Chapter 5
Older Americans Act (OAA) Title IIIC

TABLE OF CONTENTS

Section	Topic	Page
I.	Overview	5-3
II.	Legal Authority	5-4
III.	Selection of Nutrition Program Service Providers	5-4
IV.	Planning for Nutrition Services	5-9
V.	Contracts with Profit Making Organizations	5-14
VI.	Menu Review and Approval	5-16
VII.	Food Preparation and Safety Standards	5-30
VIII.	Nutrition Services Incentive Program (NSIP)	5-38
IX.	Nutrition Assistance Program	5-39
X.	Food Service Contract Provisions	5-39
XI.	Contributions for Nutrition Services and Outreach	5-43
XII.	Leftover Food	5-43
XIII.	Nutrition Education and Counseling	5-44
XIV.	Congregate Meals	5-46
XV.	Home Delivered Meals	5-48
XVI.	Grab and Go Meals	5-52
	Attachment 1: DOEA Form 2017	5-55

Section I: Overview

A. The AAA may award nutrition service funds received under Title IIIC1 and Title IIIC2 for the provision of nutrition services that assist older individuals in Florida to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment, and nutrition counseling. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need.

NOTE: *While the AAA must ensure congregate meals through Title IIIC1 and home-delivered meals through Title IIIC2, the AAA may choose to procure and award separate Title IIIC1 and Title IIIC2 providers.*

B. The purpose of the nutrition program is to:

1. Reduce hunger and food insecurity. (Food insecurity occurs when an individual has a limited or uncertain availability of nutritionally adequate and safe food or ability to acquire acceptable foods in socially acceptable ways.).

2. Promote socialization.

3. Promote health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health-promotion services. The intent is to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

4. Nutrition services to older clients at community dining centers or in their homes include the following:

- Procurement, preparation, transportation, and service of meals;
- Nutrition counseling; and
- Nutrition education.

5. Elderly nutrition programs objectives are to:

- Prevent malnutrition and promote good health behaviors through participant nutrition education, nutrition screening, and intervention;

- Serve wholesome and delicious meals that are safe and have good quality, through the promotion and maintenance of high food safety and sanitation standards;

- Promote or maintain coordination with other nutrition-related supportive

services for older adults; and

- Target older adults who have the greatest economic or social need with attention to low-income minority and rural clients.

Section II: Legal Authority

- Older Americans Act, Title IIIC Subpart 1, Section 331 42 U.S.C. 3030e
- Older Americans Act, Title IIIC, Subpart 2, Sections 336, 337, 339 42 U.S.C. 3030f, g, g-21
- The National Nutrition Monitoring and Related Research Act of 1990 (Public Law 101–445)
- U.S. Department of Health and Human Services Public Health Service Food and Drug Administration, Food Code: https://www.fda.gov/food
- U.S. Department of Agriculture (http://www.usda.gov)
- Americans with Disabilities Act – 42 U.S.C. 12101
- Healthy People 2030 (http://www.healthypeople.gov/)
- Dietary Guidelines (https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines)
- Chapter 509.039, Florida Statutes – Food Manager Certification
- Chapter 64E-11, Florida Administrative Code – Food Hygiene
- Chapter 468.509 Florida Statutes – Dietitians/Nutritionist
- Chapter 64B8 Florida Administrative Code – Dietitians/Nutrition

Section III: Selection of Nutrition Program Service Providers

A. General Rules:

1. An AAA may make awards for congregate and home-delivered nutrition services to a provider that furnishes either or both services. Providers must meet the requirements of this part.
2. Contracts are awarded through a competitive process. Such a process shall include evaluation of each bidder's experience in providing services to older

individuals.

B. Congregate and Home-Delivered Nutrition Program Providers:

Each AAA will give primary consideration where feasible, in contracting for the provision of congregate and home delivered meals to organizations which:

1. Have demonstrated an ability to provide quality congregate and home delivered meals efficiently and reasonably;

2. Have furnished assurances to the AAA that the organization will maintain efforts to solicit voluntary support and that funds made available under this title to the organization will not be used to supplant funds from non-federal sources; and

3. Make every attempt to efficiently and responsibility meet the cultural and/or ethnic culinary needs of participants of congregate and home delivered meals.

C. Service Area and Selection of Nutrition Providers:

Each nutrition service provider under an area plan shall operate within the boundaries of the area established in the award document. A nutrition service area must be of sufficient size for:

1. Economical delivery of meals;

2. Efficient provision of nutrition education, outreach, nutrition counseling; and

3. Coordination and linkage of nutrition activities with related services programs in the service area.

D. Selection of Nutrition Providers Within a Service Area: Awards shall be made to congregate nutrition service providers serving an annual average of at least 100 meals per day, five or more days a week within the designated service area, but not necessarily at each site.

1. AAA approved exceptions for providers operating in sparsely populated rural areas include:
- Less than 100 meals per day; and
- Meals at least five days a week at sites throughout the service area, but not necessarily five days a week at each site.

NOTE: *Providers operating in a sparsely populated rural area must provide outreach as set forth in this handbook (See Appendix A, Service Descriptions and Standards.)*

2. A provider of nutrition services shall target older persons in greatest economic

and social need; low-income older individuals; including low- income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

E. Nutrition Provider's Responsibilities When Establishing New Congregate (C-1) Sites:

1. Obtain AAA approval for establishment of additional C-1 sites, which can include the use of local restaurants. When there is a break in service at an existing C-1 location, the Nutrition Provider must notify and receive approval from the AAA in order for the C-1 site to resume services and billing.

2. Determine interest and capability of the potential site.

3. Determine the number of meals per day, week or month that will be available to C-1 recipients.

4. Establish written policies and procedures in accordance with the Program and Services Handbook and applicable state and local regulations. Written policies and procedures must address at a minimum the following:

- Handling and storage of administrative documentation;
- Client registration requirements;
- Client reporting requirements;
- Client donations;
- Instructions on how to obtain meal credits;
- The C-1 meal schedule;
- Project menus;
- Project evaluation;
- Program restrictions, i.e., maximum number of meals available to a participant per month, gratuities, and taking meals out for consumption elsewhere;
- Provision of nutrition education;
- Nutrition Program's monitoring of the site using the Nutrition Program Compliance Review form;
- Nutrition Program review of public health department review of restaurant; and
- Monthly billing.

5. Develop a survey for determining participant satisfaction concerning:

- If the meal option is meeting the recipient's needs;
- The quality of the meals; and
- The service provided by C-1 site volunteers/staff.

6. Evaluate potential site for appropriateness. Evaluation must include, but is not limited to the following:
    - Location in an underserved area;
    - Accessibility to elders in the community;
    - Diversity of service area;
    - If using a restaurant, assurance that is a fixed facility and meets the standards in Florida Administrative Code 64E-11;
    - Compliance with all Americans with Disabilities Act (ADA) accessibility requirements;
    - If using a restaurant, review of the three most recent health inspections; and
    - Capability of meeting the administrative and operational demands of the program as outlined below.

F. Restaurant Provider's Responsibilities:

1. To become a C-1 meal site, a potential site, including restaurants, must have the appropriate capabilities to administer components of the program to include but not limited to:
    - Serving elders in a dignified and culturally sensitive manner;
    - Permitting unannounced access to the food preparation area to the local nutrition provider, AAA or State Agency staff;
    - Providing adequate space, permitting elders the opportunity to dine in a comfortable setting;
    - Meeting or exceeding the local food service licensing, health regulations, and fire regulations;
    - Following the Program and Services Handbook regulations for OAA Title III C meals;
    - Providing a pre-defined meal or meal options to authorized individuals; and
    - Developing menus by collaborating with the nutrition provider staff and qualified dietitian. If using a restaurant, the menu used should be the current restaurant menu to the greatest extent possible. The pre-defined menu or menu options must comply with the Program and Services Handbook and approved by nutrition program's RD prior to use.

2. All C-1 sites, including restaurants, must be willing to perform at a minimum the following tasks:

    - Provide participants with a written menu(s);
    - Follow the procedures established by the nutrition provider to validate that participants are registered and authorized for consumption of C-1 meals served;

- Use the system established by the nutrition provider to document the total number of meals served to participants monthly;
- Use the system established by the nutrition provider to document the total number of unduplicated participants;
- Facilitate or permit facilitation of a nutrition education program;
- Notify the Nutrition Provider immediately of any closures (temporary or permanent) or Administrative Complaints against the restaurant;
- Notify the Nutrition Provider within 24 hours of any sanitation inspections and provide a copy of the report;
- Facilitate an initial inspection of the site by nutrition provider staff. This inspection will include the completion of the Nutrition Provider's Compliance Review Form. Thereafter, the provider must permit Nutrition Program, AAA, and the Department staff to make onsite inspections at any date or time, with or without prior notification.

3. If using a restaurant as a C-1 site, the Nutrition provider and restaurant provider's contract files must include, but are not limited, to the following items:

- A written, executed agreement outlining the service provided;
- Copy of the restaurant's current food service license;
- The three most recent local health inspection reports;
- A copy of the current local fire department inspection report. All items that were cited by the fire department must be corrected prior to the start of the program;
- The approved menus;
- A copy of the Professional Food Manager's certificate(s);
- An insurance certificate stating current policy coverage and, if available, evidence of umbrella or excess liability policy;
- Designation of sections of the proposal that are claimed to be proprietary along with rationale justifying exception of these sections from Freedom of Information Act release; and
- Unit cost.

G. AAA Responsibilities:

1. The AAA must provide written notification to the Department's Registered Dietitian at least 30 calendar days prior to a nutrition provider opening a new C-1 site, including restaurant-based meal service.

2. The AAA must provide the Department an accurate listing of all the Congregate Meal Sites and Food Service Vendors at least annually and within 48 hours of any changes.

Section IV: Planning for Nutrition Services

A. Objectives: Nutrition service providers must establish measurable objectives related to the needs of eligible individuals in the approved service area and objectives must address the following requirements:

- Targeted individuals to be served;
- Services to be provided, including the number and frequency of meals to be served in congregate and in home-delivered settings; and
- Plans for monitoring progress toward achieving objectives.

B. Priority for Services: Nutrition services under the OAA should be reserved for those individuals age 60 years and older who have been identified as being in greatest economic or social need, and especially low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural area. Additional factors which should be considered in establishing priority include those older persons who:

- Cannot afford to eat adequately;
- Lack the skills or knowledge to select and prepare nourishing and well-balanced meals;
- Have limited mobility which may impair their capacity to shop and cook for themselves; or
- Have a disabling illness or physical condition requiring nutritional support or have been screened at a high nutritional risk.

C. Nutrition Provider Staff, Consultants, and Volunteer Required Training/Credentials: Nutrition service providers shall cooperate with the AAA to ensure that training will be provided for both paid and volunteer staff.

1. Job specific training shall be available for each staff member. Each nutrition service provider shall set aside sufficient budgetary funds for training, including in-service training. This may include the payment of a tuition fee, travel, and per diem to local, statewide, or out-of-state training programs designed to expand staff capacity to effectively carry out nutrition services.

2. Food Protection Manager Training: Nutrition Programs that operate a kitchen and have three or more employees at one time engaged in the storage, preparation, display, or service of food must identify an individual as the manager and that manager must be a Certified Food Protection Manager, unless the manager is a qualified dietitian.

The manager must be present during the food service operation. Programs that do not prepare their own food must have a Certified Food Protection

Manager responsible for the storage, display, and serving of food for meal sites, but the Certified Food Protection Manager does not have to be present always. (Refer FAC 64E-11). New managers must be certified as a Food Protection Manager within 90 days of employment. The AAA may grant an extension up to 180 days.

3. Employee Food Safety Training Requirements: All food service staff and volunteers must receive annual training by a Registered Dietician (RD), or competent Certified Food Protection Manager under the direction of the RD, on the prevention of foodborne illness. Staff and volunteers must be trained prior to assuming food service assignments.

4. On-going training plans should be based upon information obtained through the evaluation of training sessions and needs identified at that time, as well as staff requests.

D. Nutrition Consultant:

1. Each nutrition service provider shall obtain the advice of a qualified dietitian in planning and providing nutrition services. The number of consultation hours should be based on the size and complexity of the nutrition service provider and may be established by the AAA.

2. The qualified dietitian shall be either a provider employee or an independent consultant, hired by the project (paid or in-kind). The dietitian paid by the project's food service vendor is not acceptable in this position.

   Qualified Dietitian Definition: For the Florida elderly nutrition program, a "qualified dietitian" is a licensed or licensed registered dietitian. The following define criteria for a registered dietitian and a licensed dietitian.

   Registered Dietitians (RD) are credentialed through the Commission on Dietetic Registration (CDR). RD's must provide a copy of their current CDR card upon hire. RD's must remain credentialed through CDR throughout the duration of their employment.

   Licensed Dietitian/Nutritionist (LD or LD/N) are credentialed through the Florida Department of Health (DOH). LD or LD/N's must provide a copy of their current State of Florida Dietitian/Nutritionist license upon hire. LD or LD/N's must remain licensed throughout the duration of their employment.

   NOTE: *A change in qualified dietitian requires a funding application packet to be submitted to the AAA, containing the following information:*

For a Licensed and Registered Dietitian:

- A resume for the provider's qualified dietitian;
- A copy of the individual's current registration with the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics; and
- A copy of the individual's current Florida license with the Department of Health (Refer to F.A.C. Chapter 64B8.)

For a Licensed Dietitian:

- A resume for the provider's qualified dietitian; and
- A copy of the individual's current Florida license with the Department of Health (Refer to F.A.C. Chapter 64B8.)

3. Responsibilities and functions of the qualified dietitian shall include, but not be limited to, the following:

a. Participation in developing menus with input from the advisory council;

b. Ensuring all menus as written meet nutritional criteria as required by DOEA (refer to Menu Planning, Development, Review, and Approval Requirements section);

c. Approval of all menus (as indicated by an authorizing signature and date on each weekly or monthly approved and posted menu) four (4) weeks prior to implementation;

d. Monitoring, at least annually, every meal site using the current Nutrition Program Compliance Review form;

e. Monitoring, at least annually, every food service vendor's sanitation inspection reports;

f. Reviewing corrective action plans of food service vendors for all significant or high priority findings on sanitation inspection reports;

g. Participation in development and review of food service contract annually for adherence to current nutritional requirements and delivery components of the food service vendor contract (See Food Service Contract Requirements);

h. Participation in developing and approval (as indicated by an authorizing signature and date) of the annual and monthly nutrition education plan and coordinate the provision of nutrition education so it is effective and appropriate;

i. Providing staff and volunteer training in areas of nutrition, food service management, and food safety;

j. Participation in the development of client satisfaction preference assessment tools, and review assessment of results; and

k. Providing nutrition counseling for clients, if nutrition service provider authorizes it for clients that have high-risk nutritional scores (any score higher than 5.5 on the assessment tool). This service must be provided by a Florida Licensed Dietitian (FAC Chapter 64B8- 43). Any dietitian providing nutrition counseling should be covered by malpractice insurance.

E. Technical Assistance: Each nutrition service provider should:

- Inform the AAA of technical assistance needs for quality improvement and corrective action measures.
- Provide technical assistance to its contract agencies, other related clients, and its advisory council.

F. Records and Reports: Nutrition providers are required to:

1. Develop and maintain a record on each client which documents the following:

- Eligibility for services;
- Information related to emergency care; and
- The need for, and referral to, other appropriate services.

2. Obtain information related to congregate clients within three days of determination of status as a client rather than a guest.

3. Obtain information related to homebound clients prior to receipt of a home-delivered meal. In the event of an emergency, a home-delivered meal may be provided prior to assessment.

4. Establish recording procedures, in accordance with AAA policy, which ensure the accuracy of the number of eligible client meals served each day.

5. Submit all required reports promptly.

6. Provide access to all records and reports on demand for audit, assessment, or evaluation by authorized representatives of the AAA, state, or federal agencies.

G. Monitoring, Assessment and Evaluation: Each provider will be subject to the monitoring policies and procedures of the Department.

H. Advisory Council: All nutrition providers must establish and maintain either a project advisory council made up of representatives from each congregate nutrition site, or a site council at each congregate nutrition site. The nutrition advisory council shall advise the nutrition program director on all matters relating to the delivery of nutrition services within the program area. All recommendations of the council shall be taken into consideration. Clients may establish site councils in addition to advisory councils with concurrence of the provider director.

1. These councils must be comprised of at least 51% clients of the nutrition program and must meet a minimum of two times per year (as evidenced by dated sign in sheet).

2. Advisory councils must meet the following additional requirements:

a. The council shall not function in a policy-making or decision-making capacity. An advisory council should not be confused with the provider or contractor board of directors, which is a legal entity with policy-making authority. No member of the board of directors or employee of the provider or contractor may serve on the advisory council except as an ex-officio member. No immediate family member of a part-time or full-time employee of the grantee or contractor may serve on the advisory council.

No DOEA staff member may serve on the advisory council.

b. Advisory Council Roles and Responsibilities:

i. Serve in an advocacy role to ensure that the program serves the elderly;

ii. Provide means for participating clients to express their views on the services provided;

iii. Assist with client satisfaction surveys;

iv. Make recommendations to the nutrition program director regarding food preferences of clients, days and hours of dining center, operations and locations and dining center furnishings regarding disabled clients.

v. Advise and make recommendations to the nutrition director regarding supportive social services to be conducted at dining centers; and

vi. As an organized group, provide support and assistance to the ongoing development of the nutrition program.

I. Public Information and Dissemination: Each nutrition service provider, in cooperation with the AAA, is responsible for the development and dissemination of information regarding services throughout its service area. Providers will be expected to utilize all appropriate media sources to keep the public informed about the nutrition program for the elderly. (All providers should coordinate with the AAA in conducting special informational events, such as Older Americans Month, public hearings, conferences, etc.)

1. Area Agencies on Aging must ensure that relevant informational material received, such as policy clearances, technical assistance, pertinent grant or other funding opportunities, meetings, and information issuances is documented in a timely fashion.

2. Public information activities must conform to policies concerning confidentiality and public notice.

J. Coordination of Services: A nutrition service provider must utilize existing social service resources in provision of necessary services. Such efforts shall include joint planning, sharing of information, and negotiation of joint funding agreements in operation of programs for the elderly.

K. Food Service: Meals served by nutrition providers can either be prepared directly by the provider (i.e., self-preparation kitchen that serves one meal site or central kitchen which serves multiple meal sites) or through a written contractual agreement with a vendor (i.e., nearby schools, restaurants, or hospitals) or a food service management company. Meal production must comply with local, state (FAC 64E-11) and, if applicable, federal regulations (United States Department of Agriculture and Food and Drug Administration).

Section V: Contracts With Profit-Making Organizations

A. Contracts/Subcontracts: Nutrition service providers may enter contracts or subcontracts with profit-making organizations for nutrition services only with prior written approval of the AAA. Contracts for the provision of food may be executed only with those vendors who supply meals from premises that have a valid permit, license, or certificate issued by the appropriate regulatory authority. The service provider shall comply with all federal, state, and local laws, ordinances, and codes for establishments that are preparing, handling, and serving food to clients.

The vendor must submit its three most recent sanitation inspection reports to the

Nutrition Provider. If a vendor has one temporary closure and/or twelve (12) high priority violations in the preceding twelve-month period, the inspection reports shall be sent to the AAA for further review. The AAA will then decide whether the vendor has taken appropriate action to ensure food safety compliance in order to prevent repeat violations. The vendor must agree to notify the Nutrition Provider immediately of any closure or Administrative Complaint related to food safety. The vendor must agree to notify the Nutrition Provider within twenty-four (24) hours of any sanitation inspection and provide a copy of the report to the Nutrition Provider. It is not recommended that the AAA contracts, or subcontracts, with any vendor who has more than one temporary closure and/or more than twelve (12) high priority violations in the twelve-month period prior to entering into a contract or during a twelve-month contract period.

B. Subcontracts: If the Title III service provider subcontracts for meals, it is the responsibility of the AAA to ensure that the provider monitors the subcontractor. The AAA must also monitor the subcontractor's performance either directly or via communication with the Nutrition Provider. The Title III service provider must monitor the subcontractor on-site at least once per year during the contract period, with follow-up visits for corrective action or quality improvements made as needed.

1. Cooperative Monitoring: Whenever multiple service providers utilize the services of a single food service vendor's production kitchen; the service providers may elect to monitor the subcontractor on a cooperative basis. One nutrition service provider may monitor on behalf of other providers. Cooperative monitoring must be arranged in advance and approved by the appropriate AAA(s). For the AAA to approve cooperative monitoring, the following conditions shall be met:

- The individual conducting the food service vendor monitoring shall have demonstrated knowledge of sanitation, food handling, food preparation, and food storage principles, and preferably be a Certified Food Protection Manager or a qualified dietitian;

- The subcontractor's monitoring was completed in accordance with Chapter 1, of this handbook;

- Monitoring may include review of all aspects of kitchen management including, but not limited to:
    - All local and state level health department inspections;
    - Meal/menu-related invoices;
    - Food staff certifications;
    - Staff in-service documentation;
    - Standardized recipes; and
    - Standardized recipes to monitor for nutrient compliance.

2. Written Monitoring Report: All written reports documenting the monitoring visit and any other reports required by the project will be reviewed by the AAA for validation of the documented services. The AAA must notify the Department's RD in writing within 48 hours of any changes in food service vendors.

3. Corrective Action Plans: All subcontracted food service vendors must provide a written corrective action plan to the Nutrition provider for any high priority or significant findings on sanitation inspections. These corrective action plans must be approved by the provider's RD. Additionally, the AAA monitor should ensure the accuracy of all reports and require corrective action plans, if appropriate, to ensure that deficiencies are remedied.

Section VI: Menu Review and Approval

A. Menu Planning: The menus shall be planned and provided to the qualified dietitian for review no less than **six calendar weeks** in advance of implementation.

B. Menu Approval: All menus must be approved at least **four calendar weeks** prior to implementation. All menus must be approved in writing by a qualified dietitian. The approving qualified dietitian's signature and date must be documented on each page of the approved and posted menu. The approving signature verifies that all menus comply with DOEA menu standards and applicable supporting nutrient analysis documentation is maintained. The AAA qualified dietitian or the nutrition program Qualified Dietitian may approve the menus. A qualified dietitian employed by the food vendor may not approve the menus, because this is a conflict of interest.

C. Menu Cycle: Nutrition Programs may choose to offer two types of menu cycles:

1. Preselect Menu: daily menu offers only one entrée. The preselect menu cycle shall be no less than four weeks in rotation of different food combinations to assure a variety of colors, flavors, and textures. Preselect cycle menus shall run for a maximum of six months before changing, and food items should not be repeated on consecutive days or consecutive days of the week.

2. Selective Daily Menu: offers two to three entrée choices. Meal sites offering a selective menu (i.e., buffet style meal service or kiosk) may decrease the menu rotation and the same menu item may be repeated on consecutive days or consecutive days of the week. However, the program must monitor acceptance and ensure menu fatigue is avoided. Selective menus shall run for a maximum of six months before changing.

D. Menu Revisions: The AAA or nutrition program qualified dietitian may require menu revisions based upon a review or the results of client satisfaction surveys. Requested menu revisions will be given to the service provider at least two weeks prior to scheduled menu implementation.

E. Menu Corrections: Copies of corrected menus must be resubmitted to the AAA or nutrition program qualified dietitian within one week of receipt of comments or as otherwise directed.

F. Menu Posting: Approved preselect menus shall be dated and posted in a conspicuous location at each congregate nutrition site in a font size large enough for easy review by the participants. Nutrition programs that prepare their meals must also post a copy of their menus in the food preparation area. Select Menu (i.e., buffet-style or kiosk) approved menu shall be dated and posted on/near the buffet-style serving line and should be printed in font size large enough for easy review.

G. Menu Retention: Dated and approved menu with supporting menu related documents must be kept on file, as served for a period of two years for audit purposes.

H. Menu Adherence: Approved menus shall be followed as written.

I. Menu Substitutions: A comprehensive menu substitution policy and procedure must be developed and approved by the nutrition program's qualified dietitian. The menu substitution policy must be available for the site manager's use. Each meal site shall maintain an on-site record of all substitutions that occur during the calendar year. Menu substitutions shall be minimal, but are allowed under the following conditions:

- Menu substitutions must be from the same food group and provide equivalent nutritional value. For example, a fruit high in Vitamin C must be substituted with another fruit high in Vitamin C.

- Prior to use, the nutrition program's qualified dietitian must approve the menu substitution policy and procedures and the menu substitution list. It is encouraged that the menu substitution list be inclusive and thorough.

- Documentation of all menu substitutions must be kept on file for at least two years for monitoring purposes. The documentation must include the date of substitution, the original menu item, the substitution made, the reason for the substitution and the signature of the employee authorizing the substitution. Finally, the volume and frequency of substitutions must be justified by the reasons provided. For example, a seasonal fruit may be substituted for a canned fruit.

J. Menu Development:

1. Menus should be developed with consideration for the:

- Special needs of the elderly;
- Religious, ethnic, cultural, and regional dietary practices or preferences of clients, if reasonable and feasible;
- Variety of food and preparation methods including color, combinations, texture, size, shape, taste, and appearance;
- Seasonal availability of foods;
- Availability of equipment for food preparation or meal delivery service; and
- Budget.

2. Menu Development Methods**:** Menus may be developed using two different methods, computer assisted nutrient analysis or component meal pattern. Either method of menu development must comply with the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture (https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines).

a. The computer assisted nutrient analysis method. This method of menu development must comply with the following:

- Providing a minimum of 33 1/3 percent of the Dietary Reference Intake/Adequate Intake (DRI/AI) for 51+ year-old adults as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is provided per day;

- Providing a minimum of 66 2/3 percent of the DRI/AI, for 51+ year-old adults if two meals are provided per day;
- Providing 100 percent of the DRI/AI, for 51+ year-old adults, if three meals are provided per day; and

- Any special dietary needs of program clients to the maximum extent practicable.

- Computer-Assisted Menu Development Requirements:

  - **Targeted Nutrients:** Table One represents the most current Dietary Reference Intakes and daily compliance range for target nutrients. The following nutrients are required to be analyzed for each component of each menu item: calories, protein, fat, fiber, calcium, zinc, sodium, potassium, vitamin B6, vitamin B12, vitamin C, and vitamin A (vegetable-derived/carotenoid sources). Calories, protein, fat, fiber, calcium, vitamin B6, and vitamin C must be

provided in adequate amounts daily. Vitamin A, vitamin B12, zinc, magnesium, sodium, and potassium may be averaged over one week. Sodium may be averaged over one week; however, no one-meal amount may exceed 1000 milligrams. It is recommended that fortified foods should be used to meet vitamin B12 needs. Holidays and birthday celebration meals (two or fewer meal types per calendar month) may be excluded from the nutrient analysis.

Macronutrients, Minerals, & Vitamins	Age-Sex Group		
Calorie Level Assessed	Source of Goal a	Female 51+	Male 51+
Macronutrient		1600	2000
Protein (% kcal)	AMDR	10-35	10-35
Protein (g)	RDA	46	56
Carbohydrate (% kcal)	AMDR	45-65	45-65
Carbohydrate (g)	RDA	130	130
Fiber (g)	14G/1000 kcal	22	28
Added Sugars (% kcal)	DGA	<10	<10
Total lipid (% kcal)	AMDR	20-35	20-35
Saturated Fatty Acid (% kcal)	DGA	<10	<10
18:2 Linoleic acid (g)	AI	11	14
18:3 Linoleic acid (g)	AI	1.1	1.6
Minerals			
Calcium mg)	RDA	1200	1000 b
Iron (mg)	RDA	8	8
Magnesium (mg)	RDA	320	420
Phosphorus (mg)	RDA	700	700
Potassium (mg)	AI	2600	3400
Sodium (mg)	SDRR	2300	2300
Zinc (mg)	RDA	8	11
Vitamins			
Vitamin A (mcg RAE d)	RDA	700	900
Vitamin E (mg AT d)	RDA	15	15
Vitamin D (IU d)	RDA	600c	600c
Vitamin C (mg)	RDA	75	90
Thiamin (mg)	RDA	1.1	1.2
Riboflavin (mg)	RDA	1.1	1.3
Niacin (mg)	RDA	14	16
Vitamin B-6 (mg)	RDA	1.5	1.7
Vitamin B-12 (mcg)	RDA	2.4	2.4
Choline (mg)	AI	425	550
Vitamin K (mcg)	AI	90	120
Folate (mcg DFE d)	RDA	400	400

a AI = Adequate Intake, CDRR = Chronic Disease Risk Reduction Level, DGA = Dietary Guidelines for Americans, 2020-2025, RDA = recommended Dietary Allowance.
b Calcium RDA for males ages 71+ years is 1,200 mg.
c Vitamin D RDA for males and females ages 71+ years is 800 IU.
d AT = alpha-tocopherol, DFE = Dietary Folate Equivalent, IU = International Units, RAE = Retinol Activity Equivalents. Sources: Institute of Medicine. Dietary Reference Intakes: The Essential Guide to Nutrient Requirements. Washington, DC: The National Academies Press; 2006. Institute of Medicine. Dietary reference Intakes for Calcium and Vitamin D. Washington, DC: The National Academies Press; 2011. National Academies of Sciences, Engineering, and Medicine. Dietary Reference Intakes for Sodium and Potassium. Washington, DC: The National Academies Press; 2019.

b. The component meal pattern menu development method. This method of menu development must comply with the following:

- Provide the minimum meal servings of the 1800-calorie component meal pattern to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a 51+ year-old adult;

- Provide a minimum of two times the minimum meal servings of the 1800-calorie component meal pattern, if two meals are provided per day;

- Provide a minimum of three times the minimum meal servings of the 1800-calorie component meal pattern, if three meals are provided per day;

- Any special dietary needs of program clients to the maximum extent practicable; and

- 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. Ref. Chapter 64-E-11- Food Hygiene, F.A.C.

- The 1800-calorie component meal pattern has been developed to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a 51+ year-old adult (requirements for those programs that are not using computerized nutrient analysis). Holidays and birthday celebration meals (two or fewer meal types per calendar month) may be excluded from the component meal pattern requirement. The component meal pattern may be deficient in vitamin E, vitamin B12, and Zinc, therefore additional nutrition education for participants on the selection of foods that are good sources of these nutrients shall be provided.

- Items that provide the following target nutrients should be identified on the menu. Vitamin C – must provide at least 25 mg per meal.

  Vitamin A – must provide an average of 233 ug per day over the course of a week. For example, if one day the meal is 260 ug and the following day the meal is 200 ug, this averages to 233 ug per day. It is recommended that at least three times per week the Vitamin A is 233 ug.

- Menu Focus: Whole grains and high fiber foods should be included as much as possible. It is recommended that fortified foods should be used

to meet vitamin B12 needs. The use of nutrient dense foods, as well as fortified and enriched products, should be a priority.

DIETARY GUIDELINE MEAL PATTERN REQUIREMENT FOR ONE MEAL PER DAY

Food Group	Servings/Meal	Daily Dietary Guideline Recommendations
Grains	2 servings: 1/2 cup (cooked) pasta or rice, 1 cup cereal, 1 slice of bread (1 ounce each)	6-ounce equivalent servings daily. Include 3-ounce equivalent of whole grain high fiber foods
Vegetable	1.7 servings: 3/4 cup cooked or 1- 1/2 cups raw equivalent measure (may serve an additional fruit instead of a vegetable)	2 ½ cups (5 servings daily). Serve a variety of vegetables, including those that are dark green, red and orange.
Fruit	1 serving: ½ cup (4 ounces) or equivalent measure (may serve an additional vegetable instead of a fruit)	1.5 cups (4 servings daily) Focus on whole fruits and include those that are deeply colored fruits such as oranges.
Dairy	1 serving: 1 cup (8 ounces) or equivalent measure	3, 1-cup equivalent servings daily. Select low-fat products
Protein Foods	1.7 serving: 2-ounce edible portion or equivalent measure	5 ounce-equivalent servings daily
Fat	1 serving: 1 teaspoon or equivalent measure is optional	Select foods lower in fat and saturated fat. Limit total fat to 30%, saturated 10% (20%)
Dessert	Optional	Select foods high in whole grains, low in fat and sugar
Optional Beverages: water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, per seasonal preferences	

*Limit saturated fat, sodium, and added sugar

The Dietary Guideline Meal Pattern is based on the DRI for energy. It provides approximately 600 calories per meal. The number of servings for each food group is based on the USDA's ChooseMyPlate.gov for food groups and. These profiles represent the quantities of nutrients and other components that one can expect to obtain on average from one serving of food in each group. Serving sizes are based on the

MyPlate (https://www.myplate.gov). Although this meal pattern is based on food servings recommended in the Dietary Guidelines and Choose My Plate, it does not ensure that meals meet 1/3 of the DRI/AI and Dietary Guidelines.

- **Food Group Components and Serving Sizes:** Serving size shall meet or exceed the guidelines listed at https://www.myplate.gov. Some foods are classified in more than one food group. However, a serving of a food can only be counted in one food group within the same meal. For example, dried beans may be counted as either a meat alternative serving or as a vegetable serving, but not both in the same meal. Likewise, cottage cheese may be counted as either meat alternative serving or milk alternative serving, but not both.

    - **Grains:** A serving of bread is generally 1 slice (1ounce); ½ cup pasta or grain product, or 1 ounce of ready-to- eat cereal. A variety of enriched and/or whole grain bread products, particularly those high in fiber are recommended. Current guidelines are found at this website: https://www.myplate.gov/eat-healthy/grains
        - Additional Notes on Grains:
            - Increase servings of whole grain, wheat, bran, rye bread, and cereal products, to provide adequate complex carbohydrates and fiber.
            - Limit high-fat bread and bread-alternative selections such as biscuits, quick bread, muffins, cornbread, dressings, croissants, fried hard tortillas and other high fat crackers to limit total fat as well as saturated fat.
            - Bread alternatives do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains. These foods are included in the vegetable food group.

    - **Vegetables:** A serving of vegetables is generally 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy salad greens. Vegetables may include dried beans, peas, lentils, lima beans, potatoes, plantains, sweet potato, and corn. Current guidelines are found at this website: https://www.myplate.gov/eat-healthy/vegetables
        - Additional Notes on Vegetables:
            - Fresh or frozen vegetables are preferred.
            - Vegetables as a primary ingredient in soups, stews, casseroles, or other combinations dishes should total ½ cup per serving.

    - **Fruits:** A serving of fruit is generally 1 cup of fruit, ½ cup of dried fruit, or 1 cup of 100% fruit juice. Current guidelines are found at this website: https://www.myplate.gov/eat-healthy/fruits

- Additional Notes on Fruit:
  - Frozen or canned fruit must be packed in juice or water.
  - Title III funds may only pay for full strength fruit juices. The only exception to this requirement is cranberry juice.

- **Dairy:** One cup low-fat, fat-free, buttermilk, low-fat chocolate milk, soy milk, or lactose- free milk fortified with Vitamins A and D should be used. Milk should be served from its original container, usually 8 ounces in size. Any deviations from this policy should be submitted in writing to the AAA's qualified dietitian for approval. Current guidelines are found at this website: https://www.myplate.gov/eat-healthy/dairy
  - Additional Notes on Dairy:
    - Low-fat or fat-free milk is recommended for the general population.
    - Powdered dry milk or evaporated milk may be served at congregate meal sites, but not for the main meal except for cultural or religious reasons. Each powdered milk or evaporated milk serving size must be equivalent to one cup of milk. Powdered milk may be used with frozen home-delivered meals and emergency meals.
    - Dairy alternatives, listed in the chart below, may be provided in place of milk (for the equivalent of one cup of milk).
    - All milk containers must have a clearly labeled expiration date.
    - Policies and procedures shall be developed, and implemented, to address instances when milk is received, e.g., without an expiration date, past the expiration date, past the sell-by date, past the best-by date, or past the use by date.

- **Protein Foods:** Two to three ounces edible portion of meat, poultry, fish, or meat alternative (or a combination of) should be provided for the lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating. A one-ounce equivalent of a meat alternate includes ¼ cup of cooked beans, 1 egg, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds. Current Guidelines below: https://www.myplate.gov/eat-healthy/protein-foods
  - Additional Notes on Protein:
    - A one ounce serving or equivalent portion of meat, poultry, or fish may be served in combination with other high protein foods.
    - Except to meet cultural and religious preferences and for emergency meals, avoid serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive

meals or on consecutive days.
- Cooked dried beans, peas, or legumes intended as the meat alternative for any meal may not also count toward the fruit/vegetable requirement for the same meal.
- Nuts and seeds may be used to meet no more than one-half of the meat alternative meal requirements and must be appropriately combined with other meats/meat alternates to fulfill the requirement.
- Cured meat products, such as ham, smoked or polish sausage, corned beef, dried beef, luncheon meats, and hot dogs are very high in sodium and the use of these type products must be limited to no more than once a week. Bacon is not considered a meat alternative, since it provides primarily fat, sodium, and few other nutrients.
- Vegetable protein products or textured vegetable protein (VPP or TVP) are low-cost alternatives and are effective in increasing the protein intake of program clients. The recommended ratio of protein product to meat is 20:80.
- Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non- imitation product) cannot be served as meat alternatives.

- **Additional Menu Development Considerations:**
  - **Canned Soups:** Most canned soups do not contain enough meat to make a substantial contribution to the meat requirement. For example: bean soup or pea soup: A 1-cup serving of soup contains ½ cup beans or peas. This is equivalent to one ounce of Meat/Meat Alternative. It would take 3 cups to provide the required 3 ounces of Meat/Meat Alternative.
  - **Hot Dogs/Frankfurters:** Red meat (beef, pork, etc.) and poultry (turkey, chicken) hot dogs that do not contain meat by products, cereals, binders, or extenders:
    - 1 ounce of product provides 1 ounce of cooked lean meat. Look for products labeled “All Meat,” “All Beef,” “All Pork,” etc. If a single hotdog equals 2 ounces, it will take one and a half hot dogs to equal a 3-ounce portion.
    - Hot dogs containing meat by-products, cereals, binders, or extenders are not acceptable on an ounce-for-ounce basis. Product labeling will indicate the presence of any such ingredients.
    - If using hotdogs containing extenders or binders, only the cooked or lean meat portion of the product can be used toward the Meat/Meat Alternatives requirement. Obtain product information from the manufacturer if necessary.

- Accompaniments, Condiments, and Product Substitutes:
- Include traditional meal accompaniments as appropriate, e.g., condiments, spreads, and garnishes. Examples include: mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, salad dressing with tossed salad, and margarine with bread or rolls. Whenever feasible, provide reduced fat alternatives.
- Salt substitutes shall **not** be provided. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy coffee creamer, salt, and sugar may be provided, but shall not be counted as fulfilling any part of the nutritive requirements.
- Sugar, condiments, seasonings or dressings intended for self-service use shall be provided only in individual packages or from dispensers that protect their contents.

- **Fat:**
  - Minimize use of saturated fat in food preparation. Fats should be primarily monounsaturated and polyunsaturated vegetable oils, such as olive, peanut, corn, safflower, canola, cottonseed, and soybean oils.
  - The use of butter or fortified margarine as a spread for bread is optional because of the emphasis on reducing fat content of the meals.
- **Desserts:**
  - Dessert may be provided as an option to satisfy the caloric requirements or for additional nutrients. However, effort must be made to limit the amount of added sugar in the food preparation.
  - Preferred desserts include fresh, frozen, or canned fruit packed in their own juice, and low-fat products made with whole grains and/or low-fat milk.
  - Pudding made with low-fat milk, low-fat ice cream, ice milk, or frozen yogurt may be served where feasible due to the increased calcium needed by the elderly.
  - High-fat baked goods such as brownies, cakes, cobblers, cookies, and pies should be limited to once a week.
- **Beverages**: In addition to beverages listed on the posted menu, drinking water should be available at all times.
- **Functional Foods:** Functional foods are foods in which the concentrations of one or more ingredients have been manipulated or modified to enhance their contribution to a healthy diet. Examples include everything from fruits, vegetables, grains and legumes to fortified or enhanced foods. Nutrition programs are encouraged to use functional foods in menus whenever possible. Additional information regarding

functional foods can be found at http://www.eatright.org.

- **Dietary Supplements**: Dietary supplements encompass a wide range of products, including but not limited to vitamins, minerals, amino acids, and herbs. Although some older adults may need dietary supplements for health enhancement and/or to assist in meeting daily nutrient needs, they cannot be included in nutrition program meals.
- **Modified Diets:** Modified or therapeutic medical diets may be provided as required by the client's special needs and medical condition.
- **Documentation:** A written or documented verbal order must be on file for everyone receiving a modified diet, and the order should be reviewed annually with the client's healthcare provider.
- **Therapeutic Diet:** A therapeutic diet is an individualized diet prescription written by a medical professional that defines the client's daily intake for specific nutrients, i.e., an insulin-controlled diabetic diet would specify grams of carbohydrates, protein, fat and calories. For each client requiring a therapeutic diet, it is the responsibility of the qualified dietitian to develop an individual diet plan that provides the exact prescription of the prescribing medical professional and is adapted to the individual's food preferences as much as possible. Therapeutic diets require in-depth planning, counseling, and on-going supervision by a qualified dietitian.
- **Modified/Therapeutic Menu:** Modified or therapeutic menus must be planned and prepared under the supervision of a Qualified Dietitian.
- **Malpractice Insurance:** It is recommended that any dietitian providing therapeutic diet instruction be covered by malpractice insurance.
- **Manual of Medical Nutritional Therapy:** A current Florida Manual of Medical Nutritional Therapy must be used as the basis for therapeutic or modified menu planning.
- **Feasibility/Appropriateness of Modified/Therapeutic Diet:** In determining feasibility and appropriateness, the provider must determine whether:
  - There are sufficient numbers of persons needing special menus to make their provision practical.
  - The food and skills necessary to prepare the special menus are available in the AAA.
- **Texture Modified Meals:** Modifying food texture and consistency may help older adults with chewing and swallowing problems. Chopping, grinding, pureeing, or blending foods are common ways to modify food textures. Texture modified food

has the same nutritive value of solid foods and can be just as tasty and appealing. Serving sizes should account for any dilution to the food item during the preparation process. Thickened liquids are often required for individuals with dysphagia. The provision of such foods should be planned and prepared under the advice of a qualified dietitian.

- **Adaptive Equipment:** When feasible and appropriate, reasonable attempts will be made to provide appropriate food containers and utensils for clients with disabilities.
- **Emergency Meals:** Nutrition programs are required to develop and have available written plans for continuing services for congregate and home delivered meals during weather-related or other emergencies including food procurement. Programs may offer emergency shelf-stable meals (CNMLS/EHDM) to clients for later use.
- Client specific information shall be maintained by the Nutrition Provider for audit purposes. This information must include the following:
  - Client Name
  - Client Signature
  - Client ID Number
  - Date of meal received by client
- In the event there are no emergencies requiring the distribution of EHDM, Nutrition Providers are responsible for having a distribution plan for these meals.
- The provider is expected to keep emergency meals (CNMLS/EHDM) on-hand in the event of an emergency. If the meal is distributed to an active client (including their spouse and other eligible meal recipients), these meals must be reported to the client.
- In the event of an emergency or in line with the Nutrition Provider's distribution plan, if meals are provided to non-active clients, the client must be determined eligible based solely on age or other program criteria (i.e. spouse of person age 60 and older receiving a meal, etc.). These meals may be reported in the aggregate.
- The guidelines for emergency shelf-stable meals are:
  - Nutrient content of the meal must meet all requirements of the program and be approved by the AAA or nutrition program qualified dietitian.
  - Only top-grade, non-perishable foods in intact packages shall be included.
  - Cans are to be easy open, with pull tabs whenever possible.
  - All individual foods packages are to be labeled with

expiration dates. All foods must be shelf stable. (Note: Meals with a multiple year shelf life, if stored properly, can be retained from one year to another and may help contain costs.)
    - Fruit and vegetable juices are to be 100 percent pure juices.
    - Dried fruit must be packed in an airtight container.
    - When applicable, easy-to-read preparation instructions should be included.
- **Holiday Meals:** Nutrition programs are required to develop and have available written procedures that address congregate meal site holiday closures including, but not limited to, the following items:
    - Holiday closing schedule - The State of Florida recognizes the following holidays for employees: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Friday after Thanksgiving Day, and Christmas Day. Providers must receive prior written authorization from the AAA for any additional planned closing dates. Also, providers must ensure that planned holiday closings do not result in the closure of a congregate meal site for more than four (4) consecutive day meal service days, which may or may not include weekend days.,
    - Requirements for provision of meals - The provision of congregate services during site closures must be addressed in the AAA/provider contract. Providers must meet all requirements of the program and be approved by the AAA or nutrition program qualified dietitian.
    - Reporting of meals - Nutrition programs must meet all requirements for reporting of service units.

3. Nutrient Requirements: All meals, regardless of development method, will provide each participating older individual with a minimum of 33 1/3 percent of the current Dietary Reference Intake https://www.nal.usda.gov/human-nutrition-and-food-safety/dietary-guidance) and comply with the current Dietary Guidelines for Americans. The values required meet the nutritional needs of a 51+ year-old adult, reflecting the predominant statewide demographic. The AAA may authorize a Nutrition Program to alter the nutrient requirements of their menus if most of the senior population served by the Nutrition Program differs from the statewide demographic. DOEA must be provided with advance notification, in writing of the demographic differences of the site(s) and the exact menu changes.

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. Ref. Chapter 64-E-11-Food Hygiene, F.A.C.

Section VII: Food Preparation and Safety Standards:

A. Food Purchasing and Preparation Standards:

1. Food Purchasing: All food purchasing shall be transacted in accordance with DOEA policies and procedures, F.A.C. 64E-11 (Food Hygiene code), state, and federal regulations and food service contract provisions.

2. Quality, Sanitation, and Safety: Nutrition programs shall purchase food from sources that comply with all federal, state, and local laws relating to food quality, labeling, sanitation, and safety. Food shall be safe for human consumption, sound and free of spoilage, filth, or contamination. Food from unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents, or swells shall not be used.

- Food in hermetically sealed containers shall be processed in an establishment operating under appropriate regulatory authority.
- All milk products used and served must be pasteurized. Fluid milk shall meet Grade A quality standards, as established by law.
- All meats, poultry, and shellfish shall be obtained from a source that is licensed under a state or federal regulatory program.
- Only clean eggs with shells intact and without cracks or checks, pasteurized liquid, frozen, or dry eggs or pasteurized dry egg products shall be used except for commercially prepared and packaged peeled hard-boiled eggs. Pasteurized liquid, frozen, or dry eggs or egg products shall be substituted for shell eggs in the preparation of recipes calling for uncooked eggs, such as Caesar salad, hollandaise or béarnaise sauce, noncommercial mayonnaise, eggnog, ice cream, and egg fortified beverages.
- All ready-to-eat, or drink, foods shall have an expiration date, use-by date, sell-by date, or best-by date. All food and drinks must be received prior to the expiration date, use-by date, sell-by date, and/or best-by date.

3. Commercial Processors of Food: All foods the provider purchases and uses in a nutrition program for the elderly must meet standards of quality for sanitation and

safety applying to commercially processed foods.

4. Use of Donated Food: 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:

    - Fresh fruits and vegetables received clean and in good condition; and
    - Food collected from a food bank, which can be prepared and served before the expiration date, use-by date, sell-by date, or best-by date.

5. Unacceptable Food Items: In accordance with the Florida Food Code, unacceptable items include:

    - Food that has passed its expiration date, use-by date, sell-by date, or best-by date;
    - Home canned or preserved foods;
    - Food cooked or prepared in an individual home;
    - Prepackaged unpasteurized juice (including unpasteurized apple cider);
    - Any road-kill;
    - Wild game donated by hunters; and
    - Fresh or frozen fish donated by sportsmen.

6. Frozen Foods: Foods, which are frozen for later consumption by clients, must meet applicable local, state, and federal standards. Equipment and methods for freezing must also meet these standards.

7. Group Food Purchasing: Providers are encouraged to participate in group food purchasing or regional or local power buying coalitions provided this method can efficiently and responsibly meet the cultural and/or ethnic culinary needs of congregate and home-delivered meal participants.

8. Meal Cost Analysis: Calculation of the full cost of a meal is an essential food service management practice. This information is important for determining a suggested donation per meal and for informing clients of the full cost of the meal.

9. Meal Cost Calculation: Each program that prepares its own meals shall calculate the component cost of meals provided per the following categories:

a. Raw food: All costs of acquiring foodstuffs to be used in the program.

b. Labor:

I. Food service operation: All expenditures for salaries and wages, including valuation of volunteer hours for personnel involved in food preparation, cooking, delivery, serving, and cleaning of dining centers, equipment, and kitchens.

II. Project management: All expenditures for salaries and wages, including valuation of volunteer hours for non-food service operations of the program.

c. Equipment: All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than $1,000.

d. Supplies: All expenditures for items with a useful life or less than one year and an acquisition cost of less than $1,000.

e. Utilities: All expenditures for gas, electricity, water, sewer, waste disposal, etc.

f. Other: Expenditures for all other items that do not belong in any of the above categories (e.g., rent, insurance, fuel for vehicles) to be identified and itemized.

B. Food Preparation and Safety Standards

1. Regulations: In all phases of the food service operation (storage, preparation, service and delivery of meals), nutrition programs shall adhere to the state and local fire, health, sanitation, and safety regulations applicable to the types of food preparation and meal-delivery systems used by the program. State regulations to the hygienic preparation and serving of food are stated in the Chapter 64E-11, Food Hygiene, F.A.C. (http://fac.dos.state.fl.us/). F.A.C. 64E-11 is referenced as the guidelines for all food handling referenced in the “Food Preparation and Safety Standards” section.

If applicable, the current food permits and/or inspection report, issued by the Department of Health or the Department of Business and Professional Regulation shall be posted or on file.

2. Sanitation Program: All Title III central kitchens and vendors must maintain a written, formal sanitation program that meets or exceeds the minimum requirements of state, federal, municipal, or other agencies authorized to inspect

or accredit the food service operation.

3. Food Handling, Preparation and Service: All staff working in the preparation of food must be under the supervision of a Certified Food Protection Manager (see Planning for Nutrition Services, Part C). Food shall be prepared, plated, and transported with the least possible manual contact, with suitable utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination.

4. Cleaning and Sanitizing: Effective procedures for cleaning and sanitizing dishes, equipment, food contact surfaces, work areas, serving and dining areas shall be written, posted or readily available, and followed (refer to 64E-11, FAC).

5. Safety: Material Safety Data Sheets (MSDS) must be readily available on all chemicals used by the nutrition program. Employees must be informed about potentially dangerous chemicals used in the workplace and how to safely use them (www.msds.com). Toxic materials, such as cleaners and sanitizers, shall be maintained in the original container or transferred to a clearly labeled appropriate container. Toxic materials must be stored separate from food, food equipment, or single-service articles. Sanitizers, detergents, or other cleaning compounds shall be stored separately from insecticides, rodenticides, and other poisonous or toxic materials using methods such as different storage cabinets or separate areas of a room. Ref. Occupation Safety & Health Administration (OSHA) 1910.1200(g).

6. Quality and Quantity of Meals: Tested standardized quantity recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of all meals.

7. Food Palatability: All foods must be prepared and served in a manner to preserve optimum flavor and appearance, while retaining nutrients and food value.

8. Portion Control: Nutrition programs must use standardized portion control procedures and equipment to ensure that each served meal is uniform and to reduce plate waste.

9. Potentially Hazardous Foods: Potentially hazardous food is any food or food ingredient, natural or synthetic, which requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious toxigenic microorganisms. Potentially hazardous foods that may cause foodborne illness include, but are not limited to:

    - Any food that consists in whole or in part of milk or milk products, shell eggs, beef, poultry, pork, lamb, fish, shellfish, tofu, soy protein foods,

cooked rice, beans, potatoes, or other heat-treated plant foods;

- Chicken salad, pasta salad, tuna salad, potato salad, and other mixed foods containing potentially hazardous ingredients or dressings;
- Raw seed sprouts;
- Cut fruit; and
- Garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified in the definition.

10. Temperature and Time Control Requirements:

a. Cooling temperature requirements:
- Potentially hazardous foods requiring refrigeration after preparation, such as chicken salad, tuna salad, potato salad, or other mixed foods containing potentially hazardous ingredients or dressings shall be prepared from chilled products with a minimum of manual contact and shall be rapidly cooled to an internal temperature of 41º F. or below within four hours.
- Shell eggs do not apply if placed in a refrigerated unit immediately upon delivery.

b. Internal cooking temperature requirements:
- Eggs, fish, meat, and pork must meet an internal temperature of 145º F.
- Comminuted food (chopped, flaked, ground, or minced such as ground beef, sausage, and gyros) must meet an internal temperature of 155º F.
- Stuffing, stuffed meat, or poultry must meet an internal temperature of 165º F.
- Fresh, frozen, or canned fruits and vegetables that are cooked for hot-holding must meet an internal temperature of 140º F for 15 seconds.
- Microwave cooking temperatures for raw animal foods must be to a temperature of 165º F. in all parts of the food, allowed to stand for 2 minutes after cooking, covered to retain heat, and stirred or rotated during cooking for even distribution of heat.
- Potentially hazardous foods that have been cooked and then refrigerated, or frozen, shall be reheated rapidly to a minimum of 165º F for 15

seconds throughout all parts of the food before being served or placed in hot food storage equipment.

11. Holding temperature requirements:

- Hot-holding temperatures for all hot foods are 140º F. or above.
- Cold-holding temperatures for all cold foods are 41º F. or below.
- Frozen foods shall be maintained frozen solid.

12. Meal Temperature Documentation Requirements: Temperature checks shall be taken, and documented, daily. Documentation shall be maintained for at least two years. Documentation must include at a minimum:

- Time menu items delivered;
- Each menu item and serving size;
- Temperature(s) of each potentially hazardous menu items must be taken:
  - When the food is received by the nutrition site;
  - If there are more than 30 minutes between when the food is received at the meal site and when it is served, then a time and a temperature of each food item must be documented again at the time the meal is served; and
  - If a nutrition provider prepares the meal on site, then temperature must be taken and recorded when the food is leaving the production area.

Food grade probe-type thermometers must be used; other thermometers such as infrared thermometers, which do not insert into food cannot be used to take food temperatures. Thermometers must be correctly calibrated at least weekly, to ensure accuracy. Thermometers must be clean and sanitized between uses.

13. Hazard Analysis Critical Control Point:

a. Hazard Analysis Critical Control Point (HACCP) is a proactive, comprehensive, science-based food safety system that allows operators to continuously monitor their establishments and reduce the risk of foodborne illness. The Florida Administrative Code does not currently require HACCP plans; however, nutrition programs that prepare their meals are encouraged to incorporate them into their operations to improve food safety at all levels of food service.

b. A HACCP Plan involves seven principles:

- Analyze hazards: Potential hazards associated with a food, and measures to control those hazards, are identified. The hazard could be biological (i.e. microbe), chemical (i.e. toxin), or physical (i.e. ground glass or metal fragments.

- Identify critical control points: These are points in a food's production at which the potential hazard can be controlled or eliminated from its raw state, through processing and shipping, to consumption by the client. Examples include cooking, cooling, packaging, and metal detection.

- Establish preventive measures with critical limits, for each control point: For example, for 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.

- Establish corrective actions to be taken when monitoring shows that a critical limit has not been met. For example, reprocessing or disposing of food if the minimum cooking temperature is not met.

- Establish procedures to verify that the system is working properly: For example, testing time and temperature recording devices to verify that a cooking unit is working properly.

- Establish effective record keeping documenting the HACCP system: This would include records of hazards and their control methods, the monitoring of safety requirements, and action taken to correct potential problems. Each of these principles must be backed by sound scientific knowledge. For example, published microbiological studies on time and temperature factors for controlling foodborne pathogens.

NOTE: *A HACCP principles guide for operators of food service is available at* https://www.fda.gov/food/hazard-analysis-critical-control-point-haccp/haccp-principles-application-guidelines

14. Food Service Employees/Volunteers: All food preparation staff must work under the supervision of a Certified Food Protection Manager who ensures the application of hygienic techniques and practices in food preparation and service. A Certified Food Protection Manager is an individual who has successfully completed a Department of Health approved food safety and sanitation course and maintains a current certificate of completion.

- Employee Orientation: Any new staff or volunteer having contact with food service must have a general orientation to safe food handling and sanitation practices.

- Employee Health and Hygiene: Employees can transmit foodborne illnesses through cross contamination of food, improper food temperature control, and food handlers' personal hygiene and medical condition.

All food handlers must adhere to 64E-11 FAC along with the standards set forth in the Nutrition Program Compliance Review form.

15. Suspected Foodborne Illness Outbreak Procedure:

a. Nutrition programs should have a plan in place to respond to a suspected foodborne illness outbreak.

b. Employees or volunteers shall direct all calls from clients claiming they became sick from a congregate or home delivered meal they consumed to the manager or person in charge immediately. An incident report collecting the following information shall be completed:

- What is the name, address, and telephone number of the person calling, including date and time of call?
- Who became ill and what were the symptoms?
- Was the illness diagnosed by a healthcare provider? Obtain healthcare provider's name if diagnosed.
- What food and/or drinks were consumed?
- What was the location, date, and time the food was consumed?
- What is the name of the person who served the food?

c. Evaluate the information promptly. Consider that a foodborne disease outbreak may have occurred when two or more persons experience a similar illness, usually gastrointestinal, after eating a common food.

d. If a foodborne outbreak is suspected, the following contacts shall be notified immediately:

- Area Agency on Aging;
- Local health department;
- Department of Elder Affairs;
- Food vendor (if applicable); and

- Attorney and insurance agent.

Section VIII: Nutrition Services Incentive Program (NSIP)

A. The Nutrition Services Incentive Program (NSIP) is a cash allotment or commodity program that supplements funding of food used in meals served under the OAA. It is intended to provide incentives for the effective delivery of nutritious meals to older individuals. NSIP allows programs to increase the number and/or the quality of meals served. Florida has opted for cash payments in lieu of donated foods. This decision was based upon the preferences of the nutrition program directors. Nutrition programs are not qualified for USDA commodities from any source.

B. OAA Law and Federal Regulation Requirements for NSIP funds:

1. Only Title III nutrition program providers receive funds.

2. Nutrition programs shall use the funds to purchase U.S. grown foods.

3. Nutrition programs use funds to provide meals to eligible clients.

4. Nutrition programs shall report meal counts of eligible meals to the AAA as required for the purposes of NSIP.

5. Each program shall develop and utilize a system for documenting meals included in the NSIP meal count. Acceptable methods for documenting meals served include:

- Obtaining a signature from each client on a daily or weekly congregate meal service log or on a daily or weekly home delivered meal route sheet; or

- Obtaining a signature from the congregate meal site manager/coordinator or the home delivered meal deliverer on a daily or weekly congregate meal service log or on a daily or weekly home delivered meal route sheet. The meal route sheet must include the client's name, address, and number of meals served.

C. NSIP Meal Count-Eligible Meals: Area Agencies on Aging shall submit a meal count to the DOEA each year that includes all eligible meals served during the previous federal fiscal year (FFY), October 1 through September 30. DOEA will submit this information to the Administration for Community Living (ACL) in November of each year. This meal count will be used by the ACL to calculate NSIP grants for the next FFY. Ref: Section 311(42 U.S.C. 3030a). For a meal to be included in the NSIP meal count, the following conditions must be met:

1. DOEA menu development standards.

2. The meal shall be served to an eligible client.

3. The meal shall be served by an agency that has received a grant under the OAA Title III. Ref. OAA Section 311(42 U.S.C. 3030a).

4. The meal is served by a nutrition service provider who is under the jurisdiction, control, management, and audit authority of the AAA and the DOEA.

NOTE: OAA-funded congregate meals served to a long-term care enrollee can be included in the NSIP reporting; however, HDM funded in whole or in part under Statewide Medicaid Managed Care Long-Term Care, Home Care for the Elderly, Community Care for the Elderly (except clients who are not assessed a co-payment for the meal), Alzheimer's Disease Initiative (except clients who are not assessed a co-payment for the meal), or other means-tested programs cannot be included in the NSIP count.

Section IX: Nutrition Assistance Program

- The Nutrition Assistance Program, aka Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps, helps individuals who meet eligibility requirements to buy food.

- Providers shall offer referrals to clients who desire food assistance or who have a need identified on DOEA Forms 701S, 701A, 701B, or 701C.

- An online application is available at the Automated Community Connection to Economic Self-Sufficiency (ACCESS) website (http://www.myflorida.com/accessflorida).

- The provider may refer clients to a case manager for assistance in completing the application process.

- If available, the provider may refer clients to the Aging and Disability Resource Center for online Food Assistance Program application assistance, using a voice recognition signature.

Section X: Food Service Contract Provisions

A. Food Service Contracts: Food service contracts are defined as contracts for the purchase of meals or portions of meals or for food preparation.

B. Adherence to Standards: All service providers must adhere to all standards set forth herein and incorporate the "Menu Planning, Development Review, and

Approval Requirements" section of this handbook.

C. Competitive Bidding Time Frame: Competitive bidding for food service vendor contracts must be conducted a minimum of every six years.

D. Nutrition Programs are encouraged to ensure that their food service vendors use production kitchens located within the state of Florida. Any nutrition provider wanting to do business with a vendor that maintains meal preparation kitchens outside the state of Florida must seek prior approval from DOEA and ensure the production kitchen follows the Food and Drug Administration and the United States Department of Agriculture and any other applicable federal or state regulation.

E. Preference may be given to vendors requiring the least amount of delivery time needed to facilitate meal quality. Multiple vendors' contracts may be required to ensure meal sites offer culturally appropriate meals with limited meal delivery transit time.

F. Bid Specifications and Terms: Food service vendor contracts should include, but not be limited to, the following specifications:

1. Delivery:

- Transportation: Trucks and vans capable of holding food at the required temperature and are clean and well maintained;
- Delivery sites: Addresses and location of dining centers to be served;

2. Delivery Schedule:

- Number of days per week and specific days of required service;
- Number of holidays and days when meals are not to be served;
- Number of meals served with a time schedule for ordering additional or cancellation of daily meal counts; and
- Delivery schedules with a description of the time span between food packaging and delivery (to the extent possible not to exceed 4 hours). Preference should be given to the vendor that provides the best quality and the shortest time span between packaging and delivery of hot food.

3. Containers:

- Food packaging style for transport;

- Food transport equipment specifications; and
- Responsibility for purchase and maintenance of the food transport equipment.

4. Menus**:** Menus shall be written per DOEA standards specified in this handbook and include the following:

- Name and title of person who completed the menus;
- Name and title of person who approved the menu;
- Statement indicating which menu development methodology the vendor is utilizing:
  - Menus must indicate serving sizes of all components; and
  - Requirement that menus must be submitted to the project director at least six calendar weeks in advance of implementation. Nutrition Program's qualified dietitian must approve menus.
  - Provision for evaluation of menu acceptability and menu revisions; and
  - Requirement to obtain prior approval by the nutrition service provider's qualified dietitian for all menu substitutions outside of a pre-approved menu substitution list.

5. Food Safety and Sanitation: The following food safety and sanitation requirements must be addressed in the vendor contract:

a. Requirement for documentation of a food safety management program within the facility that meets or exceeds the minimum requirements of federal, state, municipal, or other agencies authorized to inspect or accredit the food service operation;

b. Requirement to provide documentation of the three most recent food preparation inspections conducted by the state regulatory authority;

c. Requirement to provide a written plan of correction for any high priority or significant findings on sanitation inspections;

d. Requirement to notify the Nutrition Provider immediately for any closures or Administrative Complaints regarding food safety; and notify the Nutrition Provider within 24 hours of any sanitation inspections;

e. Description of vendors' delivery standards and sanitation that includes holding temperatures for transporting and serving food; and

f. Right of the nutrition program, AAA, or Department staff to inspect the food preparation and storage areas.

6. Food Service: The following food service topics must be included:

a. Number of meals and unit price for meals and other food served;

b. Breakdown of bid price for the raw food cost, labor, transportation, equipment, paper and plastic supplies, profit and other costs;

c. Food provided, including:
- Entrée;
- Grain;
- Vegetable;
- Fruit;
- Milk;
- Juice;
- Salad;
- Beverage;
- Cream/substitution;
- Condiments; and
- Butter/margarine.

d. A provision stating that the nutrition program is not required to pay for food not meeting the proper specifications.

e. A provision stating that the nutrition program will procure food from other sources at the vendor's additional expense, if the vendor: fails to deliver a meal or any portion of a meal, delivers food that was spoiled, out of date, or otherwise inedible.

f. A provision addressing the supply of substitution food items to be kept at the meal site in case a substitution is necessary. If a supply of substitution items is kept on site, then a system must be in place to ensure all food items are used prior to the product's expiration date, use-by date, sell-by date, or best-by date.

g. Provision for napkins, table covering, home-delivered meal containers, paper towels, and table service, including plates, cups, glasses, and silverware. The vendor shall provide specifications of the disposable supplies (each vendor shall be requested to provide samples of proposed packaging with the bid).

h. Administration:

- Schedule and method of payment to the food vendor;
- Sales tax exemption;
- Responsibility for product liability insurance and property damage;
- Bonding;
- Requirement that the vendor's financial records are open for audit purposes;
- AAA approval; and
- Binding time of the contract, as well as the termination process agreed upon by both parties.

***NOTE**: All food service contracts with profit-making organizations shall have prior approval from the AAA.*

Section XI: Contributions for Nutrition Services and Outreach

A. Contributions: Clients will be given an opportunity to voluntarily and confidentially contribute to the cost of the service. No eligible individual shall be denied a meal because of failure to contribute.

B. Privacy and Confidentiality: Nutrition providers shall establish procedures to protect the privacy and confidentiality of each client relative to his/her contribution.

C. Use of Contributions: All nutrition contributions shall be used to increase the number of meals, expand the meal service, facilitate access to nutrition services, and/or to provide nutrition counseling and nutrition education.

D. Nutrition Assistance Program, aka SNAP, (formerly Food Stamps): Nutrition service providers may apply for authorization to accept Nutrition Assistance Program as contributions. Authorization may be obtained from USDA Food and Nutrition Services.

E. Procedures for Handling Contributions: Procedures must be established by each provider in accordance with DOEA guidelines for handling funds collected to insure against loss, mishandling, or theft.

F. Outreach: All nutrition service providers must ensure that outreach services are available to ensure participation of the maximum number of eligible older persons. Outreach services must be provided in accordance with this Handbook. See Appendix A – Service Descriptions and Standards.

Section XII: Leftover Food

A. Procedures for Handling Leftover Food:

1. Leftover food from a congregate meal site or from a home delivered meal route may not be transported back to the preparation site.

2. Leftover food shall be stored properly or discarded at the congregate nutrition meal site.

3. Leftover food may not be frozen to be served as client meals later.

4. Leftover food may be served as seconds at a congregate meal site or on a home delivered meal route. ***NOTE:*** *If a congregate meal client requests a second meal, then the meal must be opened and presented to the individual for consumption at the congregate meal site.*

5. The second meal may be counted only if served in its entirety as written on the posted menu.

6. The nutrition provider should observe trends of foods typically left over and if due to client refusal, then consider revising the menu to accommodate most of the client's meal preferences.

B. Disposal of Uneaten Food: Foods which have been served and not eaten shall be discarded unless they are in their original containers and unopened (e.g., carton of fruit juice, packaged crackers.) Employees or volunteers shall not take food from kitchens or sites, except when packaged, taken and counted as a home-delivered meal to an eligible client.

C. Safety of Food After It Has Been Served: The client is responsible for food safety after the food has been served to the client and if it is removed from the congregate nutrition meal site. Providers may post a sign stating: "For health reasons, taking out potentially hazardous foods from the meal site is not recommended. Doing so is at your own risk." The risk of foodborne illness should be stressed and should be addressed through nutrition education.

Section XIII: Nutrition Education and Counseling

A. Congregate nutrition education is regularly scheduled culturally sensitive nutrition, physical fitness, or health information presentations and instruction to clients and caregivers in a group setting. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to make informed food, activity, and behavioral choices that can improve their health and prevent chronic disease. Home- delivered nutrition education is a formal program of regularly scheduled individual distribution of culturally sensitive nutrition, health, physical activity, and disease prevention information.

B. Providers shall conduct nutrition education as follows:

1. Nutrition education activities shall be planned, directed, and provided by a qualified dietitian, cooperative extension agents, or trained meal site or wellness coordinators, under the direction of the qualified dietitian.

2. Nutrition education is provided at each site and distributed to each home delivered meal client a minimum of once a month. If a congregate meal site is in a restaurant setting, then nutrition education may follow the home delivered meal requirements.

3. The provider's qualified dietitian or the AAA's designated qualified dietitian shall develop a written annual nutrition education plan that documents subject matter, presenters and materials to be used.

4. Congregate sessions shall be a minimum of 15 minutes in length.

5. Each nutrition service provider shall maintain written documentation, for monitoring purposes that include the date of the presentation, name and title of presenter, lesson plan or curriculum, and number of persons in attendance. The documentation requirement for materials delivered to homebound clients, or restaurant-based congregate meal site clients, shall include the date of distribution, copy of distributed material, and number of clients receiving the information.

C. Nutrition counseling provides one-on-one individualized advice and guidance to persons who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medications use, or chronic illness. Nutrition counseling includes options and methods for improving an individual's nutritional status. A qualified dietitian or a registered dietetic technician, under the supervision of a qualified dietitian evaluates the client's nutritional needs, conducts a comprehensive nutrition assessment, and develops a nutrition care plan in accordance with Chapter 64-B8-43, Florida Administrative Code. Based on the individual's needs and with appropriate contact with the individual's healthcare provider and caregiver, the qualified person referred to above develops and implements, or supervises the development and implementation, of the nutrition care plan. The initial counseling session, to the extent possible, must be face-to-face.

1. Provider Qualifications: A qualified dietitian who is covered by liability insurance shall provide nutrition counseling. A licensed dietitian employed by a county health department is covered by the state's sovereign immunity protection (section 768.28(9), F.S. A registered dietetic technician may assist the licensed dietitian in the screening and assessment process.

2. Documentation: A qualified dietitian shall keep applicable written client records that include the nutrition assessment, the nutrition care plan, dietary orders, nutrition advice, progress notes, and recommendations related to the client's

health or the client's food or supplement intake, or any client examination or test results, in accordance with Chapter 64B8-44, Florida Administrative Code.

3. Client Contributions: Clients shall be given the opportunity to contribute to the cost of the nutrition counseling service.

Section XIV: Congregate Meals

A. Eligibility: Congregate Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with preference to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition to meeting established eligibility, individuals must be mobile, not homebound, and physically, mentally, and medically able to attend a congregate nutrition program in accordance with written AAA guidelines.

1. Other individuals eligible to receive a congregate meal include:

- The recipient's spouse, regardless of age or disability;
- Individuals with disabilities, regardless of age, who reside at home with, and accompany older eligible individuals to, the congregate site;
- Individuals with disabilities regardless of age who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided; and
- Individuals, regardless of age, providing volunteer services during meal hours.
- Meals served to the above eligible clients shall be included in the NSIP meal count.

B. Site Accessibility and Suitability:

1. Basic Conditions: Providers must ensure that congregate nutrition sites are established as follows:

- Within proximity to most eligible individuals' residences as feasible, preferably within walking distance;
- With attention to locations in multipurpose centers, schools, churches, or other appropriate community facilities; and
- Located in a facility where individuals will feel free to visit. The selection

shall also ensure the type and location of the facility so as not to offend the cultural and ethnic preferences of the individuals in the service area.

- Whenever feasible, the nutrition provider may request assistance from the local transportation providers to transport clients to and from the dining site.

2. Responsible Individual: There must be an individual, either volunteer or paid staff, who is responsible for all activities at the site.

3. Physical Plant Standards: Sites should be clean and neat, have adequate lighting and ventilation, and meet all applicable health, fire, safety, and sanitation regulations.

4. Dining Equipment and Arrangement: There should be equipment, including tables and chairs, which are sturdy and appropriate for older persons. Tables should be arranged to ensure an appropriate, pleasant atmosphere and to encourage maximum socialization among the clients. There should be adequate aisle space between tables to allow for persons with canes, walkers, crutches, or wheelchairs to maneuver easily.

5. Table Settings: Appropriate settings, acceptable to the nutrition advisory council, should be provided. If disposable dinnerware is used, it must be of a quality that is sturdy to prevent buckling, spillage, melting, bending, and splintering. It must also be non-porous to prevent leakage and must be sanitary and attractive.

6. Separation of Dining and Food Preparation Areas: Provision should be made for separation between the dining area and the food preparation area if food is prepared and served in the same facility.

7. Adequate Time of Operation: The site should be open each day meals are served, for a period adequate for all clients to leisurely eat a meal. Lunch meals should be served between 10:30 a.m. and 2:30 p.m., unless there is prior approval from DOEA.

8. Supportive Services: To the maximum extent feasible, the site should have available sufficient space and time for the provision of needed supportive services.

9. Celebrations: Provisions should be made for the celebration of special occasions.

10. Fire, Safety & Sanitation Inspections: Nutrition providers must have documentation on file that all congregate meal sites are inspected for fire, safety, and sanitation in accord with local requirements at least annually.

11. Food Temperature Documentation: Nutrition providers must have documentation on file that temperatures of all potentially hazardous foods are taken and recorded daily at the time of delivery to the meal site and immediately before serving if there are more than 30 minutes between delivery and serving time of meal. If meals are prepared on site, then the temperature of potentially hazardous foods must be taken immediately before serving.

12. Taking Food Home: The safety of food after it has been served to a client and when it has been removed from the dining center is the responsibility of the client. This policy must be available and posted at each meal site.

13. Carry-Out Meals: Carry-Out Meals are not allowed, unless they follow the Grab and Go requirements which are listed later in this Chapter.

14. Local Services Program (LSP) Congregate Meal Service: As the Legislature appropriates Local Services Program (LSP) funds to be used for meals to high-risk clients in some areas of the state, congregate meal clients may be provided a meal to consume in the home. The provider must ensure "proper storage and heating facilities are available in the home (as evidenced by a completed DOEA Form 217) and the participant is able to consume the second meal independently or with available assistance and within the expiration date indicated on the meal." Providers that serve congregate clients a meal to consume at home are required to establish a food safety system that has been tested to maintain safe food temperatures per the Florida Administrative Code, 64E-11. Food safety education must be administered and documented for each client that is provided with a meal to consume at home. The AAA must approve the provider's food safety system and food safety education materials prior to implementation. Meals must meet the OAA nutritional requirements to be claimed for Nutrition Services Incentive Program (NSIP) reimbursement. The meal will be counted as a home-delivered meal.

15. Statewide Medicaid Managed Care Long-Term Care OAA Congregate Meal Service: Nutrition providers cannot bill for OAA Title III C1 if meals are being paid for by another funding source such as SMMC or Adult Care Food Program, or if included in private pay rate.

Section XV: Home Delivered Meals

A. Eligibility: Home-Delivered Meal Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with preference given to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition to meeting established eligibility, individuals must be homebound, or physically,

mentally, or medically unable to attend a congregate nutrition program in accordance with written AAA guidelines.

1. Other individuals eligible to receive home-delivered meals include:

- The spouse of a homebound eligible individual, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
- Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and
- Individuals at nutritional risk who have physical, emotional, or behavioral conditions that would make their service at a congregate nutrition site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.

B. Requirements for Home-Delivered Meal Providers:

1. Frequency: At a minimum, each provider shall be able to deliver meals to homebound participants and serve home-delivered meals at least once a day, five or more days a week. Providers are encouraged to provide meals seven days a week.

2. Meal Service: Home-delivered meals may be hot, cold, frozen, dried, or canned with a satisfactory storage life, and must conform to all standards contained in this handbook.

3. A Client/Home Evaluation Form for frozen meals should be on file for each client receiving a home-delivered frozen meal.

4. Multiple Meals: More than one meal may be delivered for consumption each day, provided proper storage and heating facilities are available in the home, and the client can consume the second meal either alone or with available assistance.

5. Menu development and Nutrient Requirement: Menus must be written in accordance with DOEA standards (See section: “Menu Development Review and Approval Requirements.”)

Note: *Community Care for the Elderly Lead Agencies must comply with the requirements for home delivered meal providers.*

C. Basic Conditions for Food Packaging and Transportation: All nutrition programs shall have equipment that maintains the safe and sanitary handling of all menu items during the time between the completion of the cooking process through the

end of the serving or delivery period.

1. The time between the completion of food preparation and the delivery to the homebound client, to the extent possible, should not exceed four (4) hours.

2. All hot home-delivered meals for the lunch meal shall be delivered to the client no earlier than 10:30 a.m. and no later than 2:30 p.m.

3. All food shall be individually packaged.

4. Cold and hot food shall be packaged and packed separately.

5. Food utensils shall be completely wrapped or packaged to protect them from contamination.

6. Food containers should be sectioned so that food doesn't mix, leak, or spill.

7. All food shall be packed in secondary insulated food carriers that can maintain food temperatures at 140º F. or higher or at 41º F. or lower.

8. Food carriers must be constructed to prevent food contamination by dust, insects, animals, vermin, or infection.

9. Food carriers should be enclosed to protect food from contamination, crushing, or spillage and be equipped with insulation and/or supplemental sources of heat and/or cooling as necessary to maintain safe temperatures.

10. Food carriers must be clean and sanitized or use containers with inner liners that can be sanitized.

11. Each provider shall monitor their HDM meal routes. Providers shall monitor the meal temperatures of all hot and cold potentially hazardous food items. Routes shall be monitored on a random and rotating basis; however, each route must be monitored at least annually. When temperature noncompliance is reported or identified on a route, the provider must monitor that route on a weekly basis until adequate corrective action has been achieved.

D. Frozen Meals: When frozen meals are delivered to clients, the temperature shall be a maximum of 20º F, or the food shall be frozen solid.

1. Cold Meals (meals not requiring heating before consumption: i.e. sandwich): When cold meals are delivered to clients, the temperature shall be a maximum of 41º F.

2. Home-Delivered Frozen and Cold Meals: Elderly clients who receive frozen or

cold meals must be evaluated using DOEA Form 217 before choosing and is an option and at least annually thereafter. The nutrition provider shall ensure that:

a. Home Equipment: The client or caregiver has the needed equipment in the home (electricity, a stove with an oven that works, a working microwave oven, or a working toaster oven, and a freezer in which to store the meals).

b. Ability to Follow Directions: The client or caregiver has both the physical and mental capability to follow cooking directions and use the equipment.

c. Dated and Labeled: The frozen meals shall be dated and clearly labeled.

d. Instructions for storage and cooking shall be provided in large print. If milk is received frozen, the container must have an expiration date; and the milk must be received and scheduled to be consumed prior to the expiration date.

e. Emphasis on Following Directions: The importance of following directions is emphasized with clients on a regular on-going basis.

f. Inability to Follow Instructions: Clients who may be unable to follow the instructions should not receive frozen meals in the home.

g. Multiple Meals: More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home and the client can consume the second meal independently or with available assistance.

E. High-Risk Individuals Needing Additional Meals: When feasible, programs should have a policy and procedure in place to offer additional meals to clients who are at high nutritional risk. Guidelines for programs to determine who is eligible for additional meals are as follows:

1. The individual is at high nutritional risk, as indicated on the assessment tool.

2. The individual must not have other resources to provide additional meals.

3. The individual must have facilities to store meals that may be delivered.

4. The individual must be able, or have a friend or family member available, to operate kitchen equipment, which is required to later reheat prepared, delivered meals for consumption.

F. Referral to Other Services:

1. Screening: Home-delivered meals for clients shall be screened for need for other services and referred as appropriate.

2. Referral: Persons who can function sufficiently well should be referred to congregate nutrition programs, when such programs are available.

Section XVI: Grab and Go Meals

A. The intention of Grab and Go meals is for the client or caregiver to transport themselves to the Grab and Go pickup location and transport the food directly to wherever the client will consume the meal.

B. Up to 25% of Title III-C1 funds may be used for emergency shelf-stable (CNMLS/EHDM) and Grab and Go Meals (CNMLGO). There is no limit for Title III-C2.

C. The client is responsible for food safety after the Grab and Go meal has been served to the client. Providers shall post a sign stating: “For health reasons, taking out potentially hazardous foods from the meal site is at your own risk. You are responsible for safely transporting the food to where you will consume it. The meal must be eaten as soon as possible to avoid potential illness or contamination.” The risk of foodborne illness should be stressed and should be addressed through nutrition education.

D. Grab and Go meals cannot be transported back to the preparation site.

E. Grab and Go meals shall be stored properly or discarded at the Grab and Go pickup location.

F. Grab and Go meals may not be frozen to be served as client meals later.

G. Menu development and Nutrient Requirement: Menus must be written in accordance with DOEA standards (See section: “Menu Development Review and Approval Requirements”).

H. Provider Qualifications:
1. The provider must be a licensed food service provider, such as a home-delivered meal provider, traditional congregate meal site, pop-up site, restaurant/cafe, grocery or convenience store, food truck.

I. Client Eligibility must follow Congregate Meals or Home Delivered Meals, depending on how the meal is reported and billed.

J. Site Accessibility and Suitability:

1. Basic Conditions: Providers must ensure that Grab and Go pickup locations are established as follows:

- Within proximity to most eligible individuals' residences as feasible; and

- Located at a facility where individuals will feel free to visit. The selection shall also ensure the type and location of the facility so as not to offend the cultural and ethnic preferences of the individuals in the service area.

2. Responsible Individual: There must be an individual, either volunteer or paid staff, who is responsible for all activities at the site.

3. Physical Plant Standards: Sites should be clean and neat, have adequate lighting and ventilation, and meet all applicable health, fire, safety, and sanitation regulations.

4. Adequate Time of Operation: The site should be open each day meals are served, for a period adequate for all clients to leisurely pick up a Grab and Go meal. Lunch meals should be served between 10:30 a.m. and 2:30 p.m., unless there is prior approval from DOEA.

K. Safely Transporting Food

1. Taking Food Home: The safety of food after it has been served to a client and when it has been removed from the Grab and Go pickup location is the responsibility of the client. This policy must be available and posted at each Grab and Go pickup location.

2. Cold and hot food shall be packaged and packed separately.

3. Food utensils shall be completely wrapped or packaged to protect them from contamination.

4. Food containers should be sectioned so that food doesn't mix, leak, or spill.

5. Food containers must be constructed to prevent food contamination by dust, insects, animals, vermin, or infection.

L. Reporting to Congregate Meals or Home Delivered Meals

1. Grab and Go Congregate Meals

i. Grab and Go meals consumed at home while congregating shall be reported in eCIRTS with service code CNMLGO;

ii. Congregating at home shall be conducted through in-person or virtual interaction:

- In-person: one-to-one with a program volunteer or group interaction, eating with only family or household members does not count as congregating;

- Virtual: shall be arranged by the nutrition provider and may include GoogleMeet, Zoom, FaceTime, Microsoft Teams, or similar application.

iii. Clients receiving Grab and Go congregate meals can be dual enrolled in Statewide Medicaid Managed Care Long-Term Care but must have their own transportation to and from the Grab and Go pickup location.

2. Grab and Go Home Delivered Meals

i. Grab and Go meals consumed at home while not congregating shall be reported in eCIRTS with service code HDMGO.

ii. Clients receiving Grab and Go home delivered meals must not be dual enrolled in Statewide Medicaid Managed Care Long-Term Care or PACE programs.

Attachment 1: DOEA Form 2017
Client Evaluation Form for Cold or Frozen, Home-Delivered Meals

NAME:_____
ADDRESS:_____
PHONE:_____
IN EMERGENCY CONTACT:_____
EMERGENCY CONTACT PHONE:_____
Rating: Place an "X" in the appropriate space.
PHYSICAL EVALUATION:

_____GOOD _____FAIR _____POOR

If poor, please explain:_____
_____
_____

EYESIGHT: GOOD_____ FAIR_____ POOR_____

If poor, please explain:_____

ABILITY TO MOVE AROUND IN KITCHEN: (GENERAL MOBILITY; WALKER, CANE, ETC:)

GOOD_____ FAIR_____ POOR_____

If poor, please explain:_____
_____
_____

ABILITY TO PERFORM SMALL MOTOR TASKS (ARTHRITIS?)

GOOD_____ FAIR_____ POOR_____
If poor, please explain:_____
_____
_____

MENTAL EVALUATION: (ALZHEIMER'S, CONFUSION, ETC.)

GOOD_____ FAIR_____ POOR_____

If poor, please explain:_____
_____
_____

COOKING FACILITIES:

	YES	NO
Working Refrigerator	_____	_____
Working Freezer	_____	_____
Working Oven	_____	_____
Working Toaster Oven	_____	_____
Working Microwave	_____	_____

ADDITIONAL COMMENTS: DO YOU FEEL THIS CLIENT HAS THE NECESSARY EQUIPMENT AND IS PHYSICALLY AND MENTALLY CAPABLE FOR HANDLING FROZEN OR COLD HOME-DELIVERED MEALS?

_____

_____

_____

_____

_____