

**Georgia Department of Human Resources Division of Aging Services
Requirements for Non-Medicaid Home and Community Based Services**

Section 300.

Individual Service Requirements

§304 Nutrition Service Program Guidelines and Requirements January 2002 revised 12/2004
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§304.1 Purpose

This section establishes requirements for Area Agencies on Aging and their subcontractors in the administration and provision of a comprehensive program of nutrition services to the elderly.

§304.2 Scope.

These requirements apply to all congregate and/or home delivered nutrition services contracted and provided through or by the Area Agency on Aging, supported by any and all non-Medicaid sources of funding.

§304.3 Congregate Nutrition Program Description and Performance Requirements

- (a) Service objective. To promote better physical and mental health for older people through the provision of nutritious meals and opportunities for social contact. Congregate nutrition services shall be a part of a system of services which promotes independent living for the elderly.
- (b) Service outcomes. At a minimum to identify persons at nutritional risk through nutrition screening and assessment, to reduce nutritional risk among consumers through the provision of nutritious meals, education and counseling and to reduce isolation/increase the sense of well being of consumers through socialization.
- (c) Service activities. Service activities include:
 - (1) the provision of meals and nutrition education in a group setting at a nutrition site, senior center, or multipurpose senior center, and ongoing outreach to the community.
 - (2) access by participants to nutrition screening and assessment, nutrition education, and counseling on an individual basis, when appropriate;
 - (3) access to the congregate site through transportation services;
 - (4) shopping assistance;

(5) health, fitness, and other educational programs;

(6) and recreational activities.

(d) Eligibility. Client eligibility is established by provisions of the Older Americans Act at §307(a)(13)(A) and (I) for nutrition services provided through all non-Medicaid fund sources.

Eligible persons are:

(1) persons aged 60 and over;

(2) their spouses, regardless of age;

(3) handicapped/disabled¹ residents of housing facilities occupied primarily by the elderly at which congregate nutrition services are provided;

(4) handicapped/disabled individuals who live in a non-institutional household with and accompany an eligible person to the congregate nutrition program.

(5) conditional upon AAA policies, volunteers, staff and guests age 60 and above. (Also see §304.7)

(e) Schedule of meal service. Each provider agency shall serve meals in accordance with provisions stated in the Older Americans Act at § 331, Subpart 1, concerning Program Authorization.

(1) Providers of congregate nutrition services shall use an advance reservation system to determine the number of meals necessary for each day's service and inform participants of procedures for reserving meals.

(2) Providers shall serve eligible drop-in seniors and other unscheduled guests only after participants who have made advance reservations are served a meal which

¹ Reference Section 200, §204 "Definitions." Medical certification of disability is not required.

provides all of the Recommended Dietary Allowances.

- (f) Participant records. The service provider agency shall maintain files in a form and format approved/accepted by DAS, including information which, at a minimum, identifies regular participants; documents individuals' eligibility for the program; and contains instructions for emergency contacts and care preferences. All providers shall maintain any other additional individual participant information as specified by DAS service program policies and procedures.

Files of participants served through the DAS contract are confidential and are the property of the Department of Human Resources. All participant files are subject to review and monitoring by the AAA, the Division, the Department, and the federal granting agencies.

- (g) Meal service requirements. Nutrition service providers shall use procedures which provide for the safety, sanitation, accessibility and convenience needs of participants, and efficiency of service, and shall include the following:
- (1) using correct portion sizes and utensils as specified on approved menus;
 - (2) adherence of staff and volunteers to food sanitation requirements, as prescribed by applicable Federal, State and local rules and regulations;²
 - (3) taking and recording food temperatures daily to document that safe temperatures are maintained; and
 - (4) to prevent cross-contamination, kitchenware and food-contact surfaces of equipment shall be washed, rinsed and sanitized³ after each use and following any interruption of operations during which contamination may have occurred;

² County health departments have the right of amendment to add requirements to State rules and regulations. The higher of the two sets of standards shall apply.

³ Refer to Appendix 304-A of this section for instructions on preparing and using a sanitizing solution.

- (5) if cafeteria-style service is used, assisting those participants who have physical difficulties with trays.
- (6) food shall be available to participants for at least 30 minutes after serving begins.
- (7) providers shall establish policies and procedures which assure that participants do not take potentially hazardous foods from the site.
- (8) providers shall make available to visually-impaired, blind or otherwise handicapped persons, food containers and utensils appropriate to their needs.
- (9) after offering additional servings to program participants if appropriate, providers *may* donate unconsumed food

products to other charitable community social service or public service organizations. Providers wishing to make such donations shall obtain a "hold harmless" agreement from the receiving organization, which protects the provider from any liability.

- (10) providers shall not arrange for or provide covered dish meals at nutrition sites or other locations, using any funds which are administered through the contract with the Area Agency on Aging to support the cost of such activities.
- (h) Food storage safety.⁴ Potentially hazardous foods shall be stored at safe temperatures as stated at §290-5-14-.03 of the Administrative Rules and Regulations of The State of Georgia, "Food Care, Amended," which states, in part, that "The temperature of potentially hazardous food shall be (maintained at) either 41 degrees Fahrenheit or below or at 140 degrees Fahrenheit or above at all times." Frozen food shall be stored at a temperature of 32 degrees Fahrenheit or below. All rules found at § 290-5-14.03 shall apply.

⁴ Reference <http://www.nal.usda.gov/fnic/foodborne/wais.shtml>, maintained by the USDA Food and Nutrition Service for information and resources on food safety.

- (i) Holding time. Providers shall assure that holding times for hot foods do not exceed 4 (four) hours from the final stage of food preparation until the meal is served to the participant, including delivery to the homes of home delivered meals participants.
- (j) Nutrition outreach. Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the Area Agency for intake and screening, including administration of the NSI-D checklist, according to procedures developed by the AAA. See §304.7(b)(1). AAAs may fund outreach activities through Older Americans Act Title III-B, Title III-C₁ and C₂ and state funds.
- (k) Nutrition education.⁵ The provision of information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status. Providers shall conduct

revised 12/2004

nutrition education activities at each congregate nutrition site, as follows:

- (1) Sessions shall be provided at least once monthly consisting of a session of not less than 15 minutes in length.
- (2) Each provider shall develop written nutrition education programming, including a calendar, which documents subject matter, presenters, and materials to be used, in accordance with requirements below. If AAAs/providers employ or contract with Registered Dietitians, the RDs may develop a single educational curriculum, which may be used by multiple sites or review or approve curricula developed by the providers.
- (3) Providers shall assure that nutrition education content and materials^{6,7} are

⁵ Nevada State Unit on Aging

⁶ Websites which may assist in the development of nutrition education materials include <http://nutrition4living.org> maintained by Benedictine University, Lisle IL; <http://trc.ucdavis.edu/gerinutr/Resources/Educational%20Materials.htm> maintained by the Gerontological Nutritionists, a practice group of the American Dietetic Association; and

developed to be consistent with the nutritional needs, literacy levels, and vision and hearing capacities, as well as the multi-cultural composition of participating seniors. At a minimum, providers shall incorporate into the curriculum the content provided in the “Take Charge of Your Health Train-the-Trainer” manual materials.

- (4) A qualified dietician, home economist, or other qualified source shall develop or review and approve nutrition education content/materials.
- (5) Each nutrition service provider shall maintain written documentation of programs presented to verify that the requirements are met.

revised 12/2004

- (l) Nutrition screening⁸ - Nutrition screening is the process of using characteristics known to be associated with nutrition problems to identify individuals who are nutritionally at risk.⁹ Nutrition screening begins at the AAA with the administration of the Nutrition Screening Initiative DETERMINE (NSI-D) Checklist as part of the intake and screening process. The AAA may allow congregate meal sites with no waiting lists to perform initial applicant intake and screening directly. Congregate meal providers shall complete the checklist six months after services begin and, at a minimum, annually thereafter, or at anytime that a change in the participant's condition or circumstances warrants. The AAA and provider(s) jointly shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or greater (at high nutrition risk) receive or are referred for a Level One Screening (or higher); receive a comprehensive nutrition assessment, when indicated; receive individual nutrition counseling, if indicated; are referred to their primary health care providers for follow-up; or are referred for any other assistance or services needed.¹⁰

revised 12/2004

- (m) Nutrition Assessment. An evaluation of nutritional status at a given point in time, which may include estimation of nutritional requirements and a care plan with measurable goals.¹¹ Area Agencies and nutrition service providers are to work collaboratively to identify or develop resources for the provision of nutrition assessments for persons at high nutrition risk. Registered dietitians and/or other qualified professionals may conduct nutrition assessments.

revised 12/2004

- (n) Nutrition counseling. The provision of individualized guidance by a qualified professional on appropriate food and nutrient intakes for those with special needs, taking into consideration health, cultural, socioeconomic, functional and psychological factors. Nutrition counseling may

revised 12/2004

⁸ Reference note 7 and also see <http://www.aafp.org>, the website of the American Academy of Family Physicians.

⁹ Definition adapted from the Guidelines and Standards of the American Society of Parenteral and Enteral Nutrition, A.S.P.E.N. Board of Directors, 1995

¹⁰ If the AAA contracts for or provides case management services for recipients of non-Medicaid services, the case management provider is responsible for comprehensive client assessment and reassessment, including the administration of the NSI-D Checklist. The case management provider is responsible for arranging for and/or coordinating nutrition services, including obtaining additional nutrition screening, with the nutrition service provider.

¹¹ "Nutrition Screening, Triage, and Assessment." Paula Davis McCallum, MS, RD, LDN, In "Nutrition in Cancer Treatment." Eureka, CA: Nutrition Dimension, Inc., 2003.

include advice to increase or decrease nutrients in the diet; to change the timing, size or composition of meals; to modify food textures; and, in extreme instances, to

revised 12/2004

change the route of administration – from oral to feeding tube to intravenous. The AAA or provider shall develop protocols to determine those participants with special needs who would benefit from individual counseling and assure that such counseling is made available by qualified professionals. Please note that individual counseling may not be indicated, regardless of the level of nutritional risk if the person would not benefit from the counseling due to cognitive impairments or otherwise could not participate the development of a nutrition care plan, or it is the documented opinion of a social service or health care professional that the person would not comply with a nutrition care plan. See note 7 for resources.

(o) Alternative meals.

revised 12/2004

(1) Picnic, holiday and weekend meals must meet at least 1/3 DRI/RDA requirements and provide nutrient levels according to the Georgia Program Targets for adults aged 55 and over (see Appendix 304-F); meet temperature requirements for hot and cold foods; and must be prepared in a commercial food service or on-site kitchen.

revised 12/2004

(2) Shelf-stable, dehydrated chilled and frozen meals must meet at least 1/3 DRI/RDA requirements for nutritional value and provide nutrient levels according to the Georgia Program Targets for adults aged 55 and over (see Appendix 304-F); and applicable temperature standards. Package labeling must be legible and show the packaging date, list of food items in the pack, storage instructions, and instructions for preparation or safe thawing and re-heating, or reconstituting.

(o) Facility access and safety. All nutrition sites shall comply with the Americans with Disabilities Act requirements, relating to access, with any other relevant DAS standards or program requirements.¹²

¹² Facility requirements for senior centers which house congregate meal programs are found in Section 200, §206.

**§304.4 Home Delivered Meal
Program Description and
Performance Requirements**

revised 12/2004

(a) Service objective. To promote better health for frail, older people, and eligible members of their households, through the provision of nutritious meals; nutrition screening, education and counseling services, if indicated, and collateral opportunities for social contact. Home delivered nutrition services shall be a part of a system of services which promotes independent living for the elderly and support for caregivers.¹³

(b) Service outcomes. At a minimum to measure the degree of nutritional risk of program participants; to delay decline in health/nutritional status through nutrition screening and assessment; to reduce identified nutritional risk among consumers through the provision of nutritious meals education and counseling; and to reduce isolation/increase the sense of well being of consumers through collateral contacts with program staff/ volunteers.

revised 12/2004

(c) Service activities. Service activities include the provision of meals, and nutrition screening, nutrition assessment, education and counseling to clients and their caregivers in the home and appropriate referral to other services/resources.

(d) Eligibility and priority for services. Eligible persons are those aged 60 and over, whose functional impairments¹⁴ prevent them from participating in a congregate meals program, or who provide care to a dependent, disabled person in the home, to the extent that they cannot leave the person to attend a congregate site. AAAs shall give priority to those in those in greatest social and economic need, in conjunction with nutrition risk status, as indicated by the NSI-DETERMINE Checklist Score and high functional impairment levels, as documented on the DON-R instrument. Persons with NSI-D Checklist. Scores of 6 or higher are considered to be at high nutritional risk and are to be given priority for services, relative to

**revised
8/2002**

¹³ Home delivered meals may be provided as a supplemental service through the Title III-E National Family Caregiver Support Program.

¹⁴ Functional impairment status and need for assistance are determined by the AAA at the time of intake and screening through the use of the Determination of Need-Revised (DON-R) instrument, and subsequently at the time of initial assessment and annual reassessment. Impairments in the eating and meal preparation items of the DON-R are particular indicators that a person may be at nutritional risk. However, staff shall consider the complete DON-R assessment and NSI-D Checklist in determining nutritional risk.

comparative scores of other applicants. Providers may offer a meal to the spouse/caregivers of a homebound eligible person if the provision of the collateral meal supports maintaining the person at home.

Providers also may offer meals to the non-elderly, disabled individuals, who reside in the households of elderly (age 60+) persons and are dependent on them for care.

- (e) Schedule of meal service. The service provider shall provide home delivered meals, at a minimum, in accordance with the Older Americans Act, § 336, Subpart 2, concerning Program Authorization. Providers shall make meals available at least once a day, five days or more a week, with arrangements for the provision of meals to participants during weather-related or other states of emergency.
- (f) Participant records. The service provider agency shall maintain files in a form and format approved/accepted by DAS, including information which, at a minimum, identifies regular participants and documents individuals' eligibility for the program. All providers shall maintain any other additional individual participant information as specified by DAS service program policies and procedures. Files of participants served through the DAS contract are confidential and are the property of the Department of the Human Resources. Files are subject to review and monitoring by the AAA, DAS, the Department and federal funding agencies.
- (g) Conditions for referral to other services. When appropriate, service providers shall work with the Area Agency (or case management agency, if available¹⁵) to refer participants to other service resources which may be appropriate to assist them with remaining independent and safe in their home, and/or to assist care givers with maintaining their own health and well- being.
- (h) Meal delivery. Providers shall develop and implement procedures for assuring safe meal delivery in accordance with applicable DHR Food

¹⁵ See note 16. Case management agencies, when available, oversee the coordination and provision of all services for non-Medicaid service participants.

Service and Food Safety rules and DAS requirements for holding times.

- (i) Meal packaging. Providers shall use supplies and carriers which allow for packaging and transporting hot foods separately from cold foods.
 - (1) Providers shall use meal carriers of appropriate design, construction and materials to transport trays or containers of potentially hazardous food, and other hot or cold foods. Carriers shall 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 is necessary to maintain safe temperatures.
 - (2) Providers shall clean and sanitize meal carriers daily or use carriers with inner liners which can be sanitized.
 - (3) Meal packaging, condiments and utensils must meet the following criteria:
 - (A) be sealed to prevent moisture loss or spillage to the outside of the container;
 - (B) be designed with compartments to separate food items for maximum visual appeal and minimize leakage between compartments;
 - (C) be easy for the participant to open or use. Providers must make every effort to provide assistive devices or modified utensils to persons who needed them, to assure maximum consumption and benefit from the meals.
- (j) Frozen, dehydrated, chilled or shelf-stable meals. These meals shall be prepared and served in accordance with DAS requirements and may be used only if the following criteria can be met:¹⁶

¹⁶ If the AAA contracts for or provides case management services to HCBS participants, the case management provider is responsible for assessing the ability of the home delivered meal recipient to store and prepare alternative meal types, as well as to determine whether the available meal is appropriate to meet the participant's health and dietary needs. See Appendix 304-D for documentation content.

- (1) The provider and the participant or caregiver can assure sanitary and safe conditions for storage, thawing (if applicable), and reheating, or reconstituting.
 - (2) The participant can safely handle the meal, or when the participant is frail, cognitively impaired or otherwise disabled, s/he has someone available to assist with food preparation, meal handling, and eating, if necessary.
- (k) Monitoring by service provider. Each provider shall monitor meal and document daily that temperatures of hot meals received from vendors are within acceptable ranges upon delivery to the
- site. Providers will monitor no less than twice per month and document the temperature of the last meal delivered on a given delivery route to assure that holding times, safe temperatures and quality of meals are maintained. Providers shall select routes randomly for monitoring.
- (l) Nutrition outreach. Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the Area Agency for intake and screening, when appropriate, according to procedures developed by the AAA.
- (m) Nutrition education. The provision of information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status.¹⁷ Each provider shall provide nutrition education services to recipients of home delivered meals and/or their caregivers at least once per month.
- (1) Providers shall develop written nutrition education programming, outlining activities to be performed; identifying materials to be sent to the homes of program participants and/or their caregivers. If the AAA/provider employs or contracts with a Registered Dietician, individual sites may use a single education

revised 12/2004

¹⁷ Reference note 5.

curriculum developed or approved by the staff RD.

revised 12/2004

- (2) Nutrition education content shall address the nutritional needs of home-bound elderly and be developed, approved or distributed by a qualified dietician, county extension agent, home economist, or other qualified source. Educational content also may include advice on maintaining adequate personal nutritional status to caregivers of frail elderly.

- (3) Providers shall make available print materials which are in sufficiently large (14 point or larger), clear and commonly used type faces, such as Arial and Verdana or Georgia and Times New Roman, to be easily read, and in language which is appropriate for the educational levels and cultural backgrounds of the participants.

- (4) Each nutrition service provider shall maintain written documentation of educational materials provided, monthly distribution lists to verify that the requirements are met. Providers also shall document telephone and/or home visit contacts.

revised 12/2004

- (n) Nutrition screening. Nutrition screening is the process of using characteristics known to be associated with nutrition problems to identify individuals who are nutritionally at risk.¹⁸ Nutrition screening begins at the AAA with the administration of the NSI-D checklist as part of the intake and screening process. The home delivered meals provider shall administer the NSI-D checklist¹⁹, at six months following the beginning of services and annually thereafter, or more frequently if indicated by a change in the participant's condition or situation. The AAA and provider(s) jointly shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or higher receive or are referred for a Level One Screening (or higher) and nutritional assessment; receive individual nutrition counseling, if indicated; are referred to his/her

¹⁸ See citation at note 9.

¹⁹ See notes 10, 15 and 16 regarding the provision of case management services. Case management staff may administer the NSI-D checklist and make necessary and appropriate referrals for additional nutrition interventions, coordinating such activities with the provider.

primary health care provider for follow-up; or are referred for any other assistance or services needed. (Also see note 7 for NSI interventions reference materials.)

revised 12/2004

- (o) Nutrition Assessment. An evaluation of nutritional status at a given point in time, which may include estimation of nutritional requirements and a care plan with measurable goals.²⁰ Area Agencies and nutrition service providers are to work collaboratively to identify or develop resources for the provision of nutrition assessments for persons at high nutrition risk. Registered dietitians and/or other qualified professionals may conduct nutrition assessments.

Nutrition counseling. The AAA and home delivered meals provider(s) jointly shall develop protocols to determine which program participants would benefit from individual counseling and assure that such counseling is made available by qualified professionals. (Also see note 7 for NSI interventions resources.)

²⁰ See citation at note 11.

**§304.5 Requirements
for Meals.**

- (a) Each meal shall comply with provisions in the Older Americans Act, Title III, Subpart 3 § 339, concerning compliance with Dietary Guidelines for Americans.
- (b) Nutrient content. Nutrient content of meals is determined by the application of the Dietary Reference Intake (DRI) Guidelines and the Dietary Guidelines for Americans, including the Food Guide Pyramid.²¹ Within the DRIs are the Recommended Dietary Allowances (RDAs) and Adequate Intake (AI) levels. The nutrient content of meals shall provide a minimum of 1/3 of the RDA/AI and shall not exceed the Tolerable Upper Intake Levels (UIs) for targeted nutrients on average over the week. If RDA/AI differ for men and women, the higher value of the two will be used. See Appendix 304-E, "Nutrient Values for Meal Planning and Evaluation," and Appendix 304-F, "Georgia Nutrition Program Nutrient Targets for Meals."
- (c) Menu approval. A qualified dietician shall certify menus in each cycle as meeting the dietary guidelines and providing recommended dietary allowances. The AAA shall submit copies of certified menus and nutritional analyses to the Division of Aging Services on a quarterly basis.
 - (1) The provider shall request and document approvals by the AAA to substitutions or other menu revisions.
 - (2) The AAA shall assure that the services of registered dietician are available for menu review and certification. This dietician shall not be employed by the commercial food vendor which provides meals for the planning and service area, if the provider subcontracts meal preparation.
 - (3) The certified menus are subject to the audit process and are to be retained for a minimum of six years, according to state record retention requirements.²²

**revised
12/2002**

revised 12/2004

²¹ Established by the U.S Department of Agriculture and the U.S. Department of Health and Human Services.

²² The AAA may elect to maintain certified menus at that level for a lesser period of time, as long as the nutrition service provider complies with record retention requirements.

- (d) Nutrient analysis. The provider shall obtain and maintain documentation of nutrient analysis for each meal per menu cycle. If the AAA allows the use of alternative protein sources, the procurement documents must clearly state how

frequently alternative protein may be used on a monthly basis and to what degree.

revised 12/2004

- (e) Meal patterns. Providers may plan menus using the meal pattern(s) established by DAS, but must assure that individual meals provide at least 1/3 of the DRIs/RDAs/AIs, per Appendix 304-E and Georgia Nutrition Program Nutrient Targets in Appendix 304-F. Following is the revised, updated standard meal pattern.

Table 304-2 Standard Meal Pattern Requirements – Basic Meal

Components

<i>Food Group</i>	<i>Servings per Meal</i>	<i>Dietary Guidelines Servings per Day</i>
Bread or Bread Alternate	2 servings (1 cup pasta or rice); 2 slices of bread (1 ounce each) or equivalent combinations	6-9 servings daily. Include several servings of whole grain (high fiber) food
Vegetables	2 servings: ½ cup or equivalent measure (may serve an additional vegetable instead of a fruit.)	3-4 servings daily. Include dark green, leafy, or orange vegetables; cooked dry peas and beans.
Fruits	1 serving: ½ cup or equivalent measure (may serve an additional fruit instead of a vegetable.)	2-3 servings daily. Include deeply colored fruits, such as orange fruits
Milk or Milk Alternates	1 serving: 1 cup (8 ounces) or equivalent measure	3 servings daily; select low fat products.
Meat or Meat Alternates	1 serving: 3 ounces or equivalent	2 servings daily, total

	measure	of 6 ounces
Fats	1 serving: 1 teaspoon or equivalent measure	Select foods lower in fat, saturated fat and cholesterol. Limit total fat to 30% and saturated fat to 10% of calories.
Dessert	Varies.	Select foods high in whole grains, low in fat and sugars.
Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, according to seasonal preferences.	

- (1) Providers/vendors shall use standardized recipes which yield all requirements of the meal pattern.
- (2) Food items chosen for each meal must vary daily, and must vary within the category of food.

- (f) Menu cycles. Providers shall develop twenty to twenty-eight day menu cycles, which can be repeated quarterly. Menus for therapeutic/ modified meals may be prepared on a six-month cycle (three or four-month cycle optional), in accordance with the Georgia Dietetic Association Manual.
- (g) Modified diets. Modified and/or therapeutic medical diets *may* be provided and may deviate from the standard menu pattern as required by the participant's special needs and medical condition, providing
 - (1) The nutrition service provider obtains a physician's prescription for each participant needing a special meal and maintains documentation of specific guidance on meal modification,
 - (2) Appropriate foods and staff with the skills necessary to prepare modified/therapeutic meals are available in the planning and service area.
- (h) Menu monitoring. Each nutrition service provider shall retain on file each menu with meals as served, for monitoring purposes. If providing services at multiple sites, each site must have a copy of the menus with meals as served.

§304.6 Administrative Responsibilities of Nutrition Service Providers

- (a) Compliance with the Older Americans Act. All providers shall comply with all provisions for nutrition services contained in the Older Americans Act, as amended.²³
- (b) Nutrition outreach. Each provider of nutrition services shall conduct outreach activities and document outreach strategies and contacts.
- (c) Compliance with other laws and regulations. Each provider agency shall use procedures that comply with all applicable state and local fire, health, sanitation, and safety laws and regulations. All food preparation,

²³ Title III, Part A, Section 307(a)(8), (a)(16); Part A, Section 311; Part A, Section 315; Part C, Subpart 1, Section 331, Subpart 2, Sections 336 and 337; Subpart 3, Section 339.

handling and serving activities shall comply with applicable requirements as found at § 290-5-14 of the Administrative Rules and Regulations of the State of Georgia.²⁴

- (d) Food production. Nutrition service providers shall assure that food production is planned and managed using standardized recipes adjusted to yield the desired number of servings, and to provide for consistency in quality and documented nutrient content of food prepared.
- (e) Food borne illness complaints. The provider shall promptly initiate investigation by local health authorities of complaints involving two or more persons with symptoms of food borne illness within a similar time frame after consuming food supplied through the nutrition service program. Providers shall report such complaints to the contracting Area Agency on Aging, within two business days of the occurrence of and/or receipt of a complaint regarding a food borne illness.
- (f) Weather-related emergencies, fires, and other disasters.
 - (1) The provider agency shall make facilities, equipment, and services available to the fullest extent possible in emergencies and disasters, according to the AAA regional emergency/disaster plan.
 - (2) The provider agency shall develop and implement written procedures to provide for the availability of food to participants in anticipation of and during emergencies and disasters, including contingency planning for delivery vehicle breakdowns, inclement weather, shortages in deliveries, food contamination, spoilage, etc.
- (g) Management and oversight of the nutrition program. The service provider agency shall identify an individual who is responsible for the overall management of nutrition services and compliance with performance requirements, standards and procedures. This person, and any other employee(s) responsible for food service management, shall

²⁴ Complete State Food Service Rules and Regulations may be found at <http://www.ph.dhr.state.ga.us/publications/foodservice/iii.shtml> or may be obtained from county health departments.

complete appropriate coursework in food protection, hazard avoidance and contamination control procedures,²⁵ and maintain any related certification according to the certifying entity's schedule, through continuing education or other professional development.

- (h) Staff orientation and training²⁶. The service provider shall assure that orientation and ongoing training for administrative and direct service staff and volunteers shall be adequate to provide for safe, appropriate, and efficient services to the elderly, and compliance with all applicable requirements and procedures. Providers shall document and maintain records of all content and dates of orientation and training for monitoring purposes.
- (i) Health inspections. It is the responsibility of the nutrition service provider to obtain required health inspections and certificates from the appropriate local health authorities, and post the annual certificates in each
- (j) Recordkeeping and reporting. Nutrition service providers shall comply with all record keeping and reporting and retention requirements as prescribed by the Division. Documentation requirements specific to food service include, but are not limited to, maintenance of :
 - (1) Daily records documenting persons who receive meals, for both congregate and home delivered meals program, if applicable;
 - (2) Meal counts or reports, including meals eligible and ineligible for the Nutrition Service Incentive Program (NSIP);
 - (3) Perpetual and physical inventory records for all foods, if meals are prepared on site.
 - (4) Food cost records, if applicable.

²⁵ AAAs and providers are referred to the ServSafe ® training program offered by the County Cooperative Extension Service, or to area technical schools and adult education programs for similar training courses in food safety and related topics.

²⁶ See Appendix 304-B for basic topics required for training. Providers may offer additional topics.

- (5) Documentation of daily temperature checks for congregate meals and bi-weekly checks for home delivered meals.
 - (6) Documentation of daily meal reports.
 - (7) Documentation of participant feedback, and the method used to obtain feedback on a routine basis and the feedback obtained.
- (k) Contributions. Nutrition service providers shall comply with the Older Americans Act, as reauthorized, related to providing participants the opportunity to make voluntary contributions in support of the program, in a manner that protects their confidentiality.
- (1) Providers shall assure that contributions shall be used only to support or expand the nutrition program, including:
 - (A) provision of additional outreach activities;
 - (B) provision of additional nutrition screening and assessment, education and counseling services;
 - (C) purchase of transportation services that will increase or enhance attendance at nutrition sites;
 - (D) expansion of meal service availability; or
 - (E) improvements in meal quality.
 - (2) The service provider may accept Electronic Benefits Transfers (EBT) if available, from eligible participants as a form of voluntary contribution.
 - (3) Providers shall assure that no participant is denied service due to an inability or unwillingness to make a voluntary contribution
 - (4) Providers shall assure that solicitations of voluntary contributions are non-coercive in nature.

- (l) Other program income and fees.
 - (1) The provider agency shall recover, at a minimum, the full meal cost as determined by the Uniform Cost Methodology for those meals served to staff and guests under age 60. The provider shall account for payment for these meals on separate receipts from contributions and handle funds in the same manner as program income. The meal cost for purposes of cost recovery from staff and guests under age 60 shall be posted in a prominent location and updated on an annual basis. For the purpose of determining the amount to be recovered, the meal cost will be calculated only for central kitchen or food vendor costs. The total costs, including overhead/operating costs shall be posted as well.
 - (2) Providers shall not apply a cost share to meals paid for with Older Americans Act funds. The AAAs at the time of intake and screening, (or the provider agency if applicable) shall inform each applicant of the potential for the payment of part or all of the cost of the meal as provided by DAS policies for State Community Based Services funds, and assess each applicant's potential fee using DAS guide
- (m) Nutrition Services Incentive Program (NSIP)

The cash allotment made available by the United States Department of Agriculture (USDA) shall be used in accordance with the Older Americans Act and United States Department of Agriculture policy and procedures. Meals provided through the NSIP must meet all requirements of the former USDA cash reimbursement program and must be served to eligible participants. Meals eligible for NSIP funding are those which:

 - (1) Meet at least one-third of the Recommended Dietary Allowances (RDA), Dietary Reference Intakes for each meal served;²⁷
 - (2) are served to eligible individuals [see §304.3(d) and §304.4(d);]

²⁷ Exception: Meals which are modified in nutrient content for medical reasons and which are prescribed by a physician.

- (3) are served by a nutrition service provider who is under the jurisdiction, control, management and audit authority of the State Unit on Aging, or the Area Agency on Aging.

**§304.7 Area Agency on Aging
Responsibilities for the
Nutrition Services Program**

- (a) Policies and procedures. The AAA shall develop and implement any necessary additional policies and procedures for the following:
 - (1) compliance with the Older Americans Act, as reauthorized, with regard to the elderly nutrition program.
 - (2) program evaluation activities, including conducting periodic evaluations of assessment, reassessment and nutrition risk information for congregate and home delivered meals participants to assure that those persons in greatest need are being served and desired outcomes are achieved;
 - (3) verification that all providers comply with the Older Americans Act, as reauthorized, concerning use of NSIP funding; that only eligible meals are funded through NSIP; and that cash will be used to purchase only meals prepared from food grown or commodities produced in the United States.
 - (4) the election to allow providers to provide meals to volunteers, guests and staff.
 - (A) Nutrition services staff guests and volunteers age 60 and over are considered to be eligible older persons for purposes of receiving meals and shall be given the same opportunity to make voluntary contributions as any other participant.
 - (B) Staff, guests, and volunteers under age 60 (except for spouses of eligible

participants) may consume a meal only when it will not deprive an eligible older person of the opportunity to receive a meal. These individuals shall pay the full cost of any meals received.

- (b) Compliance requirements. AAAs are responsible for:
- (1) assuring that all meals served meet requirements as specified in §304.5;
 - (2) establishing procedures for consistent AAA management of waiting lists and communications with nutrition providers regarding referrals to and openings in the program.
 - (3) assuring that service provider staff have made appropriate arrangements for providing meals in emergency situations or natural disasters, with emphasis on plans for providing services during periods of inclement weather, particularly to people residing in geographically remote areas.

- (c) Staffing for nutrition program contract management duties. The AAA shall designate one or more staff to manage the nutrition service contracts or obtain the services of consultants to coordinate with staff for the management of nutrition services contracts. The minimum qualification for staff or consultants shall be:
- (1) satisfactory completion of a DAS-approved course in food safety, food protection, or equivalent (see note 25); and/or
 - (2) Licensure through the state of Georgia as a registered dietician.
- (d) Compliance Monitoring.
- (1) The AAA shall monitor each nutrition service provider and individual provider site at least once annually within the first six months of the contract year, placing additional emphasis on monitoring more often those sites which continue to demonstrate substantial non-compliance for the previous year, or new provider(s)/site(s).
 - (2) The AAA shall monitor each commercial food vendor kitchen or commissary on-site at least once annually. Follow-up during the contract period shall be made as desired or indicated.
- (e) Negotiation of contracts.
- (1) Using the Uniform Cost Methodology²⁸ and principles of performance based contracting to procure Congregate and Home Delivered Meals, AAAs shall assure that potential subcontractors establish a base meal cost. AAAs shall base reimbursement rates on actual cash costs, excluding estimates of volunteer time, and the value of contributed goods and services. The base meal cost shall be the basis for negotiation between the AAA and any respondents to requests for proposals.

²⁸ Area Agencies may waive the use of the Uniform Cost Methodology by food vendors who already employ a per meal unit cost analysis with comparable cost centers.

(2) Costs of services other than the base meal rate must be accounted for in other service categories.

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- (3) The AAA has the authority to renegotiate reimbursement rates during the contract period, based on documentation from the provider which identifies additional costs and the rationale for including any additional costs as necessary and reasonable to the provision of meals.
- (f) Program Planning and Evaluation. The AAA shall use NSI-D Checklist data at a minimum, and any other relevant data, to identify and target nutrition services to the at-risk population. On an annual basis, the AAA shall analyze client and cost data, in addition to compliance monitoring results to identify necessary program improvements. The AAA shall involve the provider(s) in the evaluation process and provide written feedback regarding required corrective actions or program improvement initiatives.

§304.8 Registered Dietitians

- (a) The AAA is responsible for assuring compliance with the Older Americans Act, as reauthorized, which provides that the nutrition program be administered with the advice of dietitians or individuals with comparable expertise. The AAA may employ directly the dietitian(s) or contract for consultation services. Nutrition service providers may also employ or contract for dietitian services in fulfillment of this requirement.
- (b) Duties of the dietitian include, but are not limited to:
 - (1) Menu planning - the development (or oversight of the development of) regular four week cycle menus (four or six-month cycle for special diets) which will change quarterly with consideration of input from program participants and staff. The dietitian shall convene quarterly menu planning meetings with senior center managers, and on-site kitchen staff or commercial food vendor staff. The dietitian shall assure that the menus conform to the Division of Aging Services' meal patterns and nutrient content.
 - (3) Development of standardized recipes and nutritional analysis - The dietitian shall

develop, select, and/or approve standardized recipes as needed/ appropriate and provide/obtain full nutritional analysis for all proposed menus.

- (3) Training - The dietician shall provide quarterly (or more frequently as needed) in-service training to on-site kitchen staff and senior center staff on such topics as food sanitation and safety; portion control; quality control; cost control; special nutritional needs of the elderly; planning low-cost nutritious meals for one or two people and other nutrition and health related topics.
- (4) Nutrition Education - The dietician shall develop and/or disseminate approved nutrition education materials to food service personnel (for use with kitchen staff) and to senior center managers (for use with congregate and home delivered meals program participants).
- (5) Technical Assistance - The Dietician shall provide technical assistance in the areas of food service management and nutrition program management to Area Agency staff, nutrition project personnel and food service personnel. The dietician will provide technical assistance to food vendors to offer flexibility and choices for program participants.
- (6) Nutrition Screening and Intervention – The dietician shall assist the Area Agency staff and implementation of the Nutrition Screening Initiative in the planning and service area, including assisting with developing protocols and mechanisms to provide access to Level I Screening (or higher) and assessments, or referrals to appropriate health care providers for individuals identified as being at high nutritional risk.
- (7) Nutrition Counseling — The dietician shall provide, oversee and/or develop resources for the provision of individualized nutrition counseling for persons identified as being at

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high nutrition risk, including developing protocols for targeting client groups and priorities for using available resources. The counseling shall include referral to other needed services and assistance and follow-up. The dietician shall coordinate service referrals with case managers, if present.

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- (8) Program Monitoring, Planning and Evaluation — the dietician shall oversee or assist with program monitoring and evaluation; the analysis of programmatic data; oversee or assist in the development of bid specifications; and oversee or assist in developing the Area Plan with regard to meal service and nutrition program initiatives. RDs will coordinate with Wellness Program staff, Care Coordinators, and other Area Agency or provider staff in the implementation and promotion of Wellness Program activities.

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- (9) Quality Assurance - It is the responsibility of the dietician:
- (1) to assure that the meals served in the OAA Nutrition Program meet the nutrition and dietary standards.
 - (2) to assure that the vendor/provider has used standardized recipes;
 - (3) to assure that the menu items used for nutrient analysis and menu items provided to consumers are the same;
 - (4) to assure that program participants have had an opportunity to provide input in the development of menus.

§304.9 Transfers of Program Funding

AAAs may transfer up to 40% of the funding between the congregate and home delivered meals program, and an additional 30% between the nutrition services program and supportive services, with approval from the Division, to assure that the Division does not exceed the transfer percentages in the aggregate. AAAs shall provide in the Area Plan/Update a description of the amounts to be transferred, the purpose, the need, and the impact on the provision of services from which funding will be transferred. AAAs may request waivers to transfer a larger percentage, with justification, and DAS may approve excess transfers, conditional on not exceeding the maximum percentage statewide.

§304.10 Provider Quality Assurance and Program Evaluation

- (a) AAAs shall assure that each nutrition program provider organization develops and implements an annual plan to evaluate and improve the effectiveness of program operations and services

to ensure continuous improvement in service delivery.

- (b) The evaluation process shall include:
- (1) a review of the existing program.
 - (2) satisfaction survey results from consumers, staff, and program volunteers.
 - (3) program modifications made that responded to changing needs or interests of consumers, staff or volunteers.
 - (4) proposed program and administrative improvements.
- (c) Each provider with an individual contract shall prepare and submit to the AAA annually a written report which summarizes the evaluation findings, improvement goals, and implementation plan for each site. The provider shall submit the report no later than the end of the first quarter of the new fiscal year (September 30.)
- (d) Providers which also operate senior centers shall incorporate the evaluation of the nutrition program into the annual senior center program evaluation.

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§304.11 Fiscal Management

Contractors providing nutrition services shall practice sound and effective fiscal planning and management, financial and administrative record keeping and reporting. Contractors will use the Division's Uniform Cost Methodology on an annual basis to analyze, evaluate and manage the costs of the program.

§304.12 Laws and Codes

Each nutrition service program site shall be operated in compliance with all federal, state, and local laws and codes that govern facility operations, specifically related to fire safety; sanitation; insurance coverage; and wage and hour requirements.

§304.13 Clients' Rights and Responsibilities and Complaint

Resolution

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Nutrition Service Providers, including Area Agencies on Aging, if applicable, shall assure that consumers, or their caregivers/ representatives, receive written notice of their rights and responsibilities upon admission to the program, according to Chapter 202, *General Service Requirements*. For ongoing consumers, the information may be provided at the next re-assessment.

Effective Date: Upon issuance.

Appendix 304-A

Making a Sanitizing Solution

SANITATION OF FOOD PREPARATION WORK AREAS AND EQUIPMENT

A number of factors influence the effectiveness of any chemical sanitizer. They are:

Contact

In order to lower the number of microorganisms to an acceptable level, the sanitizing solution must make contact with the surface or the utensil for the amount of time required by the state or local regulatory authority.

Selectivity

All sanitizers may not reduce the number of certain microorganisms to an acceptable level.

Concentration

The concentration of the sanitizing solution is a critical factor. In the case of chlorine bleach, the 1997 FDA Model Food Code recommends a concentration of 25-100 ppm (parts per million) depending on the job to be done, the temperature of the water and the pH of the solution. Concentrations higher than necessary can create a safety hazard, cause taste and odor problems, corrode metals and other materials and leave residues. The effectiveness of a chlorine bleach sanitizing solution diminishes with use. Therefore it is necessary to test the sanitizing solution using test strips. These are readily available from foodservice supply houses.

Temperature

Chlorine sanitizing solutions should be at a minimum temperature of 75°F. They are less effective at lower temperatures. At temperatures higher than 120°F chlorine may evaporate from the solution and corrode certain metals. In general all sanitizers work best at temperatures between 75° and 120°F.

To Sanitize Work surfaces

- After each use, especially after working with raw meat, fish or poultry, thoroughly wash with hot water and soap/detergent and rinse with warm water.
- Use a sanitizing solution of 1 teaspoon of liquid chlorine bleach to one gallon of warm water (at least 75°F) (200 ppm solution) with clean wiping cloth. (Note: solution should be changed often). Wiping cloths should be kept in the sanitizing solution. (Also, see note below)
- Air dry.

To Sanitize Dishes, Glassware, Utensils, Pots and Pans

- Wash thoroughly in warm water and soap/detergent.
- Rinse thoroughly in warm water.
- Soap/detergent residue and organic matter (food/soil) even in small amounts reduces the effectiveness of the sanitizing solution.
- Immerse in a solution of one teaspoon of liquid chlorine bleach to one gallon of water for at least one minute (60 seconds).

- Air dry.

To Sanitize Dishtowels, Dishcloths and Wiping Towels

In the sink

- Fill sink with warm water and appropriate amount of laundry detergent.
- Add one teaspoon of liquid chlorine bleach for each gallon of water.
- Swish around.
- Rinse in warm water
- Air dry.

In the washing machine

- Wash in washing machine with laundry detergent/soap and one cup of liquid chlorine bleach.
- Always thoroughly mix with water as directed before using.
- Do not allow undiluted liquid chlorine bleach to come in contact with any fabric (If it does, rinse out immediately with clear, cold water)
- Do not use on steel, aluminum, silver or chipped enamel.

In addition to cleaning and sanitizing work surfaces, equipment and utensils, also note the areas of the facility that may have been overlooked for cleaning, e.g., walls, ceiling, light fixtures, floors, floor drains and shelves.

Note: Solution proportions are based on the concentration of chlorine in bleach-

- 2%: Use 2 teaspoons of bleach to 1 quart of water or
Use 2 tablespoons of bleach to 1 gallon of water
- 4% Use 1 teaspoon of bleach to 1 quart of water, or
Use 1 tablespoon of bleach to 1 gallon of water
- 6% Use 1/2 teaspoon of bleach to 1 quart of water, or
Use 2 teaspoons of bleach to 1 gallon of water

Sources: The University of Georgia Cooperative Extension Service, University of Rhode Island Cooperative Extension Service and FoodServiceSearch.Com,
http://www.foodservicesearch.com/food_safety

Appendix 304-B

Basic Training Topics for Nutrition Program Staff

Training Topics

The following topics at a minimum are to be covered in initial training and orientation for all program staff and volunteers involved in the serving of meals, prior to their assuming their job responsibilities:

- Agency orientation
- Food safety and sanitation
- DAS meal temperature standards
- Policies on voluntary contributions and fees for service
- Portion control
- Emergency management procedures
- Handling client emergencies (health/medical)
- Policies on client confidentiality
- Policies on non-discrimination and Americans with Disabilities Act requirements
- Meal packaging (for home delivered meals only)

Additional training content to be covered during the first quarter of employment includes, but is not limited to:

- Basic nutrition for older adults
- Food service management (for congregate meals staff)
- Training participants on food safety, good nutrition and health conditions
- Coordination with the Area Agency on Information, Referral and Assistance services
- Reporting and record maintenance
- Food service evaluation and procedures for communicating with food vendors
- Participant Assessment (if applicable)
- Coordination with AAA on waiting list administration

Appendix 304-C
Sources of Meal Pattern Foods
and
Portion Control Guides

Meats and Meat Alternates

As a group, meat and meat alternates provide protein, iron, B vitamins (thiamine, riboflavin, and niacin) among other nutrients.

For each meal, a 3-ounce edible portion of lean meat, poultry, fish, eggs, or meat alternate (dried beans, peas or other legumes; nuts and nut butters; or cheese) must be served.

Nuts and seeds may be used to meet no more than one-half of the meat/meat alternate requirement, and must be appropriately combined with other meats/meat alternates to fulfill the requirement.

- ▶ 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.
- ▶ Meats or alternate foods may be served alone or combined with other foods in casseroles, loaves, patties, soups, salads and sandwiches.
- ▶ Cured meat products, such as ham, sausages, luncheon meats, and hot dogs are very high in sodium and the use of these type products must be limited to no more than three or four times during the menu cycle. Bacon is not considered a meat alternate, since it provides primarily fat and 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 fluid intake of program participants. The recommended ratio of protein product to meat is 20 : 80.

Portion Control Guide – Meats and Meat Alternates	
Food Item	Required Portion Size = 3 ounces = 1 M/MA
Cottage Cheese 2 ounces by weight = ¼ cup = 1 M/MA	6 ounces by weight = ¾ cup
Chicken	1 drumstick and 1 thigh or ½ breast to equal 3 ounces
Chili, soups	Must serve at least 1½ cups containing 3 ounces of meat or meat alternate to provide one meal's protein requirement
Dried beans and peas, cooked	1½ cups
Eggs One egg = 1 ounce	3 eggs
Lasagna, Macaroni and Cheese, Beef or other Meat Stew, Meat Casseroles	1½ cups
Meat Loaf 1 slice 2"x4"x2" = 4 ounces	4 ounces (yield from a 20"x12"x2" pan = 33 servings)
Pizza 3¼" x 7" = 3 ounces M/MA	10 servings per 18"x26" pan 5+ servings from 12"x20" pan

Roast Meats	3 ounces
Sandwiches	
Sliced meats/cheese	3 ounces
Salad type fillings	3 ounces = ¾ cup filling
Spaghetti sauces with ground beef	1 cup
Tofu	4 ounces

Meat/Meat Alternates, continued

Prepared Fish Products

Fish Product	Serving or Portion Size
Fish sticks, <u>Frozen Fried Breaded</u> 60 per cent fish	Six 1 ounce sticks = 3 ounces cooked fish
Fish sticks, <u>Frozen Raw Breaded</u> 72 per cent fish	Six 1 ounce sticks = 3 ounces cooked fish
Fish portions, Frozen, <u>Fried Battered</u> There is no standard portion for this product. Specify 45 per cent fish <u>and</u> require a certificate of inspection from the processor	9 ounce portion = 3 ounces cooked fish
Fish portions, Frozen, <u>Fried, Breaded</u>	6 ounce portion = 3 ounces cooked fish
Fish portions Frozen, <u>Raw Breaded</u> 75 per cent fish	6 ounce portion = 3 ounces cooked fish
Fish portions Frozen, <u>Unbreaded</u>	4 ounce portion = 3 ounces cooked fish

Additional Information on Specific Products

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 1 ounce of M/MA. It would take 3 cups to provide the required 3 ounces of M/MA.

An 8 ounce serving (1 cup) would provide 1 cup M/MA. The remaining 2 ounces required for a meal could be provided in a sandwich or other entrée item.

Hot Dogs/Frankfurters

Red meat (beef, pork, etc.) and poultry (turkey, chicken) hotdogs 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

Hotdogs 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 M/MA requirement. Obtain product information from the manufacturer if necessary.

Luncheon Meat

Luncheon meat is a smoked, cooked sausage. Those that do not contain meat by-products, cereals, binders or extenders are exchangeable on an ounce-per-ounce basis (1 ounce of product provides 1 ounce of cooked lean meat.)

Look for products labeled “All Meat.”

Read the label to determine portion size; often servings are less than 3 ounces

The contribution of lunch meats that do contain meat by-products, cereals, binders, or extenders cannot always be determined on the basis of the label information. Unless you can get a signed written statement from the manufacturer certifying the amount of cooked, lean meat in the finished product, it is wiser not to use the products at all.

Note: Federal law requires that binders, extenders, etc. be listed on product labels in descending order of the percentage of content (from highest to lowest.)

Cheese Foods and Cheese Spreads

Cheese foods and spreads such as Velveeta™ and Cheese Whiz™ may be served as meat alternates, but twice as much is required because these products contain less protein and more moisture than natural and processed cheeses.

A 2 ounce serving of cheese food or spread is equivalent to only 1 ounce of M/MA. Six ounces of cheese food/spread is required to equal a 3 ounce portion.

Note: All of these food products contain significant amounts of sodium and fat and their use should be limited.

Fruits and Vegetables

Fruits and vegetables are the primary sources of vitamins A, C and folacin in the diet.

They also are good sources of such minerals as iron, zinc, magnesium, and are good sources of fiber. They are low in fat and should be included in the diet as often as possible. The nutrition program should encourage participants to "Take Five a Day," meaning to eat five servings in total of fruits and vegetables daily. Individually, three to five servings of vegetable and two to four servings of fruit are recommended according to the Food Guide Pyramid. Meals served through the nutrition program should be planned to help people to the greatest extent possible achieve that goal. To meet program requirements, each meal served must contain two or more different vegetables and/or fruits. Plan to serve foods rich in Vitamin A at least three times per week, and foods rich in Vitamin C daily.

Fruits and vegetables may be served cooked, or raw, if properly washed, and may be served alone or in combinations. A serving is $\frac{1}{2}$ cup or a single piece. If serving raw vegetables as a relish tray, each serving must be at least $\frac{1}{4}$ cup, and additional food items must be provided to fulfill the entire 1 cup requirement.

One-fourth cup, drained weight, minimum of fruits or vegetables must be provided per serving in any soup, stew, casserole, gelatin or other combination dish, if it is identified as a "Fruit/Vegetable" serving. The total meal must provide 1 cup in total of fruit/vegetables from at least two sources.

When juices are served they must be 100 percent fruit or vegetable juice. Fruit drinks, nectars, or cocktails containing less than 50 percent juice may not count toward this requirement.

Juices may be served daily. However, due to a generally low fiber content, they may not be considered a part of the fruit/vegetable requirement more than once a week.

When purchasing frozen and canned fruits, choose those without added sugar or syrup, preferably canned in fruit juice or water.

Macaroni, rice, noodles, and spaghetti are not vegetables and do not contribute toward the vegetable component. (See bread/grain requirement.)

Salad bars may be provided as one of the two servings of fruits and/or vegetables for any meal. Foods rich in Vitamins A and C must be offered in salad bars, when offered.

Pasta and Macaroni salads rarely contain sufficient vegetables to meet the requirement of a $\frac{1}{2}$ cup serving. When serving these salads, include sufficient fruits and/or vegetables in the meal to provide a total of 1 cup. The macaroni may be considered the bread for the meal if $\frac{1}{2}$ cup of the salad is served. (The total salad serving would be larger than $\frac{1}{2}$ cup.)

Main dish salads, such as Chef of Taco salad, can meet the full requirement providing that it provides a 3-ounce portion of meat/meat alternate, and at least one cup of vegetables, with more than two types of vegetable included. For example, a salad composed only of Iceberg lettuce would not meet program standards, but one containing cabbage, romaine, spinach and Iceberg, plus other vegetables (tomato, green pepper, onion, cucumber, etc.), as well as the meat/meat alternative would.

Fruits and Vegetables	Portion – Total 1 cup minimum from two or more items
Canned or frozen fruits or vegetables	¼ cup = #16 scoop ½ cup = #8 scoop
Fresh fruit	½ cup = 1 medium piece
Juice, full strength	½ cup (4 ounces) served in a 5 or 6 ounce cup
Soups - canned, vegetable types	1 cup reconstituted or ready-to-serve = ¼ cup serving of vegetable
pea soup	1 cup = ½ cup vegetable
Tomato, Sauce	½ cup = ½ cup vegetable
Paste	2 Tablespoons = ½ cup vegetable
Pureé	4 Tablespoons = ½ cup vegetable

Fruits and Vegetables, continued

Sources of Vitamin A: A ½ cup serving of the following will provide:

500+ micrograms > 1/3 RDA **200 -500 micrograms = 1/3 RDA** **100 - 200 micrograms < 1/3 RDA**

Carrots canned	Mango	Apricots, dried,
Chard, Swiss (cooked)	Cantaloupe	Cranberries
Collards (cooked)	Papaya (half)	Nectarines
Pumpkin	Beet Greens	Peaches
Spinach (cooked)	Bok Choy (cooked)	Persimmons
Squashes, Winter varieties	Kale	Asparagus
Sweet potato	Mustard Greens	Broccoli
Mixed vegetables (fresh)	Parsley	Bok Choy
(fresh)	Peas and Carrots	Chard, Swiss
(fresh)	Peppers, Sweet, red	Mustard Greens
Cocktail	Spinach (fresh)	Tomatoes
	Turnip Greens	Vegetable Juice

RDA for Vitamin A—
Women – 800 micrograms

Men – 1,000 micrograms

Sources of Vitamin C: A ½ cup serving of the following foods will provide (1/3 RDA = 20 milligrams)

50 mg. +

30 - 50 mg.

15 - 30 mg-

Broccoli	Cauliflower	Asparagus
Brussels Sprouts	Collards	Cabbage
Chili Peppers, red and green	Cranberries	Cantaloupe
Grapefruit	Grapefruit juice	Honeydew melon
Guava	Kale	Mandarin Orange
Oranges, orange juice	Mangoes	Okra
Papayas	Mustard Greens	Pineapple juice
Parsley	Raspberries	Potatoes
Kiwi fruit	Strawberries	Tangerines, juice
		Rutabagas
		Sauerkraut
		Spinach
		Sweet Potatoes
		Tangelos
		Tomatoes, juice, paste, puree
		Turnip roots and greens

RDA for Vitamin C—
60 mg/day for men and women

Breads, Cereals, Rice and Pasta Group

Whole Grain/Enriched Bread Requirement

Enriched or whole grain bread and cereals are sources of B vitamins, minerals (especially iron), protein and calories. Whole grain products supply additional vitamins and minerals, as well as dietary fiber and a variety of tastes and textures.

Breads or alternates must be whole grain or enriched or made from whole grain or enriched meals and/or flours, as the primary ingredient(s) by weight, as specified by labeling or recipe.

The bread or bread alternate must serve the customary function of bread in a meal. This means that for lunch the bread/product must be served as an accompaniment to, or a recognizable part of the main dish, not merely as an ingredient.

One serving of whole grains or enriched bread or an alternate is required. One serving is one slice of bread, or one biscuit, muffin, roll, or square of cornbread.

- ▶ Bread alternatives include enriched or whole grain cereals such as spaghetti, macaroni, dumplings, pancakes and waffles. Rice, crackers and tortillas also are included.

- ▶ Breads containing fruits and vegetables, such as banana and pumpkin, are considered desserts due to their calorie and nutrient composition.

- ▶ To provide additional variety, certain vegetables and fruits high in complex carbohydrates may occasionally be served as bread alternates. A four-ounce serving of the following may be used: white potatoes, sweet potatoes, yams, plantains, corn, pumpkin, squash, dried beans, peas or lentils (4 ounces = $\frac{1}{2}$ to $\frac{3}{4}$ cup.) When used as the bread alternates, these foods may not be considered as part of the fruit and vegetable requirement.

- ▶ When serving breakfast meals, include muffins made from low fat recipes, bagels or English muffins instead of sweet rolls, coffee cakes or doughnuts (which are higher in fat and calories,) whenever possible.

Bread and Bread Products

Include:

- Whole grain or enriched breads
- Whole grain or enriched cereals
- Chow Mein Noodles
- Corn tortillas and corn products made with whole grain or enriched corn meal
- Egg roll or Won Ton wrappers
- Graham crackers
- Grains, such as bulgur, oats, wheat, farina, corn meal, millet, rice, etc.
- Grits - enriched corn grits or hominy grits
- Macaroni and macaroni products — enriched lasagna, elbow macaroni, and spaghetti
- Noodles and noodle products (enriched)
- Popovers
- Pretzels — soft only
- Rice cakes
- Stuffings/dressings (made with enriched breads)
- Taco shells

The following may be used on an limited basis due to fat content:

- Coffee cakes
- Doughnuts
- Granola cereal
- Pie crust for main dishes
- Puff pastry for main dishes
- Sweet rolls and buns

The following may not be used to meet the bread requirement

- Commercial bread stuffing made from unenriched bread products
- Cakes
- Chips (taco, potato, corn, etc.)
- Unenriched corn meal or grits
- Cupcakes
- Gingerbread
- Ice Cream cones
- Dessert pie crusts
- Popcorn
- Tapioca
- Wheat germ (may be used in bread products)

Bread Equivalents

Item	Serving Size	Approximate Weight per Unit	
		Grams	Ounces
Bagel	1 bagel	57	2.0
Bread Stick	4 sticks	20	0.7
Buns, all types	1 bun	28	1.0
Chow Mein Noodles	½ cup	22	0.8
Cornbread (2-inch square)	1 square	38	1.3
English Muffin	1 muffin	57	2.0
Graham Cracker (2 ½" square)	3 crackers	21	0.7
Muffin, low fat	1 muffin	38	1.3
Pancakes	1 pancake	50	1.8
Pizza Crust	1 slice crust	30	1.1
Popover	1 popover	50	1.8
Pretzel,soft	2 pretzels	32	1.2
Rye wafers (whole grain)	4 wafers	25	0.9
Roll, dinner	1 roll	30	1.1
Saltine crackers	8 crackers	20	0.8
Stuffing/dressing	⅓ cup	46	1.6
Taco shells	2 shells	30	0.8
Tortillas (6-inch diameter)	1 tortilla	30	1.1
Waffles	1 waffle	30	1.1

Cooked portions of cereal products such as pasta (Macaroni, noodles, spaghetti), rice, bulgur, or other cereal grains may count toward meeting the bread requirement as follows:

Bulgur.....	1/2 cup
Fortified Dry Cereal.....	3/4 cup
Cream of Wheat.....	1/2 cup
Pasta products.....	1/2 cup
Rice.....	1/2 cup
Rolled Oats.....	1/2 cup

Milk and Dairy Products

Milk or Equivalent Products

Milk products are good sources of calcium, protein, and riboflavin. Fortified products also provide vitamins A and D.

Eight ounces of fortified milk (preferably low fat or skim), buttermilk, or a calcium equivalent must be served daily. The use of skim or low fat milk and milk products is encouraged to help reduce the total fat in the meal.

In August 1997, the RDA for calcium for Adults was increased from 800 mg. to 1200 mg, a 33% increase.

For individuals who do not tolerate milk products well, dietary modifications may include:

- Products such as canned sardines and salmon, including the bones; dark green leafy vegetables; cooked dried peas and beans.
- Yogurt. Many people who are lactose intolerant can eat yogurt (especially with live cultures).

Custards, puddings, and ice milk also may be used to meet some of the calcium requirements. Because of the large portions which would be required, however, these foods should be considered as a supplement, rather than replacement for other dairy products. This recommendation is made to keep fat, sugar and total calories within the U.S. Dietary Guidelines.

One 8 ounce serving of low fat milk will provide approximate 300 mg. of calcium. This amount must be supplied through other foods if milk is not consumed.

Lactose-reduced milk is a fluid milk product modified by the addition of lactose enzymes. The lactose (milk sugar) in this milk has been broken down into simple sugars. People who have difficulty digesting or cannot digest the lactose in milk may benefit from a lactose-reduced or lactose free low fat milk product.

Milk and Milk Alternatives

8 ounces flavored or unflavored:

- Whole milk
- Low fat milk (1%, 2%)
- Skim milk (non-fat)
- Buttermilk
- Hot Chocolate or Cocoa made with non-fat
- Lactose-reduced or lactose-free milk
- Yogurt

Other portion sizes required to meet calcium needs:

Cheeses:

- Ricotta, part skim -- ½ cup
- Cottage, 1% fat -- 1¼ cup
- Cheddar, Monterey, Provolone, Swiss, Colby, Mozzarella, American – 1 ½ ounces*
- Tofu, preserved in calcium sulfate -- ½ cup

*Note: use of “hard” cheeses should be limited due to the higher fat content.

Rich Sources of Calcium

	Mg Calcium	Calories		Mg Calcium	Calories
Dairy Products			Meat/Meat Alternatives		
Buttermilk, 1 cup	285	99	<i>Seafood</i>		
Milk, Skim, 1 cup	302	86	Mackerel, canned Jack, 3 oz	202	131
Milk, 1%, 1 cup	300	102	Salmon, canned w/bones, 3 oz.		
Milk, 2% milk fat, 1 cup	297	121	Chum	212	120
Milk, whole, 1 cup	291	150	Sockeye	203	130
Milk, chocolate 2%, 1 cup	284	179	Sardines, canned, drained/bones		
Milk, nonfat dry, 1/3 cup	280	81	Atlantic, 3 oz.	351	192
Buttermilk, dry, ¼ cup	355	118	Pacific, 3.5 oz.	351	176
Milk, canned:			Fruits/Vegetables		
skim, evaporated, ½ cup	369	100	Collard Greens, raw,		
whole, evaporated, ½ cup	329	170	3.5 oz	203	40
Cheeses			Desserts		
Cheddar, 1 oz.	204	114	Custard pie, 6 oz. slice	297	305
Monterey, 1 oz.	212	106	Ice cream, soft serve, 1 c.	236	377
Provolone, 1 oz.	214	100	Ice Milk, soft serve, 1 cup	274	223
Ricotta, part skim, ½ cup	337	170	Pumpkin pie, 7 oz. slice	212	367
Swiss, 1 oz.	272	107	Yogurt, frozen, 1 cup	240	220
Tofu, firm, ½ cup	258	183			
Yogurt, plain low fat, 1 cup	452	127			
Yogurt, vanilla low fat, 1 cup	389	193			
Yogurt, fruit, low fat, 1 cup	231	231			

200 – 300+ Mg Per Serving

100 – 200 Mg Per Serving

Mg Calcium		Calories	Mg Calcium	
Dairy Products			Meat/Meat Alternates	
Cheeses			Beans, Baked, Homemade, 1cup	
155	382	American, 1 oz.	174	106
plain/vegetarian, 1 c.		126	235	Bean, canned,
Blue, 1 oz.	150	100		Beans, w/ pork, sweet sauce, 1 cup
282				155
Colby, 1 oz.	194	112		Beans w/ pork, tomato sauce, 1 cup
247	Cottage, 1%, ½ c.	138	164	141
cup	128	259		Beans, Navy, (dry) cooked, 1
Mozzarella, part skim				
1 cup	183	80		Beans, refried, canned, 1cup
270				118
Yogurt cheese, ¼ c.	179	56		Beans, White (dried) cooked, 1 cup
131	253			Beans, Soy (dried)
cooked, 1 cup	175	298		
Breads, Grains, Cereals			Seafood	
English muffin, sourdough			Clams, canned, ½ cup	
74				118
2 oz.	112	129		Salmon, canned w/ bones, 3 oz. (Pink)
182	130	Oatmeal, instant, fortified,		
plain, ¾ cup	163	104		
Fruits/Vegetables			Desserts	
Collard Greens, cooked			Fudgesicle, one	
129	91			
½ cup	152	29		Ice Cream, regular vanilla, 1 cup
269				176
Kale, 3 ½ oz. raw	179	38		Ice Milk, Hard, vanilla, 1 cup
176	184			
Kale, cooked, ¾ cup	134	28		Puddings,
Rhubarb, frozen				Chocolate, (instant or cooked) ½
cup	138	152		
cooked, 1 cup	174	139		Coconut (instant) ½ cup
148	184			
Swiss chard, cooked				Lemon (instant) ½ cup
178				147
Leaves, stems, 1 c.	106	26		Rice (mix) ½ cup
133	155			
Leaves only, 1 c.	128	32		Tapioca (mix) ½ cup
131	145			
Turnips, greens				Vanilla, ½ cup
130	148			
cooked, 2/3 cup	184	20		

Rich Sources of Calcium, *continued*

50 – 100 Mg Per Serving

Calories	Mg Calcium	Calories	Mg Calcium
Cheeses		Meat/Meat Alternates	
Cottage, creamed, ½ cup	63	225	Almonds, ¼ cup (36 g.)
83	210		
Cottage, 2%, ½ cup	77	205	Beans, kidney,
Parmesan, 1 Tbsp.	70	22	(dried) cooked, 1 c.
225			50
Breads, Grains, Cereals			Beans, kidney
208			canned, 1 c.
Cornbread, 2 inch square	94	200	69
269			Beans, Garbanzo,
230			canned, cooked, 1c.
213			80
			Brazil nuts, ¼ cup
			65
			Filberts, ¼ cup
			71
Fruits/Vegetables		Seafood	
Beans, wax, ½ cup	50	22	Clams, breaded, fried
Broccoli, ½ cup	68	25	3 oz (10 clams)
59	190		
Romaine lettuce, 3 ½ oz.	68	18	Clams, steamed
Okra, frozen, cut, ½ cup	72	26	3 oz. (20 clams)
83	133		
Rhubarb, cooked, 3 ½ oz.	86	15	Halibut, baked, 3 oz.
51	119		
Spinach, raw, 3 ½ oz.	93	26	Oysters, breaded/fried,
Spinach, cooked, ½ cup	83	21	3 oz. (6 oysters)
54	173		
Sweet potatoes, canned, solid or vacuum packed			
Mashed, 1 cup	64		Desserts
Pieces, 1 cup	50		76
94			99
			99
			87

Appendix 304-D

**Evaluation of Home Delivered Meals Participants
for Chilled, Frozen, and/or Shelf Stable Meals**

Use of Alternative Meal Types

When considering providing alternate meal types to homebound individual, as either a routine method of meeting part of their nutritional needs or in planning for continuity of services in emergencies, Area Agencies and/or provider staff are responsible for assessing the appropriateness of alternate meal types for each person who will need them. These types include frozen meals, chilled meals, or shelf stable meals.

Such meal types may not be appropriate if:

- the client's home lacks proper appliances for food storage and preparation, and adequate space for proper storage of multiple meals, if a supply for an extended period of time is planned.
- the client has physical or cognitive impairments which limit his/her ability to prepare or safely reheat the meals, and/or eat without assistance.

The Determination of Need-Revised (DON-R) screening at the time of intake provides information about the person's functional abilities, specifically in the area of eating and food preparation. It also provides indicators of possible cognitive impairment which may affect the person's functional capacity. The ability to eat is an Activity of Daily Living (ADL) which often is more affected by physical impairment than cognitive impairment. Meal preparation is an Instrumental Activity of Daily Living, which represents a more complex series of tasks. Persons with dementia may be unable to prepare meals, but still be able to eat with minimal assistance or cueing.

The assessor will use this information, as well as additional information on the physical conditions of the home, to determine the appropriateness of the alternate meal type. The assessor will make a home visit to visually inspect the cooking facilities and availability and condition of equipment and utensils.

The assessor will document the evaluation findings in the client's file, using the following form, or otherwise capturing the required data. Staff responsible for periodic client reassessment will re-verify and document the client's status and continuing appropriateness for alternate meals, if such meals are part of the ongoing care plan.

Client/Home Evaluation for Alternate Meal Types

Client Name: _____ Evaluation

Date: _____

Address: _____

Agency

Name: _____

Evaluation Completed By _____

Title _____

DON-R Scores and Comments:

Eating:

Is the client able to feed himself/herself? Assess the client's ability to feed him/herself using routine or adapted table utensils and without frequent spills. Address the client's ability to chew, swallow, cut food into manageable size pieces, and to chew and swallow hot and cold foods/beverages.

Score 0 – The client can eat, with or without an assistive device.

1 -- The client can eat, with or without an assistive device, but requires some verbal or physical assistance in some or all components of the activity.

2 -- The client cannot eat, even with an assistive device, and/or requires a great deal of verbal and/or physical assistance.

3 -- The client cannot eat unassisted.

Availability of assistance with eating. If the client scores at least (1) in impairment level, determine whether someone is available to assist and/or motivate the client in eating.

Need for assistance with eating

Score 0 -- The client's need for assistance is met to the extent that there is no risk to health or safety if current level of assistance is maintained or no other assistance is added.

1-- The client's need for assistance is met most of the time, or there is minimal risk to the client's health or safety if additional assistance is not acquired

2-- The client's need for assistance is not met most of the time; or there is moderate risk to the client's health/safety if additional assistance is not acquired;

3-- The client's need for assistance is seldom or never met; or there is severe risk to the health and safety of the client.

Who, if anyone, is available to provide assistance? _____

Preparing Meals

Is the client able to prepare hot and or cold meals, including re-heating frozen or chilled meals?
Assess the ability to open containers, to use kitchen appliances, and to clean up after the meal, including washing, drying and storing any utensils used in preparing or eating the meal.

Score 0 -- The client can prepare the meal type, with or without an assistive device.

1 -- The client can prepare the meal type, with or without an assistive device, but requires some verbal or physical assistance in some or all components of the activity.

2 -- The client cannot prepare the proposed meal type, even with an assistive device, and/or requires a great deal of verbal or physical assistance.

3 -- The client cannot prepare the proposed meal type without assistance.

Need for assistance with meal preparation

If the client scores at least (1) in this area, evaluate the appropriateness of the meal type being proposed.

Score 0 -- The client's need for assistance is met to the extent that there is no risk to health or safety if current level of assistance is maintained or no other assistance is added.

1-- The client's need for assistance is met most of the time, or there is minimal risk to the client's health or safety if additional assistance is not acquired

2-- The client's need for assistance is not met most of the time; or there is moderate risk to the client's health/safety if additional assistance is not acquired;

3-- The client's need for assistance is seldom or never met; or there is severe risk to the health and safety of the client.

Who, if anyone, is available to provide assistance? _____

Equipment for Meal Preparation and Storage and Utensils

The client has in proper working condition: Yes No Not Needed for Meal Type

Refrigerator _____ _____ _____

Freezer or freezer compartment
 _____ _____ _____

Oven
 _____ _____ _____

Microwave
 _____ _____ _____

Toaster Oven
 _____ _____ _____

The client has an adequate supply of:

Appropriate utensils for serving and eating _____ _____

Towels/Hot pads or mitts

 for handling hot food items

The client has an adequate amount

of refrigerator/freezer space to store
multiple meals if needed.

Type of meal recommended: Hot _____ Shelf stable _____

Frozen _____

Chilled _____

Other

Specify

Appendix 304-E

Nutrient Values for Meal Planning and Evaluation

Definitions:

- The Recommended Daily Allowance (RDA) is the average daily dietary intake level that is sufficient to meet the nutrient requirement for nearly all (97-98%) healthy individuals of a specified age range and gender.
- The Adequate Intake (AI) is the daily dietary intake level of healthy people assumed to be adequate when there is insufficient evidence to set an RDA. It is based on observed mean nutrient intakes and experimental data. The National Academy of Sciences recommends that the Adequate Intake be used if an RDA is not available.
- The Tolerable Upper Intake Level (UL) is the highest daily dietary intake that is likely to pose no risk of adverse health effects to almost all individuals of a specific age range.
- The Estimated Energy Requirement (EER) is defined as the dietary energy intake that is predicted (with variance) to maintain energy balance in a healthy adult of defined age, gender, weight, height and level of activity, consistent with good health.
- An Acceptable Macronutrient Distribution Range (AMDR) is defined as a range of intakes for a particular energy source (that is, carbohydrates, proteins, fats) that is associated with reduced risk of chronic disease while providing adequate intakes of essential nutrients. The AMDR is expressed as a percentage of total energy intake because its requirement is not independent of other energy fuel sources or of the total energy requirement of the individual.

Table 304-E-1 note: RDAs are in **bold type** and AIs are in ordinary type, followed by an asterisk (*).

Nutrient Values for Meal Planning and Evaluation			
	1 meal/day ≥33% RDA/AI	2 meals/day ≥67% RDA/AI	3 meals/day ≥100% RDA/AI
Macronutrients			
Kilocalories (Kcal) ¹	685	1369	2054
Protein (gm) ^{2,3}	19	37	56
20% of total Kcal(gm) ⁴	34	69	103
Carbohydrate (gm) ⁵	43	87	130
50% of total Kcal (gm) ⁴	86	171	257
Fat (gm)	23	46	68
30% of total Kcal (gm) ⁶			
Saturated fat (< 10% of total Kcal) ⁷		Limit intake ⁸	
Cholesterol (<300 gm/day) ⁷		Limit intake ⁸	
Dietary Fiber (gm) ³	10*	20*	30*
Vitamins			
Vitamin A** (ug) ³	300	600	900
Vitamin C (mg) ³	30	60	90
Vitamin D (ug) ³	5*	10*	15*
Vitamin E (mg)	5	10	15
Thiamin (mg) ³	0.40	0.80	1.20
Riboflavin (mg) ³	0.43	0.86	1.30
Vitamin B6 (mg) ³	0.57	1.13	1.70
Folate (ug)	133	267	400
Vitamin B12 (ug)	0.79	1.61	2.4

Minerals			
Calcium (mg)	400*	800*	1200*
Copper (ug)	300	600	900
Iron (mg)	2.70	5.30	8.00
Magnesium (mg) ³	140	280	420
Electrolytes			
Potassium (mg) ⁹	1167	2333	3500
Sodium (mg) ⁷	<800	<1600	<2400

Notes to Table 304-E-1

** Vitamin A should be provided from vegetable derived (carotenoid) sources. See Issue Panel Report on Dietary Reference Intakes and Dietary Guidelines in Older Americans Act Nutrition Programs.

¹ Value for 75 year old male, height of 5' 7" , "low active" physical activity level. "Using Estimated Energy Requirements (EER) for Men and Women 30 Year of Age," calculated the median BMI and calorie level for men and subtracted 10 kcal/day (from 2504 kcal) for each year of age above 30.

² The RDA for protein equilibrium in adults is a minimum of 0.8g protein/kg body weight for reference body weight.

³ Used highest DRI value for ages 51+ and male and female.

⁴ Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins and fats are expressed as percent of total calories. The AMDR for protein is 10-35%, carbohydrate is 45-65%, total fat is 20-35%.

⁵ The RDA for carbohydrate is the minimum adequate to maintain brain function in adults.

⁶ Because the percent of energy consumed as fat can vary greatly while still meeting daily energy needs, an AMDR is provided in the absence of an AI, EAR, or RDA for adults.

⁷ Recommendations from the *Dietary Guidelines for Americans 2000.*

⁸ *Saturated fats, trans fatty acids, and dietary cholesterol have no known beneficial role in preventing chronic disease and are not required at any level in the diet. The recommendation is to keep intake as low as possible while consuming a nutritionally adequate diet, as many of the foods containing these fats also provide valuable nutrients.* Institute of Medicine, Food and Nutrition Board. *Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids.* Washington, D.C.: National Academy Press, 2002

⁹ National Research Council, Food and Nutrition Board, Recommended Daily Allowances, 10th Ed. , Washington, D.C., National Academy Press, 1989.

Appendix 304-F

Georgia Nutrition Program Nutrient Targets for Meals

Nutrient Targets: Following are nutrient targets for each meal. An asterisk (*) indicates that the nutrient must be provided daily. A plus sign (+) indicates that the availability of the nutrient is based on a weekly average.

Table 304-F-1

Nutrient	Target Value
*Calories	650-700
*Protein	19 grams
*Fat	Up to 35% of total calories: 25.2 grams/650 calorie meal; 27.2 grams/700 calorie meal
*Saturated Fat	Up to 10% of total calories (7.2-7.7 grams)
*Calcium	400 milligrams
*Sodium	<1200 milligrams
+Zinc	3.7 micrograms
+Vitamin A	300 micrograms
+Vitamin D	5 micrograms
+Vitamin E	5 milligrams
*Folate	133 micrograms
*Vitamin C	30 milligrams
*Vitamin B ₆	0.57 micrograms
+Vitamin B ₁₂	0.8 micrograms
*Fiber	≥ 8 grams

Nutrient analysis should target at a minimum: calories, protein, fat (including saturated fat), calcium, magnesium, sodium, fiber, zinc, Vitamin B₆, Vitamin B₁₂, Vitamin C and Vitamin A.

Appendix 304-G

Guidelines for Using the Updated Sample Meal Pattern

Standard Meal Pattern Requirements – Basic Meal Components

(Table 304-2 is repeated for convenience.)

<i>Food Group</i>	<i>Servings per Meal</i>	<i>Dietary Guidelines Servings per Day</i>
Bread or Bread Alternate	2 servings (1 cup pasta or rice); 2 slices of bread (1 ounce each) or equivalent combinations	6-9 servings daily. Include several servings of whole grain (high fiber) food
Vegetables	2 servings: ½ cup or equivalent measure (may serve an additional vegetable instead of a fruit.)	3-4 servings daily. Include dark green, leafy, or orange vegetables; cooked dry peas and beans.
Fruits	1 serving: ½ cup or equivalent measure (may serve an additional fruit instead of a vegetable.)	2-3 servings daily. Include deeply colored fruits, such as orange fruits
Milk or Milk Alternates	1 serving: 1 cup (8 ounces) or equivalent measure	3 servings daily; select low fat products.
Meat or Meat Alternates	1 serving: 3 ounces or equivalent measure	2 servings daily, total of 6 ounces
Fats	1 serving: 1 teaspoon or equivalent measure	Select foods lower in fat, saturated fat and cholesterol. Limit total fat to 30% and saturated fat to 10% of calories.
Dessert	Varies.	Select foods high in whole grains, low in fat and sugars.
Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, according to seasonal preferences.	

The updated sample meal pattern is based on the new DRIs for energy. The caloric requirement in the *2000 Dietary Guidelines* is 1600 – 2200 calories per day, thus the sample pattern provides approximately 685 calories per meal. The number of servings is based on U.S.D.A's *Food Guide Background and Development, Table %, Nutrient Profiles for Food Groups and Subgroup Composites*. 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. The updated sample meal pattern includes one additional serving of bread or bread alternate and an additional serving of vegetable or fruit. Serving sizes are based on the Food Guide Pyramid.

The number of servings reflects an appropriate distribution of foods for the day, particularly for lunch and dinner meals. Servings from a food group may be combined as one large serving.. For example, 2 servings from the bread or bread alternate group may be provided as two slices of bread for a sandwich or one cup of pasta or rice. They also could be provided as ½ cup pasta and one slice of bread.

Guidelines on Meal Pattern, continued:

Likewise two servings of vegetable could be provided as ½ cup mashed potatoes and ½ cup of green beans or one cup total for either vegetable. The pattern provides the option of substituting one fruit serving for a vegetable serving and vice versa.

The updated sample meal pattern, although based on the food servings recommended in the Food Guide Pyramid, does not assure that meals provide at least $\frac{1}{3}$ of the DRIs and the 2000 Dietary Guidelines. Meals are likely to require specific types of fruits and vegetables, whole grains and high fiber foods.

Because of the increase in the nutrient requirements, some meal program participants may have difficulty in consuming the amount of food required to meet the guidelines for one meal at one sitting. Vendors/providers should emphasize using nutrient dense foods, as well as fortified and enriched food products.

Another option may be to serve a midmorning snack in addition to the noon meal in a congregate meal site. The snack could consist of a whole grain bread or fortified cereal, along with fruit or fruit juice and low fat milk.

