

## Chapter 8. Nutrition Program Operations

### 8.1 Introduction

This chapter of the *Wisconsin Aging Network Manual of Policies and Procedures* addresses issues specific to the nutrition program funded by the Older Americans Act. Policies and procedures found in other chapters of this manual (such as fiscal, planning and personnel) also apply to nutrition program administration.

#### 8.1.3 History

The Older Americans Act (OAA), Public Law 89-73, was enacted in 1965 to develop new or improved programs which help older persons living in the community do so with dignity and in good health. One of the first programs established through the OAA was the elder nutrition program. Pilot elder nutrition programs began serving congregate meals in Wisconsin in 1972, with the majority of areas being served by 1974. The first home-delivered meals were served in 1978.

#### 8.1.1 Purpose

Older Americans Act, Section 330 states:

*The purpose of the elder nutrition program is:*

- (1) to reduce hunger and food insecurity;*
- (2) to promote socialization of older individuals; and*
- (3) to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.*

#### 8.1.2 Objectives

The objectives of the elder nutrition programs are to:

- prevent malnutrition and promote good health behaviors through nutrition education, nutrition screening and intervention of participants.
- offer wholesome, delicious meals through the promotion and maintenance of high standards of food safety and sanitation.
- promote or maintain coordination with nutrition-related and other supportive services for older individuals.
- target older adults who have the greatest economic or social need with particular attention to low-income minority and rural individuals.

### 8.3 Funding Sources

The nutrition program is funded by a combination of federal and state funds, local public and private funds and participant contributions. These funding sources and the conditions of their use are described below. Refer to Chapter 12 of this manual (Fiscal Management) for more detailed information. Aging units must provide both congregate and home-delivered meals as a condition of receiving these funds.

### 8.3.1 Funding Source: Federal and State Funds

Nutrition programs receive federal Title III-C-1 and state general purpose revenue (GPR) for the congregate meal program and federal Title III-C-2 and state GPR for the home-delivered meal program. Counties and tribes may choose to use additional state funds for the nutrition program through the state-funded Senior Community Services Program. The program is also responsible for the planning and use of participant contributions for the county or tribe.


### 8.3.2 Use of Title III-B and III-C-2 Funds

Title III-B and Title III-C-2 funds may not be used to provide congregate meals. Title III-C-1/state funds may not be used to provide Title III-C-2 or Title III-B services.

Aging units can transfer part of their Title III C-1 allocations to be spent for services included in Title III B & Title III C-2. Transfers must occur **in advance** of those costs being eligible to be claimed as allowable expenses. Aging units will then charge those costs as either Title III B or Title III C-2 expenses, not as Title III C-1 expenses. Aging units request transfers annually through the budget that is submitted to the area agency on aging (AAA) each year. (See Chapter 12, Fiscal Management.)

### 8.3.3 Funding Source: Nutrition Services Incentive Program (NSIP)

Older Americans Act, Section 311:

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- (a) *The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.*
  - (b) (1) *The Secretary of Agriculture shall allot and provide in the form of cash or commodities or a combination thereof (at the discretion of the State) to each State agency with a plan approved under this title for a fiscal year, and to each grantee with an application approved under the Title VI for such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of meals served by the Title VI grantee, under such application approved for the preceding fiscal year), bears to the total number of such meals served in all States by all Title VI grantees under all such plans and applications approved for such preceding fiscal year.*
  - (d) (4) *Each state agency and Title VI grantee shall promptly and equitably disburse amounts received under this subsection to recipients of grants and contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects.*
  - (5) *Nothing in this subsection shall be construed to authorize the Secretary or the Assistant Secretary to require any State agency or Title IV grantee to elect to receive cash payments under this subsection.*

NSIP funds are a resource to the program which allows the program to increase the number and/or quality of meals served. Wisconsin has opted for cash payments in lieu of donated

foods; this decision was based on the preferences of the nutrition directors. NSIP reimbursements are allocated based on the actual number of eligible meals served in the prior federal fiscal year. Reimbursement rates per meal are determined at the federal level.

### **8.3.3.1 OAA Law and Federal Regulations Requirements for NSIP Funds**

- Only Title III county/tribal nutrition program grantees receive NSIP funds.
- County/tribal nutrition programs will use the funds to purchase domestically-produced foods for use in the program meals. NSIP funds cannot be used for meal transportation costs, staff salaries, or location costs.
- Nutrition programs will report counts of eligible meals to the AAA as required for the purposes of NSIP.
- Each program will develop and use a system for documenting eligible meals. See Section XXX.
- Records documenting eligible meals will be maintained for a period of three years.

### **8.3.3.2 NSIP Meal Count: Eligible Meals**

An annual meal count will be submitted by BADR to the Administration on Aging (AoA) in January of each year, and will include all eligible meals served during the previous federal fiscal year (FFY), October 1 through September 30. This meal count will be used by AoA to calculate NSIP grants for the next FFY.

For a meal to be included in the NSIP meal count, all of the following conditions must be met:

- (1) Meal will provide a minimum of one-third of the daily dietary reference intakes (DRI).
- (2) Meal will be served to eligible individuals (see Section Error! Reference source not found. of this chapter about eligibility).
- (3) Meal will be served by an agency that has received a grant under the provisions described in OAA Law.
- (4) The nutrition program will comply with all requirements for the Title III-C program, including offering the meal on a voluntary contribution basis, and must be under the jurisdiction, control, management and audit authority of the Title-III network.

Meals served to an older adult enrolled in a community-based long-term care program may not be included in the NSIP count. (See Section X – Community- Based Long-Term Care Programs).

### **8.3.4 Funding Source: USDA Supplemental Nutrition Assistance Program (SNAP)/FoodShare Wisconsin**

The nutrition program will assist participants to take advantage of benefits available to them under the SNAP/FoodShare Wisconsin program. Wisconsin's SNAP program, known

as FoodShare Wisconsin, uses an electronic benefit-transfer system (EBT) (or benefit card), similar to a credit card. With help from the benefit specialist, nutrition programs can assist participants in the applying for and using FoodShare Wisconsin benefits.

Programs may apply to be authorized vendors to accept FoodShare benefits as a voluntary contribution from participants. Information on this process is available on the DHS FoodShare website.

### **8.3.5 Funding Source: Community-Based Long-Term Care Programs**

Community-based long-term care programs, such as Family Care, IRIS (Include, Respect I Self-Direct), Community Options Program (COP) and other Medicaid waiver programs, can contract with nutrition programs to provide meals to long-term care program clients (See Section 8.4.7.3). Nutrition programs must recover the full cost of each meal provided, including overhead and administration, from the community-based long-term care program so that Title III funds are not being used to subsidize these meals. Meals served through a federally-funded long-term care program cannot be included in the NSIP meal count; therefore, programs must not reduce the total meal cost by the NSIP per-meal amount.

### **8.3.6 Funding Source: Local Funds**

Local funds contributed to the program from local public or private governments, agencies, or organizations can be used for the required match. Local fund expenditures must follow rules of the program for which they were contributed.

### **8.3.7 Funding Source: Voluntary Contributions**

The Older Americans Act emphasizes regard for the dignity of older persons by requiring that opportunities are provided to older persons to participate not only in the planning and administering of aging programs, but also in contributing toward the cost of services. Therefore, each provider of Title-III services must provide each older person an opportunity to voluntarily contribute to the cost of service. These contributions will be used to expand meal services, maintain the service level, support access to such services (including transportation), provide outreach, and provide nutrition education and counseling.

Contributions collected at individual dining centers and home-delivered meal participant homes must be returned to the county or tribal aging unit to be used in the planning and budgeting for the nutrition program's entire service area. Procedures must be established to safeguard and account for all contributions.

Programs will, with the advice and consent of nutrition advisory groups and/or the commission on aging, choose one of the following options for accepting voluntary contributions:

- Set a suggested contribution.
- Set a suggested range of contribution levels.
- Choose not to suggest a contribution amount and ask participants to contribute what they are able.

To maintain the intent of the Older Americans Act regarding voluntary contributions, programs must:

- Provide each older person with an opportunity to voluntarily contribute to the cost of the service.
- Ensure a system is in place at each dining center to collect contributions at the point of service (with the exception of dining centers approved to accept vouchers, see [Section]).
- Protect the privacy of each older person with respect to his or her contributions.
- Establish procedures to safeguard and account for all contributions.

In addition, programs cannot:

- Deny an eligible participant a service because the person cannot or will not contribute to the cost of the service.
- Use self-identified means tests.
- Require a contribution or in any way imply that one is required to participate.

### **8.3.7.1 Contribution Signs, Brochures, and Letters**

Each dining center must have a sign (and in the case of home-delivered meals a brochure or letter) which includes the suggested contribution (if applicable), total meal cost, a statement about the source of funds used for programs, and the stipulation that no eligible participant will be denied a meal based on ability to contribute toward the cost of the meal. The signs, brochures or letters should be in large print.

Contribution letters are one method of collecting voluntary contributions from participants. The OAA does not prohibit the use of contribution letters as long as:

- Eligible participants are clearly informed that there is no obligation to contribute;
- Procedures exist to ensure the confidentiality of each participant's contribution or lack of contribution;
- Procedures exist to safeguard and account for all contributions;
- All contributions are used to expand the service for which the contributions were given; and
- Participants are also provided the opportunity to contribute on-site at the point of service.

If contribution letters are used for the senior dining or home-delivered meal program, all letters must include the following unaltered sentences:

*We are required to provide you the opportunity to contribute to the cost of this service. The actual cost to our agency to provide this meal is \$[Per Meal Cost]/meal. Contributions to help offset the cost of meals are essential to maintaining nutrition services for our community's older adults. Contributions*

*from participants, their families, and others directly fund the meals we provide and are combined with federal, state, and local funds to provide this service.*

*The suggested contribution is \$[Suggested Contribution]/meal. Our records show that you received [Number of Meals], which amounts to a total suggested contribution of \$[Total Suggested Contribution]. Please contribute what your budget allows. You will not be denied a meal if you are unable to contribute. We are committed to protecting the privacy of your contributions.*

### **8.3.7.2 Non-Differentiation**

Every attempt should be made to maintain and protect each participant's dignity. Accordingly, contributions must be handled in a manner that does not publicly display each participant's contribution amount. Strict confidentiality is required.

### **8.3.7.3 Gift Certificates**

Nutrition programs can sell gift certificates for meals. As long as the participant using the gift certificate is registered and eligible for service as described in Section X of this chapter, the certificate can be sold on a voluntary contribution basis. Gift certificates for use by non-eligible individuals must be sold for the total meal cost.

### **8.3.7.4 Contributions as Program Income**

Contributions made by or on behalf of older adults are considered program income. Contributions from local civic groups, businesses, and members of the community are also considered program income. Unless designated to be used for a specific purpose by the contributor, all contributions will be used to fund the nutrition program as a whole. Program income will be planned for and spent by the county/tribal aging unit on behalf the nutrition program from which it was generated (i.e. participant contributions for congregate meals will be spent within the congregate meal program). Program income must be spent in the calendar year in which it is obtained, or within the first 60 days of the following calendar year. Some program income may be put into a trust to be spent later for a specific purpose, but approval must be obtained by the AAA in advance. Policies governing program income are found in **Chapter 12** of this manual.

### **8.3.7.5 Management of Contributions by Staff**

Procedures must be established for the return of cash contributions from the dining center area and home-delivered meal participant homes to the aging unit, such as establishing a bank account from which the aging unit can draw a check. Procedures will address the following:

- Two people must count contributions individually and compare total amounts to ensure accuracy.
- All participant contributions will be recorded immediately and a log of daily contributions will be maintained. This record must agree with the bank deposit record.



- All cash contributions must be deposited regularly. In areas without banks, money orders purchased from post offices may be used.
- Records of deposit must be obtained from the bank. Bank statements will be reconciled to receipts and deposit records.
- Records of contributions will be kept on file along with other agency records for a period of three years.
- Other safeguards include keeping contributions in a locked box or a safe until deposited, comparing deposit slips with receipts, and bonding of employees handling cash.

### **8.3.7.6 Meal Ticket Systems**

Programs may institute a system of issuing meal tickets for senior dining and/or home-delivered meals. Use of this system does not replace a required system to collect contributions on-site at the dining center.

- Programs offer the tickets daily, weekly, or monthly to eligible participants for a voluntary contribution.
- Participants must be allowed to contribute confidentially.
- Instructions and the nature of the transactions must make clear that participants are free to voluntarily contribute as little or as much as they choose.



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### 8.3.7.7 Issuing Change for Cash Contributions

If a program participant requests that change be made for a cash contribution provided at a dining center, the dining center manager will exchange smaller bills for the bill provided and allow the participant to contribute the amount desired in confidentially. For example, if the participant gives the dining center manager a \$20 bill, the dining center manager will give the participant \$20 in various bills. *The dining center manager will not remove the suggested contribution amount and give the participant the difference.*

If change is not available on-site, participants cannot be denied a meal. Instead, the dining center manager could:

- Provide a self-addressed stamped envelope to the participant with instructions for mailing contributions to the aging office.
- Offer the participant a mailed donation letter .
- Remind the participant that contributions can be made for more than one (1) day at a time. For example, participants could make a larger contribution that day to cover several days of meals.

Nutrition directors and dining center managers are responsible for reminding other staff and volunteers that contributions are voluntary and confidential and that no eligible participant will be denied a meal based on inability to donate.

## 8.4.7 Eligibility for Services

Under the Older Americans Act, nutrition programs may not deny service based on United States citizenship or residency status. OAA services should be targeted to older adults who are in greatest social and economic need, with no consideration of their citizenship or residency status.

Residency within a particular county or tribe is not required for participation in congregate meals. A nutrition program will not deny meals to senior dining participants who reside in counties or tribes outside of its service area, as long as they meet other eligibility requirements. Such meals provided to eligible individuals can be claimed for NSIP by the program providing the meal.

A program may have local policies in place that require residency within the county or tribal service area for home-delivered meal participants. Nutrition programs may provide home-delivered meal services to individuals who reside outside of the county or tribe by entering into an agreement with the county or tribe of residence. The county or tribe that would claim the meal for NSIP would be determined within the agreement (See Section **8.4.17.6 - Agreements Between Nutrition Programs**).

### 8.4.7.1 Eligibility for Senior Dining (Congregate) Meals

Individuals eligible to receive a meal on a voluntary contribution basis at a senior dining center are:

- Aged 60 or older,



- A spouse or domestic partner who attends the dining center with his or her spouse or domestic partner who is aged 60 or older,
- An adult with a disability, younger than age 60, who resides in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided is eligible to receive meals at the facility in which they reside, or
- An adult with a disability, younger than age 60, who resides with an eligible older individual participating in the program.

All nutrition program staff, guests and volunteers who meet the criteria above are eligible program participants. These individuals will be given the opportunity to contribute to the cost of the meal in accordance with usual contribution procedures.

Eligibility criteria for participants of the senior dining program will be available in writing to all potential participants, referral agencies, physicians, public and private health organizations and institutions, and the general public.

Meals served to the above eligible participants will be included in the NSIP meal count.

#### **8.4.7.1.1 Senior Dining Meals for Residents of Group Living Homes, Assisted Living Facilities, and Other Residential Facilities**

Nutrition programs are not required to provide meals to residents of group living homes, assisted living facilities, or other residential facilities.

If such facility wants its residents to attend a dining center to eat with nutrition program participants, the nutrition program may provide senior dining meals to its residents on a voluntary contribution basis if all of the following conditions are met:

- The resident is determined eligible to receive senior dining meals.
- The residential facility does not include the meal in the cost charged to residents.

If the residential facility includes the meal in the resident's fees, the nutrition program can charge the facility for the total cost of providing meals or other nutrition services to its residents.

The facility director and the nutrition director will have a written agreement in place which includes the following: supervision of residents while at dining centers, whether reservations in advance are necessary, procedures in which residents contribute toward the cost of the meal or how the facility will be billed for meals provided to its residents, and other circumstances under which residents may attend the dining center.

#### **8.4.7.1.2 Senior Dining Meals for Adult Day Care Programs or Other Programs Serving Older Adults**

Nutrition programs are not required to provide meals to adult day care participants or participants of other programs that serve older adults. However, nutrition directors

may make arrangements with such programs to provide meals or other nutrition services, if desired.

If an adult day care program wants the nutrition program to provide meals to the adult day care program as a caterer, the nutrition program will charge the adult day care program for the total cost (at a minimum) of providing meals or other nutrition services to its participants.

If an adult day care program wants to bring its participants to a dining center to eat with nutrition program participants, the nutrition program:

- Will charge the adult day care program for the total cost of providing meals or other nutrition services to its participants **if** the adult day care includes a meal in the cost that it charges to adult day care participants
- May offer meals to adult day care participants on a voluntary contribution basis to adult day care participants who would otherwise be eligible to participate in the nutrition program by being age 60 or older **if** the adult day care **does not** include a meal in the cost that it charges to adult day care participants.
- Will charge the adult day care participant for the total cost of the meal or other nutrition services **if** (1) the adult day care participant does not meet eligibility requirements to participate in the congregate nutrition program (for example, if under 60 years old) and **if** (2) the adult day care **does not** include a meal in the cost that it charges to adult day care participants.

A written agreement should exist between both programs which may also include the following: supervision of the adult day care or other program's participants while at dining centers, whether reservations in advance are necessary, and other circumstances under which participants may attend the dining center.

#### **8.4.7.2 Eligibility for Home-Delivered Meals (HDMs)**

Any of the following individuals are eligible to receive home-delivered meals:

- A person aged 60 or older who is essentially homebound by reason of illness, disability, or isolation, if an assessment concludes that participation is in the individual's best interest,
- A spouse or domestic partner of a person eligible for a HDM as described above, regardless of age or condition, if an assessment concludes that participation is in the best interest of the homebound older individual, or
- An adult with a disability who resides with an eligible older individual participating in the program, if an assessment concludes that participation is in the best interest of the eligible participant.

Meals served to the above eligible participants will be included in the NSIP meal count.

Eligibility criteria for participants of the home-delivered meal program will be available in writing to participants, potential referral agencies, physicians, public and private health organizations and institutions and the general public.

Determination of need is based on the following:

- The individual is unable to leave his or her home under normal circumstances. Flexibility is allowed for medical appointments and occasional personal reasons such as hair care or church services that are important to the individual's quality of life.
- The person is unable to participate in the congregate meals program because of physical or emotional problems.
- There is no spouse, domestic partner, or other adult living in the same house or building who is both willing and able to prepare all meals.
- The individual is unable, either physically or emotionally, to obtain food and prepare adequate meals.
- Other criteria established by the nutrition program and approved by the AAA.

Nutrition program staff will make every effort to provide meals to an older person who is eligible and has been determined to need the service.

Authorization from a physician or other certified medical authority is not required for an individual to be eligible for home-delivered meals. A home-delivered meal assessment, on the other hand, is required in order to determine eligibility for home-delivered meals using Title III Older American's Act funds (See Section 8.4.7.2.1). Circumstances that do require authorization from a certified medical authority include accommodations of special dietary requests to provide texture-modified meals (ground meat, thickened liquids, pureed foods, etc.) or therapeutic meals (diabetic, renal, low calorie, etc.) (See Section X).

Nutrition programs cannot require home-delivered meal recipients to receive meals at a minimum frequency, for example five days per week, in order to participate.

#### **8.4.7.2.1 Home-Delivered Meals: Eligibility Assessment and Reassessment**

Each aging unit will develop criteria and will implement procedures to assess each eligible participant's level of need for home-delivered meal nutrition services. The assessment procedures and document will be consistent with the requirements of this section and will be submitted to the AAA for review.

Each person applying for home-delivered meals will be assessed in his or her home to determine the individual's need for nutrition and other services.

- An initial determination of eligibility may be accomplished via a detailed telephone interview or through the agency's application, completed by trained outreach workers or hospital discharge staff.
- A written personal assessment will be completed no later than four weeks from beginning meal service, and will include a home visit, eligibility assessment, and an assessment of the type of meal appropriate for the participant in her or his living environment.
- An individual eligible for receiving home-delivered meals will be assessed for need for nutrition-related and other supportive services, and referred as necessary.

- A full reassessment of continued need for service will be done in the participant's home every year. Reassessments conducted more often can be brief and/or completed by phone.
- Reassessments are necessary to establish need for additional services as well as to determine continued program eligibility. The time period between reassessments, and the type of reassessment (phone, visit, outreach worker, etc.), will depend on the type of disability, the degree of isolation, and the extent of other resources available to the individual. For example, an individual just released from a hospital with a broken arm would probably be reassessed in two to three months, while a relatively healthy individual with a physical disability who has close extended family might not need reassessment for twelve months.

#### **8.4.7.2.2 Conditions for Receiving Home-Delivered Meals**

Participants who have been verified as meeting general participant eligibility and need for service as defined in Section **XX** must meet the following conditions:

- Individuals are able to feed themselves or have someone available to assist with dining.
- The individual agrees to be home when meals are delivered or to contact the program when absence is unavoidable. See Section X – Delivery Requirements.

#### **8.4.7.3 HDMs for Community-Based Long-Term Care Programs**

Community-based long-term care programs, such as Family Care, IRIS, COP and other Medicaid waiver programs, can contract with nutrition programs to provide meals to long-term care program clients (See Section 8.3.5). Nutrition programs must recover the full cost of each meal provided, including overhead and administration, from the community-based long-term care program so that Title III funds are not being used to subsidize these meals. Meals served through a long-term care program cannot be included in the NSIP meal count; therefore programs must not reduce the total meal cost by the NSIP per-meal amount.

Programs must have a contract, memorandum of understanding, or other written agreement between the agencies providing each program, which specifies the reimbursement rate for long-term care program meals.

Because these meals cannot be subsidized with Title III funding, they are not subject to Title III rules. Therefore, a home-delivered meal assessment is not required to be performed by the nutrition program if the community-based long-term care program has determined meals are needed for its client.

### **8.3.2.5 HDMs for Residents of Assisted Living and Other Community-Based Residential Facilities**

Nutrition programs are not required to provide meals to residents of assisted living or other community-based residential facilities if the facility makes meals available to its residents.

If such facility or one of its residents requests that the nutrition program provide home-delivered meals, the nutrition program may provide meals to residents on a voluntary contribution basis if all of the following conditions are met:

- The resident is determined eligible to receive home-delivered meals (see eligibility criteria).
- The residential facility does not include a meal in the cost charged to residents.

If the nutrition program decides to enter into such an arrangement, a written agreement should exist between the facility and the nutrition program which includes the following:

- The facility agrees to allow delivery of the meal(s).
- Delivery procedures that should be followed by the nutrition program to ensure security of the residents (i.e. time and location of delivery).

### **8.4.7.4 Staff and Volunteers Under Age 60**

- Nutrition programs may offer meals on a voluntary contribution basis to staff and volunteers under age 60 who provide direct service to the nutrition program. These individuals may be offered a meal if there are sufficient meals available for all eligible participants. The decision to offer meals on a voluntary contribution basis to staff and volunteers under age 60 must be approved by the local commission on aging. A written procedure will be implemented which describes how and when staff and volunteers under age 60 are eligible to receive meals on a voluntary contribution basis, including details on record-keeping methods. An employing agency may offer meals to staff as a "benefit" of the job; however, federal Title III and NSIP funds may not be used to serve meals to staff under age 60. Only the state portion of the nutrition program funds or other non-Title III funds can be used to support these meals. .
- Meals served to under-age-60 staff members will not be included in the NSIP meal count.
- Meals served to under-age-60 volunteers will be included in the NSIP meal count.
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### **8.4.7.6 Adults Under Age 60 with a Disability**

Nutrition programs may provide nutrition services on a voluntary contribution basis to adults under age 60 with a disability who live alone in the community as long as sufficient funds are available to serve older adults.

Services provided to these persons will be approved on a case-by-case basis. Written requests to provide the service must verify need, must document that other programs or resources are unavailable to provide the service or to pay the full cost of the meal, and must verify that sufficient program funds are available to provide meals to older adults. If a waiting list for services is in place, the request will be denied. Aging units will submit a completed waiver request to the AAA for approval. Only the state portion of nutrition program funds can be used to support these meals; therefore the meals must not be included in the NSIP meal count.

A waiver form is in Section Error! Reference source not found. of this manual.

#### **8.4.7.7 Informal Caregivers**

Nutrition programs may offer meals on a voluntary contribution basis to informal caregivers who do not otherwise meet eligibility criteria if it is determined that participation is in the best interest of the eligible participant and there are sufficient program funds to provide meals to other eligible participants.

An informal caregiver is defined as an adult family member or another individual who is not associated with a formal service system but is a regular provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder.

If a nutrition program decides to provide meals to informal caregivers on a voluntary contribution basis, the following criteria must be met:

- An informal caregiver (other than a spouse or domestic partner) who resides with and accompanies an eligible older individual to the dining center is eligible for senior dining (congregate) meals.
- An informal caregiver (other than a spouse or domestic partner), regardless of age or condition, who resides with an eligible older individual participating in the program, is eligible to receive home-delivered meals (HDMs) if an assessment concludes that participation is in the best interest of the eligible participant.

Federal Title III-C funds cannot be used to support these meals; therefore, the meals cannot be included in the NSIP count.

#### **8.4.7.8 Eligibility for All Others**

All other persons under age 60 may be served congregate or home-delivered meals only if the total cost of providing the service is paid by the individual, his or her family, or by another program on the person's behalf. Documentation that full payment has been made will be maintained. All revenues from such meals are considered to be program income. These meals will not be included in the NSIP meal count.

If the nutrition program wishes to provide services to other persons under age 60, a written request must be submitted to the AAA for approval on a case-by-case basis. Written requests must verify need, must document that other programs or resources are unavailable to provide the service or to pay the full cost of the meal, and must verify that sufficient



program funds are available to provide meals to older adults. If a waiting list for services is in place, the request will be denied. Only state nutrition program funds can be used to support these meals; therefore the meals must not be included in the NSIP meal count.

A waiver form is in Section Error! Reference source not found. of this manual.

**Figure 8.4.7.9 Participant Eligibility At A Glance**

This figure is meant to be a visual for Sections X of this chapter, summarizing policy and reporting information. See the corresponding section(s) for more information.

	Offer on a voluntary contribution basis	Recover full cost of meal	Include d in NSIP count	Not include d in NSIP count	Local commission approval required	Registration (C1) or assessment (C2) required	Record as OAA Title III meal
Congregate Meal Participant Section X	X		X			X	X
Home-Delivered Meal Participant Section X	X		X			X	X
Community -Based Long-Term Care Program Participant Section X		X		X			
Volunteer Under Age 60 Section X	X		X		X	X	X
Staff Person Under Age 60 Section X	X			X	X		
Person Under Age 60 with a Disability Living Alone (if approved waiver from AAA)	X			X		X	

Section X							
Informal Caregiver (who resides at home with an eligible participant) Section X	X			X		X	
All Others (Guests, Subcontracts such as Head Start, Jail, etc.) Section X		X		X			
Food Share Meals: If OAA eligible person uses Food Share to donate toward the cost of the meal Section X	X		X			X	X

**8.2 Nutrition Program Staff and Volunteers**

Each aging unit will employ for the nutrition program an adequate number of qualified staff, supplemented as necessary by qualified consultants, to ensure the provision of program leadership, planning, food-service management, nutrition services and other services.

Nutrition programs must comply with applicable personnel policies as described in **Chapter 6** of this manual and with the requirements stated in this chapter.

**8.2.1 Nutrition Program Director**

A full-time nutrition director is responsible for the day-to-day management and administrative functions of the program. If the county or tribal aging unit is unable to hire a full-time nutrition director, the aging unit must submit a waiver request to the AAA which clearly demonstrates that the size of the program or other conditions indicate that a part-time position is adequate.

Nutrition directors are responsible for ensuring that the following are accomplished:

- Plan, develop, implement, and coordinate all programs and services included within the nutrition program.
- Prepare and enforce local nutrition program policies.

- Develop and maintain good working communication with the AAA for all aspects of this program.
- Advocate on behalf of older adults with community members, governing agencies and policy makers as well as local, state and federal legislators and lawmakers.
- Attend public hearings and meetings relating to legislative proposals for older adults as directed by the aging unit.
- Develop and maintain a good public relations program including outreach via public appearances and local newspapers, radio and other media.
- Obtain input from older adult participants regarding service delivery, including listening and responding to concerns.
- Maintain, inform, and seek advice from the nutrition advisory council. Ensure that the members of the council are active in advocating for and promoting the program, as well as assisting with decisions that affect service delivery.
- Recruit, screen, interview, hire, train and supervise all part-time and full-time personnel affiliated with this program.
- Recruit, train and recognize volunteers for the nutrition program.
- Prepare contract applications, job descriptions, bid specifications and proposals, and budget proposals in a timely and proper manner as directed.
- Contract for provision of food stuffs, food service equipment, supplies, and facilities according to the procurement procedures of the designated authority and as described in this manual (8.5.11 and 13.3).
- Develop and provide training programs for nutrition program staff and volunteers.
- Participate in the planning of and ensure all appropriate staff and volunteers attend regional annual nutrition program staff/volunteer training.
- Ensure the ongoing practice of safe food handling by developing and enforcing local policies and procedures related to food safety and sanitation and by ensuring all training and certification requirements are met (See Section – Food Safety).
- Ensure that all required assessments for home-delivered meal participants are completed.
- Develop fiscal procedures for the nutrition program.
- Maintain all accounts and records required by this program.
- Compile, organize, and prepare written reports and materials for the aging unit and other key agencies as directed (this includes the county or tribal aging unit, the AAA and BADR). (See Chapter 14 – NAPIS?)
- Coordinate the development and provision of supportive services for this program.
- Implement auditing controls to continuously measure program effectiveness and costs.
- Monitor each dining center annually to evaluate the provision of nutrition services.
- Identify program problems and recommend remedial measures.
- Carry out all other duties and activities of this position as assigned to the holder of this position.

### **8.2.2 Nutrition Program Dining Center Managers**

All congregate dining centers must be supervised by a designated dining center manager.

The dining center manager, under the supervision of the nutrition program director, actively supervises the safe and sanitary service of meals and all other related nutrition program activities. The dining center manager will ensure that all of the following are accomplished:

- Greeting participants
- Providing continual outreach to new participants
- Obtaining feedback and responding to concerns from participants regarding service delivery
- Advocating on behalf of older adults with community members as well as local, state and federal lawmakers and policy makers
- Verifying that participants have registered
- Handling all participant contributions appropriately
- Enforcing policies and procedures related to food safety and sanitation
- Quality assurance for food or for food-vendor contracts
- Keeping records of program data
- Scheduling and/or supervising other staff or volunteers
- Attending annual regional nutrition program staff training

Important skills and qualities to consider when hiring dining center managers include customer service skills, food-handling experience, first-aid certification, group leadership experience, problem-solving abilities and a warm, non-judgmental personality.

### **8.2.3 Nutrition Program Nutritionist**

OAA Sec. 339: "A State that establishes and operates a nutrition project under this chapter shall (1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and (2)(G)(i) a dietitian or other individual described in paragraph (1)."

Each nutrition program must employ or retain the services of a qualified dietitian or nutritionist who is responsible to the nutrition director. The program nutritionist must be available to the program in sufficient time to complete all of the required responsibilities listed below. If the program nutritionist is subcontracted, these tasks should be specified in the service contract (See Section XX – Contracts & Agreements).

The program nutritionist will:

- Review and approve all menus offered to program participants.
- Approve any menu changes or food item substitutions that are made before the meal is offered.
- Collaborate with cooking staff regarding menus and food preparation techniques if meals are prepared in central or on-site kitchens.
- Work with meal providers to evaluate nutrient content of all purchased meals offered to program participants.



- Provide training on portion and serving sizes of menu items to service staff and volunteers.
- Develop and/or provide training to nutrition program staff and volunteers in screening of participants for nutrition risk.
- Oversee nutrition education programming and approve materials. Develop and implement a nutrition education plan annually.
- Coordinate and/or provide nutrition counseling services to participants at high nutrition risk when requested.
- Approve additional morning, evening and/or weekend meals that are provided to high-risk participants.
- Monitor each dining center annually to evaluate the provision of nutrition services. At a minimum, monitoring will include verification that:
  - Meals comply with the nutrition requirements.
  - All nutrition education services comply with state policy.
  - Nutrition screening scores are accurately collected from all participants in compliance with state policy.

Other duties and responsibilities may include assisting the nutrition director in tasks such as the development and provision of staff training in proper sanitation, development of sanitation policies and procedures, kitchen design, development of food contracts, etc.

### **8.2.3.1 Qualifications**

In Wisconsin's nutrition program, a "qualified dietitian or nutritionist" will have one or more of the following qualifications:

- **Certified Dietitian**

Certified Dietitians (CD) hold a current certification with the State of Wisconsin Department of Safety and Professional Services and are certified as a dietitian under the Wisconsin State Statutes (2015), Chapter 448, "Medical Practices," Subchapter V, Dietitians Affiliated Credentialing Board. Verification of certification can be done online at the Wisconsin Department of Safety and Professional Service's website.

- **Registered Dietitian or Registered Dietitian Nutritionist**

Registered Dietitians (RD) or Registered Dietitian Nutritionists (RDN) hold a current registration with the Commission on Dietetic Registration. To verify whether or not someone is a registered dietitian, contact the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics.

- **Nutrition and Dietetics Technician, Registered or Dietetic Technician, Registered**

Nutrition and Dietetics Technicians, Registered (NDTR) or Dietetic Technicians, Registered (DTR) hold a current dietetic technician registration with the Commission on Dietetic Registration. To verify whether or not someone is a NDTR or DTR, contact the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics.

- **Comparable Education / Experience and Authorization**

Comparable education and/or experience requires authorization in writing from the AAA dietitian or the BADR nutrition coordinator. Those not likely to receive

approval include nurses, dietary managers, dietary supervisors, and cooks; unless they can prove an extensive, well-rounded education and experience in the major areas of dietetic practice.

### **8.2.4 Students Working in the Program**

When dietetic or nutrition students perform activities of the program nutritionist, they will be supervised by a qualified nutritionist through regular evaluation, either on site or after extensive training and orientation.

### **8.2.5 Other Required Staff Capacity**

In addition to staff requirements listed above, each aging unit will have accounting and clerical capacity sufficient to fulfill the nutrition program's budgetary, fiscal, reporting and record-keeping responsibilities.

### **8.2.6 Volunteers**

To the extent feasible, the nutrition program will provide orientation, training and opportunities for voluntary participation of individuals in all aspects of program operations. See [Section] for training requirements for volunteers.

## **8.4.7 Training**

This section describes general training requirements for nutrition directors and staff.

### **8.4.7.1 Nutrition Program Director Training**

All nutrition directors will be oriented and trained to perform their assigned responsibilities and tasks.

AAAs and/or BADR will provide orientation to nutrition directors.

Nutrition directors must receive a minimum of ten (10) hours of training annually. Training hours can be obtained through:

- Regional nutrition director training or meetings
- Wisconsin Association of Nutrition Directors conferences
- Attendance at the regional planning committee meetings for annual nutrition program staff/volunteer training (one hour maximum)
- Attendance at the annual nutrition program staff/volunteer training (one hour maximum)
- Attendance at other training, conferences, or webinars approved by the AAA and/or BADR.

### **8.4.11 Nutrition Program Staff/Volunteer Training**

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

All paid staff must receive a minimum of six (6) hours of training annually. Nutrition program volunteers who serve as dining center or kitchen managers must also receive



a minimum of six (6) hours of training annually. Training hours can be obtained through:

- Attendance at locally-held nutrition program meetings and trainings for staff and/or volunteers (one hour maximum from each). Nutrition directors are strongly encouraged to hold quarterly meetings and/or trainings with dining center managers.
- Attendance at the annual nutrition program staff/volunteer training (four hours maximum). This is coordinated by BADR, the AAAs, and regional planning committees, and is usually held each year in the fall.

A minimum number of annual training hours are not required for all other nutrition program volunteers. However, orientation and training must be provided by the nutrition program and will include all applicable mandatory topics below along with any other training appropriate for the task(s) for which the volunteer is responsible. Those who volunteer or have direct contact with food are held to the same standards that apply to “regular” employees a (i.e. sanitation standards, ethics, privacy standards, etc.).

All paid staff and regular nutrition program volunteers, unless otherwise noted, will receive training on the following mandatory topics at least once during the three-year aging plan period:

- Customer service
- Ethics and boundaries
- Nutrition program eligibility criteria and voluntary contribution policies
- Nutrition standards, portion control, and policies regarding second helpings/leftovers (for staff and volunteers who prepare and/or serve food)
- Food safety and sanitation / prevention of foodborne illness (for staff and volunteers who have contact with food, including home-delivered meal drivers)
  - Temperature control and thermometer calibration
  - Home-delivered meal test trays
- Procedures for home-delivered meal assessments (for staff/volunteers responsible for assessments and reassessments)
- Participant safety
  - Red flags
  - First aid, first response practices, choking, universal/standard precautions, blood borne pathogens, etc.
  - Emergency preparedness, disaster procedures, severe weather, fire safety, and other emergency procedures
- Other mandatory topics as determined by BADR and the AAAs.

At the discretion of the nutrition director, other topics that are deemed valuable may be presented to staff and volunteers and may count towards the required training hours. Additional topics will be provided based on the particular tasks for which a staff member or volunteer is responsible. Additional topics must be relevant and useful by the nutrition program to enrich and further the training and professionalism of its staff and volunteers to better serve the older adults in their communities.

Additional topics will only be allowed if the mandatory training topics (see above) are all completed.

#### **8.4.7.2.1 Training for Home-Delivered Meal Drivers**

At least once within a three-year aging plan cycle, all home-delivered meal drivers must receive training in how to recognize red flags in a home-delivered meal recipient's health or safety. For staff and regular volunteers, this training can be counted toward the required training hours.

#### **8.4.7.2.2 Training for Cooking Staff**

All cooking staff must receive at least one hour of training within a three-year aging plan cycle that is specifically related to on-site cooking and food preparation. Contact BADR or the AAAs for recommendations on available training. This training can be counted toward the required training hours.

#### **8.4.7.2.3 Annual Regional Staff and Volunteer Training**

All nutrition directors are expected to participate on a regional planning committee for annual nutrition staff and volunteer trainings. Nutrition directors are also expected to attend and ensure that all regular dining center managers attend a regional training.

### **8.6.3 Required Food Safety and Sanitation Training**

This section describes food safety and sanitation requirements for nutrition directors and staff.

#### **8.6.3.4 New Staff/Volunteer Orientation**

All new staff and volunteers having contact with food must have a general orientation on safe food handling and sanitation practices before their first day of work.

The following resources can be used:

- Wisconsin ENP General Orientation Handbook on Safe Food Handling and Sanitation Practices for Foodservice Staff and Volunteers (either for cooking or non-cooking facilities)
- Sections XXXXXX of Chapter 8 of the Policy and Procedures Manual of Wisconsin's Aging Network
- Manual from a food safety and sanitation course, such as ServSafe® or Serving Safe Food

#### **8.6.4 WI Food Manager Certification**

State of Wisconsin Food Manager Certification is **required** for:

- Nutrition Program Directors

- All lead and substitute cooks at a central kitchen or on-site cooking senior dining center in which nutrition program meals are purchased, prepared, and/or cooked.

At a minimum, at least one staff person or volunteer with a Wisconsin Food Manager Certification must be on duty at all times when meals are being purchased, prepared, and/or cooked at a central kitchen or on-site cooking site. It is recommended that other staff working in a food-handling capacity at such locations also maintain a Wisconsin Food Manager Certification.

The nutrition director will obtain training and pass the applicable exam within 90 days of beginning the nutrition director position. Lead and substitute cooks will obtain training and pass the applicable exam within 90 days of beginning the food-handling position.

The AAA may grant an extension of the 90-day period up to 180 days when any of the following applies: location/travel issues, timing of available courses, or significant personal scheduling issues. However, the nutrition director is responsible for requesting the extension before the end of the 90-day period.

#### **8.4.7.3.2.1 Obtaining WI Food Manager Certification**

The State of Wisconsin Department of Agriculture, Trade and Consumer Protection, Division of Food and Recreational Safety, approves courses that meet the criteria for the WI Food Manager Certification. A comprehensive list of approved courses (such as ServSafe) and Wisconsin course providers are available on the WI DATCP Food Manager Certification website. Courses are typically available through BADR, the AAAs, technical colleges, and individual consultants, among others.

In order to obtain or renew a Food Manager Certification, a nutrition program staff person or volunteer must:

- Complete a state-approved certification course
- Take and pass a state-approved certification exam

#### **8.4.7.3.2.2 Renewing WI Food Manager Certification**

All food manager certifications expire five years from the date of issuance. There are two available renewal options:

1. If the nutrition program retains five or more staff or volunteer food handlers where meals are being purchased, prepared, and/or cooked:
  - Staff or volunteers must take a state approved WI Food Manager Certification course and pass an approved exam in order to maintain their food manager certification. Recertification courses are not accepted. A comprehensive list of approved courses (such

as ServSafe) and Wisconsin course providers are available on the WI DATCP Food Manager Certification website.

Note: a “food handler” is defined by DATCP as an individual engaged in the preparation or processing of food at a restaurant. Examples include chefs, line cooks, servers who assemble food, etc. Processing of food includes canning, extracting, fermenting, distilling, pickling, freezing, baking, drying, smoking, grinding, cutting, mixing, coating, stuffing, packing, bottling or packaging, or any other treatment or preservation process. Other examples include chopping, dicing, cooking, cooling, reheating, assembly of salads, etc.

2. If the nutrition program retains less than five staff or volunteer food handlers where meals are being purchased, prepared, and/or cooked:
  - Staff or volunteers may take a state approved Food Safety Training for Small Operators course, without an examination, in lieu of the Certified Food Manager course and exam. Contact DATCP for a list of approved courses.
  - Note that this is not the same license as a Food Manager Certification and cannot be used in locations that retain greater than five food handlers. This option also only applies to renewals, not initial certifications. All individuals must obtain a Food Manager Certification initially in order to be eligible to choose this renewal option.

Individuals who do not renew in accordance with this section must complete the initial Food Manager Certification again. Certifications may not lapse more than 90 days.

### **8.6.6 Serving Safe Food (SSF) Certification**

The Serving Safe Food (SSF) course and exam were developed by BADR and the Wisconsin Association of Nutrition Directors (WAND) to meet the food safety and sanitation training requirements for staff, including senior dining center managers, whose work duties include hot and cold food holding, serving and clean up, but no purchasing, preparation or cooking.

The SSF certification course includes a minimum of two hours of training including a presentation and a take-home exam. Upon successful completion of the course and passing of the exam, a five-year certificate is issued by BADR.

The course may be taught by anyone who has a current WI Food Manager Certificate. Individuals who are eligible to teach the SSF course must use only the required materials developed and/or reviewed by BADR. No alterations to the materials may be made. If changes are made to any materials, the

individual(s) will not be eligible for certification, unless an exception has been granted by BADR prior to the course taking place.

Nutrition programs may use SSF to teach general food safety and sanitation classes or lectures, but certification will be denied if any changes have been made to the existing materials.

The required materials used to teach the SSF course can be obtained by contacting BADR or the AAA.

Serving Safe Food Certification is **required, at a minimum**, for dining center managers at senior dining centers where food is not prepared or cooked

At a minimum, at least one staff person or volunteer with a Serving Safe Food Certification must be on duty at all times at a senior dining center where meals are being served but not prepared or cooked. It is recommended that other staff working in a food-handling capacity at such locations also maintain a Serving Safe Food Certificate.

Staff and volunteers for whom this policy applies will obtain training and pass the applicable exam within 90 days of beginning the food-handling position. The AAA may grant an extension of the 90-day period up to 180 days when any of the following applies: location/travel issues, timing of available courses, or significant personal scheduling issues. However, the nutrition director is responsible for requesting the extension before the end of the 90-day period.

Serving Safe Food certification must be renewed every five years by retaking the course and passing the applicable exam. The course will be completed and the exam submitted to BADR for grading in advance of the certification's expiration date.

## **8.2.7 Nutrition Advisory Council**

The nutrition program of each aging unit will establish a nutrition advisory council that is separate from any other advisory group of the aging unit to assist in evaluating, promoting, planning, and advocating for the nutrition program and its participants. If feasible, the nutrition program may also set up a separate advisory council for home-delivered meal representation. The nutrition advisory council will advise the nutrition director on all matters relating to nutrition and nutrition-supportive services within the program area. All recommendations and suggestions of the council will be in accord with federal and state policies and will take into consideration the nutrition budget.

### **8.2.7.1 Council Roles and Responsibilities**

Council members will:

- Represent and speak on behalf of the nutrition participants and program.
- Advocate on behalf of older adults with community members, governing agencies and policy makers as well as local, state and federal legislators and lawmakers.

- Assist in publicizing the nutrition program and outreach to potential new participants.
- Make recommendations to the nutrition director about the food preferences of participants.
- Make recommendations to the nutrition director and the aging unit about locations, days and hours of dining center operations.
- Make recommendations to the nutrition director about dining center accessibility and age-friendliness.
- Advise and make recommendations to the nutrition director and aging unit about supportive social services to be conducted at dining centers.
- Give support and assistance to the ongoing development of the nutrition program.
- Conduct yearly on-site reviews of dining centers in the program, if requested.

The Nutrition Advisory Council is intended to be a partner in improving the nutrition program. Council members can assist in securing funding by volunteering their time to raise funds for the program, developing and maintaining community partnerships, and promoting activities including advertising and outreach to the community.

#### **8.2.7.2 Membership and Structure**

More than one-half of the council membership will consist of adults age 60 and older. The council will include at least one program participant representing each dining center and at least one representative from the home-delivered meal program. The home-delivered meal program representative can be a home-delivered meal driver or a family member, caregiver or friend of a home-delivered meal recipient. The remaining council membership should provide for broad representation from public and private agencies that are knowledgeable and interested in the senior dining and home-delivered meal program, such as local hospitals, University of Wisconsin-Extension, etc.

#### **8.2.7.3 Meetings**

The council will meet as often as is necessary, but no less than quarterly. By-laws and parliamentary procedures will be adopted to govern the conduct of council business. Meetings must be open, with notices posted in accordance with the Open Meetings Law; minutes for all nutrition advisory council meetings will be kept for three years. See [Section] for record-keeping requirements.

#### **8.2.7.4 By-Laws**

Nutrition advisory council by-laws will include all of the following:

- an article describing responsibilities of the council.
- provision for specifying number, election, tenure (not to exceed two 3-year terms) and qualifications of members.
- dates for regular and annual meetings and the manner of giving notice for regular, annual and special meetings.
- provision for hearing participant grievances.
- provisions for amending and updating the by-laws.



## 8.4.27 Administration of the Senior Dining (Congregate) Nutrition Program

This section includes policy as it relates to the administration of senior dining centers.

### 8.4.1 Senior Dining (Congregate) Meals Level of Service

OAA Sec. 331. PART C. NUTRITION SERVICE. SUBPART 1:

CONGREGATE NUTRITION SERVICES PROGRAM AUTHORIZED:

*"The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects that*

- (1) *5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;*
- (2) *shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and*
- (3) *provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants."*

- Each nutrition program will serve meals five (5) or more days per week in at least one dining center. In areas where such frequency is not feasible, a lesser frequency must be approved by the AAA and BADR through a waiver request..
- Meal frequency will be reviewed annually to determine any need for change.

### 8.4.27.1 Location of Dining Centers

Dining centers must be located in a facility where eligible individuals will feel free to attend. The dining center must be free of architectural barriers which limit the participation of older persons and be compliant with accessibility standards set forth by the American Disabilities Act (ADA). Every effort must be made by the nutrition staff to dispel perceived and/or implied barriers to participation in addition to ensuring no architectural or other physical access barriers exist. (See Section X – Dining Centers in Housing Facilities and Dining Centers in Communities of Faith).

### 8.4.27.6 Dining Center Facility and Equipment

The facility will comply with all applicable state and local health, fire, safety and sanitation regulations. When determining the appropriateness of a dining center, nutrition programs will consider:

- available parking
- ease of entry and adequate emergency exits
- availability of hearing loops
- size and scope of restrooms, stairs, elevators, and/or ramps
- availability of fire extinguishers and other fire suppression systems
-

Tableware, utensils, equipment, walls, floors and ceilings will comply with applicable regulations as stated in the Wisconsin Food Code.

### **8.5.13 Central and On-Site Kitchens**

The nutrition program and commission on aging should jointly plan for establishing, remodeling or closing of central or on-site kitchens. A request for approval will be submitted to the AAA in a timely manner.

Nutrition programs will consider the following:

- the cost of providing meals.
- how this will affect service to participants.
- the costs involved in establishing a central kitchen.
- facilities to be used as a possible central or on-site kitchen such as unused kitchens in schools or county institutions.

### **8.4.27.11 Dining Center Facility Agreement**

Each program will have written agreements with the owners of all facilities used as dining centers, including those donated for use at no cost. The agreements will specify who is responsible for the following, if applicable:

- care and maintenance of the facility, specifically including kitchen, equipment, restrooms, and other areas of common use
- utility costs
- safety inspections
- licensing by the Public Health Department
- insurance coverage
- security procedures
- emergency preparedness and evacuation procedures
- snow removal

Note that this list is not all-inclusive. Nutrition programs may add additional items to agreements as necessary.

### **8.4.27.8 Dining Centers in Senior or Community Centers**

Nutrition programs and senior or community centers will establish a procedures which ensure coordination between the nutrition program and the center.

Written grievance procedures will be established to address potential conflicts between the nutrition program and center staff or volunteers.

Job descriptions, organizational charts, or other written material necessary for identifying program responsibilities and relationships will be developed.

### **8.6.5.2 Dining Centers in Buildings Used By Communities of Faith**

Dining centers located in buildings used for worship by communities of faith must be open to the public so that older adults, regardless of whether they are members of the community of faith, are welcome to attend. Every effort must be made by nutrition

staff to dispel perceived and/or implied barriers to participation by non-members in addition to ensuring that no architectural or physical access barriers exist.

### **8.6.5.3 Dining Centers in Housing Facilities**

In order for a dining center to be located within public or private housing facilities, the majority of residents of such facilities must be age 60 or older. Such dining centers must be open to the public so that older adults, regardless of whether they reside in the housing facility, are welcome to attend. Every effort must be made by nutrition staff to dispel perceived and/or implied barriers to participation by non-residents of these facilities in addition to ensuring that no architectural or physical access barriers exist.

The nutrition program and the facility will establish procedures which ensure coordination between the nutrition program, the housing facility and its residents.

Written grievance procedures will be established to address potential conflicts between the nutrition program and the housing facility or its residents.

### **8.4.27.9 Dining Centers in Restaurants**

Nutrition programs are permitted to provide restaurant-based congregate meal service. Restaurant-based dining centers must adhere to all nutrition program policies, unless indicated otherwise in this section.

When considering a restaurant-based dining center, the nutrition program is responsible for ensuring that the restaurant:

- follows the Wisconsin Food Code and is licensed and inspected regularly by the local public health department.
- provides meals to program participants that meet nutrition program standards for meals (1/3 DRI and compliance with Dietary Guidelines for Americans).
- meets accessibility requirements specified in **8.4.27.1**.
- has appropriate emergency preparedness procedures that can accommodate an older adult population.

A nutrition program representative must be present on-site as a designated dining center manager during meal times. The dining center manager oversees administrative functions such as signing in for meals, registering for the program, collecting and accounting for contributions made by participants, and ensuring that the restaurant does not make unapproved substitutions for menu items. Restaurant staff **are not** permitted to function as dining center managers. The dining center manager also greets participants, obtains feedback from participants regarding quality of meals and service, and serves as a point of contact for the aging unit.

The restaurant may plan menus and food item choices, but the nutrition program's program nutritionist and nutrition director must approve menus and/or food choices available to program participants before they are offered. Procedures must be in place for the restaurant to communicate menu changes and substitutions to the nutrition

program. The nutrition program will ensure that menus and/or food choices are clearly explained/advertised to participants.

Programs contemplating a restaurant dining center must submit a **Request for Restaurant Dining Center Approval Form** to the AAA for review.

#### **8.6.5.4.1 Requirements for Written Agreements with Restaurants**

Before entering into an agreement with a prospective restaurant, the nutrition director will conduct an on-site visit to determine that nutrition program requirements can be met and appropriate food safety and sanitation practices are in place.

The nutrition program and the restaurant must have a written agreement that addresses the following in addition to the requirements of Section XX, Contracts with Meal Providers:

- Procedures for approving and communicating menus, menu changes and substitutions.
- How menus and/or food choices will be communicated to participants.
- Per meal price that the nutrition program pays the restaurant and what is included in that cost (food, supplies, labor, tips for service staff, etc.).
- Meals are intended for on-site consumption, but participants may take leftovers home.
- Participants may purchase additional beverages and food with their own money.
- Wisconsin Food Code and nutrition program requirements.
  - Qualifications for staff who handle or prepare food (i.e. Food Manager Certification).
  - Training requirements for food service establishment staff.
  - Public health licensing and inspections.
- Responsibilities of both parties for care, maintenance, and security of the facility and equipment.
- Insurance coverage, such as workers compensation and comprehensive and general liability, for the restaurant and the nutrition program.
- Rights of the nutrition program staff to inspect the food preparation and storage areas of the restaurant.

Note that this list is not all-inclusive. Nutrition programs may add additional items to agreements as necessary.

A copy of the written agreement will be provided to the AAA for review before implementation.

**8.4.27.10 Voucher Programs**

A nutrition program may develop a system for issuing vouchers or coupons redeemable for meals at a restaurant, café or other food service establishment. Prior to implementation, the nutrition program must submit a **Request for Voucher Program Approval Form** and receive approval from the AAA and BADR.

The following sections detail standards that must be met when implementing voucher programs. This policy does not apply to meal ticket systems (Section X of this chapter), where tickets are distributed on a voluntary contribution basis for use at traditional dining centers.

**8.6.5.5.1 Requirements for Nutrition Programs**

Each nutrition program will:

- Employ a full-time nutrition director. If the nutrition director is not a qualified program nutritionist, the program must employ a qualified program nutritionist at least four hours per week. The nutrition program may need to employ the program nutritionist for additional hours during the planning and implementation of new dining centers.
- Make monitoring visits to each participating food service establishment at least quarterly to ensure compliance with food safety and sanitation requirements and nutrition program policies and procedures. During the first six months following implementation of a new dining center location, the nutrition director will make monitoring visits monthly.
- Provide training to food service establishment staff on the following topics at least annually:
  - Meal standards (including meal pattern requirements and component portion sizes)
  - Nutrition program policies regarding voluntary contributions, confidentiality, and carry-out meals
  - Voucher program policies regarding registering for the program and voucher redemption (including sharing with the food service establishment the program-related outreach materials sent to participants)
  - Food safety practices for serving the older adult population
  - Red flags to look for in participant's health or safety
- Have a policy in place that addresses how misuse of vouchers by both participants and the food service establishment will be addressed.
- Have a process to provide eligible participants with access to other aging services offered by the aging unit.

**8.6.5.5.2 Participant Registration & Voucher Issuance and Redemption**

The nutrition program will make written registration materials available to eligible program participants at both the aging unit office and at dining locations where vouchers are accepted. Registration materials include a registration form

for eligible participants to complete, a voucher order form, and voucher program guidelines.

To ensure adequate program resources, the number of vouchers issued to an eligible participant cannot exceed 22 vouchers per month (approximately five meals per week). The nutrition program must have a procedure for participants to voluntarily contribute toward their meals and receive their vouchers (e.g. US Mail, pick up at the aging office, etc.). Vouchers may only be valid for up to one program or calendar year. At the end of each calendar year, the nutrition program will provide updated registration materials and make vouchers available for the upcoming calendar year.

Vouchers must not have a stated dollar value. However, the nutrition program will reimburse the restaurant at the per-meal rate agreed upon for each voucher redeemed.

When an eligible participant redeems a voucher, the food service establishment is responsible for verifying the identity of the individual redeeming the voucher. Only one voucher can be redeemed per eligible participant per visit. The food service establishment is also responsible for documenting the meal/food items that were provided to the participant (typically on a receipt) and attaching the participant's voucher. Food service establishments must submit this information along with an invoice to the nutrition program according to the billing schedule agreed upon by both parties.

Nutrition programs are responsible for developing a system which ensures that vouchers cannot be easily duplicated by participants or the food service establishment (i.e. use of a watermark). Nutrition programs are also responsible for accurate reporting of the number of vouchers sent to participants and the number of vouchers redeemed, in addition to all other required federal and state reporting for the nutrition program. Contact BADR for access to these subservices in SAMS.

### **8.6.5.5.3 Requirements for Participating Food Service Establishments**

The food service establishment must:

- Be licensed, follow the Wisconsin Food Code, and be inspected regularly by the local public health department.
- Agree to provide at least one meal, if not more, that meets nutrition program standards for meals (1/3 DRI and compliance with Dietary Guidelines for Americans).
- Meet accessibility requirements specified in **8.4.27.1**.
- Have appropriate emergency preparedness procedures in place that can accommodate an older adult population.



**8.6.5.4 Requirements for Written Agreements with Participating Food Service Establishments**

Before entering into an agreement with a prospective food service establishment, the nutrition director will conduct an on-site visit to determine that nutrition program requirements can be met and appropriate food safety and sanitation practices are in place.

The nutrition program and the food service establishment must have a written agreement that addresses the following in addition to the requirements of Section XX, Contracts with Meal Providers and Section XX, Requirements for Written Agreements with Restaurants:

- Procedures for tracking voucher usage and reporting to the nutrition program.
- Procedures for evaluating service delivery, program quality, and participant satisfaction

Note that this list is not all-inclusive. Nutrition programs may add additional items to agreements as necessary.

A copy of the written agreement will be provided to the AAA for review before implementation.

**Table 8.6.5.6 At a Glance: Traditional Restaurant Dining Centers vs. Voucher Programs in Restaurants**

This table summarizes the similarities and differences between traditional restaurant dining centers and voucher programs in restaurant settings. See Sections X for more information.

	Traditional Restaurant Dining Center	Voucher Program in a Restaurant
Vouchers are provided for participants to redeem at specified food service establishments.		X
Participants must register and be given the opportunity to voluntarily contribute toward their meals.	X	X
Participants meet at the food service establishment on a specific day and during a specific time period.	X	
Participants can eat at any time during which vouchers are honored, typically at any time the facility is operating.		X
A nutrition program representative is on-site as a designated dining center manager during meal times. The dining center manager oversees administrative functions such as signing in for meals, registering for the program, and collecting and	X	

accounting for contributions made by participants. The dining center manager also greets participants and serves as a point of contact for the aging unit.		
Participants are given the opportunity to voluntarily contribute on-site at the food service establishment.	X	
The program nutritionist and nutrition director must approve menus and/or food choices available to program participants before they are offered.	X	X
Specific menu(s) are planned and available for program participants. All menus offered must meet the nutrition program's meal standards (1/3 DRI and compliance with Dietary Guidelines for Americans).	X	X
The food service establishment must be licensed, follow the Wisconsin Food Code, and be inspected regularly by the local public health department.	X	X
The food service establishment must meet accessibility requirements specified in <b>8.4.27.1</b> .	X	X
Tips for service staff must be included in the per meal price that the nutrition program pays the food service establishment.	X	X

#### **8.4.27.2 New or Relocated Dining Centers**

To open a new dining center or to relocate a dining center, the nutrition program will obtain approval from the AAA. To obtain approval, the program will complete and submit a **New Dining Center Approval Form or Dining Center Relocation Form** (Section X) to the AAA for review. If possible, the form will be submitted 60 days before the effective date of opening or relocation. When opening a new dining center, the nutrition program must demonstrate the need for the new dining center and that the program has sufficient resources necessary to support it.

This information will be included in the county/tribal plan or as an amendment to the current county/tribal plan submitted to the AAA.

#### **8.4.27.3 Temporary Closure of Dining Centers**

Nutrition programs will notify AAAs when a dining center will be closed for longer than one (1) week. When reporting to the AAA, programs will specify the affected days and explain how they will meet participants' nutritional needs during the closure. For temporary closures that are less than one (1) week, nutrition programs are not required to notify the AAA. Examples of such closures might include closures that occur because of severe weather, cleaning, repair, redecoration, problems with caterer, or expected standard business closures.

When notifying the AAA, the program will complete a **Dining Center Closure Approval Form** (Section XX) and submit this to the AAA for review, 60 days before the effective date of closure, or when feasible.

#### **8.4.27.4 Permanent Closure of Dining Centers or Days of Service Change**

Before permanently closing a dining center or changing its days of service, the AAA will be provided with (1) written rationale for the closure or days of service change, and (2) written approval by the local commission on aging and the local advisory council.

When a dining center is to be permanently closed or its days of service permanently changed, all of the following procedures will be followed:

- The program will notify participants at the dining center of the intent to close, at least 30 days before the last day of meal service.
- The nutrition program will notify the AAA, in writing, of the intent to close a dining center or change the days of service, and will obtain approval from the AAA. To obtain approval, the nutrition program will complete and submit a **Dining Center Closure Approval Form or Days of Service Change Approval Form** (Section Error! Reference source not found.) to the AAA for review, 60 days before the effective date of closure or days of service change if feasible.
- The program will present rationale for the dining center closure, such as lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources or other justifiable reasons.
- The AAA will review the rationale and determine that all options have been exhausted for keeping the dining center open or for relocating it. If there remains a need for service in the area served by the dining center, efforts should be made to develop a new dining center and/or provide support for participants to attend another existing dining center.

The AAA will approve, in writing, the closure or change in days of service of all dining centers operating with Title-III funds, and will notify BADR of all dining center closures and changes to days of service.

#### **8.4.23 Reducing Food Waste: Second Helpings and Leftovers**

Each program will implement procedures designed to minimize food waste. At a minimum, programs will do all of the following:

- Evaluate and minimize the difference between the number of meals prepared or received from the vendor and the number of meals served.
- Review portion control methods with the staff and, when applicable, the food provider, to ensure that all participants are receiving equivalent amounts of food and to reduce the amount of leftover food.
- Offer second helpings to participants at dining centers when feasible. Offer second helpings to participants in a fair manner.
- Educate participants on safe food-handling practices. The safety of food, after it has been served to a participant and when it has been removed from the dining center, is the responsibility of the participant.
- Provide participants with only new, never-used containers for taking home uneaten food, if the nutrition program chooses to provide containers. See Section – Taking Food Home

When feasible, leftover food from on-site cooking facilities may be incorporated into subsequent senior dining or home-delivered meals if cooled according to the Wisconsin Food Code guidelines (see Section X of this chapter). This includes re-serving leftovers as individual frozen meals. Programs which use this option will have a written policy and procedure.

#### **8.4.24 Taking Food Home**

Senior dining participants have the option to take home any part of a meal served to them at a dining center. The safety of food after it has been served to a participant and when it has been removed from the dining center is the responsibility of the participant. Program staff and volunteers will educate participants on safe food-handling practices. Over-ordering or over-producing food for the specific intent of producing leftovers that can be taken home is not allowed. Program staff and volunteers are prohibited from taking home leftover food from any dining center or preparation facility. See Section – Reducing Food Waste

#### **8.4.25 Carryout Meals**

This policy addresses the issue of whole meals being taken from the senior dining center. Please see the policy above which refers to participants taking home uneaten parts of their meals.

Carryout meals, as a regular practice, are not allowed in the senior dining nutrition program.

Nutrition programs may allow carryout meals if all of the following conditions have been met:

- A written local procedure must exist for the handling of carryout meals.
- The meal must be served to a registered program participant.
- Instances when a carryout meal may be permitted include:
  - A spouse, domestic partner, family member, roommate, or close neighbor can safely deliver a meal to a regular congregate participant who has a temporary illness or condition. When the duration exceeds two weeks, the participant must be evaluated for a home-delivered meal.
  - A spouse, domestic partner, family member, roommate, or close neighbor can safely deliver a meal to a participant who qualifies for a home-delivered meal but is not receiving a meal due to lack of program resources to enable delivery.
  - The individual has a mental condition which indicates a need for carryout meals. A note from a medical provider indicating this need is required.
- The person taking the meal must be provided instructions on food safety guidelines for the meal.
- The dining center manager or other individual in charge is responsible for releasing the meal only if he feels it can be delivered safely. These meals will be reported as congregate meals unless the individual has had a full in-home assessment for home-delivered meals.

### 8.4.27.5 Prayer at Dining Centers

Each participant has a free choice whether or not to pray, either silently or audibly. The prayer or other religious activity is not to be officially sponsored, led or organized by persons administering the nutrition program or dining centers, including program volunteers while they are volunteering.

## 8.4.28 Administration of the Home-Delivered Meal Program

This section includes policy as it relates to the administration of the home-delivered meal program.

### 8.4.2 Home-Delivered Meals: Level of Service

OAA Sec. 336. PART C: NUTRITION SERVICE. SUBPART 2:

HOME DELIVERED NUTRITION SERVICES PROGRAM AUTHORIZED:

*"The Assistant Secretary shall carry out a program for making grants to states under State plans approved under section 307 for the establishment and operation of nutrition projects for older individuals that provide"*

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

- Meals will be served five (5) or more days per week, except in areas where this frequency is not feasible and a lesser frequency is approved by the AAA and BADR through a waiver request.
- The nutrition program will promptly meet an eligible individual's request for home-delivered meals and will continue to provide those meals as long as the person needs them and funding is available. If the home-delivered meal program is serving at capacity, then eligible individuals will be put on a waiting list (See [Section]).
- Programs will make every effort to provide two (2) or three (3) meals per day, seven (7) days per week, to those who need them and/or have no other assistance with their nutritional needs.
- Each nutrition program will provide hot or other appropriate meals. Frozen meals may be served based on individual circumstances, but the individual must have the ability to safely hold and reheat the frozen meal.
- Meal frequency will be reviewed annually to determine any need for change.

### 8.4.28.1 Home-Delivered Meal Instructions

Written and/or verbal instructions will be given to participants for handling and reheating of the meals. All home-delivered meals will be clearly marked with the date the meal was served.

### **8.7.3 Delivery Requirements**

Nutrition program staff or volunteers must deliver meals into the hands of the recipient, a caregiver, or another person designated by the recipient. Nutrition programs will have policies in place that ensure that home-delivered meals are not left unattended if the client is not at home.

With advance notice, alternate delivery arrangements can be made for rare circumstances when a home-delivered meal recipient will not be home to receive the meal. Acceptable examples of alternate delivery arrangements include delivery of two meals the day before, delivery of a regular meal and a frozen meal the day before, or arranging for a friend or family member to pick up the meal.

Nutrition programs are responsible for checking on participant's well-being at the time of delivery, ensuring that OAA meals are delivered to eligible individuals, and ensuring that food is held at safe temperatures and protected from contamination, animals or pests. Therefore, leaving meals outside, in coolers, or otherwise unattended is prohibited.

### **8.7.4 Background Checks for Home-Delivered Meal Drivers**

To help assure the safety of home-delivered meal participants, nutrition programs must conduct a background check for each paid and volunteer home-delivered meal driver. At a minimum, paid nutrition program staff must conduct a search on the Wisconsin Circuit Court Access (WCCA) Website and the US Department of Justice National Sex Offender Public Website (NSOPW). Both of these searches can be conducted free of charge. If such searches reveal a concern, nutrition programs must conduct a name-based background check through the Wisconsin Department of Justice Crime Information Bureau's (CIB's) Centralized Criminal History (CCH) database. There is a cost associated with this background check. Payment, along with a request form and self-addressed stamped envelope, must be submitted to the CIB.

If local policies for conducting background checks are stricter, such as requiring CCH checks on all paid and volunteer drivers, such policies and procedures should be followed.

A nutrition program may refuse to hire an individual or refuse to allow an individual to volunteer on the basis of a conviction only if the circumstances of the conviction substantially relate to the requirements of the home-delivered meal driver position and present a concern for the safety of home-delivered meal recipients.

### **8.4.8 Waiting Lists**

When nutrition program resources are fully committed and the program is unable to provide meals to all eligible individuals on a contribution basis, it may become necessary to determine priorities of service or to create waiting lists for services.

- The decision to place eligible recipients of a home-delivered meal on a waiting list, and their position on such a list, will be based on greatest need in accordance with the policy established by the nutrition program in consultation with the AAA.

- If a waiting list is necessary, all participants under age 60 who were previously granted waivers must be removed from the program so that eligible individuals may have priority. See Section XX – Persons Under Age 60
- Each waiting list policy established by the nutrition program must be submitted to the AAA for review and approval before implementation.
- The most common method of forming a waiting list is on a "first-on, first-off" basis. This means that all new participants are placed on a waiting list; then, as resources become available they are removed from the list and placed into the program in the order they were placed on the list.
- Another method to determine inclusion in the program and removal from the waiting list is to prioritize higher-nutritional-risk persons and move them off the waiting list before those with a lower nutritional risk. This method would involve an eligibility assessment and/or nutrition screening before someone is placed on the list.
- Occasionally a geographical area is short of driver/delivery resources and may require a waiting list until drivers are available. When this situation occurs, the program will put a priority on finding drivers.

## **8.4 Nutrition Program Administration**

### **8.4.3 Nutrition Screening**

Nutrition programs use a nutrition screening checklist to help identify participants who are at nutritional risk.

All participants receiving services with Title III-C funds will receive a nutrition screen at least once per year. The nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS).

The required screening tool in Wisconsin is the "DETERMINE Your Nutritional Health" checklist. Nutrition programs are required to keep the wording of the questions, the order of the questions and all scoring/point values the same. See Section XX of this manual.

Nutrition programs will offer nutrition counseling and/or education to program participants at high nutrition risk based on the results of a nutrition screen. Such services can be coordinated or provided by the program nutritionist or the participant can be referred to a healthcare provider or dietitian. See sections (Nutrition Counseling, Nutrition Education)

### **8.4.9 High-Risk Individuals Needing Additional Meals**

When sufficient funding and resources are available, programs may offer additional morning, evening and/or weekend home-delivered meals to participants on a voluntary contribution basis. Provision of such meals requires approval from the program nutritionist. Programs offering additional meals must have procedures in place to determine who is eligible for additional meals which includes the following criteria:



- Priority must be given to individuals at high nutritional risk. Additional meals may only be provided to individuals who are not at high nutritional risk if sufficient resources are available to do so and there are no existing waiting lists for meals.
- The individual does not have other resources to obtain additional meals.
- The individual must have facilities to store meals that are delivered.
- The individual or a friend or family member must be able to operate kitchen equipment to reheat prepared, delivered meals for consumption.

#### **8.4.27.7 Participant Registration Systems and Meal Reservation**

A participant registration or intake system ensures the collection of required program data. (See Section - **NAPIS** of this manual.) All nutrition program participants are required to meet eligibility requirements and register before participating in the nutrition program, and at least annually thereafter.

The following information, at a minimum, must be asked at least annually as part of the registration process for each Title III senior dining participant. Only name and age are required for participation. This information will be documented in SAMS (See Chapter 14).

- Name (first, middle initial, last)
- Date of Birth
- Address, City, State, Zip Code
- Gender
- Living Arrangement (whether the participant lives alone)
- Race
- Ethnicity
- Income (above or below the federal poverty level)
- Nutrition Risk Score

The following information, at a minimum, must be asked at least annually as part of the registration and assessment process for each Title III home-delivered meal participant. Only name, age, and other items necessary for determining eligibility for home-delivered meals are required for participation. This information will be documented in the assessment component of SAMS (See Chapter 14).

- Name (first, middle initial, last)
- Date of Birth or Age
- Address, City, State, Zip Code
- Gender
- Living Arrangement (whether the participant lives alone)
- Race
- Ethnicity
- Income (above or below the federal poverty level)
- Nutrition Risk Score
- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)

- Reasons Participant is Eligible for and in Need of Home-Delivered Meals (See Section 8.4.7.2 Eligibility for Home-Delivered Meals for eligibility criteria).

Updated federal poverty guidelines are released in the Federal Register in early spring. Because these guidelines are not used by the nutrition program to determine eligibility for program participation, nutrition programs may delay updates to participant registration and assessment materials until the beginning of the next federal fiscal year (October 1). Aging programs use the federal poverty guidelines in effect at the beginning of the federal fiscal year for reporting on aging program activities throughout that fiscal year.

Nutrition program staff are responsible for informing participants about why information is being asked, that provision of such information is tied to program funding, how the information will be used, and how their confidentiality is being protected. The following privacy statement must be provided to participants and included on all program-related documents in which participant data is being collected:

*“The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff.”*

Acceptable methods for documenting meals served include: nutrition program staff/volunteers checking off participants receiving meals on a roster; obtaining signatures daily from participants receiving meals; or maintaining a daily or weekly route sheet signed by the driver which identifies the client's name and number of meals served to them. Programs should maintain an accurate and well-organized system so staff will know how many meals to order or prepare. Many programs find a meal reservation system to be helpful in estimating meal orders for dining centers or home-delivered meal routes. The program should have a local policy in place that addresses meals for consistent “no show's” at senior dining centers and “undeliverable” home-delivered meals. Programs cannot “charge” an individual for a meal that is reserved and not eaten or an undeliverable meal without a clear policy in place that has been shared with participants, but the program could ask for a suggested contribution toward these meals.

#### **8.4.12 Records, Reports, Distribution of Information, and Confidentiality**

Program records will be retained for a minimum of three years, with the exception of temperature logs, which must only be retained for one year.

The nutrition program will develop and maintain records on congregate and home-delivered meal participants. These records will be in accordance with state policy on NAPIS reporting requirements.

The nutrition program will establish procedures which ensure the accuracy and authenticity of the number of eligible participant meals served each day. The nutrition program will keep such procedures on file and will share with staff and volunteers at each dining center.

Nutrition program records and reports will be made available for audit, assessment, or inspection by authorized representatives of the AAA or BADR.

#### **8.4.12.1 Participant Confidentiality**

The nutrition program will ensure that participant information will be kept confidential according to state policy. No personal information will be disclosed in a form which identifies the individual without written consent from the participant or legal representative. All program records will be maintained in such a manner that confidentiality will not be violated.

#### **8.4.13 Participant Input**

Section 339 (2) (G) of the Older Americans Act requires that meal providers solicit input from participants.

A system will be developed to formally assess, at least once per year, the satisfaction of senior dining and home-delivered meal participants for both food quality and delivery of services. This can be accomplished through comment cards, customer satisfaction surveys, taste tests, or pilot menus.

The AoA encourages use of survey questions which assess program outcomes. Outcome-based survey questions developed by BADR must be provided to participants no less than once per calendar year.

#### **8.4.10 Grievance/Complaint Procedure**

The program will have a written grievance procedure to provide a means to address significant participant complaints. All program participants will be made aware of the grievance procedure. The procedure will include who to contact in the agency to handle the grievance and the procedures and the agency will follow .

The complaint should include:

- the complainant's name and contact information and his/her advocates, if any
- 
- a description of the complaint and the relief sought
- the complainant's signature

**8.8.6 Codes of Conduct and Behavioral Policies for Participants**

Each nutrition program will establish its own code of conduct and behavioral policy for participants. Policies will:

- Prohibit obscene language, name calling, and harassment of other participants and nutrition program staff and volunteers.
- Establish a zero-tolerance policy for bullying of other participants and nutrition program staff and volunteers.
- Remind individuals that all participants, staff, and volunteers will be treated with consideration, respect, and recognition of each individual's dignity and disruptive and threatening behavior will not be tolerated.
- Prohibit actions that create the perception of exclusion, such as saving of seats in nutrition program dining centers.

**8.4.4 Nutrition Education**

Nutrition education promotes better health by providing accurate and culturally sensitive information and instruction about nutrition, physical fitness, or health (as it relates to nutrition); both to participants and caregivers, in a group or individual setting.

- Nutrition education will be provided a minimum of four (4) times per year (one time per quarter) to participants in congregate and home-delivered meal programs. When feasible, each program will provide monthly nutrition education suitable to participant needs and interests. The education is more effective when the information presented is relevant to a participant's personal, cultural and socioeconomic circumstances.
- Examples of education delivery include cooking demonstrations, educational taste-testing, presentations, and lecture or small-group discussions, all of which may be augmented with printed materials. When offering food samples at a nutrition education event, food must be served in a safe and sanitary manner consistent with food code regulations and must be consistent with nutrition guidelines for the program.
- Nutrition education for home-delivered meal participants may consist solely of printed material.
- The program nutritionist will provide input and will review and approve the content of nutrition education before it is presented.
- Nutrition education topics that must be presented a minimum of once per year include specific foods or nutrients of concern for older people according to the most recent Dietary Guidelines for Americans (examples include vitamins B<sub>12</sub> and D) and food safety.
- Participants will be involved in determining which topics to include.

Contact the AAA or BADR for resources on nutrition education.

**8.4.5 Nutrition Counseling and Other Nutrition Interventions**

Nutrition counseling is the provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medication usage or chronic illnesses. Counseling includes advice about options and

methods for improving the participant's nutritional status; it should take into consideration the participant's desires, the participant's cultural, health, socioeconomic, functional, and psychological factors; and should include home and caregiver resources. Nutrition counseling will only be performed by a qualified nutritionist.

If Title III funds are used to provide this service, participants must be given the opportunity to voluntarily contribute toward the cost of the nutrition counseling service. Programs will, with the advice and consent of nutrition advisory groups and/or the commission on aging, determine whetherto set a suggested contribution amount or contribution range or

For nutrition counseling resources, contact the AAA or BADR.

### **8.4.6 Nutrition-Related Supportive Services**

Nutrition-related supportive services include providing access to food security and other nutrition programs and food shopping assistance. These services may be provided using III-B funds, and voluntary contributions may be requested.

#### **8.4.6.1 Other Nutrition Services**

At least one (1) time per year nutrition programs will provide information to senior dining and home-delivered meal participants on obtaining vaccinations that are typically recommended for the older adult population, such as influenza, pneumonia, shingles, and pertussis. The medical information provided will be approved by a qualified health-care professional such as a physician or local health department official and may consist solely of printed material.

### **8.8.10 Federal and State Procurement Regulations for the Nutrition Program**

Procurement is the process of buying services or property. In the nutrition program, services or property purchased may include food, equipment, supplies, or subcontracts with caterers, restaurants, nutrition educators, program nutritionists, or outreach workers. Nutrition programs are responsible for developing procurement and purchasing procedures that comply with federal, state, and local laws, regulations, and standards.

- Federal regulations 2 CFR 200.317-200.326
- State law, regulations, and policies that are not in conflict with Federal requirements
- Local law, regulations, and policies that are not in conflict with Federal requirements

Compliance with these regulations ensures funds are appropriately used and nutrition programs receive the highest quality and most suitable product or service at the lowest possible price. Procurements made by nutrition programs that are not in accordance with federal and state requirements cannot be paid for with Title III or state or local matching funds.

#### **8.8.10.1 Informal Procurement Method**

The informal procurement method is used when the value of an awarded contract or purchase is less than \$150,000. This \$150,000 value is called the “small purchase

threshold.” If a local small purchase threshold is less than \$150,000, the nutrition program must use the more restrictive local threshold.

When determining if the value of a contract or purchase is less than the small purchase threshold, the value of the contract or purchase is based on the individual contract or purchase, not a combined value of all nutrition program contracts or purchases.

The informal procurement method must:

- Use a solicitation through a verbal or physical document.
- Be conducted in a manner that maximizes full and open competition (i.e. a minimum of three price quotes are required).
- Be awarded to the most responsive and responsible vendors with the lowest price.
- Be clearly documented.

Solicitations should include product specifications and any other requirements such as delivery requirements or payment and invoicing methods.

When this method is used, no public notice is required. Nutrition programs will contact potential vendors (in person or by phone, email, fax, or mail) and provide them with the solicitation. Each vendor must be provided with the same language to ensure accurate pricing and promote fair competition. Nutrition programs must obtain price quotes from at least three vendors.

A responsive vendor is able to meet the requirements of the solicitation. A responsible vendor is willing and capable of furnishing the goods or services solicited.

Required documentation includes:

- Copies of solicitation documents
- Copies of any letters, emails, or faxes related to the procurement
- Names and dates of vendors contacted by phone and reports on the results of meetings when contacts were made in person
- Copies of price or rate quotations received and responses from vendors
- Notification of the successful vendor
- Any other documents (invoices, cancelled checks, etc.) relating to the purchase

After contracts are awarded, the nutrition program is responsible for:

- Monitoring invoices, product quantity and quality consistently
- Signing off on purchases only after they have been fully inspected
- Returning or exchanging products that do not match specifications provided in the contract
- Auditing invoices and confirming that prices match what was quoted during the purchasing process
- Correcting issues that arise when evaluating vendors

**8.8.10.2 Formal Procurement Method**

A formal procurement method must be used when the value of an awarded contract or purchase is equal to or greater than the federal and state small purchase threshold, which is currently \$150,000. If local small purchase thresholds are less than \$150,000, the nutrition program must use the more restrictive local threshold.

A nutrition program may choose to use the formal procurement method for contracts valued at less than the small purchase threshold if the program determines the formal procurement method will result in a better use of nutrition program funds. Formal procurement methods are beneficial because they typically result in purchases that are cost-effective, cost-justifiable, and defensible.

Formal procurement can be conducted through either a Request for Proposals (RFP) or Invitation for Bid (IFB). See below for comparison. Both RFPs and IFBs must be announced to the public via news sources that allow the nutrition program to reach as many potential respondents as possible. Both must also specify a due date for responses.

Solicitation documents must outline all of the requirements for the products and services that the nutrition program would like to procure. This can be achieved by describing the purpose, scope, description, minimum requirements for expectations, qualifications, or capability of the vendor, evaluation criteria, and other requirements.

The nutrition program must develop evaluation criteria, such as vendor past experience, delivery, communication, product or service specifications, and contract cost. Depending on the type of solicitation used (RFP vs. IFB), the nutrition program may use different criteria for awarding the contract.



**Figure 8.8.10.3 At a Glance: Request for Proposal (RFP) vs. Invitation for Bid (IFB)**

RFP	IFB
Competitive negotiation	Competitive sealed bidding
Generic specifications might not be available.	No substantive difference among the products or services that meet specifications (only difference is price).
Price is only one of the criteria needed for evaluating vendors. Evaluated according to pre-determined weighted standards (i.e. points) stated in the RFP. Price must be highest weight criteria.	Evaluation based solely on price. Contract awarded solely on price.
Firm fixed-price contract Fixed-price contract with economic price adjustment Fixed-price contract with prospective price redetermination Cost reimbursable contract	Firm fixed-price contract Fixed-price contract with economic price adjustment Fixed-price contract with prospective price redetermination
No public opening requirement	Bids publicly opened
Discussions with qualified vendors may be allowed after evaluation to explain or clarify proposals. Allows negotiation with respondents.	Negotiations not normally used

### 8.8.11 Contracts and Agreements

When nutrition programs purchase meals, services, space, or equipment, there will be a written contract between the provider and the nutrition program which is signed by authorized representatives of both parties before the date the service is to start.

Nutrition program contracts will be no longer than one year in duration, with options for annual renewal of the contract not to exceed four additional years. All contracts will include a termination clause whereby either party may cancel for cause with at least 60-day notification.

All contracts will be in compliance with federal, state, and local procurement standards, including policies described in other chapters of this manual (See Section 13.3). Nutrition programs entering into new contracts will submit them to the AAA for review prior to initiating the contract.

#### 8.4.17 Contracts with Meal Providers

A written contract must be established when a nutrition program contracts with a private company to provide meals. In this case, the meal provider provides only meals and does not manage any aspect of the nutrition program.

Meal provider contracts may be obtained only with vendors who supply meals from premises which have a valid permit, license, or certificate issued by the regulatory authority. The service provider will comply with all state and local laws, ordinances, and codes for establishments which prepare, handle, and serve food to consumers, either on the premises or elsewhere.

Before entering into an agreement with a prospective meal provider, the nutrition director will conduct an on-site visit of the meal provider's facilities to determine that nutrition program requirements can be met and appropriate food safety and sanitation practices are in place.

The nutrition program and the meal provider must have a written contract in place that addresses the following, if applicable:

- Nutrition program contact information
  - Addresses and locations of dining centers to be served
- Meal provider contact information
- Contract period
  - Termination clause
- Whether meals will be picked up or delivered
- When meals will be provided
  - Days per week
  - Time
  - Delivery schedules, with a description of the time span between food packaging and delivery
- Cost per meal
  - What is included in cost per meal (i.e. food, labor, delivery, plates, flatware, straws, napkins, other supplies, etc?)
  - Specifications of the disposable supplies to be provided.
  - Meal components that will be provided in accordance with the required meal pattern
  - Provisions for the adjustments of per meal cost (adjustments should only be made when the contract is renewed and should be supported by documentation)
  - How nutrition program will be invoiced
  - Payment schedule
- Number of meals to be provided
  - How vendor will document meals provided
  - Time schedule for addition or cancellation of meals
  - How meals that are late, missing required components, spoiled, or unwholesome will be handled
- Provisions for evaluation of menu acceptability
  - How many operating days in advance the menu should be established
  - How many operating days in advance vendor should be notified of menu changes
  - Procedures for menu item substitutions
  - Whether special meals will be provided as necessary

- Whether meal provider will provide staff to prepare/serve meals at the dining center
- Statements of compliance with Wisconsin Food Code and nutrition program requirements
  - Qualifications that staff who handle or prepare food should have (i.e. Food Manager Certification)
  - Training requirements for staff
- Facilities are licensed by public health
- Responsibilities of both parties for purchase, care, maintenance, and security of the food preparation facility and equipment (including food transport equipment)
- Insurance coverage, such as workers compensation, comprehensive and general liability, for the meal provider and the nutrition program
- Rights of the nutrition program staff to inspect the food preparation and storage areas
- Emergency preparedness procedures
- Responsibility for provision of adaptive equipment (if necessary)

Nutrition programs are responsible for quality assurance monitoring of contracts. For example, part of contract monitoring quality assurance should include comparing the menus and the details of the nutrient analysis with what foods and serving sizes are actually provided by the meal provider.

#### **8.8.11.2 Agreements Between Nutrition Programs**

Nutrition programs may contract with another nutrition program to provide meals without undergoing a formal procurement method.

When nutrition programs purchase meals or services from another nutrition program, there will be a written contract between the two programs which is signed by authorized representatives of both parties before the date the service is to start.

When entering into an agreement, the following should be considered, especially if a program is providing additional services beyond provision of food:

- Which program is providing the meal?
- What will the price per meal be?
- If home-delivered meals are being provided, which program is doing the home-delivered meal assessment and/or reassessment?
- Which program is delivering the meals?
- Which program is counting those meals for NSIP and NAPIS reporting?
- Which program is collecting the voluntary contribution from the participant?

#### **8.5.11 Food Procurement**

All nutrition programs will procure food from sources which comply with all laws relating to food and food labeling. Food will be sound, safe for human consumption, and free of spoilage, filth or contamination.

- Food prepared in a private home cannot be used or offered for human consumption as part of a nutrition program meal.
- Food in hermetically-sealed containers will be processed in an establishment operating under regulatory authority.
- All milk products used and offered must be pasteurized. Fluid milk will meet Grade A quality standards as established by law.
- All purchased meats and poultry will be from sources under federal or state inspection. All animals used for meat must be slaughtered in a licensed slaughterhouse or under the antemortem and postmortem inspection of a licensed veterinarian.

### **8.5.12 Use of Donated or Discounted Food**

Using donated or discounted food from a food bank can significantly reduce food costs. Nutrition programs may use contributed and discounted foods only if they meet the same standards of quality, sanitation and safety as apply to foods purchased from commercial sources.

Acceptable items include the following:

- fresh fruits and vegetables received clean and in good condition, and not cut, skinned, peeled or otherwise processed
- eggs that are intact (i.e. shell with no cracks). Note that if eggs are not pasteurized, they can only be used if prepared and served in compliance with the Wisconsin Food Code's recommendations for high-risk populations.
- game from a licensed farm processed within two hours of killing by a licensed processor (unless the nutrition program operates in a facility that serves primarily Indians, see Section XX Donated Native Traditional Foods)
- food collected from a food bank which can be prepared and served before the expiration of the freshness date

In accordance with the Wisconsin Food Code (see Section X and 8.6.9.9 of this chapter), unacceptable items include the following:

- food which has passed its expiration date
- home-canned or preserved foods
- foods cooked or prepared in an individual's home
- road-killed deer or game
- wild game donated by hunters
- fresh or frozen fish donated by sportsmen
- alcoholic beverages

A local nutrition program may determine and specify with a local policy that it does not wish to incorporate "acceptable" donated or discounted foods into its menus.

If a participant wishes to bring in an "unacceptable" donated food to share with participants, such as a birthday cake prepared in a private home, it is permitted only if the food is kept completely separate from the nutrition program's food and if participants are

informed that these items were prepared in a private home and may not have been prepared using Wisconsin Food Code-compliant standard practices.

### 8.8.13.1 Donated Native Traditional Foods

Nutrition programs operated in public and non-profit facilities, including those operated by Indian tribes and facilities operated by tribal organizations that primarily serve Indians, that choose to accept the donation of traditional food must:

- Ensure that the food is received whole, gutted, gilled, as quarters, or as a roast, without further processing
- Make a reasonable determination that all of the following conditions are met:
  - The animal was not diseased
  - The food was appropriately butchered, dressed, transported, and stored to prevent contamination, undesirable microbial growth, or deterioration
  - The food will not cause a significant health hazard or potential for human illness
- Carry out any further preparation of the food at a different time or in a different space from the preparation or processing of other food to prevent cross-contamination
- Clean and sanitize food contact surfaces, including equipment and utensils, after preparing the traditional food
- Label donated traditional food with the name of the food
- Store the traditional food separately from other food for the program, including through storage in a separate freezer or refrigerator or in a separate compartment or shelf in the freezer or refrigerator
- Follow Federal, State, local, county, Tribal, or other non-Federal law regarding the safe preparation and service of food in public or non-profit facilities

## 8.5 Nutrition Program Meals

### 8.5.1 Nutrition Standards

OAA: Sec. 339. NUTRITION:

*"A State that establishes and operates a nutrition project under this chapter shall-- (2) ensure that the project – (A) provides meals that - (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, (ii) provide to each participating older individual-- (I) a minimum of 33-1/3 percent of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day, (II) a minimum of 66-2/3 percent of the allowances if the project provides two meals per day, and (III) 100 percent of the allowances if the project provides three meals per day, and (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants."*

As required by the Older Americans Act, the nutrition services provided by nutrition programs in Wisconsin, including meals, will follow the most current Dietary Guidelines for Americans (Section Error! Reference source not found.) and



recommended Dietary Reference Intakes (DRI, Section X) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

### **8.5.2 Dietary Guidelines for Americans and MyPlate Food Guidance System**

The Dietary Guidelines for Americans are to be used as a guide for nutrition programs when planning, implementing and evaluating meals, nutrition services, and nutrition and health education. The guidelines are the cornerstone of federal nutrition policy and nutrition education activities and are jointly issued and updated every five years by the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS). The dietary guidelines translate the nutrition-based recommendations from the DRI into food and dietary recommendations. The U.S. Department of Agriculture (USDA) translates nutritional recommendations from the Dietary Guidelines for Americans into visual food-based guidelines in the MyPlate model.

### **8.5.4 Dietary Reference Intakes (DRI)**

Dietary Reference Intakes (DRI), established by the Food and Nutrition Board of the National Academy of Sciences' Institute of Medicine, provide nutrition guidance to the general public and health professionals.

The DRI reference values distinguish between gender and different life stages.

If one meal is offered, each meal will provide a minimum of 33 1/3 % of the current DRI. If two meals per day are offered, the two meals combined will provide a minimum of 66 2/3 % of the DRI. If three meals per day are offered, the three meals combined will provide 100 % of the DRI. Each meal itself does not need to provide 33 1/3 % if more than one meal per day is offered.

#### **8.5.6.1 Menu Analysis**

Each nutrition program is responsible for ensuring that meals planned and offered meet nutritional requirements. Menus will be analyzed and proven to meet the minimum nutrient and meal pattern standards either by:

- (1) Documenting adherence to the meal pattern and conducting a nutrient analysis of one week of each menu offered twice per year, or
- (2) Conducting a nutrient analysis of all menus served in lieu of adhering to the meal pattern.

Documentation of these analyses will be filed with the nutrition program and retained for a minimum of three years. The menu approval documentation forms can be found in Appendix X of this manual. The program nutritionist will complete the analysis and the forms before the menu is offered.

### 8.5.5 Nutrient Standards

The figure below illustrates the minimum nutrient standards required for nutrition program meals. A weekly average of nutrient content of meals may be used to evaluate compliance with nutrient standards.

**Figure 8.5.5.1 Nutrient Standards for Nutrition Program Meals**

Nutrition Standards for Average of Weekly Menu			
	Minimum Requirements (unless otherwise noted)		
	1 meal per day	2 meals per day	3 meals per day
<b>Calories</b>	675 calories	1350 calories	2000 calories
<b>Protein</b>	19 g	38 g	56 g
<b>Dietary Fiber</b>	8 g	16	24
<b>Saturated Fat</b>	<10% of calories		
<b>Calcium</b>	400 mg	800 mg	1200 mg
<b>Potassium</b>	1565 mg	3140 mg	4700 mg
<b>Sodium</b>	1200 mg or less*	2400 mg or less*	3600 mg or less*
<b>Magnesium</b>	110 mg	220 mg	330 mg
<b>Zinc</b>	4 mg	8 mg	11 mg
<b>Vitamin A</b>	275 mg RAE	535 mg RAE	800 mg RAE
<b>Vitamin B6</b>	0.6 mg	1.1 mg	1.6 mg
<b>Vitamin B12</b>	0.8 mcg	1.6 mcg	2.4 mcg
<b>Vitamin C</b>	30 mg	60 mg	90 mg
<b>Vitamin D</b>	120 IU	240 IU	360 IU
<b>Folate/Folic Acid</b>	135 mcg	270 mcg	400 mcg

\*target value is 1200 mg. Up to 1400 mg is allowable.

### 8.5.6 Nutrient Analysis of Menus

A nutrient analysis of the meal will be done to ensure compliance with nutrition standards and nutrient standards based on the most current Dietary Guidelines for Americans and Dietary Reference Intakes. The analysis must be prepared and signed by the program nutritionist. If the analysis is performed by the food vendor, the program nutritionist will evaluate the analysis documentation and approve the menus.

Analysis



Analysis will be done by looking up the nutrient content of foods using a book, website or computer program designed to analyze menus for nutrients. Several programs exist, which have extensive food databases, allow for input of new foods and recipes, and make averaging menus relatively easy. The values can be entered into a chart or into a spreadsheet computer program.

The nutrient analysis software is only a tool. Precise information must be entered in the program to ensure that the nutritional needs of participants are being met and also to obtain quality data for your records. This may require on-site contact with your food vendor or kitchen, obtaining recipes and determining which types and brands of food products are used.

### **8.5.7 Meal Pattern, Meal Components, Minimum Servings per Meal and Serving Sizes**

Nutrition programs have traditionally followed a meal pattern system of menu planning. The meal pattern is used as a planning tool to ensure food plate coverage and that the required types and amounts of foods are offered. The following meal patterns (X of this chapter) provide specific meal components and serving sizes based on the MyPlate food guidance system; however, it does not assure that when meal components are combined, the meal pattern will meet 1/3 the DRI and the current dietary guidelines. To assure that these requirements are met, the meal pattern may require inclusion of increased or additional servings of meal components.

Minimum requirements for Vitamin D are difficult to reach without using fortified foods or supplements. Nutrition education will be provided to participants about the selection of foods that are good sources of Vitamin D.

**Figure 8.5.7.1 Meal Pattern (One Meal) – Lunch and Dinner**

<u>Meal Component</u>	<u>Minimum # of Servings per Meal</u>	<u>Serving Size Examples</u>
<b>Grains</b>	1	1 regular slice bread, ½ cup cooked, 1 cup ready-to-eat cereal, 1 6” tortilla, ½ regular size bun
<b>Fruit and/or Vegetable</b>	3	½ cup fresh, frozen, or canned (cooked or raw), ¼ cup dried fruit, 1 cup raw leafy greens, ½ cup 100% fruit or vegetable juice
Dark Green Vegetable	At least 1 serving per week*	
Red/Orange Vegetable	At least 2 servings per week*	
Beans/Peas	At least 1 serving per week*	
Starchy Vegetable	At least 2 servings per week*	
<b>Fluid Milk</b>	1	8 fluid ounces or 1 cup
<b>Protein Foods</b>	1	3 oz. equivalent
<b>Fats and Oils</b>	1	1 teaspoon served on side or used in cooking
<b>Dessert (optional)</b>	1	1/2 cup
		Fruit or vegetable contained in a dessert may count toward the fruit or vegetable component, respectively.

\* Based on 5-day week

**Figure 8.9.2.2 Meal Pattern (One Meal) – Breakfast**

<u>Meal Component</u>	<u>Minimum # of Servings per Meal</u>	<u>Serving Size Examples</u>
<b>Grains</b>	1	1 regular slice bread, ½ cup cooked, 1 cup ready-to-eat cereal, 1 6” tortilla, ½ regular size bun
<b>Fruit and/or Vegetable*</b>	2	½ cup fresh, frozen, or canned (cooked or raw), ¼ cup dried fruit, 1 cup raw leafy greens, ½ cup 100% fruit or vegetable juice
* Include a variety of colors of fruits and/or vegetables throughout the week.		
<b>Fluid Milk</b>	1	8 fluid ounces or 1 cup
<b>Protein Foods</b>	1	3 oz. equivalent
<b>Fats and Oils</b>	1	1 teaspoon served on side or used in cooking
<b>Additional Required Item</b>	1	Choose one of the following: <ul style="list-style-type: none"> <li>• ½ cup serving of fruit/vegetable</li> <li>• 1 serving of grains</li> </ul>

### **8.5.8 Meal Components**

Information on each meal component is provided below. When questions arise for a food which is not mentioned in the policy, such as whether a food fits into a certain category, or what a serving size should be, the program nutritionist will contact the AAA or BADR for clarification.

#### **8.5.8.1 Grains**

Examples of serving sizes for some foods in this group are as follows:

- ¼ large bagel or 1 mini bagel
- 1 biscuit, 2 inches across
- 1 regular slice bread, 1 small slice French bread, 4 snack size slices
- ½ cup cooked grains (barley, bulgur, rice, pasta, noodles)
- 1 piece of cornbread, 2½-in. x 1 ¼" x 1 ¼"
- 7 crackers (square or round), 5 whole wheat crackers
- ½ English muffin
- 1 muffin, 2½ in. across
- ½ cup cooked oatmeal, 1 packet instant oatmeal
- 1 pancake (4 ½" across), 2 pancakes (3" across)
- 1 cup ready-to-eat cereal (flakes, rounds), 1 ¼ cup puffed
- 1 flour or corn tortilla (6" across)
- ½ regular size bun
- ½ cup dressing/stuffing

In order to count a particular food toward the grain requirement, at least 1/4 serving must be offered.

Guidelines for offering grains:

- Half of all grains offered will be whole grain.
- When refined grains are offered, they should be enriched.
- Increase servings of whole grain bread and cereal products to provide adequate complex carbohydrates and fiber and to lower fat.
- Offer a variety of low-fat, whole-grain, wheat, bran, or rye bread, as well as cereal products.
- Limit high-fat bread and bread-alternate selections such as biscuits, quick bread, muffins, cornbread, dressings, croissants, fried hard tortillas and other high-fat crackers.
- Potatoes do not count as a grain meal component.
- Reduce sodium by:
  - Choosing not to add salt to cooking water for pasta or rice.
  - Choosing lower sodium sandwich breads, rolls, bagels, and buns.

Acceptable substitutes must be approved by the program nutritionist.

#### **8.5.8.2 Fruit**

Serving sizes are generally as follows:

- ½ cup of fresh, frozen, or canned fruit, cooked or raw
- ¼ cup dried fruit
- ½ cup of 100% fruit juice
- ½ small apple, orange, or peach (2-2 ½" across)
- 1 small banana (6" long)
- 1 medium wedge of melon (1/8 of melon), 6 melon balls
- 16 grapes
- ½ medium grapefruit (4" across)
- ½ medium pear (2.5 per lb.)
- 1 large plum
- Approximately 4 large strawberries

In order to count a particular food toward the fruit requirement, at least 1/8 cup must be offered.

Guidelines for offering fruit:

- Make menu items more nutrient-dense by incorporating fruit.
- No more than one serving per meal may come from fruit juice.
- Offer fiber-rich fruits when possible.
- Prepare fruit without added fat or sugar whenever possible.
  - Use fresh, frozen, or canned fruits; packed either in their own juice or without added sugar.
  - For people with diabetes, the most commonly recommended dessert is fruit.
- Molded salads can count as a fruit serving if the recipe is modified so that each serving contains a serving of fruit.
- Some fresh fruit may need to be cut, sliced, or peeled for easier chewing.

### **8.9.3.3 Vegetables**

Serving sizes are generally as follows:

- ½ cup of fresh, frozen, or canned vegetables, cooked or raw
- ½ cup mashed vegetables, cooked
- ½ cup cooked beans/peas
- 1 cup of raw leafy greens
- ½ cup of 100% vegetable juice
- 1 medium carrot, approximately 6 baby carrots
- 1 small bell pepper
- 1 small raw whole tomato (2 ¼" across), 1 medium canned tomato
- ½ large baked sweet potato (2 ¼" across)
- Approximately ½ acorn squash
- 1 small ear of corn (about 6" long)
- ½ medium white potato (2 ½" to 3" across)
- 1 large stalk of celery (11" to 12" long)

Based on their nutrient content, vegetables are organized into five subgroups: dark green vegetables, red/orange vegetables, starchy vegetables, beans and peas, and other vegetables. Listed below are samples of commonly-eaten vegetables found in each of the required vegetable subgroups. The list is not all-inclusive.

<p>Dark Green Vegetables</p>	<p>Beet greens                      Bok choy                      Broccoli                      Chicory                      Collard greens                      Dark green leafy lettuce                      Endive or escarole                      Grape leaves                      Kale                      Mesclun                      Mustard greens                      Parsley                      Romaine lettuce                      Spinach                      Turnip greens                      Watercress</p>
<p>Red/Orange Vegetables</p>	<p>Carrots                      Pimentos (cherry pepper)                      Pumpkin                      Red peppers                      Sweet potatoes                      Tomatoes                      Tomato juice                      Winter squash (acorn, butternut, hubbard)</p>
<p>Starchy Vegetables</p>	<p>Cassava (yucca)                      Corn (yellow or white)                      Green bananas                      Green lima beans                      Green peas                      Jicama                      Parsnips                      Plantains                      Potatoes                      Water chestnuts</p>
<p>Beans/Peas*</p>	<p>Black beans                      Black-eyed peas (mature, dry)                      Garbanzo beans (chickpeas)                      Great northern beans                      Kidney beans                      Lentils                      Mung beans</p>

	Navy beans Pink beans Pinto beans Red beans Soybeans Split peas White beans
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\* Because of their high nutrient content, beans/peas can be counted as either a vegetable or protein food but not both in the same meal.

In order to count a particular food toward the vegetable requirement, at least 1/8 cup must be offered.

Guidelines for offering vegetables:

- Make entrees, baked goods, sauces, etc. more nutrient-dense by incorporating vegetables.
- No more than one serving per meal may come from vegetable juice.
- Reduce fat by:
  - Preparing vegetables with little or no fat.
  - Steaming, baking or boiling vegetables rather than frying
- Offer fiber-rich vegetables (including raw and cooked).
- Offer fresh or frozen vegetables whenever possible.
- Reduce sodium by:
  - Choosing not to add salt to cooking water for vegetables.
  - Using canned vegetables less often and fresh or frozen vegetables without added sauce or sodium more often.
  - Preparing potatoes without added salt.
  - Serving lower sodium vegetable juice.
  - Choosing lower sodium canned tomato products
- Molded salads can count as a vegetable serving if the recipe is modified so that each serving contains a serving of vegetable.
- Potatoes count as a vegetable. Instant or dehydrated potatoes must be enriched with vitamin C.
- Green peas and green (string) beans are not considered to be beans/peas. Green peas are similar to other starchy vegetables and are grouped with them. Green beans are considered “other” vegetables because their nutrient content is similar to those foods.
- Noodles, pasta, spaghetti, rice or dressing are grains, not vegetables.
- Some vegetables may need to be cut, sliced, or peeled for easier chewing.

### 8.5.8.3 Fluid Milk

Serving size is generally 8 fluid ounces (1 cup).

The following are all allowable foods for the milk component as long as they are fortified with vitamin D:



- skim or nonfat milk (unflavored or flavored)
- low-fat milk (one percent, unflavored or flavored)
- cocoa or hot chocolate that is made from fluid milk only
- lactose-reduced milk
- lactose-free milk
- soy milk/beverage fortified with calcium and Vitamins A and D
- low fat or fat-free buttermilk
- goat's milk (must be pasteurized)
- powdered and/or shelf-stable milk

Guidelines for offering milk:

- Fluid milk products offered will be low-fat or fat-free if possible.
- Cream, sour cream, and cream cheese are not included as allowable foods for the milk component because they are low in calcium.
- Butter is considered a fat/oil.
- Other products sold as “milk” but made from plants (i.e. almond, rice, coconut, and hemp “milk”) may contain calcium and be consumed as a source of calcium, but they are not included in the fluid milk component because their overall nutritional content is not similar to dairy milk and fortified soy beverages.



To meet the high calcium and vitamin-D needs of the older adults served in the program, nutrition programs will need to incorporate dairy products into other menu items. For example, cheese and yogurt are considered protein foods and could be offered in addition to milk. Ice cream, frozen yogurt or pudding made with milk, which are considered desserts, could also be occasionally offered in addition to milk.

When a week's menu is too low for calcium, programs may also choose to offer two servings of milk on one or more days of that week. An example could be offering both one white milk and one flavored milk.

#### **8.5.8.4 Protein Foods**

The following are 1-oz. equivalents of protein foods. At least 3-oz. equivalent of protein foods must be offered as part of each meal.

- 1 oz. cooked meat (3 oz. = 1 small steak or hamburger)
- 1 oz. cooked poultry, 1 sandwich slice of deli meat (3 oz. = 1 small chicken breast)
- 1 oz. cooked fish or seafood (3 oz. = 1 small salmon steak or trout)
- 2 oz. frankfurter
- 1 large egg
- ¼ cup cooked dry beans or peas, ½ cup split pea soup, ½ cup lentil soup, ½ cup black bean soup, 1 falafel patty (2 ¼” across)\*
- ¼ cup tofu, 2 oz. tofu
- 1 oz. cooked tempeh
- 2 Tablespoons hummus

- ½ oz. nuts, 12 almonds, 24 pistachios, 7 walnut halves
- ½ oz. seeds
- 1 Tablespoon nut/seed butter
- ¼ cup cottage cheese
- ¼ cup ricotta cheese
- 1 oz. cheese (hard or soft)
- 2 oz. processed cheese food or cheese spread
- ½ cup yogurt, Greek yogurt, or soy yogurt (plain, flavored, sweetened, unsweetened)

\* Because of their high nutrient content, beans/peas can be counted as either a vegetable or protein food but not both in the same meal.

In order to count a particular food toward the protein food requirement, at least ¼ ounce must be offered.

Guidelines for offering protein foods:

- Fillers or breading used in preparation are not to be counted as part of the portion weight.
- Meat portions weigh less after cooking. Plan to allow for shrinkage.
- Take into account the inedible parts, such as bone, skin, and sometimes fat, which will not count as part of the portion.
- Select some fish and seafood that are rich in omega-3 fatty acids, such as salmon, trout, sardines, anchovies, herring, Pacific oysters, and Atlantic and Pacific mackerel.
- Casserole entrées (combination of meat and starch, vegetable, cooked dried beans or creamed sauce) are cost-effective. However, because it can be difficult to meet the protein food requirement, recipes can be adjusted accordingly by supplementing the meal with additional protein-rich products.
- Reduce saturated fat by increasing the amounts of vegetables, whole grains, lean meat, and low-fat or fat-free cheese, in place of some of the fatty meat and/or regular cheese in meals.
- When planning and serving vegetarian meals, combine foods which are considered "incomplete proteins" to create "complete protein" foods (e.g., legumes with grains = complete protein; beans with corn = complete protein; beans with rice = complete protein; peanuts with wheat = complete protein).
- Reduce fat by:
  - Preparing protein foods with little or no fat
  - Choosing low-fat prepared foods
    - Choose lean or low-fat meat and poultry.
    - Most cheese offered should be reduced fat or low fat.
    - Most yogurt offered should be fat free or low fat.
- Reduce sodium by:
  - Lessening salt in recipes
  - Make soups or stews from scratch without purchased soup base, use reduced sodium soup base for soups and stews, or dilute high sodium soup base.

- Choosing protein foods which are relatively low in sodium.
  - Limit processed meats such as ham, bacon, sausage, frankfurters, and luncheon or deli meats that typically have added sodium.
  - Fresh chicken, turkey, and pork that have been enhanced with a salt-containing solution also have added sodium. Check the product label for statements such as “self-basting” or “contains up to \_\_\_% of \_\_\_”, which mean that a sodium-containing solution has been added to the product.
  - Choose unsalted nuts and seeds.
  - Prepare meat, poultry, and fish without breading
  - Choose lower sodium cheeses
- Reduce added sugar by offering unsweetened yogurt or limiting use of “fruit on the bottom” varieties of yogurt.
- Any item labeled with the wording “imitation” cheese or cheese “product” does not meet the nutrient requirements and cannot be counted as a protein food.
- Include low fat or fat-free yogurt and cheese.
- Cheese must be pasteurized and soft cheeses such as feta, brie, camembert, blue-veined cheeses, and queso fresco should be used with extreme caution, as they are at increased risk for contamination with *Listeria monocytogenes*.

#### 8.5.8.5 Fats and Oils

Serving size is generally one teaspoon.

Most oils are high in monounsaturated or polyunsaturated fats, and low in saturated fats. Foods that are mainly oil include mayonnaise, certain salad dressings, and soft (tub or squeeze) margarine with no trans fats.

Solid fats are fats that are solid at room temperature, like butter and shortening. Solid fats come from many animal foods and can be made from vegetable oils through a process called hydrogenation. Some common fats are: butter, milk fat, beef fat (tallow, suet), chicken fat, pork fat (lard), stick margarine, shortening, and partially hydrogenated oil. A few plant oils, including coconut oil, palm oil, and palm kernel oil, are high in saturated fats and for nutritional purposes are considered to be solid fats.

Guidelines for offering fats and oils:

- When bread is not a part of the menu, fats and oils used in cooking can be counted for the one teaspoon in the meal pattern.
- Fats and oils may be offered as a spread, dip, or topping for a menu item.
- Wisconsin law requires that customers (i.e. participants) be told which spread is margarine and which one is butter.
- Reduce consumption of saturated fat by:
  - Substituting polyunsaturated margarine for butter, lard and saturated fats whenever possible.
  - Using food preparation methods which add as little fat as possible.

- Increasing food preparation use of monounsaturated and polyunsaturated vegetable oils, such as olive, peanut, corn, safflower, canola, cottonseed and soybean oils.
- Eliminating palm oil in food preparation.
- Use oil-based dressings and spreads on foods instead of those made from solid fats (i.e., butter, stick margarine, cream cheese)
- Reduce sodium by:
  - Making salad dressings from scratch without added salt.
  - Use “low sodium” or “reduced sodium” salad dressing
  - Make sauces from scratch without purchased soup base or use reduced sodium soup base for sauces.
  - Using olive oil, vegetable oil, and unsalted butter in cooking rather than salted butter.
  - Serving salad dressing on the side.
- Gravies and sauces are a key component for temperature control in home-delivered meals; they are often a necessity. Numerous recipes and mixes for low-fat and low-sodium gravies and sauces are available for use in entrées.
- To successfully implement these suggestions with meal providers, review ingredients of ready-prepared products and make changes when possible.

#### **8.5.8.6 Dessert**

Serving size is generally ½ cup.

Fruit or vegetable offered as a dessert or contained in a dessert may count toward the fruit or vegetable component, respectively.

Guidelines for offering dessert:

- Increase consumption of fruits and complex carbohydrates to provide adequate fiber and to lower fat.
- Low-sugar or sugar-free desserts or alternatives will be available to individuals who request them for health reasons.
- Reduce fat by preparing desserts with little or no fat.
- Limit frequency of desserts high in added sugar and fat. Reduce added sugar by limiting grain-based and dairy desserts to once or twice a week and offer fruit on remaining days.
- Increase the consumption of desserts high in calcium, including low-fat dairy products.
- Offer plain cookies, angel food cake, gingerbread, cakes without frostings, or pies made with recipes altered to provide less added sugar and less fat.
- Because ice cream is high in saturated fat, offer it only occasionally, or as a small amount of topping on a fruit dessert.
- Offer low-fat milk and calcium-containing desserts such as frozen yogurt, low-fat custards and low-fat puddings.
- To successfully implement these suggestions with meal providers, review ingredients of ready-prepared products and make changes when possible.

**8.5.9 Meal Service and Portion Sizes**

- Each program will use standardized portion control procedures to ensure that each offered meal is uniform and satisfies meal pattern requirements.
- Standard portions may be altered to be less than the standard serving of an item only at the request of a participant or if a participant declines an item. (NSIP meal eligibility is not affected when a participant declines menu items.)
- Do not offer less-than-standard portions as a means of "stretching" available food, i.e. to serve additional persons.

**8.5.10 Menu Development**

A menu is essential to successful food service because it helps define nutritional content of the meals offered to the older person, as well as acceptance and enjoyment of the food, personnel staffing needs, equipment needs and utilization, and food-purchasing and cost-control procedures.

**8.5.10.1 Who Plans Your Menus?**

Nutrition programs must carefully consider who will plan the menus for the program. In some instances food service contracts give the responsibility of menu planning to the food vendor. Nutrition programs are ultimately responsible to ensure that meals meet the requirements.

The program nutritionist should plan or oversee the planning of menus. Dietetic professionals are trained and skilled at considering multiple factors when planning menus, such as those listed below. They will use the expertise of the nutrition director, caterer, cooks, and dining center staff when planning menus. In addition, participants' preferences will be taken into consideration.

**8.5.10.2 Menu Planning for Acceptance and Enjoyment of the Food**

In addition to planning for taste, aroma, color, texture, participant acceptance, and a variety of shapes and sizes on the plate, consider the following factors when developing menus for the nutrition program:

- nutrient standards: dietary reference intakes (DRI)
- meal pattern (minimum components and serving sizes)
- social/emotional connotations with food
- preparation techniques
- regional and cultural preferences
- special menus to meet ethnic preferences, religious needs and health needs
- service of multiple meals per day
- food safety and sanitation considerations
- production techniques
- food availability, seasonal foods, commodities and vendor delivery schedules
- staffing of kitchen, delivery routes and dining centers
- delivery procedures on all levels
- equipment, both cooking and delivery

- the following, if applicable: vendor/catering contract and scope of work, ability to amend, penalties, etc.
- variations from "traditional" meals, including frozen meals, emergency meals, restaurant meals, weekend meals, choice of items, holiday meals
- cost

### **8.5.10.3 Menu Planning Guidelines**

Menus will be:

- posted in a location easily seen by participants at each congregate dining center, and
- legible and easy to read in the language of the majority of the participants, if not in several languages, and
- kept on record for three years, to include the menu served each day for each location.
- in large print (fonts 14 point or larger). If this is not possible, have a large-print version available for those who are visually impaired.

Each program will have a menu development process which includes all of the following:

- use of written, standardized recipes.
- provision for review and approval of menus by the program nutritionist
- written procedures for revising menus after they have been approved

Special menus, where feasible, which take into consideration religious and/or ethnic diet preferences should be developed when at least 25 percent of participants request a certain special menu (See Section XX – Religious/Ethnic Meals). Texture-modified and/or therapeutic menus, where feasible, should be developed when at least 25 percent of participants at a dining center request a texture-modified and/or therapeutic diet. (See Section XX – Texture-modified & Therapeutic Diets)

### **8.9.6 Salad and Self-Service Bars**

The OAA allows salad and self-service bars to be counted as a full meal, as long as they meet the nutritional and other requirements in the OAA. If salad or self-service bars are being offered as a complete meal (with the addition of milk) rather than a complement to a nutrition program meal, nutrition programs must ensure that all required components are prepared and offered in sufficient quantities so that all participants have the ability to take a meal that meets nutrition standards. See Section XX.

Nutrition programs must identify, near or at the beginning of the serving line(s), the food components that constitute a complete OAA meal(s). Nutrition programs have the discretion to determine the best way to present this information, including how to clarify which foods must be selected from the salad or self-service bar in order to select a complete OAA meal.

Nutrition programs with self-service bars must have food safety procedures in place to ensure safe foods for participants. Factors such as layout and space available in the serving

area, equipment available to protect the food on the bar from contamination, staffing available to monitor the bar during meal service, and training for staff and participants must be considered in determining how to safely incorporate a bar into the nutrition program.

- Each cold food item on the salad bar must be maintained at 41°F or below and hot food items must be maintained at 140°F or higher. Daily temperature records will be maintained and will include the temperature of food items at the beginning of service and at the end of service.
- Any opened items remaining on the salad or self-service bar after meal service must be discarded.
- Salad and self-service bar equipment must comply with requirements for self-service equipment outlined in the Wisconsin Food Code and by local public health officials. Per the Wisconsin Food Code, food on display shall be protected from contamination by the use of packaging; counter, service line, or salad bar food guards; display cases; or other effective means.
- Supply clean and sanitized utensils and dispensers for food items.
- Trained staff and volunteers who are trained must monitor the bars to ensure utensils and dispensers are properly used all surface areas are kept clean, and that participants are handling food safely.

Guidelines for offering salad or self-service bars:

- Use production records to document the foods offered on the self-service bar and how they meet the meal component and quantity requirements for OAA meals.
- Limit the number of items offered each day, offer seasonal fruits and vegetables, and educate participants on portion control to promote cost-effectiveness.
- Put signage on the line to communicate minimum portion sizes to participants for the protein foods and other items. Use portion utensils or pre-portion to provide guidance on portion sizes.
  - Consider pre-portioning each of the protein foods as one ounce equivalents and allow participants to take three. This practice will help educate participants about how to select nutritious meals from a self-service bar.
- Offer a different variety of items each day to promote interest in the salad bar. This also helps assure participants that the items provided are fresh.
- Balance high sodium and high fat meats and cheese with at least one low fat, low sodium alternate source such as tuna and legumes.
- Select salad mixes and various greens which are good sources of vitamins and other nutrients.
- Select vegetables from the each five subgroups and feature unique fruits or vegetables each day or week. These items will not have a negative impact on the food budget if small quantities are purchased. Cut up fruits and vegetables are generally more accepted than whole.
- Offer whole grain crackers and breads with the salad bar to meet the grain meal pattern requirements.
- Ensure that milk is available for all participants to select along with the salad bar.
- Limit higher sodium and higher fat items, such as bacon bits, croutons, olives, pickles, canned beets, canned beans, salted seeds and nuts. If offered, do so on a rotating basis.

- Consider “pour and store” or squeeze bottles for dispensing salad dressings to control portion sizes. Offer mostly reduced calorie or lower fat dressings.

#### **8.4.26 Special Meals**

Using the knowledge and expertise of the program nutritionist, programs will determine the need, feasibility and cost-effectiveness of establishing a service for special meals using all of the following criteria:

- A sufficient numbers of persons who need special meals would make this service a practical and cost-effective use of funds.
- The food and skill necessary to prepare the special meals are available in the service area.
- The type of special diet being considered for service can be produced and delivered safely and cost-effectively.

Certain modifications in the approved menu may be offered to meet the medical requirements of a participant without authorization from a certified medical authority. Examples of these changes include the following:

- *Change in Entrée:* A lower sodium entrée may be offered.
- *Change in Dessert:* A fresh fruit may be offered in place of a sweet dessert.
- *Vegetarian Meals:* A vegetarian meal must meet the minimum nutrient standards required for nutrition program meals. Ensure meal components include a good source of protein, grains, fruits and vegetables, and milk. Ensure that the meal provides vegetarians with adequate and necessary amounts of protein.

#### **8.4.26.7 Ethnic or Religious Meals**

Nutrition programs are strongly encouraged to explore the feasibility and cost-effectiveness of ethnic and religious meals.

Where feasible and cost-effective, each nutrition program will establish policies which will allow for the provision of menus to meet the particular dietary need arising from religious requirements or ethnic backgrounds of eligible individuals.

Ethnic or religious menus will approximate as closely as possible (given religious requirements or ethnic background) to the regular meal pattern and nutrient content of meals. As with all menus, ethnic or religious menus must be reviewed and approved by the program nutritionist.

##### **8.9.7.1.1 Native Traditional Foods**

Nutrition programs are permitted to allow the donation to and serving of locally grown and raised traditional foods at public facilities and non-profit facilities, including those operated by Indian tribes and facilities operated by tribal organizations that primarily serve Indians.



Traditional foods are defined as food that has been traditionally prepared and consumed by an Indian tribe and specifically includes wild game meat, fish, seafood, marine mammals, plants, and berries.

As with all menus, menus containing traditional foods must be reviewed and approved by the program nutritionist to ensure nutritional adequacy and compliance.

Most traditional foods meet the nutrition standards.

- Protein foods might include bison, buffalo, venison, sheep, reindeer, sunfish, yellow perch, white suckers, pike, bass, and walleye.
  - Note: Meat from cultivated game animals and wild game animals may be offered; however, animals must be slaughtered and inspected in a Federal inspected facility, State inspected program, or be from an approved source as established by the State and local regulatory authority that licenses and inspects food service operations. An exception would be donated traditional foods that are offered by a nutrition program which operates in a public or non-profit facility that serves primarily Indians (see Section XX Donated Native Traditional Foods).
- Grains might include wild rice (sprouted, puffed, flour), Native whole blue corn kernel (ground into a flour), or blue cornmeal (mush).
- Fruits might include blackberries, blackcaps, blueberries, wild highbush cranberries, and raspberries.
- Vegetables might include:
  - Starchy vegetables: Native whole blue corn kernel (not ground into a flour) or native white corn.

Traditional foods that do not contribute to a specific meal pattern component (i.e. protein foods, grains, fruits, or vegetables) may be offered, but in addition to the required meal components, and must be accounted for when assessing compliance with weekly nutrient analysis. For example, acorns are not considered a protein food meal component because of their low protein content. The acorns may be offered with a meal and would be included in the nutrient analysis, but they cannot be counted as a protein food.

Traditional foods may also be used for nutrition education purposes in the nutrition program.

See Section XX for details regarding the nutrition program's responsibilities when accepting donated traditional foods.

### **8.9.7.2 Meals to Accommodate Food Allergies**

Nutrition programs are strongly encouraged to explore the feasibility and cost-effectiveness of providing special meals for participants with food allergies.

Where feasible and cost-effective, each nutrition program will establish policies which will allow for the provision of menus to meet the particular dietary need arising from food allergies of eligible individuals.

Menus will approximate as closely as possible to the regular meal pattern and nutrient content of meals. As with all menus, menus must be reviewed and approved by the program nutritionist. See Section XX Therapeutic Meals if the severity of the food allergy requires a meal with significant alterations to the types of food required in the regular meal pattern.

#### **8.4.26.2 Therapeutic Meals**

The nutrient standards for the elder nutrition program mean that the meals offered are low in sodium, low in fat and cholesterol, and are carbohydrate-controlled.

In cases in which the participant needs meals to treat a variety of diseases and disorders, therapeutic meals are acceptable. These meals could change the meal pattern significantly by either limiting or eliminating one or more of the menu items or by limiting the types of foods allowed. This may result in a meal that deviates from the meal pattern and nutrient standards of the program.

Therapeutic meals might include:

- Renal, kidney, or “dialysis diet”
- Low residue
- Gluten-free
- Diet that removes specific allergens for participants with disabling allergies, such as soy, nuts, or dairy

The nutrition program that offers therapeutic diets will follow all of the following procedures:

- A written diet order from a certified medical authority will be on file with the nutrition program.
- At least once per year, each written diet order will be reviewed with the certified medical authority, the program nutritionist, and the participant or a representative of the participant. The diet order will be updated according to the medical authority's instructions.
- Special meal types and component amounts will adhere as closely as possible to the meal pattern and the nutrient standards of the program.

#### **8.4.26.1.1 Texture-Modified Meals**

Texture-modified meals may be acceptable for participants who have chewing and/or swallowing problems. A texture-modified meal might include ground meat, mechanical soft foods, thickened liquids, or pureed foods. NOTE: Clear-liquid meals and full-liquid meals are not allowed.

The nutrition program that offers texture-modified meals will follow all of the following procedures:

- Meals are prepared by a foodservice operation that has sufficient training in preparing texture-modified meals.
- A written diet order from a certified medical authority will be on file with the nutrition program.
- At least once per year each written diet order will be reviewed with the certified medical authority, the program nutritionist, and the participant or a representative of the participant and updated according to the certified medical authority's instructions.
- The types and amounts of all meal components of a texture-modified meal will conform to the meal pattern and nutrient standards of the program, but may contain modifications to one or more menu items.

### **8.4.26.3 Liquid Nutritional Supplements**

Liquid nutritional supplements are high-calorie dietary supplement products designed to improve or maintain the nutrient intakes of those who, because of physical, mental or medical problems, are unable to consume adequate nutrients through traditional foods. Health professionals will be involved in the initiation and ongoing monitoring and adjustments of this service to verify the continued need and to ensure the appropriate use of these nutrient-dense supplements.

Supplements may be needed as an addition to a complete meal. If the nutrition program is supplying the meal which includes a supplement, (i.e. participant receives a high calorie, high protein supplement in addition to a home-delivered meal), Title III funds may be used to purchase the supplement and the meal, as a whole, is NSIP eligible.

**A liquid supplement, on its own or offered as a meal replacement, cannot be counted as an OAA meal and is not NSIP eligible.** Therefore, liquid supplements may not be offered on a voluntary contribution basis and the full cost of the liquid supplement must be recovered.

The nutrition program that offers liquid nutritional supplements as part of a complete meal will follow all of the following procedures:

- A written referral from a certified medical authority will be on file with the nutrition program.
- Information in the referral will include the name of participant, reason supplement is needed, type and amount of supplement needed and name and contact information of referring certified medical authority.
- At least once per year, each written referral will be reviewed with the certified medical authority, the program nutritionist, and the participant or a representative of the participant. The diet order will be updated according to the medical authority's instructions.
- All of the following product guidelines are to be followed:
  - Only complete, high-calorie, liquid supplement products are allowed.
  - Only single-serve drink cans or UHT (ultra-high-temperature) boxed drinks may be provided.

- Products will be manufactured, processed and distributed by reputable businesses.
- Only intact, dent- and rust-free, clean, and clearly-labeled products may be used. Programs cannot provide outdated products.
- Programs can consider bulk purchasing and/or group buying with other agencies to achieve the most economical cost possible.
- None of the following products are allowed for use in the program:
  - liquid supplement products which are used for weight loss, or are labeled "light" or "lite", or have reduced calories or fat
  - single or multiple vitamin or mineral supplement tablets in capsules, liquids or other form, whether prescription or over-the-counter
  - herbal remedies, laxatives, fiber supplements, etc.
  - supplemental nutrition products which require preparation, such as powdered mixes or concentrated liquids

#### **8.4.26.4 Frozen Meals**

Nutrition programs may offer meals to home-delivered meal participants in a frozen state when all of the following procedures are followed:

- Each frozen meal will meet all the requirements of a complete meal as defined in the elder nutrition program (ENP) policy and meet 1/3 the Dietary Reference Intakes (DRI).
- Participants will have suitable appliances for maintaining frozen food in a frozen state and for heating it to a proper serving temperature. The program will verify and maintain records which indicate that each client has and maintains the ability to handle frozen meals.
- Frozen meals will be maintained and delivered in a solid frozen state.
- Frozen meals must only be provided in situations where it is not logistically feasible to provide the client with fresh meals, with the following exceptions: holidays, weekends, second meals or emergency situations. In such cases, the program will have a procedure in place to check on the participant's well-being when an in-person delivery is not possible.
- Participants will be given written instructions on proper handling and reheating of the meals upon initiation of this service and at least annually thereafter.
- Programs will limit their use of commercially available frozen entrées or TV dinners. Such foods must be approved for use by the program nutritionist. Concerns about these products include high-fat and high-sodium content, small serving sizes (especially for vegetables), and frequent changes to entrée size and/or content. If a program decides to purchase and distribute commercially pre-packaged meals, these meals must meet OAA nutrition program guidelines.
- See Section of this chapter for policy on freezing leftovers.

#### **8.4.21 Adaptive Equipment**

All nutrition programs will coordinate with the aging unit or other organizations to make available for use upon request, food containers, utensils, and other adaptive equipment for people with visual impairments, hearing impairments, and others with special needs who

require adaptive equipment. Examples include utensils with specialized handles, divided plates, cups with handles, nose cups, etc.

## **8.6 Food Safety and Sanitation**

OAA Sect 339 (2)F:

*"Comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service and delivery of meals to an older individual."*

Safe food practices by nutrition programs cannot be compromised. In all phases of the food service operation, nutrition programs will adhere to state and local fire, health, sanitation and safety regulations applicable to the particular types of food-preparation and meal-delivery systems used by the program.

### **8.6.1 Wisconsin Food Code and the Elder Nutrition Program**

The State of Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) develops sets of laws for restaurants and other food service establishments. The Wisconsin Food Code, based on the U.S. Food and Drug Administration's (FDA's) recommended model food code, is the food code that federal law, as noted above, dictates that Wisconsin's elder nutrition programs must follow.

This section of the policy manual features several excerpts from the Wisconsin Food Code meant to highlight areas which are critical to food safety in the ENP. Note that these excerpts are not all-inclusive; care should be taken not to apply concepts out of context.

### **8.6.2 Obtain Copies of the Wisconsin Food Code**

Nutrition programs are responsible for maintaining an updated copy of the Wisconsin Food Code. Copies of the Wisconsin Food Code are available on the DHS Food Safety and Recreational Licensing website.

### **8.4.22 Holding Food**

Food quality and safety is best ensured when the time period between the end of preparation of either hot or cold food and service/delivery to the participant is kept to a minimum.

- Regardless of the type of food preparation, the time between the completion of cooking the food and either the beginning of serving at the senior dining center or the delivery to the home-delivered meal recipient will not exceed four (4) hours.
- All nutrition programs will have equipment that maintains the safe temperature of all menu items from the end of the cooking process through the end of the serving or delivery period.
- Vehicles used in the transportation of bulk food or home-delivered meals will be equipped with clean containers or cabinets to store the food while in transit. The container or cabinet will be constructed in a way which prevents food contamination by dust, insects, animals, vermin or infection. The containers or cabinets will be capable of

maintaining a temperature at or above 140° F or a temperature at or below 41° F until the food is delivered to the dining center or to the home-delivered meal recipient.

### 8.10.3 Heating and Reheating Food

Nutrition programs must use equipment that is capable of heating and reheating food to required temperatures within required timeframes. Reheating for hot holding will be done rapidly, and the time the food is between 41°F and 165°F may not exceed two hours. **Hot holding equipment, such as steam tables, and crock-pots or slow cookers may not be used to heat or reheat potentially hazardous/TCS food.**

### 8.6.9.5 Time as a Public Health Control

Food establishments in Wisconsin which serve a highly susceptible population, including the elder nutrition program, cannot use time as a public health control. All potentially hazardous/TCS foods must be cooked to, held and stored at appropriate internal temperatures as outlined in the Wisconsin Food Code.

### 8.4.22.1 Food Temperatures

The federal and state standard for receiving and hot holding temperatures for potentially hazardous/ time and temperature controlled for safety (TCS) foods is 135° F according to the Wisconsin Food Code. However, *all* holding temperatures at the time of service and at the time of delivery for potentially hazardous/TCS foods for Wisconsin's elder nutrition program is no less than 140° F for hot foods.

- Nutrition programs will use regularly calibrated thermometers for checking food temperatures. In addition, refrigerators and freezers located at food preparation and dining centers will have thermometers. All thermometers must be calibrated at least weekly.
- Hot food which arrives at a temperature below 140° F must not be served. Cold food which arrives at a temperature higher than 41° F must not be served.
  - In catered operations, contract language should state that such rejected food will be returned to the caterer. Either the monetary value of the rejected food should be subtracted from the reimbursement to the caterer for that day or the caterer should immediately supply a substitute item that complies with nutrition program guidelines for meal service that day.
  - In program-operated kitchens, the situation must be rectified and food must be handled in a manner consistent with principles of safe food handling as described in the Food Code. (See Section X of this chapter.)
- Food temperatures at the time of service and at the time of delivery will be no less than 140° F for hot foods and no more than 41° F for cold foods.
- Internal temperatures of potentially hazardous/TCS foods must follow the guidelines outlined in the Wisconsin Food Code.
  - Cooling temperatures will have a maximum of six (6) hours using a two-step process. For the most part, potentially hazardous/TCS foods must be cooled from 140° F to 70° F within two (2) hours, and from 70° F to 41° F or below within an additional four (4) hours.
- Food temperatures should be monitored for compliance with the Wisconsin Food Code at the following times:



- At the time of service (for senior dining meals).
- At the time of food arrival (for catered operations).
- At the time of packaging (for off-site delivery, including home-delivered meals).
- Every 2-4 hours while the food is being held until all of the meals are served to participants.
- Food temperature records are to be kept on file for a period of one year.
- Each nutrition program will have written procedures for handling potentially hazardous/TCS foods that do not meet or maintain correct temperatures.

#### **8.4.28.2 Home-Delivered Meal Temperatures**

- Food will be delivered at safe temperatures to prevent foodborne illness.
- Hot food will be maintained and delivered at 140° F or above or it will not be served.
- Cold food will be maintained and delivered at 41° F or below or it will not be served.
- Frozen food will be maintained and delivered in a solid frozen state or it cannot be left with the participant.

The program will test home-delivered meals for temperature compliance every one to three months, but no less than quarterly, to ensure the quality and safety of the meal. Routes longer than one hour in duration must test HDM temperatures monthly. This can be done by transporting an extra meal on a home-delivered meal route and taking the temperature of the meal after all other meals have been delivered or at the time the driver returns to the home-delivered meal dispatch site. All menu items which require temperature control must be tested each time.

#### **8.6.9.4 Date Marking**

- Ready-to-eat (RTE) *potentially hazardous/TCS* food held for more than 24 hours in an establishment must be clearly marked at the time of preparation to indicate that the food will be consumed, sold or discarded within seven (7) calendar days or less from the day that the food is prepared. The day of preparation is considered day one (1).
- Refrigerated RTE *potentially hazardous/TCS* food items prepared in advance must be discarded in seven (7) days if held at 41° F or less.
- RTE *potentially hazardous/TCS* food items which are prepared, frozen and thawed must be controlled by date marking to ensure that the items are consumed in seven (7) days held at refrigeration temperatures.

#### **8.10.7 Receiving Foods**

Refrigerated *potentially hazardous/TCS* cold food items must be received at 41°F or less or must be rejected. *Potentially hazardous/TCS* hot food items that have been cooked to proper minimum internal temperatures must be received at 140°F or higher or must be rejected.

Foods that are received past their expiration dates will be rejected.



### 8.10.8 Cleaning and Sanitizing Food Contact Surfaces

Cleaning and Sanitizing of food contact surfaces must always be a minimum two-step process. Food-contact surfaces must be cleaned first and then sanitized. Cleaning and sanitizing, regardless of the solution used, cannot be done at the same time. Only those chemical solutions approved in the Wisconsin Food Code are approved for use in sanitizing – quaternary ammonia, chlorine bleach and iodine solution. **Proper concentration of sanitizing solutions MUST be ensured at all times by regularly using the appropriate chemical testing strips.**

When cleaning and sanitizing, the following procedure must be followed each and every time: surfaces must be cleaned with a detergent or other appropriate cleaning solution, rinsed when and if necessary, approved sanitizing solution of proper concentration applied, and then left to air dry.

### 8.10.9 Handwashing

Foodservice employees shall keep their hands and exposed body portions of their arms clean. Food employees shall clean their hands and exposed portions of their arms for at least 20 seconds. Water for hand washing shall be 100°F or hotter. Scrubbing of hands, arms and fingers shall be no less than 10-15 seconds. Drying shall occur with either disposable single-use towels or a blown air hand dryer only.

#### 8.6.9.6 Bare-Hand Prohibition

**Bare-hand contact with ready-to-eat foods is prohibited.** Gloves, deli paper, tongs or other suitable utensils can be used to handle ready-to-eat foods.

#### 8.6.9.7 Hand Washing Before Using Gloves

If gloves are used, employees must effectively wash their hands *before putting on gloves* when working with food.

#### 8.10.9.3 Hand Sanitizers

Hand sanitizing gels should never take the place of proper hand washing. The only acceptable use of hand sanitizing gels is **after** proper hand washing **prior to** applying single-use gloves; or during non-food activities. Standard hand sanitizing gels may not come in contact with any food item or food-contact surface as it will be considered a non-approved food additive.

#### 8.6.9.10 Hands-Free Faucets

Non-hand-operated faucets at all hand sinks (including those in restrooms) are required for new construction or when a hand sink or sink faucet requires replacement.

### 8.10.10 Effective Hair Restraints

Food service employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, which are designed and worn to effectively



keep their hair from contacting exposed food, clean equipment, utensils, and linens, and unwrapped single-service and single-use articles such as disposable cups and utensils. This does not apply to counter staff members who only serve as wait staff if they present a minimal risk of contaminating exposed food or food-contact surfaces.

### 8.6.9.2 Demonstration of Knowledge/Person in Charge

A person in charge must be present in the food establishment during all hours of operation. Based on the risks of foodborne illness inherent to the food operation, during inspections and upon request the person in charge shall be able to demonstrate knowledge of foodborne disease prevention, application of HACCP principles, and the requirements of the Wisconsin Food Code. The person in charge shall demonstrate this knowledge by:

- Complying with the Wisconsin Food Code by having no violations during the latest inspection;
- Holding a current Food Manager Certificate; or
- Demonstrating food safety principles based on the establishment's specific operations.

### 8.6.9.3 Employee Health

- Workers must be *excluded* from food preparation and service if exhibiting signs and symptoms of having a food-borne illness.
- A sudden onset of vomiting and/or diarrhea requires removal and prohibited reentry of the employee to the establishment until symptom free for 24 hours.
- The person in charge may remove an exclusion for an employee if the person excluded is asymptomatic for 24 hours after having a non-infectious condition. Documentation from a certified medical authority is required for any employee or volunteer who has been diagnosed with *e. coli*, *Shigella*, *Salmonella*, *Norovirus*, or *Hepatitis A*.

### 8.6.8 Hazard Analysis Critical Control Point (HACCP)

Nutrition programs are encouraged to incorporate HACCP plans and their principles into their operations to improve food safety at all levels of food service. Formal HACCP plans are required by the Wisconsin Food Code for specific food safety practices, such as sous vide cooking.

A HACCP Plan involves the following seven principles:

- **Analyze hazards.** Identify potential hazards associated with a specific food and measures to control those hazards. A hazard could be biological (e.g., a microbe), chemical (e.g., a toxin), or physical (e.g., ground glass or metal fragments). Nutrition programs must critically evaluate their flow of food to determine where in the system hazards can make food unsafe.
- **Identify critical control points.** These are points in a food's production at which a potential hazard can be controlled or eliminated, starting with the food's raw state, continuing through processing and shipping, and ending in consumption by the consumer. Examples include cooking, cooling, and packaging.
- **Establish preventive measures with critical limits for each control point.** For, e.g., a cooked food, this might include setting the minimum cooking temperature and time required to ensure the elimination of any harmful microbes.

- **Establish procedures to monitor the critical control points.** Such procedures might include determining how and by whom cooking time and temperature should be monitored, and measuring the internal temperature with a calibrated thermometer.
- **Establish corrective actions to be taken when monitoring shows that a critical limit has not been met.** Examples include reprocessing or disposing of food if the minimum cooking temperature is not met or rejecting a food item if it is not received at the correct internal temperature.
- **Establish procedures to verify that the system is working properly.** For example, use time-testing and temperature-recording devices to verify that a cooking unit is working properly, regularly calibrating thermometers, and using temperature logs for food and equipment.
- **Establish effective record-keeping to document the HACCP system.** This includes a record of hazards and their control methods, the monitoring of these records and safety requirements, and action taken to correct potential problems.

#### **8.10.14 Food Allergies**

All staff and volunteers of the nutrition program must be adequately trained in food allergies. All foodservice staff must receive training so they can **describe foods identified as major food allergens, and the symptoms that a major food allergen could cause in a sensitive individual who has an allergic reaction.** It is the duty of the person in charge to ensure that employees are properly trained in food safety, including food allergy awareness, as it relates to their assigned duties.

All staff must be aware of the signs of allergic reaction, which can include wheezing or shortness of breath, hives or itchy rashes, swelling of the face, eyes, hands or feet, or in some severe cases, anaphylaxis, which can lead to death. If a customer appears to be experiencing a severe allergic reaction, call 911 immediately.

#### **The major food allergens are:**

- Milk
- Eggs
- Wheat
- Soy
- Peanuts and tree nuts, such as almonds, walnuts and pecans
- Fish and shellfish, including lobster, shrimp and crab

Food allergies can come on at any age, so any and all reports of food allergies must be taken seriously. All staff must be aware of the most common food allergens and the menu items that contain them.

#### **8.10.15 Outside Foods / Foods Prepared in Private Homes**

Food will be obtained only from approved, reputable suppliers. Food prepared in a private home may not be used or offered for human consumption in a foodservice establishment.

#### **8.10.16 Condiments**

Condiments served in the nutrition program must be protected from contamination. Serve them in their original containers or in containers designed to prevent contamination. Offering condiments in individual packets or portions can also help keep them safe. Never re-serve uncovered condiments. Do not combine leftover condiments with fresh ones. Throw away opened portions or dishes of condiments after serving them to customers. Salsa, butter, mayonnaise, and ketchup are examples.

### **8.10.17 Foodborne Illness Outbreaks**

If a nutrition program suspects a foodborne illness outbreak, the following should be done at the local level:

- Gather information (contact information for persons affected, food eaten that caused outbreak, onset and description of symptoms from persons affected, etc.)
- Notify the local public health department. Provide appropriate documentation, such as temperature logs, HACCP documents, staff files, etc.
- Set the suspected product aside if any remains. Include a label with “Do Not Use” and “Do Not Discard” on the product.
- Log information about the suspected product. This might include a product description, production date, and lot number. The sell-by date and pack size should also be recorded.
- Maintain a list of food handlers scheduled at the time of the suspected contamination. Interview them immediately about their health status.

Nutrition programs suspecting a foodborne illness outbreak must also report the foodborne illness to the AAA and BADR.

### **8.10.18 Food Recalls**

Food items a nutrition program has received may sometimes be recalled by the manufacturer when food contamination is confirmed or suspected or when items have been mislabeled or misbranded. Most vendors will notify food distributors or food providers of the recall. If nutrition programs are notified of a recall of a food product used by the program:

- Identify the recalled food items by matching information from the recall notice to the item. This may include the manufacturer’s ID, the time the item was manufactured, and the item’s use-by date.
- Remove the item from inventory, and place it in a secure and appropriate location. That may be a cooler or dry-storage area.
- The recalled item must be stored separately from food, utensils, equipment, linens, and single-use items.
- Label the item in a way that will prevent it from being placed back in inventory. Some operations do this by including a Do Not Use and Do Not Discard label on recalled food items. Inform staff not to use the product.
- Refer to the vendor’s notification or recall notice for what to do with the item. For example, whether to discard or return it to the vendor.

### **8.6.7 Animals**



Animals are not allowed where food is prepared, served, stored, or where utensils are washed or stored. Service animals are permitted only in areas where food is not being prepared or stored, such as dining areas, if a health or safety hazard will not result from the presence of the service animal.

### **8.4.16 Meal Cost Analysis**

Calculating total meal cost is essential to good food service management. This information is important for determining a suggested per-meal contribution and for informing participants of the total cost of a meal.

If the nutrition program provides meals to non-eligible participants such as COP recipients, visitors, day-care programs, Head Start or jails, the nutrition program must document a total-meal-cost analysis of the grant resources used for preparing the meals; this way the grant may be reimbursed for meals purchased.

#### **8.4.16.1 Total Meal Cost Calculation**

Each program must calculate the total meal cost using the required meal cost tool developed by BADR at least annually, although it is recommended that this tool is used every six months to analyze costs to produce a meal. It is recommended that this calculation be completed in spring of each year when financial information from the previous calendar year is available.

### **8.4.15 Cost Containment Measures**

This section addresses several areas for programs to examine when trying to manage costs and improve program quality. When a food contractor is used, these methods can be applied to the evaluation of contract proposals and used to monitor contracts.

#### **8.4.15.1 Food**

- Develop a routine system of purchase that is time-effective and cost-effective.
- Develop specifications for menu and operational needs.
- Require credits when warranted.
- Monitor deliveries and prices charged at delivery.
- Take regular inventories and keep excess inventory on hand as low as possible.
- Maintain proper storage temperatures in all areas.
- Monitor freezer and refrigerator thermometers; calibrate these at least weekly.
- Keep opened packages properly sealed in order to prevent infestation and spoilage.
- Carefully monitor all waste.
- Provide standardized recipes and teach cooks to follow them.
- Use production sheets that include the serving size and the proper utensil to use.
- Check and recheck portion control. Use the proper size of scoops, ladles and pans.
- Use leftovers promptly and effectively.

#### **8.4.15.3 Equipment**

- Monitor energy usage as it pertains to equipment and preparation areas.

- Purchase equipment of the proper size and capacity.
- Establish an effective equipment maintenance program.
- Maintain schedules for equipment cleaning and service.

### **8.4.15.3 Supplies**

- Regularly monitor usage of china, glassware and all disposables.
- When feasible, opt for use of china, glassware, and other reusable supplies in place of disposables.
- Use chemical dispensers to control use of cleaning products. (Too little is a sanitation risk; too much is wasteful and a safety hazard).
- Monitor usage of office supplies.

### **8.4.15.4 Building Costs/Utilities**

- Monitor cleanliness of food production area and service area.
- Ensure that adequate security measures are implemented in all areas of the operation to prevent loss, theft, tampering of food, etc.
- Limit the number of keys available to all areas and monitor use of extra keys.
- Set up an inventory control system which allows you to quickly spot shortages.

### **8.4.15.5 Personnel/Labor**

- Train staff on policies and procedures, including food safety and sanitation practices.
- Determine and continually monitor the number of labor-minutes per meal required for all operations and determine where improvements can be made.
- Calculate and continually monitor the rate of employee turnover and determine where improvements can be made.
- Review job descriptions and duty schedules regularly.
- Monitor staff compliance with work routines. Review work distribution loads and change these as needed to maintain efficiency.
- Schedule periodic conferences with the administrator for reviewing the operation's service and cost factors.

## **8.4.19 Emergency Preparedness**

Each program will ensure that preparation has taken place at each dining center for procedures to be followed in case of an emergency. In addition, staff and volunteers delivering meals will be trained in methods of handling emergencies.

Examples of measures include the following:

- an annual test of evacuation procedures at dining centers or an in-service regarding evacuation procedures in the event of a fire or other disaster
- posting and training of staff and regular volunteers on procedures to be followed in the event of severe weather or natural disasters
- posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency



Laminate a one-page emergency procedure sheet for each dining center and for all drivers to keep in their vehicles.

#### **8.4.20 Emergency and Disaster Plans**

Each program will develop and have available written plans for emergency situations such as short-term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. For more information about pre-planning for emergency self-stable meals, see Section Error! Reference source not found. of this chapter.

- Nutrition programs will participate in the service area response to disasters as requested and appropriate.
- Eligibility for the program may be expanded to meet the circumstances of a disaster.
- Costs of these emergency efforts may be reimbursed if the service area is declared a federal disaster area.
- Plans will include the distribution of information to participants on how to stock an emergency food shelf.
- Plans will specify whether central/on-site kitchens could be made available for food preparation.
- Dining programs will have a plan in place to access neighboring sites to support continuation of service in the event of emergency; within the county or tribal reservation as well as neighboring county and tribal dining centers. For example, in the event of minor emergencies such as power outages or flooding, there will be a plan to re-route meal service to a nearby dining center. Also identify other community spaces that could be used as temporary, alternate dining centers if available.
- For programs that have on-site cooking or central kitchens and home-delivered meal distribution centers, if able, offer to be a potential resource for the county/tribal emergency management team by making the program available to provide meals, cooking and holding equipment, storage space if able, disposable serving materials (paper plates, to-go containers, napkins, etc.), and cleaning facilities.
- For programs that have catered dining centers and vendor-catered home-delivered meal distribution centers, include in vendor contracts a provision for the caterer to provide emergency provisions in the event of disaster, if able. Additionally, develop relationships with other possible local vendors such as hospitals, nursing homes, and local restaurants and caterers to provide meals in the event that the primary caterer is unable to.
- For programs that contract with outside agencies to provide home-delivered meals, include in the vendor contract a provision for said agency to have a plan in place in the event of disaster or emergency. This plan should be planned and agreed upon by both parties. Additionally, develop relationships with other possible local providers such as faith-based organizations, hospitals, nursing homes, and local restaurants and caterers to provide meals in the event that the primary caterer is unable to.
- Nutrition programs will contact the owners of the dining centers to determine the feasibility of utilizing their available space if needed in the event of an emergency. If dining center owners are willing to provide space, this should be communicated to the emergency management team in the county/tribe so that a plan can be developed.

**8.4.26.8 Emergency Meals**

Nutrition programs are required to develop and have available written plans for weather-related or other emergencies.

- Programs may offer fresh or frozen meals to participants, if they can be handled safely by both the nutrition program and participants with resources available.
- Programs may offer shelf-stable meals to participants for later use.
- Below are guidelines for meal content:
  - Nutrient content of the meal must meet all requirements of the program and be approved by the nutritionist.
  - Only top-grade, non-perishable foods in intact packages will be included.
  - Cans are to be "easy-open", with pull tabs whenever possible.
  - All foods are to be labeled with the expiration date whenever possible.
  - Fruit and vegetable juices are to be 100% juice and pasteurized.
  - Dried fruit must be vacuum-packed.
  - Meals will be labeled.
  - When applicable, easy-to-read preparation instructions will be included.

**8.4.14 Liability Insurance**

Each nutrition program will carry product liability insurance sufficient to cover its operation. Programs should seek guidance from their agency's legal staff or corporation council.

**8.7 Coordination with Wisconsin State Department of Public Instruction Elder Nutrition Improvement Program**

Since 1973, two nutrition programs for elder adults have existed in Wisconsin. Both programs are open to older persons and provide opportunities for older people to maintain and improve their diets.

**8.7.1 Department of Public Instruction Joint Agreement****8.7.1.1 Chapter 115 Laws of Wisconsin (1973): Elderly Nutrition Improvement Program**

Section 115.345 of the Wisconsin State Statute authorizes the establishment of the elder nutrition improvement program in the public schools. It places the administrative responsibility for the program with the Department of Public Instruction (DPI). The law provides the participating school districts with sum-sufficient funding for supplemental payments, not to exceed 15 percent of the cost of the meal or 50 cents per meal, whichever is less. School participation in the program is voluntary.

**8.7.1.2 Title III Older Americans Act/State: Elder Nutrition Program**

Title III-C/State Elder Nutrition Program under the reauthorized Older Americans Act, P.L. 95-478, is a federal/state program authorized to provide meals and



supportive services to older persons. The Bureau of Aging and Disability Resources (in the Department of Health Services) is the state agency responsible for the administration of Older Americans Act/State funds. Title III-C/State funds may be used only for the provision of meals in addition to specified supportive services. While federal/state funds can be used to pay the full cost of the meals provided under Title III-C/State, participants will be given the opportunity to contribute toward the cost of the meal.

### **8.7.1.3 Joint Agreement**

While each of the elder nutrition programs may operate separately and independently, the Wisconsin legislature directs, through the 1975 Assembly Bill 222, Section 718(7) that the programs cooperate to take advantage of the cash benefits and intergenerational opportunities available under both programs.

*"The Departments of Health and Social Services (now known as the Department of Health Services) and Public Instruction shall develop procedures for facilitating participation by public school districts as food service providers in nutrition programs financed under Title III-C of the Older Americans Act."*

BADR and the Department of Public Instruction (DPI) School Nutrition Team have developed policies and procedures for Title III-C nutrition programs which school districts follow in their efforts to develop joint agreements. As the guidelines are updated, copies of the joint agreement guidelines are sent to the school districts and to Title III-C nutrition programs. The joint agreement can be found at the DPI School Nutrition Team website.

