce sodium intake, should aim to not exceed the amounts listed below for their remaining meals.

<b>Meal</b>	<b>Sodium</b>
Breakfast	350-450 mg
<b>Lunch</b>	<b>700-1200mg*</b>
Dinner	550-650 mg
<b>Total</b>	<b>1600 -2300 mg</b>

\*The sodium provided in a meal may be lower than the lower end of the range. Two days per month a high sodium entrée is allowed (total meal <1500mg). High sodium entrees must be marked on the menu and an alternative provided.

#### References:

- 1) Sodium Intake in Populations: Assessment of Evidence. Institute of Medicine of the National Academies. Report Brief. May, 2013. [http://www.iom.edu/~media/Files/Report%20Files/2013/Sodium-Intake-Populations/SodiumIntakeinPopulations\\_RB.pdf](http://www.iom.edu/~media/Files/Report%20Files/2013/Sodium-Intake-Populations/SodiumIntakeinPopulations_RB.pdf)
- 2) U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>.
- 3) Trinquart,L, Johns, D and Galea,S. "Why do we think we know what we know? A metaknowledge analysis of the salt controversy" International Journal of Epidemiology, doi: 10.1093/ije/dyv184. Published online February 17, 2016.
- 4) Graudal N, Jurgens G, Baslund B, Alderman M. Compared with usual sodium intake, low- and excessive-sodium diets are associated with increased mortality: A meta-analysis. Am J Hypertens. 2014;27(9):1129-1137.
- 5). Paterna S, Gaspare P, Fasullo S, Sarullo FM, Di Pasquale P. Normal-sodium diet compared with low-sodium diet in compensated congestive heart failure: Is sodium an old enemy or a new friend? Clin Sci (Lond). 2008;114:221-230.
- 6) Position of the American Dietetic Association: Liberalized diets for older adults in long-term care. *J Am Diet Assoc.* 2002;102:1316-1323.
- 7) Sacks, Frank M; Obarzanek, Eva; Windhauser, Marlene; Svetkey, Laura; Vollmer, William; McCullough, Marjorie; Karanja, Njeri; Lin, Pao-Hwa et al. (March 1995). "Rationale and design of the Dietary Approaches to Stop Hypertension trial (DASH)". *Annals of Epidemiology.* 1995;5: 108–118.
- 8) "Serving Elders at Risk, The Older Americans Act Nutrition Programs, National Evaluation of the Elderly Nutrition Program, 1993-1995, Vols. 1-3" (July 1996)



**Areas of Need:** Please mark all that apply with either an **I** (Independent) or **A** (Assistance Needed)  
**Please add up all “I & A’s.”**

<b>ADLS</b>		
Bathing	Eating ( <i>cutting up food, etc.</i> )	Mobility Inside the Home
Dressing	Transferring ( <i>in/out bed, chair, etc.</i> )	Toileting

Total # of Independent (I):	Total # of Assistance (A):
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<b>IADLS</b>		
Meal Prep	Shopping	Transportation
Housekeeping/Laundry	Medication Management	Money Management
Heavy Chores ( <i>snow removal, etc.</i> )	Using the Telephone	Ambulation Outside the Home

Total # of Independent (I):	Total # of Assistance (A):
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### **Nutritional Risk Assessment**

Please check all that apply. When finished, **please** add your total points to find your Nutritional Risk score.

	Are there times when you are unable to afford groceries?	4 Points
	Do you eat fewer than two (2) meals per day?	3 Points
	Do you have a condition/illness that changes the kind/amount of food you eat?	2 Points
	Do you eat less than two (2) servings of fruits and vegetables per day?	2 Points
	Do you drink three (3) or more alcoholic beverages a day?	2 Points
	Do you have any dental/mouth issues that make eating difficult?	2 Points
	Have you gained or lost ten (10) or more pounds in the last six (6) months?	2 Points
	Are there times when you are physically unable to shop or cook for yourself?	2 Points
	Do you eat alone most of the time?	1 Point
	Do you take three (3) or more medications per day?	1 Point
		<b>Total # of Points</b>