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Part 1. Nutrition Services

Nutrition services include the procurement, preparation, transport, and provision of meals and nutrition education to older persons at congregate sites or in their homes.

Nutrition-related support services may include outreach, transportation and escort of older persons to nutrition sites, physical fitness activities, and food shopping assistance.

Nutrition services are provided to assist older Americans in living independently and promoting better health through improved nutrition and reduced isolation via a program coordinated with other supportive and health services.

A. Goals and Objectives

The goal of OAA Title III C programs is to maintain or improve the physical, medical, psychological, and/or social well being of older persons by providing or securing appropriate nutrition services.

1. Give preference to those seniors in greatest economic or social need;
2. Maintain or increase the number of meals served consistent with funding levels and inflation rates;
3. Serve meals that are nutritious, safe, of good quality, and at the lowest reasonable cost;
4. Promote increased cost effectiveness through improved program and food service management;
5. Promote and maintain high food safety and sanitation standards;
6. Promote and maintain coordination and referral with other supportive services;
7. Utilize meals program to provide health promotion and disease prevention support.

B. Organizational Structure

The services provided by the Elderly Nutrition Program (ENP) must ultimately meet the needs of the consumer and therefore the benefits the consumer receives are of primary importance. California Department of Aging (CDA) provides resources and guidelines, and monitors the local Area Agency on Aging (AAA).

The Area Agency on Aging provides technical assistance, resources and monitoring to local service providers.

Local service providers will serve meals in accordance with the requirements of the Older Americans Act (OAA), Title 22 Code of Regulation Division 1.8, Chapter 4, California Retail Food Code (CalCode), Minimum Menu Requirements and Nutrition Standards, Alameda County AAA contractual requirements, and PSA 9 Alameda County Nutrition Policies and Procedures.
FUNDING STREAM AND REGULATORY STRUCTURE

Older Americans Act (OAA)

↓

California State Department of Aging (CDA)
Area Agency on Aging 9 (AAA)
(Alameda County)

↓

Local Service Providers

↓

Consumer
C. Eligibility Criteria

A. Congregate Meals
Refer to Title 22 Code of Regulations, Division 1.8 Title C- Elderly Nutrition Program §7638.1;

1. Providers will utilize the C1 SAMS Client Registration Form for initial and annual MIS client updates.

B. Home Delivered
Refer to Title 22 Code of Regulations, Division 1.8 Title C- Elderly Nutrition Program §7638.3;

1. Home delivered meals clients receiving a second meal must conform to the following:
   a. Agencies may submit NSIP (USDA) reimbursement claims for more than one meal per day on clients that the local agency has selected as high risk. The second meal may be either a hot or frozen meal.
   b. High risk criteria for delivery of a second meal must be developed by the local agency and approved by the AAA if an agency will consider the delivery of a second meal.
   c. No senior may be denied a meal because another senior is receiving more than one meal.

2. Waiting list for home delivered meals requirements include:
   a. The decision whether or not to place clients on a waiting list and their position on that list, shall be based on greatest need and/or in accordance with the Waiting List Procedures as described in Part 5. F of this manual.
   b. Agencies shall use the AAA SAMS Client Registration Form for all client assessment.
   c. A screening assessment by telephone or in - home visit shall determine those individuals eligible to be placed on the waiting list. Decisions will be based on highest priority. No individual will be denied participation solely because of an inability to pay or because the senior resides in a particular geographic location.
   d. All agencies will utilize the Alameda County (PSA 9) Home Delivered Meals Priority Ranking. (See Part 5.G.)
   e. Home delivered meal participants must be informed that a priority system is in effect. Ranking within the priority system will determine one’s ability to receive meals.

D. General Requirements
Nutrition Providers shall administer the Senior Nutrition Program utilizing the following guidelines:

1. Provide efficient and economical delivery of meals and other nutrition services and to ensure coordination with related programs.
2. Conform to all state and local health and safety standards and building codes, including the California Retail Food Code.
3. Give preference to individuals in greatest economic or social need.
4. Have a designated site manager.
5. Operate all C-1 sites at least four days a week unless otherwise approved by the Alameda County Agency on Aging.
6. Provide at least one (1) hot or other appropriate meal per day.
7. Utilize established eligibility criteria for Congregate and Home-Delivered Meals.
8. Have a system for provision of emergency home delivered meals.
9. Utilize established Priority System for developing a waiting list for Home-Delivered Meals.
10. Establish a plan for outreach activities to encourage and ensure new participation by eligible seniors.
11. Establish guidelines for site use ensuring that other activities do not interfere with service of meals to participants.
12. Provide C-1 nutrition education services quarterly.
13. Provide C-2 nutrition education services monthly.
14. At a minimum, distribute the AAA Client Satisfaction Survey annually in order to obtain the views of their participants.
15. Monitor improvement in client satisfaction.
16. Permit all participants to eat a leisurely meal in a facility where they feel welcome and comfortable.
17. Be located within walking distance, when possible, of concentrations of older persons.
18. Meet the requirements of the Americans with Disabilities Act.
19. Provide for celebration of at least twelve special occasions by participants annually.
20. Provide usable fire extinguishers and instructions governing their use.
21. Have staff trained in emergency procedures.
22. Each project or sites council should decide the best manner to address the issue of prayer before meals in the C1 program. There is no conflict with federal regulations to have prayer at sites.

E. Staffing Requirements

Providers shall ensure that the following staffing requirements are adhered to:

1. A sufficient number of personnel must be available to carry out the needs of the program.
2. It is recommended that staff members receive a performance evaluation annually. Evaluation shall be documented and kept on file.
3. All programs shall refer to Title 22, Division 1.8, Chapter 4, §7636.3 for staff qualifications, and §7636.5, for staff training requirements.
4. All programs shall employ a Registered Dietitian in accordance with Title 22 Code of Regulations, §7636.1

5. Nutrition Service Directors and Food Service Managers shall conform to the requirements set forth by Title 22 Code of Regulations and California Retail Food Code (CalCode) at the time of hire. Exceptions must be approved by AAA dietitian.

6. All Food Service Directors and dietitians will maintain current ServSafe Certification by the National Restaurant Association. Meal Site Managers, whether paid or volunteer, must also be ServSafe certified.
F. Staff and Volunteer Training

Staff and volunteers will receive training per *Title 22 Code of Regulations §7636.5* requirements. Volunteers will receive training in the same manner as staff.

1. All staff, paid and volunteer, shall be oriented and trained to perform their assigned responsibilities and tasks.

2. A yearly written plan for in-service training designed to improve staff performance and responsive to identified needs and staff requests shall be developed and sent to the AAA annually.

3. The plan shall identify month of training and shall specify who will conduct the training.

4. Content of all in-service training shall be reviewed and approved by the provider Nutritionist prior to presentation.

5. All training shall be documented and records maintained on file for assessment and/or audit purposes by the AAA. Records may be discarded after agency has received an undisputed site monitoring report.

6. Training shall be provided for all personnel (both paid and volunteer staff) on a quarterly basis.

7. At least one of the training sessions shall include the prevention of food borne illness and should include the principles of Hazard Analysis Critical Control Point (HACCP). All food service personnel shall attend.

8. Emergency procedures training shall be provided and shall include instruction on fire safety, first aid, choking, cardiopulmonary resuscitation, earthquake, and other safety procedures.

9. Staff shall be appropriately trained in screening and assessment polices and procedures.

10. Training sessions shall be evaluated by those receiving the training. Evaluations shall be maintained on file for assessment and/or audit purposes.

11. All Home Delivered Meals (C-2) agencies are encouraged to utilize the *Meals on Wheels Driver Manual: Volunteer and Paid Staff* developed by the AAA, or an agency-developed substitute.

12. All kitchen and meals on wheels staff are encouraged to attend *ServSafe* training. See Part 9: C (3) of this manual.

G. Volunteer Support

Refer to *Title 22 Code of Regulations §7636.5* and *CDA Section H, 141.7(c)*. Also refer to *Part I. Staff Training*.

1. Programs are encouraged to use volunteers in the meal program whenever possible.
2. Local agencies shall have a policy regarding eligibility of free meals for volunteers. All policies shall be approved by the AAA. All meal site directors shall receive instructions regarding volunteer meals policies. Instructions will include eligibility and documentation. A copy will be available at all meal sites.

3. A Volunteer Manual will be developed by all programs utilizing volunteers and will be approved by the AAA. The manual will be available to all volunteers and to the AAA during on-site monitoring.

4. Meals on wheels paid or volunteer drivers may not have a history of any felony, or any drug or elder or domestic abuse conviction. Local agencies should have established policies regarding volunteer drivers with a misdemeanor conviction history, particularly regarding DUIs.

5. All paid or volunteer meals on wheels drivers must have a current drivers’ license and drivers insurance. Agency must verify validity of current license for all drivers, paid or volunteer, at least annually.

H. Sample Job Descriptions

1. Senior Nutrition Program Director

Supervisor: Executive Director

Objective: The Senior Nutrition Program Director manages the Senior Nutrition Program which provides meals and social support to seniors eligible for services under the Older Americans Act.

Responsibilities:
   a. Manage and coordinate the Senior Nutrition Program, including central kitchen, home-delivered meals and congregate nutrition to maintain compliance with Title III, Older Americans Act, and to conform to policies of the California State Department of Aging (CDA) and Area Agency on Aging (AAA).
   b. Develop and manage the Senior Nutrition Program operational budget in coordination with the Executive Director.
   c. Plan, coordinate and conduct nutrition education, menu development and evaluation.
   d. Supervise and provide on-going support for the nutrition site managers.
   e. Maintain required CDA and AAA workload and participant records.
   f. Develop and implement training programs to enhance staff and volunteer skills.
   g. Develop and implement marketing strategies to ensure program identification and utilization by eligible seniors, especially under-served groups.
   h. Plan, coordinate and assist in recruitment and recognition of program volunteers.
   i. Develop a system to facilitate and monitor program improvement and quality assurance.
   j. Comply with federal, state and county regulations pertaining to health, safety and sanitation inspections and records.
   k. Coordinate services with the Area Agency on Aging Nutritionist.
   l. Represent the agency in community forums as needed.
   m. Perform other duties and special projects as assigned by the Executive Director.
2. Site Manager

Supervisor: Senior Nutrition Program Director

Objective: The Site Manager plans, organizes, directs, and coordinates nutrition site programs including Home-delivered Meals, and works with other community agencies to increase the effectiveness of site programs. Duties are managerial in nature and require initiative, leadership ability and sensitivity to the needs of seniors.

Responsibilities:

a. Motivate and supervise site staff, both paid and volunteer.
b. Initiate and develop socialization activities and programs for seniors, obtaining community support as needed.
c. Volunteer recruitment, coordination, training and development
d. Coordinate and direct site procedures required to support the Home-Delivered Meal Program.
e. Collect and record program income (congregate and home-delivered meals donations) daily and depositing of monies as required.
f. Maintain accurate records and insure the timely reporting of all site activities as required by the Title III, Older Americans Act and by local governmental agencies.
g. Comply with Title III requirements which include safety, sanitation, atmosphere, food portion control, confidentiality and social services.
h. Coordinate and cooperate with other service programs/agencies providing services to seniors.
i. Participate in Nutrition Site Advisory Council meetings and assist in the development of projects to enhance the program for all participants.
j. Perform other duties as assigned.

Part 2. Nutrition Education

Refer to Title 22 Code of Regulations, §7638.11.

Nutrition education services are defined as regularly scheduled programs, such as demonstrations, audiovisual presentations, lectures, and small group discussions, which are planned, approved, and coordinated by a qualified Dietitian/Nutritionist. Their purpose is to inform individuals about available facts and information that will promote improved food selection, eating habits, and health and nutrition related practices. These activities will be designed to:

a. Assist older persons in understanding the role of nutrition and physical activity in health promotion and chronic and acute disease prevention;
b. Aid older persons in making sound food choices and in obtaining the best food to meet nutritional needs for the least money;
c. Make older persons aware of community-sponsored nutrition programs which encourage and promote sound nutritional habits and good health; and
d. Provide general information to older persons, where feasible, in the area of special diets and special menus required by health or social conditions.
General Requirements:

A. All nutrition education plans, activities and materials will be approved by the Service Provider Dietitian/Nutritionist and sent annually to the AAA Senior Nutritionist for review.

B. Nutrition education services will be provided by a Dietitian/Nutritionist or by personnel trained or approved by the Dietitian/Nutritionist. Priority will be placed on coordinating with community resources.

C. Nutrition education services will be planned for both C-1 and C-2 participants and will occur on a regularly scheduled basis. Anticipated expenses will be included in the program budget. Printed and other visuals materials will be available on a continuing basis at dining sites.

D. Nutrition education services will be based on the particular need of congregate and homebound older persons as determined by annual needs assessment and evaluation of service impact.

E. All nutrition education activities will be documented and recorded in SAMS.

F. Copies of nutrition education “lesson plans” and distributed written materials will be kept on file for review at the AAA on-site monitoring.
   1. Nutrition and health promotion education shall be offered in C-1 at least four times annually as an on-site presentation which may or may not be augmented by written materials. At least one presentation annually will be on safety and sanitation.
   2. Nutrition and health promotion education shall be provided monthly in C-2, and may be printed material attached to the menu.

Part 3. Nutrition Counseling

Individual dietary evaluation and counseling for therapeutic needs is not provided. Clients needing this service are to be referred to a local hospital, nutrition service, or an appropriate nutritionist. Local agencies dietitians or the AAA can assist with referrals.

Part 4. Contributions

A. General Guidelines

1. All participants shall be given the opportunity to contribute to the cost of the meals.

2. Providers shall develop suggested contribution amounts after approval from the AAA program liaison.
   a. When developing such suggested contribution amounts, the income ranges of the older persons in the community shall be considered and the provider’s other sources of income shall also be considered.

3. Providers shall establish procedures to protect the privacy of each participant regarding his or her contribution.

4. Each participant shall determine the amount of his or her contribution.
   a. Contribution schedules shall not be used as a means test to determine eligibility for nutrition services.
b. No older person shall be denied participation because of failure or inability to contribute.

5. All contributions, including those for guest and staff meals, shall be used to increase the number of meals served, to improve the quality of the meal served, and/or to provide other nutrition services.

6. Providers shall establish procedures to protect contributions from loss, mishandling, and theft.

7. Providers shall receive prior approval from the AAA to increase suggested donations and/or guest fees.

B. Congregate Program

1. Contribution containers shall be placed in a location accessible to all participants.

2. A sign indicating suggested contribution and guest fee amounts is to be posted near the contribution container.

3. All participants, seniors and volunteers, must complete a sign-in form for each meal eaten. Programs should use the sign-in form to determine daily meals served.

4. Participants may not sign for meals in advance, nor can one person complete the sign in for another.

5. Monies used for the purpose of making change for seniors shall not be left unattended at any time.

6. All contribution shall be counted and verified by two (2) people. One (1) person must be a staff member; the other person can be a staff member or volunteer.

7. All contributions shall be secured in a safe location until time of deposit.

8. Contributions shall be deposited on a pre-determined schedule.

9. Deposit slips shall be maintained on file for assessment / audit purposes.

10. Local program staff may not monitor individual contribution amounts. Donation amounts must be recorded in aggregate.

C. Home-Delivered Program

1. Participants shall be provided with written information regarding suggested contributions and procedures for making said contributions. Information should include the following:
   a. Participants should be encouraged to use checks or money orders when possible, made payable to the Senior Nutrition Program,
   b. Participants shall be advised that contributions can be made on a daily, weekly or monthly basis.
c. Participants shall be advised that contributions can be mailed directly to the Nutrition Site or can be provided to the Meal Delivery person at the time meals are delivered.

2. At no time should the participant be asked for their contribution by their driver.

3. All home delivered meal clients shall receive a receipt for any and all cash donations to drivers.

4. Providers shall establish a written procedure to collect donations.
   a. Example: Use of envelopes will insure the security and confidentiality of contributions made by participants.

5. No person shall be denied participation because of failure or inability to contribute.

6. Contributions shall be secured by the delivery person until they can be returned to the Senior Nutrition Program Manager.

7. All contributions shall be secured in a safe location until time of deposit.

8. Contributions shall be deposited on a regular basis and deposit slips shall be maintained on file for assessment / audit purposes.

9. Local program staff may not monitor individual contribution amounts. Donation amounts must be recorded in aggregate.

10. C2 cash contributions will receive a receipt from the driver.

**Part 5. Meal Reservation System**
Nutrition Providers shall establish procedures that ensure the accuracy and authenticity of the number of eligible participant meals served each day.

**A. Kitchen Procedures (also Refer to Part 26)**

1. The food received must match the certified menu for that date. Substitutions will be rare, and all sites will be notified of changes and will inform seniors that the menu may be changed. "As served" menus or a substitution list will sent to the AAA at the end of the month.

2. The amount of food delivered should be the amount ordered.

3. All food must be delivered in a clean carrier/Cambro.

4. All hot and cold foods must be delivered at safe temperatures.

5. All food should leave the kitchen and be served within two (2) hours.

**B. C1 Congregate Program**
1. Providers shall obtain:
   - an original signature for each eligible participant receiving a meal;
   - an original signature of each staff or volunteer and persons under 60 years of age receiving a meal.

2. Sign-in procedures assist in forecasting the number of meals to be prepared and served and assist in data collection.

3. Meal counts should be called into the main nutrition site as soon as the information is obtained, per the schedule established locally between kitchen and site operations.

C. Congregate "To Go" Meals Policy

“Take home” meals from congregate meal sites are not eligible for Administration on Aging (AoA) funding because they are not provided in a congregate setting. See Section 331 (2) of the Older Americans Act.

The California Department of Aging (CDA) allows some flexibility for “take home” meals, primarily those for AoA funded congregate meal participants who are assessed to need a second meal or for a regular congregate participant who are unable to attend the meal site because of a brief (three days or less) illness.

1. All "take home" meals must meet the following requirements:
   - All clients who receive "to go" meals must meet Title 22 eligibility requirements for C1 participation.
   - "Take home” meals must be accompanied with instructions for safe storage, transport, and reheating.
   - All food safety rules in handling and packing the meal must be followed. Meals should be packed in an appropriate container.
   - All clients should receive education about food safety risks with taking food home and be encouraged to go home directly after receiving their meal.
   - Meal distribution will be anticipated in advance, and frozen or cold meals will be distributed. Sites may not use leftover site meals as "to go" meals under any circumstances.
   - All "to go" clients under criteria B (second meal) or C (week-end meal) must complete a "To Go" Meals Approval Form. (See sample attached.)
   - Local programs will develop a reservation system for "to go" meals.
   - A donation request may be made, and the donation request may be higher to include the cost of packaging. No fees may be levied for the "to go" meal or its packaging.
   - To assure that meals meet nutrient standards, all “take home” meals must contain the same meal components as the congregate menu.
   - Client must have a working refrigerator and either microwave or oven at their home.
   - A client may receive a "to go" meal for 3 consecutive days only without additional risk assessment. The meal site staff must keep a record of all seniors who received a "to go" meal. After three days, the client should be assessed for eligibility for home delivered meals if they want to continue to receive meals.
   - Local programs may develop their own "to go" meals policy only after approval from the AAA.
2. Clients who attend the meal site and regularly want a second meal for an evening meal must also meet the following requirements:
   ✓ The client must meet high risk criteria on Registration Nutrition Risk score.
   ✓ The client has difficulty preparing nutritious meals for themselves.
   ✓ Brown Bag clients who meet criteria 1 and 2 will be encouraged to utilize the second meal option.

3. A site that is closed on week-ends may consider provision of "to go" meals on Fridays. The client must meet the following requirements:
   ✓ The client has difficulty preparing nutritious meals for themselves on days when meals are not served.
   ✓ The client must meet high risk criteria on Registration Nutrition Risk score.

D. C2 Home-Delivery Program

1. Home-delivered meal drivers shall obtain an accurate meal count for the next day.

2. Drivers should add additional meals to their meal count to accommodate for temperature checks or have received instructions on how to properly take a temperature of a meal without causing bacterial contamination.

3. Meal counts should be called into the main nutrition site as soon as the information is obtained, per the schedule established locally between kitchen and site operations.

E. Meal Cancellations

1. Information pertaining to meal cancellations for Home-Delivered Meal participants shall be documented so as to monitor participants' status.

2. Home-Delivered meal drivers shall be notified of any cancellations as soon as possible so that adjustments can be made to the delivery route.

3. Follow-up with the participant shall be conducted to determine when meal delivery is to resume.

4. Local programs shall inform clients at enrollment of cancellation policies and expectations.

F. Client Not Home

1. Safety and sanitation considerations preclude meal delivery to homes in which no one is available to receive them at the door.

2. Drivers are encouraged to not enter the home. Bedridden or disabled seniors must have a caregiver to receive meals at the door.

3. Home delivered meal clients should be told that they will be asked to donate for meals that were prepared and sent, even if the client was not home to receive the meal.
4. Safe food handling practices require that food be maintained at safe temperatures until served to the customer to prevent bacterial growth and toxin formation. (Refer to Title 22 Code of Regulations Title IIIIC Elderly Nutrition Program § 7636.1 (b) 4 and the California Retail Food Code (CRFC) 113996 (a).) Leaving a meal unattended is not considered “delivery to the customer”. Leaving the meal in a cooler, in a bag, or on a chair by the door will not ensure the safety and security of the meal. A local program may be liable if a meal participant becomes ill from eating food that has been contaminated due to unsafe handling practices.

Home meal delivery is also a safety check on clients. If a resident does not answer the door and a meal is left there is no way to ensure the well being of the client. If a participant does not answer the door on a regular basis, assessment of their homebound status is necessary. If a client is often not at home, their need for the meal service must be re-evaluated. Occasional or regularly scheduled medical appointments are legitimate reasons for not being home to receive the meal.

If a client is unable to come to the door to accept a meal and there is no caregiver in place, the client may be at risk. The meals on wheels program assessment coordinator should follow up and refer client to appropriate resources, including IHSS, ADHP, ADC, or other support. Efforts must be documented in the client file. An APS referral may be appropriate.

Leaving a hot, cold or frozen meal in a cooler cannot guarantee maintenance of safe food temperatures, with or without blue ice. Home delivered meal clients are considered a highly susceptible population by CRFC and special precaution must be taken as they are particularly vulnerable to food borne illness.

The client should be educated to let the program know at least a day in advance if they will not be home to receive the meal, for whatever reason. If a client is not at home, a note should be left stating that the program tried to deliver the meal and should request that the recipient call the meals on wheels program. Contact with the client or their emergency contact should be initiated before the end of the day if the program has not learned the disposition of the client.

A driver log and good communication between drivers and program administration should help track daily counts and reservations. If a client has not informed a program in advance that they will not be at home, the program may request a donation for the undeliverable meal. An extra meal may be delivered to another client on the route. However, any meal returned to the program must be discarded.

The following options may be considered by local programs to ensure that all clients receive a meal as intended:

- Deliver a frozen meal the day before along with the regular meal delivery.
- Make arrangements with a neighbor to receive the meal with permission of the client and the understanding that the neighbor will properly store the meal until the client comes home.
- A driver may return to the home at the end of the route to try again.
- A driver may choose to call the home of the client in advance to allow time to get to the door.

Whichever option is chosen, all participants must be informed at enrollment of expectations regarding their willingness and capacity to accept the meals, and include reinforcement at the initial and subsequent home
visits. Clients should receive their meals within a consistent time frame so that they can plan appointments and other activities accordingly.

**G. C2 waiting List Procedures**

The following procedures should be followed when a local program has a waiting list.

1. **Client Guidelines**
   a. Inform senior that s/he may be put on a waiting list.
   b. Take a complete intake.
   c. Inform the senior or referring agent that if they do not hear from the program within three weeks, they should call back to inquire about their status.
   d. Send local food resource information to client if available.

2. **Route Placement Procedures**
   a. Determine priority level.
   b. Add senior to local program ‘waiting list” form. Waiting list form should include, at a minimum, the Date Client Placed on Waiting List, Client Name, Priority Ranking, Route Placement, Start Date, and initials of appropriate staff.
   c. As clients drop off program, offer the slot to waiting list seniors based on priority, date and route—in that order.
   d. Call the senior to inquire if they still have a need for meals on wheels. If yes, document the start date of their meal service and remove from the “waiting list” form.
   e. Provide a menu, magnet, nutrition education and/or additional outreach materials to client on start day,
   f. Indicate on AAA HD 101 Assessment Form the actual start date of meal service.

**G. Home Delivered Meals Assessment Criteria and Priority Ranking**

Title 22, Division 1.8, California Department of Aging, § 7638.36 (c) states:

Requirements for Home Delivered Nutrition Services

*Establish a waiting list for home-delivered meals whenever the home-delivered meal providers are unable to provide meals to all eligible individuals. The decision to place eligible recipients of a home delivered meal on a waiting list, and their position on such a list, shall be based on greatest need and/or in accordance with policy established by the home-delivered meal provider, in consultation with the AAA.*

- All funded meal providers must establish and keep a written waiting list, including name, address, and priority ranking, for all eligible potential meal clients who are not able to be provided immediate service.

- At a minimum, potential clients must be contacted quarterly for a potential change in status and to keep the waiting list current and relevant.
• All clients put on a waiting list will be given alternative food option, using the AAA Food and Nutrition Resources and other local as resources.

Clients must meet criteria within a priority to qualify at that level of need. All clients must be homebound (unable to leave their home without assistance) to be eligible.

*If a client is physically unable to receive meals at the front door and does not have caretaking support, the meals on wheels program should refer the client to IHSS, a skilled nursing, or other supportive care.*

**Priority A**  Urgent Need—must have at least two risk factors
- lives alone, with no home care
- recently discharged from hospital (within last two weeks)
- confined to bed
- no access to meals (including no one to prepare food at home)
- low income (SSI or lower) with additional risk factors
- impaired in at least two of the following three Activities of Daily Living (ADL): transfer, eating, or walking
- impaired in at least two of the following Instrumental Activities of Daily Living (IADL): prepare meals, mobility indoors, shopping for personal items
- home in severe state of disrepair
- dementia / mental illness/ depression
- APS referral

**Priority B**  Significant Need—must have two or more risk factors
- undependable help from a caregiver
- limited help from homemaker or family members (number of hours, extent of food preparation)
- physical/ emotional/mental illness with impaired ADLs or IADLs
- home is inadequately maintained
- unable to shop for food and/or prepare meals

**Priority C**  Qualifying Need
- not consistently able to obtain adequate meals
- inadequate cooking facilities and food storage (i.e. non-functioning stove, no refrigeration)
- meal delivery to same address (i.e. high priority spouse receiving meals)
- frail and/or advanced age
- unable to shop for food and/or prepare meals

**H. Catered Meals**

1. Contracted catered meal providers will comply with all AAA requirements set forth in this manual for meal service for all AAA-funded meals.

2. All catered meal providers will establish a written system for meal reservation with delivery agency that is reasonable and will include procedures and timelines.
3. Both catered meal provider and delivery agency will document daily in writing the number of meals ordered and delivered. (See Part 6. Meal Shortages.)

4. All kitchen equipment purchases for catered meal operators are the responsibility of said agency.
   a. Cambros or other delivery equipment will be returned clean to catered agency.

I. C2 Client “Holds” and Termination

Meals on wheels participants may stop receiving meals for a variety of reasons and duration. For example, the most common reason for short term stoppage of meals is that the client has entered the hospital and subsequent skilled nursing for medical reasons.

Each C2 program must terminate a client from the program and SAMS who has not received a meal for 60 days. If the client re-enrolls, s/he will be treated as a new client with new nutrition screening, ADL and IADL scores, and priority ranking.

A system must be in place at each local agency to ensure identification of clients who are “on a hold”, and must include the reason for which the client is not currently receiving meals.

Terminated client files must be removed from the active files.

J. Meal Tickets

One method of donation to the congregate meals program should not take precedence over another. Meal tickets are an option Elderly Nutrition Programs (ENP) may use to simplify the donation process for participants especially those who would like to make one donation per month. To ensure the confidentiality of the donation and the solicitation for meal tickets is non-coercive the following policies and procedures must be in place.

§ The person responsible for issuing the meal ticket should be a paid staff member. If a volunteer is the only person available to distribute the tickets, local program management staff should regularly monitor to ensure that the seniors do not feel obligated to pay any or a certain amount for the card.

§ Meal tickets must be kept secure.

§ The suggested donation amount should be clear and include a donation request which is non-coercive and include language that the participant will not be denied a meal ticket if unable or partially able to donate. Seniors must not feel coerced into "buying" a card.

§ To maintain donation confidentiality the participant must place the donation into the box, envelope or other confidential method.

§ The meal ticket can be used at any time and has no expiration date.
§ When the participant uses the meal ticket they must still sign in for the meal they receive at the meal site.

§ Lost or stolen cards will not be replaced.

Part 6. Meal Shortages

A. Site managers at congregate sites shall insure that proper portion control measures are utilized by staff and volunteers when meals are served.

B. Site Managers and Drivers shall insure that congregate meals served and home delivered meals served are complete meals as specified on the menus.

C. To assist in the prevention of meal shortages the following measures should be taken:

1. Upon receipt of meals, Nutrition Site Managers and Home-Delivery Meal Drivers should conduct a quick comparison of meals ordered versus meals (portions) received and menu items listed versus received.

2. Site Managers and Meal Delivery Drivers should notify the main kitchen immediately of any meal shortages.

3. The main kitchen shall make arrangements to immediately deliver supplemental food menu items to cover any shortages.

4. The main kitchen should take necessary measures to determine the reason for meal shortages and implement necessary measures to prevent future occurrences.

Part 7. Documentation of Eligible Participants (Also refer to Part 12: Reporting Requirements)

The California State Department of Aging requires providers to establish record procedures that ensure the accuracy and authenticity of the number of eligible participant meals served each day.

Information shall be obtained in accordance with the current Alameda County Area Agency on Aging requirements. Providers shall establish and maintain a data collection/ MIS system that accurately summarizes program and financial information. All records and reports shall be maintained for assessment / audit purposes.

Providers shall maintain confidentiality of all clients. No provider shall distribute their client information to an outside agent without express written permission from the client.

A. Congregate Meal Participants

1. MIS information related to congregate participants shall be documented in SAMS within the first month of their participation.
   a. Providers shall complete a registration form, including a Nutritional Risk Assessment on all seniors participating in the Congregate Meal Program.
2. Providers shall develop and maintain records on participants which document:
   a. Eligibility for service;
   b. Information related to emergency care;
   c. Economic and social need indicators; and
   d. Need for and referral to other appropriate services.

3. All information obtained is to be maintained in a manner that confidentiality will not be violated.

4. Information cannot be released without the written consent of the participant.

5. Providers shall ensure that no older persons are denied services if such persons refuse to provide written informed consent.

6. All records and reports shall be maintained for assessment / audit purposes.

B. Home-Delivered Meal Participants

1. Providers shall develop and maintain individual files on each eligible Home-Delivered Meal participant which document:
   a. Eligibility for service;
   b. Information related to emergency care;
   c. Economic (low income) and social need indicators (ADLs, IADLs);
   d. Need for and referral to other appropriate providers;
   e. Nutrition Screening.

2. Files shall include the following documents:
   a. Current C2 SAMS Client Registration form.
   b. Emergency Contacts.
   c. Documentation of priority.

3. Initial screening and assessment to determine eligibility can be accomplished by telephone or in-home assessment and shall be documented in the participant file.

4. Verification of eligibility shall be determined through an in-home assessment within two weeks of beginning meal delivery. Assessment forms shall be maintained in the participant file.

5. All meals on wheels clients must be living in a legal residence. Seniors living in illegal parked RVs or homeless seniors are ineligible for the program. Homeless or encamped seniors should be encouraged to attend a congregate dining site.

6. All local programs will provide home delivered meal assessment via a home visit at least every six months on every client. Quarterly assessments may be done in the home, by phone, or via the driver completing the Quarterly Driver Assessment (QDA). Alternatives to the QDA form available from the AAA must receive prior approval for use by the AAA dietitian.
7. Provider will update C2 SAMS Client Registration Form annually, including an updated nutrition screen, ADLs and IADLs, updated income information, and priority for service. New client forms will be attached to past forms.

8. Each local program will have a written protocol in place in which the drivers communicate regularly with the home delivered meal coordinator regarding the status of clients on their routes. Methods of communication may include weekly or monthly updates via staff or private meetings with the home delivered meals assessment staff, written concerns or comments from the driver to the assessment staff, or a local form in which the driver comments on each person on his or her route on a regular schedule. All driver concerns will be documented in the chart of the client.

9. Information pertaining to new participants as well as updated information for existing participants shall be maintained current at all times.

10. All records and reports shall be maintained for assessment / audit purposes.

C. Removal from C2 Program

Clients that have one or more of the following may be removed from the program or put on a waiting list.

A. Client is not high enough on priority list.
   1. Example: Client is Priority C (frail, homebound) and program is only serving Priorities A and B;
      a. Meals will not be sent on days in which client has in home support which includes meal preparation: can be family or IHSS or private pay home care worker.
      b. Client has ability to get food from other sources.

B. Client no longer meets criteria for MOW. Refer client to congregate meal program.

C. Client is not complying with MOW regulations.
   1. Client refuses to allow a home visit or is unavailable for home visit after 3 attempts. (See Part 22: B)
   2. Client or family is abusing the service i.e. client isn’t eating the meal but family members are. (Referral MUST be made to social service agency for all abuse situations.)

D. Client has been “on hold” for more than 60 days. Refer to Part 5, I. C2 Client “Holds” and Termination.

Part 8. Participant Evaluation of Services

Providers should develop and utilize procedures for obtaining the view of participants about the services they receive. All senior meals program providers will complete at a minimum an annual Client Satisfaction Survey provided by the AAA in appropriate languages.
Part 9. Food Service Requirements

All nutrition service providers will comply with Title 22 Code of Regulations, Division 1.8, CalCode, specifications set forth in the RFP, Alameda County AAA Policies and Procedures, Minimum Menu Requirements and Nutrition Standards, and Exhibit A of their contract.

A. Health and Safety Inspections
Refer to Title 22 Code of Regulations, §7636.1

1. Nutrition Service Providers will comply with regulations applicable to food service operations. Meals will be supplied only from premises which have a valid permit, license, or certificate.

2. Inspections by local fire and health officials will be secured for all sites prior to beginning service provision and annually thereafter.

3. A “test” meal will be kept on-site for 48 hours each day.

4. All dining sites will be monitored at least quarterly by agency dietitian for safe food handling, sanitation and temperature control. Quarterly monitoring will be available for review at annual AAA site monitoring.

B. Employee Health Standards

1. All food handlers and servers will be free of communicable disease. If an employee or volunteer is believed ill or a carrier of a communicable disease, clearance from the local health officer may be requested by the Provider prior to permitting the employee to return to work.

2. All food handlers and servers will wear clean, washable clothing and hairnets, caps, or other suitable hair coverings to prevent contamination of foods, beverages, and/or utensils.

3. All food handlers and servers will use tongs or other implements while serving food. If hand contact with the food is unavoidable, disposable hand coverings will be worn.

4. All food handlers and servers are prohibited from using tobacco in any form while preparing, handling, or serving food or beverages. Tobacco will not be used in any form in any room or space used primarily for the preparation or storage of food. Program will post and maintain "No Smoking" signs in such rooms or places.

5. All food handlers and servers will thoroughly wash their hands prior to beginning work, after using the toilet, and every time hands are soiled.
   a. Handwashing facilities in good repair and equipped with hot and cold running water will be provided for employees within or adjacent to the food preparation area;
   b. A permanently installed detergent or soap dispenser and paper towels will be provided at all handwashing facilities;

6. Legible signs will be posted in each toilet room directing employees that they must wash their hands before returning to work.
C. Training requirements for food service workers

Refer to Title 22 Code of Regulations, §7636.5.

1. Quarterly in-Service Training will be provided for all paid and volunteer food service personnel.

2. A Yearly Written Plan for in-service training will be developed and sent to the AAA dietitian. The training plan will identify who will conduct the training and when it will be conducted. Training topics may include portion control, food preparation methods, sanitation, food spoilage, food handling techniques, food delivery, prevention of foodborne illness, equipment operation and maintenance, and nutrition service standards;

3. All Food Service Managers, kitchen supervisors and dietitians must be ServSafe certified by the National Restaurant Association. Paid site managers and home delivered meals coordinators must also attend ServSafe training. It is strongly recommended that volunteer site coordinators are ServSafe certified.

4. Food handlers are not required to obtain a food handlers card and are specifically excluded from SB 303: Food Handlers. SB303 states that "This section shall not apply to a food handler who is employed by any of the following: An elderly nutrition program, administered by the Department on Aging, pursuant to the Older Americans Act of 1965." However, it is recommended that food handlers attend a food safety training class.

D. Packaging for Home Delivered Meals

1. It is generally recommended that hot food should be at a minimum of 165° F. at the end of production and placed in the meal trays. Some items can be heated to higher temperatures depending on their composition; however, it should be remembered that excessive temperatures can alter quality as well as palatability of many foods.

2. Temperatures of hot foods must be maintained at a minimum of 135° F at all times.

3. Food mass is an important factor in heat retention. Foods with greater mass retain heat longer. Foods prepared in or served with sauces and gravies retain heat and moisture longer.

4. The recommended serving temperature for soup is 140° or higher, which generally necessitates an input temperature of at least 180°. It can be difficult to attain this temperature in cream/milk-based soups without a change in consistency, so care must be exercised.

5. Hot food should be loaded into packaging containers immediately upon being packaged. The packing should be closed tightly when loading is complete.

6. Packaged cold foods must be under 40° at packing. Many cold foods are potential health hazards if they are not properly refrigerated. Thus, adequate refrigeration is necessary for maintenance of cold foods prior to packing.

7. Cold food temperatures should not rise above 41; 40° is considered preferable for safety and palatability.
8. Last meals delivered should meet the same standards for safe temperature and palatability as the first meal delivered.

9. Thorough instructions for reheating meals must be distributed to all clients in clear and simple language. Information may be included on the meal containers or via a refrigerator magnet distributed at enrollment.

10. All meals must include the date of preparation or the date of discard.

E. Kitchen Safety and Sanitation Requirements (Refer to Part 25)

1. Hazard Analysis Critical Control Point (HACCP) Documentation

All food service operations will comply with HACCP expectations, including menus, documentation sheets, and overall kitchen protocols. Providers will keep HACCP logs and have them available at the time of AAA on-site monitoring.

2. Kitchen Safety and Sanitation

All providers will comply with the California Retail Food Code (CalCode) and the National Restaurant Association ServSafe as minimum standards for kitchen safety and sanitation.

Part 10. Menu Planning Requirements

The basic pattern of a normal diet should be followed. Individual problems of the senior population, such as difficulty in chewing, special diet considerations, and limited mobility must be considered. Fixed habits and food preferences developed through many years may influence, but should not determine entirely, the meals planned for them. The menu planner must be aware of the problems peculiar to the local clientele.

Menu planning must consider basic food characteristics and food combinations, including consideration of color/texture, consistency, shape, and flavor combinations. Since the populations served are relatively static, variety in menus and food preparation is particularly important. Menus must retain optimum nutritional content while providing maximum flavor and appearance.

A. Each meal served will contain at least one-third of the current DRI as established by the Food and Nutrition Board, National Research Council-National Academy of Sciences. Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one third RDA.

B. Conformity to the above requirement will be assured by submitting to the AAA either detailed nutritional analysis along with the menus or by submitting menus planned using the following criteria;

1. All menus will comply with the specifications set forth in Title 22 Code of Regulations §7638.5.
2. Menus will comply with *CDA Program Memo 12-17*.

3. All programs will comply with all specifications set forth in the RFP.

4. All programs will comply with *PSA 9 Nutrition Programs Policy, Minimum Menu Requirements*.

5. Menus will be posted weekly in a spot conspicuous to participants at each congregate meal site, as well as in the preparation area.

6. All meals on wheels clients will receive a menu before the start of each month.

7. Menus will be legible, easy-to-read and in the language of the participant group.

8. Salt will not be used in the kitchen. Herbs and spices should be used to provide flavor.

9. The local program dietitian must approve all menu substitutions beforehand. A list of fruit and vegetables containing minimum allowable amounts of Vitamins A and C may be used after development from the local dietitian and approval from the AAA.

No Added Salt and Carbohydrate Controlled Diets should be able to be accommodated by the above menu guidelines. Participants may request that fruit be substituted for a sweet dessert or that the dessert not be sent; however, additional accommodations by programs are not required. All high sodium meals (> 1000 mg NA) must be noted on the menu and the recipient may request and alternative choice, either a frozen meal or two meals on the day before.

Renal Diets are considered therapeutic, and will require approval from the health care provider/physician if they are offered by the local program.

Mechanical Soft diets should be offered in consultation with the clients’ local health care provider.

**A. Menu Certification Procedures**

1. All providers are expected to adhere to PSA 9 *Minimum Menu Requirements*. Any variations from that policy must be approved in writing in advance by the AAA Senior Nutritionist.

2. If component meal pattern is used, all monthly and cycle menus must be analyzed for Vitamin A, Vitamin C, fiber and sodium at a minimum.

3. Monthly menus and nutritional analysis will be submitted to the AAA Senior Nutritionist either by email attachment or with a hard copy at least 4 weeks prior to use. The AAA Senior Nutritionist will review menus within 7 working days of submission unless other arrangements have been made.

4. The AAA Senior Nutritionist will communicate questions and/or concerns regarding the menu to the provider dietitian either by email or telephone. Together they will
finalize monthly menu. Provider will amend menu to reflect menu changes. Provider dietitian will send final monthly menu to AAA RD.

5. The AAA Senior Nutritionist will send written certification of the menu to provider dietitian upon receipt of final menu submission.

6. "As served" or menu substitution list will be sent to AAA RD monthly.

7. If menu has already gone to print, “as served” menu will reflect menu changes.

8. All clients in both C1 and C2 will be notified in advance of menu entrée changes not reflected on distributed menu.

**Part 11. Selection of Nutrition Service Providers**

The Alameda County AAA will award all nutrition service contracts through a competitive bid process to service providers who conform to the policies and procedures outlined in the RFP proposal.

**Part 12. Reporting Requirements**

**A. Invoices**

Invoices must be sent to the AAA monthly per established procedures. In order to receive timely payment, invoices will include the following:

a. An original Signature;

b. Must be accurate;
   i. Should have correct budget figures (same as approved by Exhibit B)
   ii. Should have correct amount for current month and YTD column.
   iii. Should be rounded up to the whole dollar except the NSIP and fee for service contracts.

c. Must be accompanied by a MIS report, supporting documents, and meal reports.

d. Must be turned in on time—7 working days after the end of the month.

e. Should include the preparer’s contact information.

All back-up records and reports shall be maintained on file for assessment / audit purposes for three years or a financial audit by the California Department on Aging.

**B. Audit Reports**

1. Audit reports must identify each program by the funding source, contract number, contract amount, and contract period.

2. Audit reports should be submitted within six months after the close of the budget year.

3. Contractors who are required to have an audit report must have a section on the report that identifies and separates the federal, state and county funds.

**C. Reporting Forms**
The following reports shall be sent monthly to the AAA:

1. Invoices;
2. NSIP (USDA) reimbursement invoice, AAA 111, as appropriate. Refer to Part 21: NSIP;
3. MIS information. Refer to Part 16: NAPIS/ SAMS data and Monthly Congregate Meats Report (AAA 187), and Monthly Home Delivered Meals Report (AAA 18) as appropriate;
4. "As served" menus or menu substitution list.

In addition, a roster of home delivered meals clients must be kept off-site for emergency preparedness back-up.

**Part 13. Temperature Documentation**

All programs shall maintain temperature documentation forms until inspected by the AAA or send such forms monthly to the AAA.

All C1 sites must have readily available, sanitized, accurate easily readable thermometers. All C2 drivers must have access to thermometers and alcohol swabs to take end-of-route temperatures, and must receive appropriate training on how to take a temperature.

All kitchen thermometers must be calibrated daily and after being dropped. All agency thermometers must be calibrated regularly, per instructions from provider dietitian.

Hot and cold food temperatures shall be documented and records kept for AAA inspection for:

✓ All refrigerators at the kitchens and at meal sites.
✓ All freezers at the kitchens and at meal sites.
✓ Dry food storage area temperatures.
✓ Bi-weekly end-of-route home delivered meals temperatures.
✓ Weekly end-of-route home delivered meals temperatures if on-going temperature readings are not in compliance with stated requirements.
✓ Daily end of production temperatures per HACCP standards.
✓ Daily start of trayline temperatures per HACCP standards.
✓ Daily receipt of meal at senior meal site.
✓ Daily start of congregate meal service, unless such service begins less than 30 minutes after receipt of meal and documented temperatures are within acceptable range.

Local providers may develop their own forms or use those developed by the AAA. Go to http://www.aging.ca.gov/ProgramsProviders/AAA/Nutrition/Nutrition_Program_Resources/ for resources.

**A. Procedures for Taking Temperatures of Food**

1. Wash, rinse, sanitize and air dry thermometer stem before and after each use.
2. Insert stem two inches (2") into the center of the food or until dimple of stem is surrounded by the food. Do not touch any meat bone or bottom of pan. Pack down less dense foods Prior to inserting the probe. It is okay for lettuce salads (without dressing) to arrive above 50° F.

3. Wait for the needle or the numbers on the digital readout to stop. When the needle has stopped moving for fifteen (15) seconds, record the temperature reading and the time.

4. Sanitize thermometer between readings. To sanitize, use alcohol swabs or a solution of bleach: 1/2 capful of bleach to one cup of water.

5. Recalibrate or adjust the accuracy of the thermometer as needed.

6. If the temperature of the hot food is below 135°, the food must be reheated to 165° F.

7. All cold food must be below 42° F.

8. Project dietitians will check thermometer-reading accuracy during quarterly site monitor.

**B. Procedures for Thermometer Calibration**

1. Ice point method: insert the stem into a 50/50 ice and water slush until the needle stops. Turn the calibration nut (usually under the dial) until the needle reads 32°.

2. Boiling point method: Insert the stem of the thermometer into boiling water until the needle stops. Turn the calibration nut until the needle reads 212° F.

**Part 14. Inspections**

Program managers or dietitians of an agency administering a kitchen, AAA staff and CDA inspectors will have the right to inspect the food production kitchen at any time and without notice. All authorized representatives of Alameda County, the state or federal government will have the right to inspect, review, and audit kitchens, food production areas, serving areas, packing and storage areas, equipment, and all records relating to senior meals purchased or produced and the performance of contracting agencies regarding senior meals.

A chemical analysis of any food provided by the contracting agency may be made by the AAA at any time. The contracting agency is liable for the cost of analysis if the finding discloses that the food does not comply with meal or health regulations.

a. All provider kitchens will receive an annual on-site kitchen inspection by the AAA.

b. All programs will be monitored annually, with follow-up, corrective action, and/or sanctions as needed and outlined in the monitoring report.

**Part 15. Emergency Preparedness**

It is the responsibility of all the AAA Contractors to prepare to respond to clients and staff in their facilities at the time of a disaster and to plan for the continuation or restoration of services after a disaster. To
provide a format for these responsibilities, each contract agency must have a written Emergency Operations Plan which can be activated in a declared emergency. The Plan shall include assurances that the following preparations have been made:

1. Facility preparation
   a. Prepare all furniture, appliances and other free standing objects so that they are adequately secured.
   b. Move heavy items to lower shelves in closets and cabinets.
   c. Check cabinet doors to be sure they can be closed securely.
   d. Remove or isolate flammable materials.
   e. Clearly mark gas and water shut-off valves and post legible instructions on how to shut off each one. If your staff has no access to shut-off valves because you lease or rent the space, list the person who has shut-off responsibility and how to locate that person in an emergency.
   f. Maintain a conveniently located set of tools (including pipe and crescent wrenches) to facilitate prompt shut-off of gas and water, if you have access.
   g. Post Evacuation Plan for facility in a location and position highly visible to the public on each floor of the facility.
   h. Designate a location at each site where the following items, in working condition, can be found.

2. Portable radio and spare batteries. Check batteries and expiration dates annually.

3. First Aid supplies.

4. Flashlights and spare batteries. Check batteries and expiration dates annually.

5. Wrenches and other tools.

6. Fire extinguishers.

7. Water and food supply.

8. Maintenance of food and water supply
   a. Store sufficient water based on average daily attendance for program participants, staff and volunteers likely to be detained at the site for up to 72 hours.
   b. Maintain a supply based on average daily attendance of emergency food in vermin-proof storage for participants, staff and volunteers likely to be detained at the site for up to 72 hours.
   c. Replace food and water supplies as needed to ensure safety.
9. Assignment of staff who are responsible during an emergency including specific assignments for each staff member or each job category.

10. Inventory of staff members’ skills for disaster response.

11. Inventory of equipment to be used in disaster response

   a. Documented Annual Training for all staff, volunteers and participants in the agency’s Emergency Operations Plan.
   b. Training of staff, volunteers and participants in home preparedness.
   c. Provisions to train staff and volunteers in First Aid and CPR.

13. Training for Earthquake Preparedness shall include:
   a. Two documented earthquake drills per year
   b. Procedures to assemble staff if no phones are working
   c. Anticipate the probability that no transportation, utilities (including telephone) or emergency services will be available for 72 hours or longer after a major quake
   d. The importance of cooperating with public officials
   e. How to inspect facilities for damage, water and gas leaks
   f. How to check for injuries
   g. Warning of the danger of cooking inside buildings
   h. Anticipate the probability of after shocks
   i. Turn on a portable radio

14. Fire Safety provisions include
   a. Fire extinguishers on site that are recharged and tagged once per year
   b. Two documented fire drills per year for clients and staff
   c. Paths of travel free from obstruction
   d. Exits clearly marked
   e. Provisions to check on program participants in their homes after a disaster

15. Contingency plans to continue program services including Memorandums of Understanding (MOUS) with appropriate organizations and government entities.

All AAA contractors will prepare a written Emergency Operations Plan which can be activated in an emergency per RFP stipulations

All administrators of meals on wheels programs will have a back-up system in place for meal production if their kitchen is inoperable.

Part 16. NAPIS/MIS

The Older Americans Act calls for annual performance reporting by the National Network on Aging. In the 1992 reauthorization of the Older Americans Act, the Administration on Aging was directed to develop
refined reporting procedures for use by area agencies on aging. The Administration on Aging undertook the development of the National Aging Program Information System (NAPIS).

NAPIS requires that data from Management Information Systems (MIS) is collected by the Area Agency on Aging and must be submitted by the contractor on a monthly basis. *Contractors must submit and send data monthly to the AAA in order to receive payment.* All programs shall maintain statistical and financial data in such a way as to be able to document and assure the accuracy of the data presented in the required program and financial reports.

**Part 17. Elder Abuse Reporting**

Effective January 1999, the *Elder and Dependent Adult Abuse Law (SB 2199)* states that all persons providing care, whether paid or not paid and whether full time or intermittent, specifically including area agencies on aging, must report physical abuse, abandonment, isolation, financial abuse, and neglect to Adult Protective Services. *All program staff and volunteers are mandatory elder abuse reporters.*

**Part 18. Leftovers**

If programs have established and operationally effective procedures for estimation of the number of meals to prepare and serve, purchasing, and preparation, the amount of leftovers should be kept to a minimum.

Numerous and frequent leftovers create production and storage problems, risks for food safety, and increased food costs. If programs have leftovers on a regular basis it can mean:

1. Improper quantities of food are being ordered and/or prepared;
2. Incorrect estimation of the number of meals to be served on a daily basis (i.e. meal count does not reflect fluctuations due to activities, weather conditions, menu popularity);
3. Reservation system may be inaccurate;
4. Program may not be comparing actual number of participants served with number of meals ordered.

**A. Central Kitchen Leftovers**

If leftovers are available, the following will apply.

1. Since there is not way one can anticipate every circumstance which might develop regarding the safe handling of leftovers, the program nutritionist is expected to exercise professional judgment in making decisions and recommendations concerning individual cases as they arise.
2. Leftovers not distributed to serving areas may be held at the central kitchen for a maximum of two days. Leftovers which are frozen following HACCP guidelines and held at 0° may be retained for one month. Potentially hazardous foods suspected of contamination shall be discarded immediately.
The following conditions may contribute to the contamination of potentially hazardous foods:

i.    Holding food at temperatures between 41° and 135°.

ii.   Incorrect packaging of food for transport;

iii.  Use of contaminated equipment (i.e. dirty carriers or utensils).

B. Satellite Site Leftovers

1.    Food will be served consumed at the mealsite.

2.    Uneaten food will be discarded. Only foods in unopened containers are excluded.

3.    Extra perishable food items will be offered to participants as seconds.

4.    Leftover meals may not be counted for NSIP reimbursement.

5.    No unserved food shall be taken from the site by employees, volunteers or participants.

6.    The taking of potentially hazardous food from the site by participants after being served is not condoned; nor is it forbidden.

7.    Programs will post a sign in the appropriate language stating: "For health reasons taking potentially hazardous food is not recommended. Doing so is at your own risk."

8.    Programs will educate participants regarding the sources and prevention of food borne illness.

9.    Provider may store extra food on-site to avoid turning away eligible seniors, with written protocols in place that have been approved by the AAA.

Food which has been served to participants and not consumed shall be discarded.

C. Home Delivered Meals Leftovers

1.    Extra meals will be distributed to needy clients on the driver route or used for taking temperatures. Under NO circumstances will leftover meals be returned to the central kitchen for future consumption.

2.    All agencies will have a system in place for documenting extra route meals and their disposition.

Part 19. Opening, Closing or Relocating Nutrition Dining (C1) Sites

A. Opening a New Site

The Older Americans Act C1 program was designed by Congress to support social engagement as well as good nutrition. Proposed new site must be approved by the Alameda County Area Agency on Aging.
Keeping in mind the intent of the Older Americans Act, the following criteria apply when considering opening a new site.

1. All sites must have a volunteer or paid site coordinator.

2. AAA funds cannot be used to pay for a site coordinator for a site with average attendance under 25 seniors/day.

3. C1 sites must operate at least four days a week unless approved by the Alameda County Area Agency on Aging. Ethnic or religious based sites may be appropriate exceptions.

4. When considering a new site, local providers must consider opportunities for social engagement as well as a nutritious meal.

5. When considering a new site, the cost effectiveness of opening a site must be considered.

6. When considering a new site, the availability of other senior lunch options nearby must be considered.

7. A lunch site may not also be an evening meal site, unless expressly approved by the Alameda County AAA.

8. Senior housing facilities may not be used as an OAA-funded C1 meal site unless there is clear and easy access to the meals program by seniors from outside the facility.

9. Adult Day Health programs may not also function as OAA-funded C1 meal sites.

Before a new site is approved for operation, the local provider must have a current Environmental Health Inspection Report, and Fire Department Inspection Report for that site.

All requirements for existing sites, including physical space requirements, safety and sanitation requirements, and MIS reporting, also apply to new sites.

B. Closing a Site
Conditions which may indicate the necessity for starting a process to close or relocate a nutrition site include:

1. Documented evidence of the misuse or theft of public funds by contractor or contractor’s employee.

2. Average participation at a site is under 25 seniors/day. NB: The AAA will not support a paid meal site coordinator for sites serving fewer than 25 meals/day.

3. When there is a threat to the health and safety of the participants, such as an unsafe, unsanitary building, inadequate facilities or an unsafe neighborhood.

4. Costs for operating the site far exceed average costs for similar sites.
5. Contractor has failed to comply with the terms of the contract.

6. When it can be shown that by closing or consolidating sites it is possible to serve more effectively and efficiently the same or a larger number of people, especially if another site is available within a reasonable proximity.

7. Participants do not include a significant proportion of targeted seniors.

When attempting to close a site, all of the following steps must be taken, necessitating a lead time of 60-90 days for site closures. However, the following reasons may allow the process to be abbreviated:

1. When there is documented evidence of the misuse or theft of public funds by the contractor or contracted employee.

2. When there is an immediate threat to the health and safety of the participants to continue to have meals at that site.

3. When there is a natural disaster.

4. When the site is no longer available to the project.

The following steps must be taken before closing or relocating a site:

1. The Nutrition Project Director will meet with the Nutrition Project Council or, if one does not exist, with representative senior project participants to discuss the situation at the site.

2. The Nutrition Project Director will advise in writing their AAA program monitor of the conditions which indicate the necessity of starting the process to close or relocate the site.

3. The Nutrition Project Director will utilize the AAA program monitor as a liaison if a mutually acceptable solution to the problem cannot be found. The AAA will be kept informed at all times of the status of the site closure.

If no acceptable solution to the problem has been found, the provider may proceed to give the subcontractor and/or staff and participants at the site a sixty day written notice of intent to close or relocate the site, including reasons for the action.

AAA program liaison will be kept informed at all times of the status of the site closure.

C. Fair Hearing (Appeals) Process

1. Within ten (10) days after written notice of closing or relocating the site has been given all parties have a right to request a fair hearing.

2. The Alameda County Advisory Commission on Aging must hear all appeals regarding site closures.
3. The decision regarding site closure will be made by the Assistant Director of the AAA, in consultation with the AAA Senior Nutritionist and agency Program Financial Specialist. The AAA will take into consideration the Advisory Commission's recommendation and must advise all parties of the decision within ten (10) days. The decision of the Director of the AAA is final.

**Part 20. Vehicle Maintenance**

All vehicles used to support local program operations must adhere to the following:

1. All vehicles must be operated in a safe manner at all times.

2. Drivers are required to carry a valid California Driver's License with him/her at all times while operating the vehicle during the delivery of meals.

All vehicles operated by the local program must, in addition:

1. Be locked and secured in the appropriate area when not in use.

2. Cleaned, in and out, daily.

3. Problems shall be immediately reported to the appropriate staff.

4. Periodic inspections shall be made on all vehicles to insure policies and procedures are being adhered to.

**Part 21. Nutrition Services Incentive Program (NSIP)**

Refer to *Title 22 Code of Regulations, §7636.9*.

1. Only meals that meet nutrition requirements set for in Section 339 of the Older Americans Act [76341(e)] and are served to eligible participants may receive NSIP reimbursement.

2. Provider agencies shall have a system for ensuring eligibility of C-1 and C-2 clients for NSIP.

3. NSIP contracts amounts are capped, and additional reimbursement is not available for agencies who serve over 100% of contracted meals.

4. Food provider will receive an annual NSIP allocation; provider should invoice AAA monthly for 1/12 of total allocation.

5. NSIP funds may not be used as matching funds in the contract.

6. “As served” or menu substitution lists shall be sent to the AAA monthly to verify menu actually served to the client.
7. All agencies will follow the provisions of “offered vs. served”; clients must choose at least three menu items for the meal to be eligible for NSIP reimbursement.

**Part 22. Grievance Procedures**

Refer to Title 22 Code of Regulations, Chapter 5, Title III Programs, §7700 General Provisions. All provider agencies shall have written grievance procedures for clients, and shall have it available for review at an AAA on-site monitoring.

All sites where seniors congregate must post their grievance policy.

The preceding requirements are part of the standards required of all agencies which receive funds from the Commission on the Aging. Verification that these standards have been met will occur when programs are routinely assessed by the AAA staff and during the monitoring assessment.

In order to maintain a high standard of service and provide a safe work environment for employees and volunteers, programs may refuse or discontinue service in either C1 and C2. Local programs may utilize the following criteria for discontinuance of service, or utilize their own policies, after approval from the AAA.

**A. Right to Refuse Service in C1**

Violation to any of the rules described below may be grounds for a written or verbal warning, suspension or expulsion from the meal site without appeal. Client may follow established grievance policy (see above). Anyone returning to the site in violation of the suspension or expulsion order will be asked to leave. If the returnee refuses, the police will be called to protect the staff and seniors present.

-✓ Using derogatory or abusive language to staff or seniors;
-✓ Unreasonable demands for service;
-✓ Smoking where prohibited;
-✓ Fighting;
-✓ Damaging property;
-✓ Threatening behavior;
-✓ Having a weapon;
-✓ Bringing alcohol or drugs or being drunk;
-✓ Soliciting others for money;
-✓ Offensive personal hygiene

**B. Right to Refuse Service in C2**

1. All C2 clients will be informed at enrollment that bi-annual home visits are mandatory.

2. Clients may be terminated for refusal to comply with minimum program standards. Documentation by the meal provider that there were 3 or more unsuccessful attempts to complete a home visit to determine continued eligibility is required in order to terminate.

3. Any client who behaves inappropriately, including any of the following, will be denied service immediately, without appeal, at the discretion of the provider agency. Client may follow established grievance policy (see above).
✓ Unreasonable demand for service;
✓ Misrepresentation of the need for service;
✓ Personally threatening or offensive language;
✓ Threatening or erratic behavior;
✓ Inappropriate physical contact;

1. All C2 clients will be informed at enrollment that bi-annual home visits are mandatory.

2. Clients may be terminated for refusal to comply with minimum program standards. Documentation by the meal provider that there were 3 or more unsuccessful attempts to complete a home visit to determine continued eligibility is required in order to terminate

3. Any client who behaves inappropriately, including any of the following, will be denied service immediately, without appeal, at the discretion of the provider agency. Client may follow established grievance policy (see above).
   ✓ Unreasonable demand for service;
   ✓ Misrepresentation of the need for service;
   ✓ Personally threatening or offensive language;
   ✓ Threatening or erratic behavior;
   ✓ Inappropriate physical contact;

**Part 23: Recordkeeping and Confidentiality**

All records pertaining to the senior meals programs, including quarterly assessments, must be kept until after a state auditing. After the audit process is complete, local programs will keep at least one year of records so AAA monitoring staff can review eligibility assessment files. Annual eligibility will be kept for at least three years after a state audit, for the purpose of maximizing the ability to assess priority status of the client.

Reference below for CDA requirements.

A. The Contractor shall maintain complete records (which shall include, but not be limited to, accounting records, contracts, agreements, reconciliation of the “Financial Closeout Report” to the audited financial statements, a summary worksheet of results from the audit resolutions performed for all subcontractors with patient or client records, supporting documentation, letters of agreement, insurance documentation in accordance with this Article, Memorandums and/or Letters of Understanding and electronic files) of its activities and expenditures hereunder in a form satisfactory to the State and shall make all records pertaining to this Agreement available for inspection and audit by the State or its duly authorized agents, at any time during normal business hours. All such records must be maintained and made available by the Contractor; (a) until an audit has occurred and an audit resolution has been issued or unless otherwise authorized in writing by the Department’s Audit Branch, (b) for such longer period, if any, as is required by applicable statute, by any other clause of this Agreement, or by Sections B, and C of this Article, and (c) for such longer period as the Department deems necessary.

B. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for the same periods as specified in Section A above. The Contractor shall ensure that any resource directories and all client records remain the property of the Department upon
termination of this Agreement, and are returned to the Department or transferred to another Contractor as instructed by the Department.

C. In the event of any litigation, claim, negotiation, audit exception, or other action involving the records, all records relative to such action shall be maintained and made available until every action has been cleared to the satisfaction of the State and so stated in writing to the Contractor.

D. Adequate source documentation of each transaction shall be maintained relative to the allowability of expenditures reimbursed by the State under this Agreement. If the allowability of expenditures cannot be determined because records or documentation of the Contractor are nonexistent or inadequate according to Generally Accepted Accounting Principles and Procedures, the expenditures will be questioned in the audit and may be disallowed by the State during the audit resolution process.

E. After the authorized period has expired, confidential records shall be shredded and disposed of in a manner that will maintain confidentiality.

**Part 24: Guidance for the provision of “Supplemental foods”**

The purpose of this guidance is to convey guidelines for providing supplemental foods (i.e. products like Ensure) as part of the Elderly Nutrition Program meal or to replace the meal.

Refer to the Older Americans Act (OAA) Sec. 336: …provide at least one home delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.

Each Area Agency on Aging that provides supplemental foods should develop policy and procedures for the use of these foods. The Administration on Aging (AoA) will fund and the United States Department of Agriculture (USDA) will reimburse on a per meal basis for supplemental foods when:

- There is participation of a health professional to follow progress, monitor nutrient intake, and to measure the success of the therapy
- The only health professionals who may make a written referral to the nutrition program for supplemental meals are physicians, registered dietitians, and nurses
- The supplement is provided as an addition to the meal unless it is the sole source of nutrition for the client
- A supplemental food may be used to replace a meal for an individual with profound dietary needs. The professional making the referral or the program dietitian must determine how much supplement would constitute one meal. The program must provide the number of cans that would provide nutrients equal to 1/3 of the DRI for the individual
- The individual receiving supplemental food must be monitored frequently to assess nutrient intake

Products not funded under the OAA include:

- Those used for weight loss and have reduced calories and or fat
- Single or multiple vitamin or mineral supplements in tablets, capsules or liquids
- Herbal remedies, teas, medicinal oils, laxatives, and fiber supplements
- Supplemental nutrition products that require preparation such as powdered mixes or concentrated liquids.

**A. Accepting Donated Produce in the Title III Elderly Nutrition Program**
I. Background:  
The Alameda County Agency on Aging Title III Elderly Nutrition providers have historically accepted donated produce from retail grocery stores, local growers, and the food bank. Because of concern regarding accepting produce from individuals with home gardens the following guidelines were developed with review and approval from Alameda County Environmental Health Department.

II. Policy:  
A. The AAA Title III Elderly Nutrition providers may accept donated produce from commercial food suppliers, grocery stores and farmers’ market vendors.
B. In addition produce may be accepted from local gardeners if the gardener has been provided with AAA guidelines, “Guidance for Growing and Harvesting Safe Produce at Home” and the program’s certified food safety manager feels it is reasonably safe, knowing there is inherent risk of contamination of all food.

III. Procedure:  
A. Local gardeners who would like to donate produce from their gardens will be provided with the AAA “Guidance for Growing and Harvesting Safe Produce at Home.” The Food Safety Manager will review the guideline with the donor.
B. The Certified Food Safety Manager will inspect the produce upon receipt.  
1. Do not accept produce that is excessively dirty.
2. Do not accept produce that does not meet the quality standards of the program.
3. Do not accept produce that is moldy or showing signs of decay.
4. Do not accept fruit that has dropped to the ground.
5. Produce must be whole. Do not accept any produce that has been cut into pieces.
6. Elderly Nutrition Program (ENP) may incorporate the produce into their menu or donate to recipients.
7. Refrigerate immediately if reasonable to retain nutrients and prevent the growth of bacteria.
8. If in doubt, do not accept the donation.
C. If accepted, program will retain a log of all accepted donated produce including date accepted, gardener’s name, address, and phone number. Log must be retained for a period of one year.
D. Washing/Storage  
1. Wash your hands before and after handling unwashed produce.
2. Remove as much dirt from the produce as possible, to retain freshness avoid washing until ready to prepare if possible.
3. Before use, it must be washed under cold running potable water, being sure all folds, crevices, and surfaces are free of dirt and contamination. It is not acceptable to soak produce in a water bath. Do not wash produce with soap.
4. Use a brush or friction on vegetables with textured surfaces, such a melons, pineapples, etc.
5. Keep clean and dirty produce separate.

Part 25: Food Production Kitchen Standards  
Refer to California Retail Food Code (CRFC) 2015.

1. Food Procurement Requirements
• All foods shall be of good quality and shall be obtained from sources that conform to Federal, State, and local regulatory standards for quality, sanitation, and safety.

• Food in hermetically sealed containers shall be processed in a licensed establishment. No home-prepared or home-canned food shall be used.

• Food from broken containers, unlabeled, rusty, or leaking cans or cans with side seam dents, rim dents, or swells shall not be used.

• Milk shall be purchased from a reliable source whose standards of quality, sanitation, and safety comply with Division 15 of California Food and Agricultural Code. All milk products used and served shall be pasteurized.

• All food contributions shall meet the standards of quality, sanitation, and safety set forth in this manual. Fresh fruits and vegetables of good quality may be contributed to the program. Prior to use, all fruits and vegetables shall be washed to remove dirt or insecticide residues. The program shall not accept contribution of wild game. Fresh ocean going and frozen fish may be accepted.

• Providers are encouraged to participate in group food purchasing to the extent allowed by the above standard.

• A comparative cost analysis shall be performed either by the provider or its group purchasing organization on an ongoing basis to obtain the highest quality food for the lowest price available.

2. **Food Storage Requirements**

• Adequate and suitable space free from dirt, vermin and contamination or adulteration shall be provided for the storage of food, beverages, and cooking, serving, and eating utensils.

• The dry storage area shall be cool, dark, well-ventilated, clean, orderly, and free from leakage, insects, rodents, and vermin, or other contamination. It shall have at least 10 foot-candles of light. It is recommended that the temperature of the dry storage area be maintained at 50-70°F.

• Inventory systems shall be established and used. Stored goods shall be rotated to prevent deterioration. The first-in-first-out food rotation system shall be maintained.

• All foods shall be stored at least 6 inches above the floor, 6 inches from the ceiling and away from the wall to permit free circulation of air and prevent contamination.

• All food and non-food items shall be clearly labeled so that their contents are easily identifiable.

• All chemicals and cleaning supplies shall be stored in an area separate from food.
• Opened packages of foods, such as sugar, flour and noodles shall be stored in tightly closed containers and clearly labeled on the main part of the container.

• Windows shall be screened to prevent insect invasion. Open doors shall be screened or equipped with self-closing devices or high velocity fans when left open for extended periods of time, e.g., during delivery times.

• Street clothing and purses shall be stored in an area separated from toilets, food, paper, goods, utensils, kitchen equipment, and other supplies used in the preparation or service of food.

• Refrigerators and freezers shall be kept clean and in good repair. All refrigerators shall maintain a maximum temperature of 41°F. All freezers shall maintain a maximum of 0°F. An accurate and readily visible thermometer shall be installed in all refrigerators and freezers.

• Refrigerators/freezers temperature log shall be maintained daily at the kitchen and satellite meal sites when elderly nutrition program (ENP) meals are served.

3. Food Production Requirements

Food production and meal service shall be under the supervision of a person trained in food service management and certified according to CRFC to ensure HACCP procedures are followed. All frozen meat, fish, poultry, shellfish, and frozen products containing these foods shall be kept frozen until processing or cooking begins; defrosted in the refrigerator; or defrosted in cold running water of sufficient velocity to flush loose food particles into the sink drain.

4. Production Control

• Production schedules or worksheets shall be available in the food preparation area.

• Food shall be prepared in sufficient quantities to serve all participants. Careful planning shall minimize leftover food and prevent waste.

• Standardized recipes shall be used to ensure consistency of quality and quantity and adherence to menu guidelines.

• Appropriate utensils for correct and consistent portion control shall be available and used at each site.

• Sulfites shall not be added to fresh fruits, vegetables and potentially hazardous foods at the food production kitchen.

• Ground beef products shall be cooked to heat all parts of the food to at least 155°F for 15 seconds or until the meat is no longer pink and the juices are clear.

• Potentially hazardous food shall be cooled rapidly from 135°F to 41°F or below within a total of 6 hours, and food must reach 70°F within 2 hours.
• No oil, shortening, or margarine containing artificial trans fat shall be used in meal preparation. Food label shall be maintained for all food or food additives that is or includes any fat, oil, or shortening for as long as the food is stored, distributed, served, or used in the preparation of food.

• Home-Delivered meals not assembled for same day delivery shall be packaged within 2 hours from the completion of preparation; and immediately refrigerated or frozen after packaging.

• Frozen Meals produce in the production kitchen which are not commercially prepared shall:
  ✓ Be prepared and packaged only in a central kitchen or on-site preparation kitchen;
  ✓ Be packaged within 2 hours of the end of food production. At the time of packaging, hot foods shall be at least 140°F and cold foods at <40°F;
  ✓ Be frozen as quickly as possible, and assured that they have been cooled to a temperature below 70°F within 4 hours and <41 in 6 hours;
  ✓ Have food temperatures taken and recorded at the end of food production, at the time of packaging and throughout the frozen process. Temperature shall be recorded and kept on file for audit; (Refer to V: Temperature Documentation)
  ✓ Be packaged in individual trays, properly sealed, and labeled with the date, contents and instructions for storage and reheating;
  ✓ Be frozen in a manner that allows air circulation around each individual tray;
  ✓ Be kept in a frozen state throughout storage, transport and delivery to the senior participant; and;
  ✓ Be discarded after 30 days.

Resources/References:
• California Code of Regulations (CCR) Title 22 Division 1.8 http://ccr.oal.ca.gov
• California Health and Safety Code http://www.leginfo.ca.gov/calaw.html
• California Retail Food Code (CRFC) http://www.aging.ca.gov/laws_regs_policies/CRFC_10-12.pdf
• California Welfare and Institutions Code http://www.leginfo.ca.gov
• Occupational Safety and Health Administration (OSHA) Code of Federal Regulations Title 29
  http://www.osha.gov
• Older Americans Act (OAA) As Amending In 2006 (Public Law 109-365)
  http://www.aoa.gov/oaa2006/Main_Site/
• PM 12-17 (P) Older American Act Nutrition Services Menu Guidance for Compliance with Dietary
  Guidelines for Americans;  http://www.aging.ca.gov/PM/
• Elder Abuse Reporting; Senate Bill 2199Chapter 11,  Section 15630-15632 SB2199 Article 3. Mandatory and
  Non-mandatory Reports of Abuse
• Title 22, Section 740: Grievance Process