

Alameda County Area Agency on Aging
Policies and Procedures
Title IIC Programs

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Part 1. Nutrition Services

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

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

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

A. Goals and Objectives

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

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

B. Organizational Structure

The services provided by the Elderly Nutrition Program (ENP) must ultimately meet the needs of the consumer and therefore the benefits the consumer receives are of primary importance.

California Department of Aging (CDA) provides resources and guidelines, and monitors the local Area Agency on Aging (AAA).

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

Local service providers will serve meals in accordance with the requirements of the Older Americans Act (OAA), *Title 22 Code of Regulation Division 1.8, Chapter 4*, the *California Uniform Retail Food Facilities Law (CURFFL)*, and *PSA 9 Alameda County Policies and Procedures*. *California Department on Aging (CDA) Section H*, will considered reference and “best practices” guidelines unless specifically stated here otherwise. **See Appendix.**

FUNDING STREAM AND REGULATORY STRUCTURE

Older Americans Act

To

California State Department of Aging

To

Area Agency on Aging
(Alameda County)

To

Local Service Providers

To

Consumer

C. Eligibility Criteria

A. Congregate Meals

Refer to *Title 22 Code of Regulations, Division 1.8 Title C-Elderly Nutrition Program §7638.1*;

B. Home Delivered

Refer to *Title 22 Code of Regulations, Division 1.8 Title C- Elderly Nutrition Program §7638.3*;

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

2. Waiting list for home delivered meals requirements include:
 - a. The decision whether or not to place clients on a waiting list and their position on that list, shall be based on greatest need and/or in accordance with policy established by the provider in consultation with the AAA
 - b. Agencies shall use the annually updated *AAA HD 101 Home Delivered Meals Assessment/Evaluation* for all initial and on-going C-2 client assessment. **See Appendix.**
 - c. A screening assessment by telephone or in - home visit shall determine those individuals eligible to be placed on the waiting list. Decisions will be based on greatest need and route availability. No individual will be denied participation solely because of an inability to pay or because the senior resides in a particular geographic location.
 - d. All agencies will utilize the *Alameda County (PSA 9) Home Delivered Meals Assessment Criteria and Priority Ranking*. **See Appendix.**
 - e. Home delivered meal participants must be informed that a priority system is in effect. Ranking within the priority system may determine one's ability to receive meals.

D. General Requirements

1. Nutrition Providers shall administer the Senior Nutrition Program utilizing the following guidelines:
 - a. Provide efficient and economical delivery of meals and other nutrition services and to ensure coordination with related programs.
 - b. Conform to all state and local health and safety standards and building codes, including the *California Uniform Retail Food Facilities Law (CURRLF)*.
 - c. Give preference to individuals in greatest economic or social need.
 - d. Have a designated site manager.
 - e. Operate all C-1 sites at least four days a week unless otherwise approved by the Alameda County Agency on Aging.
 - f. Provide at least one (1) hot or other appropriate meal per day.
 - g. Utilize established eligibility criteria for Congregate and Home-Delivered Meals.
 - h. Have a system for provision of emergency home delivered meals.
 - i. Utilize established Priority System for developing a waiting list for Home-Delivered Meals.
 - j. Establish a plan for outreach activities to encourage and ensure new participation by eligible seniors.
 - k. Establish guidelines for site use ensuring that other activities do not interfere with service of meals to participants.
 - l. Provide C-1 nutrition education services quarterly.
 - m. Provide C-2 nutrition education services monthly
 - n. At a minimum, distribute the *AAA Client Satisfaction Survey* annually in order to obtain the views of their participants.
 - o. Monitor improvement in client satisfaction.
 - p. Permit all participants to eat a leisurely meal in a facility where they feel welcome and comfortable.
 - q. Be located within walking distance, when possible, of concentrations of older persons.
 - r. Meet the requirements of the Americans with Disabilities Act.
 - s. Provide for celebration of special occasions by participants.
 - t. Provide usable fire extinguishers and instructions governing their use.
 - u. Have staff trained in emergency procedures.

E. Staffing Requirements

1. Providers shall ensure that the following staffing requirements are adhered to:
 - a. Ensure a sufficient number of personnel are available to carry out the needs of the program.
 - b. It is recommended that staff members receive a performance evaluation annually. Evaluation shall be documented and kept on file.
 - c. All programs shall refer to *Title 22, Division 1.8, Chapter 4, §7636.3* for staff qualifications, and §7636.5, for staff training requirements.
 - d. All programs shall employ a Registered Dietitian in accordance with *Title 22 Code of Regulations, §7636.1*
 - e. Nutrition Service Directors and Food Service Managers shall conform to the requirements set forth by *Title 22 Code of Regulations* and *CURFFL* at the time of hire. Exceptions must be approved by AAA dietitian.
 - f. All Food Service Directors and dietitians will maintain current ServSafe Certification by the National Restaurant Association. It is strongly recommended that all paid staff Site Managers attend ServSafe training.

F. Staff Training

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

1. All staff, paid and volunteer, shall be oriented and trained to perform their assigned responsibilities and tasks.
2. A yearly written plan for in-service training designed to improve staff performance and responsive to identified needs and staff requests shall be developed and maintained on file.
3. The plan shall identify date of training and shall specify who will conduct the training.
4. Content of all in-service training shall be reviewed and approved by the provider Nutritionist prior to presentation.
5. All training shall be documented and records maintained on file for assessment and /or audit purposes by the AAA. Records may be discarded after agency has received an undisputed site monitoring report.
6. Training shall be provided for all personnel (both paid and volunteer staff) on a quarterly basis.
7. At least one of the training sessions shall include the prevention of food borne illness and should include the principles of Hazard Analysis Critical Control Point (HACCP). All food service personnel shall attend. At least one annual training will include discussion of the Nutrition Screening Initiative (NSI).
8. Emergency procedures training shall be provided and shall include instruction on fire safety, first aid, choking, cardiopulmonary resuscitation, earthquake, and other safety procedures.
9. Staff shall be appropriately trained in screening and assessment polices and procedures.
10. Training sessions shall be evaluated by those receiving the training. Evaluations shall be maintained on file for assessment and/or audit purposes.
11. All Home Delivered Meals (C-2) agencies are encouraged to utilize the *Meals on Wheels Driver Manual: Volunteer and Paid Staff* developed by the AAA, or an agency-developed substitute. **See Appendix.**
12. All kitchen and meals on wheels staff are encouraged to attend ServSafe training.

G. Volunteer Services

Refer to *Title 22 Code of Regulations §7636.5* and *CDA Section H, 141.7(c)*.

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

H. Sample Job Descriptions

1. Senior Nutrition Program Director

Supervisor: Executive Director

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

Responsibilities:

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

2. Site Manager

Supervisor: Senior Nutrition Program Director

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

Responsibilities:

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

Part 2. Nutrition Education

Refer to *Title 22 Code of Regulations, §7638.11*.

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

- a. Assist older persons in understanding the role of nutrition and physical activity in health promotion and chronic and acute disease prevention;
 - b. Aid older persons in making sound food choices and in obtaining the best food to meet nutritional needs for the least money;
 - c. Make older persons aware of community-sponsored nutrition programs which encourage and promote sound nutritional habits and good health; and
 - d. Provide general information to older persons, where feasible, in the area of special diets and special menus required by health or social conditions.
- A. Nutrition and health promotion education shall be offered in C-1 at least four times annually as an on-site presentation which may or may not be augmented by written materials.
 - B. Nutrition and health promotion education shall be provided monthly in C-2, and may be printed material attached to the menu.
 1. All nutrition education plans, activities and materials will be approved by the Service Provider Dietitian/Nutritionist.
 2. Nutrition education services will be provided by a Dietitian/Nutritionist or by personnel trained or approved by the Dietitian/Nutritionist. Priority will be placed on coordinating with community resources.
 3. Nutrition education services will be planned for both C-1 and C-2 participants and will occur on a regularly scheduled basis. Anticipated expenses will be included in the program budget. Printed and other visuals materials will be available on a continuing basis at dining sites.
 4. Nutrition education services will be based on the particular need of congregate and homebound older persons as determined by annual needs assessment and evaluation of service impact.
 5. All nutrition education activities will be documented.
 6. Copies of nutrition education “lesson plans” and distributed written materials will be kept on file for review at the AAA on-site monitoring.

Part 3. Nutrition Counseling

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

Part 4. Contributions

A. General Guidelines

1. All participants shall be given the opportunity to contribute to the cost of the meals.
2. Providers shall develop suggested contribution schedules after approval from the AAA program liaison.
 - a. When developing such schedules, the income ranges of the older persons in the community shall be considered and the provider's other sources of income shall also be considered.
3. Providers shall establish procedures to protect the privacy of each participant regarding his or her contribution.
4. Each participant shall determine the amount of his or her contribution.
 - a. Contribution schedules shall not be used as a means test to determine eligibility for nutrition services.
 - b. No older person shall be denied participation because of failure or inability to contribute.
5. All contributions, including those for guest and staff meals, shall be used to increase the number of meals served, to improve the quality of the meal served, and/or to provide other nutrition services.
6. Providers shall establish procedures to protect contributions from loss, mishandling, and theft.
7. Providers shall receive prior approval from the AAA to increase suggested donations and/or guest fees.

B. Congregate Program

1. Contribution containers shall be placed in a location accessible to all participants.
2. A sign indicating suggested contribution and guest fee amounts is to be posted near the contribution container.
3. Monies used for the purpose of making change for seniors shall not be left unattended at any time.
4. All contribution shall be counted and verified by two (2) people. One (1) person must be a staff member; the other person can be a staff member or volunteer.
5. All contributions shall be secured in a safe location until time of deposit.

6. Contributions shall be deposited on a regular basis.

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

C. Home-Delivered Program

1. Participants shall be provided with written information regarding suggested contributions and procedures for making said contributions. Information should include the following:

a. Participants should be encouraged to use checks or money orders when possible, made payable to the Senior Nutrition Program,

b. Participants shall be advised that contributions can be made on a daily, weekly or monthly basis.

c. Participants shall be advised that contributions can be mailed directly to the Nutrition Site or can be provided to the Meal Delivery person at the time meals are delivered.

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

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

2. Providers shall establish a procedure to collect donations.

a. Example: Use of envelopes will insure the security and confidentiality of contributions made by participants.

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

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

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

6. Contributions shall be deposited on a regular basis.

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

Part 5. Meal Reservation System

Nutrition Providers shall establish procedures that ensure the accuracy and authenticity of the number of eligible participant meals served each day.

A. Congregate Program

1. Providers shall obtain:
 - an original signature for each eligible participant receiving a meal;
 - an original signature of each staff or volunteer and persons under 60 years of age receiving a meal.
2. Sign-in procedures assist in forecasting the number of meals to be prepared and served and assist in data collection.
3. Meal counts should be called into the main nutrition site as soon as the information is obtained, per the schedule established locally between kitchen and site operations.

B. Home-Delivery Program

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

1. Drivers should add additional meals to their meal count to accommodate for temperature checks or have received instructions on how to properly take a temperature of a meal without causing bacterial contamination.
2. Meal counts should be called into the main nutrition site as soon as the information is obtained, per the schedule established locally between kitchen and site operations.

C. Meal Cancellations

1. Information pertaining to meal cancellations for Home-Delivered Meal participants shall be documented so as to monitor participants' status.
2. Home-Delivered meal drivers shall be notified of any cancellations as soon as possible so that adjustments can be made to the delivery route.
3. Follow-up with the participant shall be conducted to determine when meal delivery is to resume.

D. Client Not Home

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

2. A meal may be left if there is a cooler with (blue) ice left if the client is not home. This should not be a regular occurrence. A meal may be left with a neighbor with prior approval from the meals on wheels recipient.
3. Drivers are encouraged to not enter the home. Bedridden or disabled seniors must have a caregiver to receive meals at the door.
4. Home delivered meal clients should be told that they will be asked to donate for meals that were prepared and sent, even if the client was not home to receive the meal.

Part 6. Meal Shortages

- A. Site managers at congregate sites shall insure that proper portion control measures are utilized by staff and volunteers when meals are served.
- B. Site Managers and Drivers shall insure that congregate meals served and home delivered meals served are complete meals as specified on the menus.
- C. To assist in the prevention of meal shortages the following measures should be taken:
 1. Upon receipt of meals, Nutrition Site Managers and Home-Delivery Meal Drivers should conduct a quick comparison of meals ordered versus meals (portions) received and menu items listed versus received.
 2. Site Managers and Meal Delivery Drivers should notify the main kitchen immediately of any meal shortages.
 3. The main kitchen shall make arrangements to immediately deliver supplemental food menu items to cover any shortages.
 4. The main kitchen should take necessary measures to determine the reason for meal shortages and implement necessary measures to prevent future occurrences.

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

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

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

Providers shall maintain confidentiality of all clients. The regulations of the Health Information Portability and Accountability Act (HIPAA) shall apply. No provider shall distribute their client information to an outside agent without express written permission from the client. More information on HIPAA may be found at www.cms.gov/hipaa/hipaa2 and www.hhs.gov/ocr/hipaa.

A. Congregate Meal Participants

1. MIS information related to congregate participants shall be obtained within the first month of their participation.
 - a. Providers shall complete a registration form and a Nutritional Risk Assessment on all seniors participating in the Congregate Meal Program.
2. Providers shall develop and maintain records on participants which document:
 - a. Eligibility for service;
 - b. Information related to emergency care;
 - c. Economic and social need indicators; and
 - d. Need for and referral to other appropriate services.
3. All information obtained is to be maintained in a manner that confidentiality will not be violated.
4. Information cannot be release without the written consent of the participant.
5. Providers shall ensure that no older persons are denied services if such persons refuse to provide written informed consent.
6. All records and reports shall be maintained for assessment / audit purposes.

B. Home-Delivered Meal Participants

1. Providers shall develop and maintain individual files on each eligible Home-Delivered Meal participant which document:

- a. Eligibility for service;
 - b. Information related to emergency care;
 - c. Economic and social need indicators; and
 - d. Need for and referral to other appropriate providers.
2. Files shall include the following documents:
 - a. *AAA HD 101, HD Meals Assessment Form*; **See Appendix.**
 - b. *MIS intake forms.*
 - c. Emergency Contacts.
 3. Initial screening and assessment to determine eligibility can be accomplished by telephone or in-home assessment and shall be documented in the participant file.
 4. Verification of eligibility shall be determined through an in-home assessment within two weeks of beginning meal delivery. Assessment forms shall be maintained in the participant file.
 5. All local programs will provide home delivered meal assessment via a home visit at least every six months on every client.
 6. Within the first quarter of every new fiscal year the AAA HD 101 form will be updated, including an updated NSI screen and updated income information. New HD 101 forms will be attached to past forms.
 7. Each local program will have a written protocol in place in which the drivers communicate regularly with the home delivered meal coordinator regarding the status of clients on their routes. Methods of communication may include weekly or monthly updates via staff or private meetings with the home delivered meals assessment staff, written concerns or comments from the driver to the assessment staff, or a local form in which the driver comments on each person on his or her route on a regular schedule. All driver concerns will be documented in the chart of the client.
 8. Information pertaining to new participants as well as updated information for existing participants shall be maintained current at all times.
 9. All records and reports shall be maintained for assessment / audit purposes.

Part 8. Participant Evaluation of Services

Providers should develop and utilize procedures for obtaining the view of participants about the services they receive. All senior meals program providers will complete an annual *Client Satisfaction Survey* provided by the AAA in appropriate languages. **See Appendix.**

Part 9. Food Service Requirements

All nutrition service providers will comply with *Title 22 Code of Regulations, Division 1.8, California Department on Aging Section H, the California Uniform Retail Food Facilities Law (CURFFL)*, specifications set forth in the RFP (**See Appendix**), *Alameda County AAA Policies and Procedures*, and *Exhibit A* of their contract.

A. Health and Safety Inspections

Refer to *Title 22 Code of Regulations, §7636.1*

1. Nutrition Service Providers will comply with regulations applicable to food service operations. Meals will be supplied only from premises which have a valid permit, license, or certificate;
2. Inspections by local fire and health officials will be secured for all sites prior to beginning service provision and annually thereafter.
3. All dining sites will be monitored at least quarterly by agency dietitian for safe food handling, sanitation and temperature control. Quarterly monitoring will be available for review at annual AAA site monitoring.

B. Employee Health Standards

1. All food handlers and servers will be free of communicable disease. If an employee or volunteer is believed ill or a carrier of a communicable disease, clearance from the local health officer may be requested by the Provider prior to permitting the employee to return to work;
2. All food handlers and servers will wear clean, washable clothing and hairnets, caps, or other suitable hair coverings to prevent contamination of foods, beverages, and/or utensils;
3. All food handlers and servers will use tongs or other implements while serving food. If hand contact with the food is unavoidable, disposable hand coverings will be worn;
4. All food handlers and servers are prohibited from using tobacco in any form while preparing, handling, or serving food or beverages. Tobacco will not be used in any form in any room or space used primarily for the preparation or storage of food. Project will post and maintain "No Smoking" signs in such rooms or places;
5. All food handlers and servers will thoroughly wash their hands prior to beginning work, after using the toilet, and every time hands are soiled;
 - a. Handwashing facilities in good repair and equipped with hot and cold running water will be provided for employees within or adjacent to the food preparation area;
 - b. A permanently installed detergent or soap dispenser and paper towels will be provided at all handwashing facilities;

6. Legible signs will be posted in each toilet room directing employees that they must wash their hands before returning to work.

C. Training requirements for food service workers

Refer to *Title 22 Code of Regulations, §7636.5*.

1. Quarterly in-Service Training will be provided for all paid and volunteer food service personnel.
2. A Yearly Written Plan for in-service training will be developed and on file. The training plan will identify who will conduct the training and when it will be conducted. Training topics may include portion control, food preparation methods, sanitation, food spoilage, food handling techniques, food delivery, prevention of foodborne illness, equipment operation and maintenance, and nutrition service standards;
3. All Food Service Managers and dietitians must be ServSafe certified by the National Restaurant Association. It is strongly recommended that all paid site managers and home delivered meals coordinators attend ServSafe training.

D. Packaging for Home Delivered Meals

1. Hot food should be at a minimum of 165° F. when placed in packaging containers. Some items can be heated to higher temperatures depending on their composition; however, it should be remembered that excessive temperatures can alter quality as well as palatability of many foods.
2. Temperatures of hot foods should be maintained at a minimum of 140° F.
3. Food mass is an important factor in heat retention. Foods with greater mass retain heat longer. Foods prepared in or served with sauces and gravies retain heat and moisture longer.
4. The recommended serving temperature for soup is 160° or higher, which necessitates an input temperature of at least 180°. It can be difficult to attain this temperature in cream/milk-based soups without a change in consistency, so care must be exercised.
5. Hot food should be loaded into packaging containers immediately upon being packaged. The packing should be closed tightly when loading is complete.
6. Packaged cold foods must be under 40° at packing. Many cold foods are potential health hazards if they are not properly refrigerated. Thus, adequate refrigeration is necessary for maintenance of cold foods prior to packing.

7. Cold food temperatures should not rise above 41; 40° is considered preferable for safety and palatability.
8. Last meals delivered should meet the same standards for safe temperature and palatability as the first meal delivered.
9. Thorough instructions for reheating meals must be on all containers in clear and simple language.

E. Hazard Analysis Critical Control Point (HACCP) Documentation

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

Part 10. Menu Planning Requirements

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

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

- A. Each meal served will contain at least one-third of the current RDA as established by the Food and Nutrition Board, National Research Council-National Academy of Sciences. Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one third RDA.
- B. Conformity to the above requirement will be assured by submitting to the AAA either detailed nutritional analysis along with the menus or by submitting menus planned using the following criteria;
 1. All menus will comply with the specifications set forth in *Title 22 Code of Regulations §7638.5* and conform to recommendations in *CDA Section H*.
 2. All programs will comply with all specifications set forth in the RFP. **See Appendix.**
 3. All programs will comply with *PSA 9 Nutrition Programs Policy, Minimum Menu Requirements*. **See Appendix.**

4. All programs will comply with *PSA 9 Nutrition Programs Policy, Menu Certification Procedures*. **See Appendix.**
5. Menus will be posted weekly in a spot conspicuous to participants at each congregate meal site, as well as in the preparation area.
6. Menus will be legible, easy-to-read and in the language of the participant group.

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

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

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

Part 11. Selection of Nutrition Service Providers

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

Part 12. Reporting Requirements

A. Invoices

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

- a. An original Signature;
- b. Must be accurate;
 - i. Should have correct budget figures (same as approved by Exhibit B)
 - ii. Should have correct amount for current month and YTD column.
 - iii. Should be rounded up to the whole dollar except the NSIP and fee for service contracts.
- c. Must be accompanied by a MIS report, supporting documents, and meal reports.
- d. Must be turned in on time—7 working days after the end of the month.
- e. Should include the preparer's phone number.

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

B. Audit Reports

1. Audit reports must identify each program by the funding source, contract number, contract amount, and contract period.
2. Audit reports should be submitted within six months after the close of the budget year.
3. Contractors who are required to have an audit report must have a section on the report that identifies and separates the federal, state and county funds.

C. Reporting Forms

The following reports shall be sent monthly to the AAA:

1. Invoices; **See Appendix.**
2. NSIP (USDA) reimbursement invoice, AAA 111, as appropriate. **See Appendix.** Refer to Part 21: NSIP.
3. MIS information. Refer to Part 16: NAPIS
4. *Monthly Congregate Meats Report (AAA 187)*, as appropriate. **See Appendix;**
5. *Monthly Home Delivered Meals Report (AAA 188)*, as appropriate. **See Appendix.**
6. "As served" menus or menu substitution list.

In addition, a roster of home delivered meals clients will be sent at least quarterly to the AAA for emergency preparedness back-up.

Part 13. Temperature Documentation

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

All hot foods shall reach at least 165° F. at the end of production. Soups shall reach at least 180° F. at the end of production.

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

- a. All refrigerators at the kitchens and at meal sites.
- b. All freezers at the kitchens and at meal sites.
- c. Dry food storage area temperatures.

- d. Bi-weekly end-of-route home delivered meals temperatures.
- e. Weekly end-of-route home delivered meals temperatures if on-going temperature readings are not in compliance with stated requirements.
- f. Daily end of production temperatures per HACCP standards.
- g. Daily start of trayline temperatures per HACCP standards.
- h. Daily receipt of meal at senior meal site.
- i. Daily start of congregate meal service, unless such service begins less than 30 minutes after receipt of meal and documented temperatures are within acceptable range.

Local providers may develop their own forms or use those developed by the AAA. **See Appendix for Sample Forms.**

Procedures:

A. Taking Temperatures of Food

- 1. Wash, rinse, sanitize and air dry thermometer stem before and after each use.
- 2. Insert stem two inches (2") into the center of the food or until dimple of stem is surrounded by the food. Do not touch any meat bone or bottom of pan. Pack down less dense foods Prior to inserting the probe. It is okay for lettuce salads (without dressing) to arrive above 50° F.
- 3. Wait for the needle or the numbers on the digital readout to stop. When the needle has stopped moving for fifteen (15)seconds, record the temperature reading and the time.
- 4. Sanitize thermometer between readings. To sanitize, use alcohol swabs or a solution of bleach: 1/2 capful of bleach to one cup of water.
- 5. Recalibrate or adjust the accuracy of the thermometer as needed.
- 6. If the temperature of the hot food is below 140°, the food must be reheated to 165° F.
- 7. All cold food must be below 42° F. and should be below 40° F.
- 8. Project dietitians will check thermometer accuracy during quarterly site monitor.

B. Thermometer Calibration:

- 1. Ice point method: insert the stem into a 50/50 ice and water slush until the needle stops. Turn the calibration nut (usually under the dial) until the needle reads 32°.
- 2. Boiling point method: Insert the stem of the thermometer into boiling water until the needle stops. Turn the calibration nut until the needle reads 212° F.

Part 14. Inspections

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

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

- a. All provider kitchens will receive an annual on-site kitchen inspection by the AAA. **See Appendix for sample monitoring tool and list of required documentation for inspections.**
- b. All programs will be monitored annually, with follow-up, corrective action, and/or sanctions as needed and outlined in the monitoring report.

Part 15. Emergency Preparedness

- A. It is the responsibility of all Area Agency on Aging contractors to prepare a written Emergency Operations Plan which can be activated in an emergency. **See Appendix for specific requirements and a sample Emergency Operation Plan.**
- B. All administrators of meals on wheels programs will have a back-up system in place for meal production if their kitchen is inoperable. **See Appendix for sample Memorandum of Understanding.**

Part 16. NAPIS/MIS

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

NAPIS requires that data from Management Information Systems (MIS) is collected by the Area Agency on Aging and must be submitted by the contractor on a monthly basis. *Contractors must submit data on a computer disc, and send data monthly to the AAA in order to receive payment.* All programs shall maintain statistical and financial data in such a way as to be able to document and assure the accuracy of the data presented in the required program and financial reports. **See Appendix for Alameda County AAA Older Americans Act MIS Manual, April 2002.**

Part 17. Elder Abuse Reporting

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

See Appendix for: Overview of SB 2199, and Chapter 11 Elder Abuse and Dependent Adult Civil Protection Act, Section 15630-15632.

Part 18. Leftovers

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

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

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

A. Central Kitchen Leftovers:

If leftovers are available, the following will apply:

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

The following conditions may contribute to the contamination of potentially hazardous foods:

- i. Holding food at temperatures between 40° and 140°.
- ii. Incorrect packaging of food for transport;
- iii. Use of contaminated equipment (i.e. dirty carriers or utensils).

B. Satellite Site Leftovers: Refer to *CDA Section H 147.15 (2)*.

1. Food will be served consumed at the mealsite.
2. Uneaten food will be discarded. Only foods in unopened containers are excluded.
3. Extra perishable food items will be offered to participants as seconds.
4. Leftover meals may not be counted for NSIP reimbursement.
5. No unserved food shall be taken from the site by employees, volunteers or participants.
6. The taking of potentially hazardous food from the site by participants after being served is not condoned; nor is it forbidden.
7. Programs will post a sign in the appropriate language stating: "For health reasons taking potentially hazardous food is not recommended. Doing so is at your own risk."
8. Programs will educate participants regarding the sources and prevention of food borne illness.
9. Provider may store extra food on-site to avoid turning away eligible seniors, with written protocols in place that have been approved by the AAA.

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

C. Home Delivered Meals Leftovers

1. Extra meals will be distributed to needy clients on the driver route or used for taking temperatures. Under NO circumstances will leftover meals be returned to the central kitchen for future consumption.
2. All agencies will have a system in place for documenting extra route meals and their disposition.

Part 19. Closure or Relocation of Nutrition Sites

A. First Steps

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

1. Documented evidence of the misuse or theft of public funds by contractor or contractor's employee.
2. Average participation at a site is under 25 seniors/day. NB: The AAA will not support a paid meal site coordinator for sites serving fewer than 25 meals/day.
3. When there is a threat to the health and safety of the participants, such as an unsafe, unsanitary building, inadequate facilities or an unsafe neighborhood.
4. Costs for operating the site far exceed average costs for similar sites.
5. Contractor has failed to comply with the terms of the contract.
6. When it can be shown that by closing or consolidating sites it is possible to serve more effectively and efficiently the same or a larger number of people, especially if another site is available within a reasonable proximity.
7. Participants do not include a significant proportion of targeted seniors.

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

- When there is documented evidence of the misuse or theft of public funds by the contractor or contracted employee.
- When there is an immediate threat to the health and safety of the participants to continue to have meals at that site.
- When there is a natural disaster.
- When the site is no longer available to the project.

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

1. The Nutrition Project Director will meet with the Nutrition Project Council or, if one does not exist, with representative senior project participants to discuss the situation at the site.
2. The Nutrition Project Director will advise in writing their AAA program monitor of the conditions which indicate the necessity of starting the process to close or relocate the site.

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

B. Site Closure

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

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

C. Fair Hearing (Appeals) Process

1. Within ten (10) days after written notice of dosing or relocating the site has been given all parties have a right to request a fair hearing.
2. The Alameda County Advisory Commission on Aging must hear all appeals regarding site closures.
3. The decision regarding site closure will be made by the Director of the AAA. The AAA will take into consideration the Advisory Commission's recommendation and must advise all parties of the decision within ten (10) days. The decision of the Director of the AAA is final.

Part 20. Vehicle Maintenance

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

1. All vehicles must be operated in a safe manner at all times.
2. Drivers are required to carry a valid California Driver's License with him/her at all times while operating the vehicle during the delivery of meals.

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

1. Be locked and secured in the appropriate area when not in use.
2. Cleaned, in and out, daily.
3. Problems shall be immediately reported to the appropriate staff.
4. Periodic inspections shall be made on all vehicles to insure policies and procedures are being adhered to.

Part 21. Nutrition Services Incentive Program (NSIP)

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

1. Only meals that meet nutrition requirements set for in Section 339 of the Older Americans Act [76341(e)] and are served to eligible participants may receive NSIP reimbursement.
2. Provider agencies shall have a system for ensuring eligibility of C-1 and C-2 clients for NSIP.
3. NSIP contracts amounts are capped, and reimbursement is not available for agencies who serve over 100% of contracted meals.
4. Per meal reimbursement will be determined annually.
5. NSIP funds may not be used as matching funds in the contract.
6. “As served” or menu substitution lists shall be sent to the AAA monthly to verify menu actually served to the client.
7. All agencies will follow the provisions of “offered vs. served”; clients must choose at least three menu items for the meal to be eligible for NSIP reimbursement.

See Appendix for FAQs regarding NSIP.

Part 22. Grievance Procedures

Refer to Title 22 Code of Regulations, Chapter 5, Title III Programs, §7700 General Provisions.

All provide agencies shall have written grievance procedures for clients, and shall have it available for review at an AAA on-site monitoring.

APPENDIX:

- Part 1** ~Title 22 Code of Regulations, Division 1.8
 ~California Uniform Retail Food Facilities Law (CURFFL), January 2003
 ~California Department on Aging, Section H 1995
 ~PSA 9 AAA Priority System for Home Delivered Meals Recipients
 ~Meals on Wheels Driver Manual: Paid and Volunteer Staff, August 2004
- Part 7:** ~Registration Form for Congregate Meals
 ~Nutrition Screening Initiative
 ~AAA HD 101, Home Delivered Meals Assessment Form
- Part 8:** ~Client Satisfaction Surveys in Multiple Languages, C-1 and C-2
- Part 9:** ~Request for Proposal: Food Service Requirements
- Part 10:** ~PSA 9 AAA Minimum Menu Requirements
 ~PSA 9 AAA Menu Certification Procedures
- Part 12:** ~Reporting Forms
 - Monthly Invoice
 - AAA 111 NSIP/USDA Invoice
 - Form 187
 - Form 188
- Part 13:** ~Sample HD Meals Temperature Monitoring Sheet
- Part 14:** ~Inspections
 - AAA Monitoring Form
 - Documentation Required by the AAA /Outline
- Part 15:** ~Emergency Preparedness
 - The Emergency Preparedness Responsibility of AAA Contractors
 - Sample MOU
 - Agency Emergency Plan
- Part 16:** ~Alameda County AAA Older Americans Act MIS Manual, April 2002
 ~ Instructions For Completing Electronic Data Reporting, October 2004
- Part 17:** ~Elder Abuse Reporting
 - Overview of Senate Bill 2199
 - Chapter 11, Section 15630-15632 SB2199 Article 3. Mandatory and Non-mandatory Reports of Abuse
- Part 21:** ~ Administration on Aging, NSIP FAQs