

**HOME DELIVERED NUTRITION**  
**(Title III – C2 & Fee for Service)**

**DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES-VIRGINIA DIVISION**  
**FOR THE AGING**  
**SERVICE STANDARD**

**Definition**<sup>1</sup>

Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which:

- Complies with the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture,
- Provides a minimum of 33 1/3 percent of the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is provided per day,
- Provides a minimum of 66 2/3 percent of the DRI if two meals are provided per day,
- Provides 100 percent of the DRI if three meals are provided per day,
- To the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
- Complies with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.

The meal must be delivered and received at the home of the eligible individual who is homebound.

Homebound: Someone unable to leave home to attend regular social activities such as a senior center or congregate nutrition site. The recipient may be able to go to medical appointments, but needs escort assistance to do so safely. A client without access to adequate nutrition and for whom transportation to a congregate site is unfeasible may be considered homebound.

Eligible Population

Home Delivered Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.<sup>2</sup>

Eligibility criteria include:

- The individual must be homebound as defined above.
- The individual must be unable to prepare meals and have no one available to prepare meals.
- The individual must be able to remain safely at home, with home delivered nutrition as a support service.

Other individuals eligible to receive home delivered nutrition services, include:

- The recipient's spouse, regardless of age or disability
- At the discretion of the AAA, an individual with disabilities, regardless of age, who resides at

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<sup>1</sup> Older Americans Act of 1965, as amended, Section 339 (2) (A)

<sup>2</sup> Older Americans Act of 1965, as amended, Section 306(a)(4)(A)(i)

home with the recipient over age 60 who receives a home delivered meal.

The AAA shall establish procedures for offering a meal on the same basis as meals are provided to participating older individuals, to other eligible individuals listed above. There is no prohibition against providing services to persons under age 60 with funds from other sources.<sup>3</sup>

#### Service Delivery Elements

The Area Agency on Aging or service provider must perform all of the following components of Home Delivered Nutrition Services:

#### Program Requirements

Each nutrition services provider must establish and operate nutrition projects for older individuals which, on 5 or more days a week (except when a lesser frequency is approved by the State agency or when a client's individually assessed and documented need is less), provide per meal recipient at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental food and any additional meals which the provider elects to provide.<sup>4</sup>

An inherent part of the home delivered meal program is the social contact and well-being check that naturally take place when the meal is delivered. It is a concern that this vital aspect of the program is lost when bulk meals are only delivered once or twice a month, especially in rural areas where clients are isolated, vulnerable, and may not have other contacts. It is likewise a concern when meals are delivered by commercial companies such as FedEx and UPS whose mission is package delivery and not necessarily the social, safety, nutritional, or functional needs of the HDM participant. Commercial package delivery of HDM shall be reserved for the small 1-2 percent of the population of a jurisdiction that is geographically isolated and remote from usual HDM routes, if applicable.

AAAs that deliver meals less than weekly to 25% or more of their total home delivered meal clients shall, along with their service provider(s), if applicable, develop and submit a plan for State agency (DARS-VDA) review and approval. The plan will consist of a narrative addressing the following points:

- The AAA shall describe the criteria they will use to identify the most vulnerable individuals receiving meals less than weekly. It is recommended that the AAA develop and describe their criteria with emphasis on using data that is collected using the UAI and other screening and assessment tools already in place. The AAA may consider using data found on pages 3 and 4 of the UAI (living arrangements and functional status) as some of their criteria. Suggested criteria include geographical isolation, lack of family contact and support, high nutrition risk, multiple medical conditions, ADL needs, lack of ability to communicate (such as no phone), structural problems in the home, etc.
- The AAA shall describe how they will provide, monitor, and document appropriate social contact and safety checks with the above-identified, most vulnerable individuals. Contact might be by/through telephone or technology, partnerships with local volunteer organizations, fire/police/TRIAD, enrollment in the agency's already established checking

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<sup>3</sup> Older Americans Act of 1965, as amended

<sup>4</sup> Older Americans Act of 1965, as amended, Section 336

program, etc. The frequency of contact must also be addressed in the plan narrative. The AAAs will fully describe the contact method and frequency, and provide all sample forms. If the AAA is using an outside organization to perform the social contacts and safety checks, the formal agreement with the organization shall be attached. The agreement shall include a full description of the contact method and frequency and include all sample forms.

- The narrative shall describe how the documentation will be maintained to demonstrate that the social contacts and safety and security checks are taking place and any issues identified are receiving appropriate follow-up. Documentation shall be available during monitoring.
- The AAA shall describe how they will conduct individual client follow-up evaluation every 6 months to ensure that the meals are still meeting the need and being used properly by the client. The AAA will monitor to make sure meals are not accumulating or being given away, sold, or discarded and that the client still has the facilities and physical ability necessary to store and heat the meals. If the client is not already being re-assessed bi-annually for another service, this evaluation may be, for example, a checklist completed by the driver, a survey asked of the client, or another method developed by the agency, described fully in the narrative, and sample forms attached to the narrative. Documentation of the 6-month evaluation/assessment shall demonstrate that the assessment is being conducted and any issues identified are receiving appropriate follow-up, and shall be maintained and available during monitoring.
- The narrative shall describe the AAA's plan for nutrition education for the HDM participants.
- The narrative shall describe the AAA's plan for solicitation of the HDM participants for voluntary contributions.
- The narrative shall provide a description of the delivery method, including whether volunteers or staff are delivering the meals. If commercial package delivery companies (FedEx, UPS) will be used to deliver meals, the narrative must include a full description of the delivery procedures including whether the client is required to sign for meals, what happens if the client is not there to receive meals, how meal non-delivery is reported to the AAA, what the AAA's responsibility is when meals are not received, what the shelf-life of the meals is if they are not delivered in the expected time frame, how assistance is provided if required by a disabled client, and any other component related to delivery of meals, food safety, and integrity of the program.
- The AAA must attach the food vendor contract/agreement if the food vendor is shipping the meals directly to the client.
- The AAA must attach the nutrient analyses documenting that the meals provided meet 1/3 of the nutrient needs of older individuals and, for example, they are not heavy on sodium or light on fiber, protein, and vegetables, as many shelf stable meals may be. Be reminded that breakfast may not be used as a standalone meal.

- Attach the Advisory Committee- and Governing Board-approved policy showing that infrequent delivery of HDM is an agency policy. If it is not a practice that the Advisory Council or Governing Board signs policies, then attach minutes showing that the specific policy/practice of infrequent delivery of HDM (not the Area Plan) was approved by the Advisory Committee and/or Governing Board.
- Any other information the AAA deems relevant.

Plans shall be submitted for review and approval prior to the AAA beginning to deliver HDM less frequently than weekly and updated when significant changes are made to the plan. Thereafter, plans will be reviewed annually in conjunction with the Area Plan review.

A template is available.

The Older Americans Act (OAA) requires that meal providers solicit the advice and expertise of (1) a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutrition services, (2) meal participants, and (3) other individuals knowledgeable about the needs of older individuals.<sup>5</sup>

DARS-VDA recommends that AAA and nutrition service providers hire or contract with a registered dietitian (RD). Please see Guidance on Soliciting the Expertise of the RD.

Nutrition services providers shall design meals that are appealing to program participants and shall enter into contracts that limit the amount of time meals must spend in transit before they are consumed.<sup>6</sup>

#### Assessment

- A service-specific assessment using the Uniform Assessment Instrument shall be performed on each potential client that determines whether the individual is eligible for the service, the amount of the individual's service-specific need, and the individual's level of priority for service delivery. A home visit to assess eligibility for home delivered nutrition services is strongly recommended.
- Part "A" Uniform Assessment Instrument and "Determine Your Nutritional Health" Nutritional Screening are required. Client assessment data shall be documented in the DARS-VDA-approved electronic database.
- Federal Poverty should be determined and documented. The answer to the question "Is Client in Federal Poverty?" (answer Yes or No ) must be asked and recorded in the DARS-VDA-approved electronic client database. The Federal Poverty/DARS-VDA form may be used.
- Any fee for service charge to the client shall be determined by the applicable sliding fee scale.
- Emergency contact information.

#### Nutrition Screening

The "Determine Your Nutritional Health" Nutrition Screening checklist developed and distributed by

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<sup>5</sup> Older Americans Act of 1965, as amended, Section 339

<sup>6</sup> Ibid

the Nutrition Screening Initiative must be completed during assessment. The AAA or service provider will develop a written plan specifying how the agency will use the screening results.

At a minimum, the screening results may be used in the following ways:

- Referral to appropriate services such as (1) dental professionals for those with tooth or mouth problems, (2) the food stamp program, food bank, or other social programs if they indicate they don't have enough money to buy food, (3) their doctor or a dietitian if they have a chronic condition requiring a special diet, for example.
- Planning nutrition education programs. For example, educating participants how to increase their fruit and vegetable intake or to shop for and prepare nutritious meals, depending on what screening forms show.
- As a criterion in prioritizing client needs for nutrition service especially when program funding is limited.

### Care Plan

The Care Plan is optional and may be completed by another department within the AAA. If used, the Care Plan may include nutritional and social needs that can be met through home delivered nutrition services. Before the service is delivered, a written individualized care plan may be developed that identifies the service components to be provided to meet the client's assessed need. The plan should be developed with involvement from the client. "Client" may include the individual's authorized representative or family member. The client should be given the opportunity to provide input for the implementation and evaluation of the plan. The plan may be modified to reflect any change in the client's needs. Each plan may include:

- Identified service needs
- Services to be delivered by the service provider or other sources
- Goals and objectives of service to be provided
- Quantity of service units to be provided

### Service Confirmation

A service confirmation, which may be in the form of a letter, packet, or handbook, shall be provided to the client to explain the service arrangement. The client shall receive a copy that includes:

- Service to be provided
- Scheduled days of service
- Information regarding voluntary contributions
- Description of procedures to be followed if a participant is ill or injured or not at home when the meal is delivered
- Service interruption due to severe/inclement weather or other conditions
- Explanation of the Service Termination Policy
- Other policies deemed informative and appropriate by the service provider

If service is denied or the client is placed on a waiting list, written notice shall be provided to the client within 10 business days of the denial decision or placement on the waiting list. The agency's process on filing an appeal shall be provided with the denial.

### Service Termination Policy

Service will be terminated at the discretion of the provider. Written notification of service termination

shall be mailed 10 business days prior to the date the action is to become effective. The agency's process on filing an appeal shall be provided with the termination notice.

### Reassessment

- A review of the client's need for services, the amount of services provided and the appropriateness of the care plan (if completed) shall be performed when the client's condition or situation changes, but at least annually.
- Part "A" Uniform Assessment Instrument and "Determine Your Nutritional Health" Nutrition Screening Checklist shall be updated at the same time. Client reassessment data shall be documented in the DARS-VDA-approved client electronic database.
- Federal Poverty should be determined and documented. The question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the DARS-VDA-approved electronic client database. The Federal Poverty/DARS-VDA form may be used.
- Any fee for service charge to the client shall be determined by the applicable sliding fee scale.
- Update of emergency contact information.

### Nutrition Education, Nutrition Counseling, and other Nutrition Services

AAAs and nutrition service providers will provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants.<sup>7</sup> The nutrition services and programs offered by AAAs will be described in the Area Plan and comply with the following definitions:

#### Nutrition Education, Disease Prevention and Health Promotion

**Nutrition Education Definition:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.<sup>8</sup>

Accurate information about Nutrition Education, Disease Prevention and Health Promotion shall be provided to the homebound participant on a continuing basis, but at least twice a year. Nutrition and health information will be obtained from a reputable source, registered dietitian, or other qualified individual. The information may be provided in such forms as a newsletter, flyer, brochure, article, or pamphlet and must be documented as having been distributed. A listing or calendar with the date and a copy of the item distributed is acceptable documentation.

**Food Safety:** At least once a year, Nutrition Education on food safety, such as information on proper handling, reheating, and storage of the home delivered meal or general food safety information for seniors, shall be provided.

**Disease Prevention and Health Promotion:** See Disease Prevention and Health Promotion Service Standard for definitions

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<sup>7</sup> Older Americans Act of 1965, as amended, Section 331(3).

<sup>8</sup> Administration on Aging, Title III and Title VII, State Program Report Data Elements accessed at <http://www.agid.acl.gov/Resources/DataSources/DataFiles/StateProgramReportForm053110.pdf> page 23, accessed on July 8, 2014 .

Immunization: AAAs and service providers must provide to homebound older individuals available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.<sup>9</sup>

Nutrition Counseling (1 session per participant) -- Provision of individualized guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-to-one by a registered dietitian, and addresses the options and methods for improving nutrition status.<sup>10</sup>

#### Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program

The AAA or service provider must assist clients in taking advantage of benefits available under the SNAP Electronic Benefit Transfer (EBT) Card and may do so by assisting clients to apply for and use benefits. The AAA or service provider may, but is not required to, accept food stamps from eligible clients as their meal contribution. The AAA or service provider may encourage the seniors or their caregivers to use the food stamps to purchase additional nutritious food for the participant to consume in the home. AAAs or service providers that wish to accept food stamps must apply for authorization through their local USDA-FNS field office and assure that all federal, state, and local agency provisions relating to their use and handling are met.

#### Emergency Situations

The AAA or provider shall have written procedures to follow in the event of weather-related emergencies or situations that may interrupt service or delivery of meals to the homebound participant. A written plan that describes procedures to be followed if a client is ill or injured when a meal is delivered shall be explained to staff, volunteers, the homebound participant, and their authorized representative or emergency contact person.

#### Menu Planning

Meals shall meet the requirements specified above under "Definitions." In order to facilitate menu planning, DARS-VDA has developed Meal Planning Guidelines that nutrition program providers must use to ensure that meals meet the nutrient requirements. See DARS-VDA Menu Planning Guidelines.

#### Donated Foods

The AAA or service provider may establish policies and procedures regarding use or distribution of foods donated by local vendors and retailers. All donated food prepared or served in the program shall meet quality standards. The AAA or service provider may determine which foods are acceptable, healthful, and/or nutritious for distribution to home delivered meals recipients.

#### Meal Preparation

Home delivered nutrition services may be provided through a central kitchen or contracted through

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<sup>9</sup> Older Americans Act of 1965, as amended, Section 339 (2)(K)

<sup>10</sup> Administration on Aging, Title III and Title VII, State Program Report Data Elements at <http://www.agid.acl.gov/Resources/DataSources/DataFiles/StateProgramReportForm053110.pdf> page 23, accessed on July 8, 2014 .

other organizations. Central kitchens and subcontractors are required to follow all applicable regulations and standards of the Virginia Department of Health, Food Regulations and the DARS-VDA Menu Planning Guidelines. Whether the food service operation and delivery of meals are performed by the AAA or contracted out, the final responsibility for the overall service operation shall rest with the AAA.

### Procurement

When contracting for meal preparation and delivery of meals, all procurement transactions shall be conducted in a manner to provide open and free competition. Specifications for bids, and the terms and conditions of the resulting contracts, shall comply with service standards and guidelines as established by DARS General Services Division.

### Food Service Operation

Compliance with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual is required.<sup>11</sup> This includes, but is not limited to health, fire and safety codes and regulations; building codes; purchasing regulations; licensure requirements; and any other requirements applicable to each meal preparation site and food service vendor used for the nutrition program. If applicable, the current food permit and/or inspection report, issued by the Health Department shall be posted or be on file. The Nutrition Director shall maintain copies of all current inspection reports according to AAA record retention policy, but not less than one year.

Food must be prepared, plated and transported with the least possible manual contact, with suitable utensils and on surfaces that, prior to use, have been cleaned, rinsed and sanitized to prevent cross contamination. Effective procedures for cleaning (removing visible dirt and stains) and sanitizing (reducing the number of micro-organisms by using hot water at 171 degrees (77 degrees C) or above, or a chemical sanitizing solution) dishes, equipment, food contact surfaces, work areas, serving and dining areas shall be written, posted or readily available, and followed consistently.

Material Safety Data Sheets (MSDS) must be readily available on any chemicals. Employees must be informed about potentially dangerous chemicals used in the workplace and how to safely use them. Toxic materials, such as cleaners and sanitizers, shall be maintained in the original container, or transferred to a clearly labeled appropriate container.

### Health and Hygiene of Food Servers

The AAA or service provider shall have policies and procedures regarding health and hygiene for all individuals who prepare and/or serve food that includes:

- Infectious illness such as diarrhea, vomiting, fever, sore throat, etc.
- Open sores on hands or arms
- Gloves worn over nail polish and artificial fingernails for individuals serving food
- Central kitchens will abide by Virginia Department of Health Food Regulations

### Food Safety & Potentially Hazardous Food Items

"Potentially hazardous food" is any food or food ingredient, natural or synthetic, which requires temperature control because it is in a form capable of supporting:

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<sup>11</sup> Older Americans Act of 1965, as amended, Section 339



- The rapid and progressive growth of infectious or toxigenic microorganisms;
- The growth and toxin production of *Clostridium botulinum*; or
- In raw shell eggs, the growth of *Salmonella enteritidis*.<sup>12</sup>

Potentially hazardous food includes:

- An animal food (a food of animal origin) that is raw or heat-treated;
- A food of plant origin that is heat-treated or consists of raw seed sprouts;
- Cut melons; and
- Garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified above in this definition.<sup>13</sup>

In addition, any food that consists in whole or in part of:

- Milk or milk products;
- Shell eggs;
- Beef, poultry, pork, lamb, fish, and shellfish;
- Tofu;
- Soy protein foods; and
- Cooked rice, beans, potatoes (baked or boiled), or other heat-treated plant foods.<sup>14</sup>

In order to retain maximum nutritional value and food quality, foods shall be served as soon as possible after preparation. The AAA or service provider(s) shall make every effort not to exceed two hours of holding time between the completion of cooking and the serving of the meal and shall minimize, to the extent possible, the length of delivery routes for transporting meals.

Potentially hazardous hot food items shall be maintained at or above 135 degrees Fahrenheit (F) and potentially hazardous cold food shall be maintained at or below 41 degrees F.<sup>15</sup> Fruits and vegetables that are cooked for hot holding shall be cooked to a temperature of 135°F.<sup>16</sup> Frozen foods shall be maintained frozen.<sup>17</sup> If food temperatures are found to be in the temperature danger zone (41 – 140 degrees Fahrenheit) for two or more hours, the food must be discarded (Two Hour Rule).

Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165 degrees F for 15 seconds.<sup>18</sup> Food must be reheated within two (2) hours or thrown away, and can only be reheated once.<sup>19</sup> Hot food holding facilities are prohibited for the rapid reheating of potentially hazardous foods.

Temperature checks on potentially hazardous food shall be taken on a daily basis with a correctly

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<sup>12</sup> 12 VAC 5-421-10, Food Regulations, Department of Health, Virginia Administrative Code

<sup>13</sup> Ibid

<sup>14</sup> Serving Safe Food, Second Edition: Employee Guide, The Educational Foundation of the National Restaurant Association 1996

<sup>15</sup> 12 VAC 5-421-820, Food Regulations, Department of Health, Virginia Administrative Code

<sup>16</sup> 12 VAC 5-421-720, Food Regulations, Department of Health, Virginia Administrative Code

<sup>17</sup> 12 VAC 5-421-770, Food Regulations, Department of Health, Virginia Administrative Code

<sup>18</sup> 12 VAC 5-421-760, Food Regulations, Department of Health, Virginia Administrative Code

<sup>19</sup> Serving Safe Food, Second Edition: Employee Guide, The Educational Foundation of the National Restaurant Association 1996

calibrated food thermometer at the time all food leaves the production area (including the food service vendor's kitchen), at the first meal delivery stop and at the last meal delivery stop.

Thermometers and their cases must be kept clean. During temperature measuring, thermometers should be sanitized between each food; an alcohol swab may be used. After use, thermometers should be washed, rinsed, sanitized and allowed to air dry.

Metal stem-type food temperature measuring devices, accurate to + or – 2 degrees F shall be used to assure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods. Food temperature measuring devices may not have sensors or stems constructed of glass, except that thermometers with glass sensors or stems that are encased in a shatterproof coating, such as candy thermometers, may be used.<sup>20</sup>

To maintain accuracy, thermometers must be calibrated regularly using the ice method or boiling point method. Thermometers must be calibrated after dropping and after extreme temperature changes. Even if the food thermometer cannot be calibrated, it must still be checked for accuracy using the ice method or boiling point method. Any inaccuracies must be taken into consideration when using the food thermometer or the food thermometer must be replaced. At a minimum, check and/or calibrate thermometers at least monthly and maintain records of check and/or calibration.

For milk stored in a refrigerator maintained at 41 degrees or below, the temperature of the refrigerated unit may be taken and documented, instead of the milk temperature. The accuracy of the refrigerator thermometer should be verified on an ongoing basis by taking a product temperature.

Each AAA or service provider shall have a written policy specifying the temperatures meals must meet in order to be delivered to recipients. The AAA or service provider shall also have written procedures for handling potentially hazardous food items that do not meet or maintain correct temperatures. This information will be provided to all individuals who deliver meals.

Meal recipients should be advised to consume the meal immediately at delivery, refrigerate, or later reheat hot meals to a minimum temperature of 165 degrees for 15 seconds. Food containers may be labeled with this information.

Area Agency on Aging or service providers unable to take first and last meal temperatures on all routes shall work with all subcontractors to implement the following:

- Meal temperatures will be documented when food leaves the central kitchen. Food must be over 135 degrees or under 41 degrees. Temperature and time records will be available during monitoring.
- All ready-to-eat meals (not frozen or shelf stable) must be delivered within 2 hours of leaving the central kitchen.
- The meal recipient will be advised to consume the meal immediately at delivery, refrigerate, or later reheat hot meals to a minimum temperature of 165 degrees for 15 seconds.
- Documentation must be maintained with the time the meal left the central kitchen and the time at the last delivery stop. Records will be available during monitoring. As an alternative to recording the time at the last delivery stop, food containers will be labeled appropriately. For

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<sup>20</sup> 12 VAC 5-421-1090, Food Regulations, Department of Health, Virginia Administrative Code

example, “Eat this hot meal immediately or refrigerate and later reheat to a minimum temperature of 165 degrees for 15 seconds.”

- Whenever possible, random temperatures will be taken and documented for the first and last delivery stop.

Service providers shall have in place policies that ensure that home delivered meals are not left unattended if the client is not at home.

### Food Quality

All foods, whether purchased by or donated to the program, must meet the following criteria:

- Food shall be obtained from sources that comply with law<sup>21</sup>
- Meet or exceed all applicable federal, state and local laws, ordinances, and regulations
- Safe and unadulterated<sup>22</sup>
- Food in a hermetically sealed container shall be obtained from a food processing plant that is regulated by the food regulatory agency that has jurisdiction over the plant<sup>23</sup>
- If served, hot dogs, luncheon meat, and soft cheeses (feta, Brie, Camembert, Blue veined, Mexican style) must meet temperature requirements
- Pasteurized shell, liquid, frozen, or dry eggs or egg products shall be substituted for raw shell eggs in the preparation of foods such as Caesar salad, hollandaise or béarnaise sauce, mayonnaise, and egg-fortified beverages and for recipes in which more than one egg is broken and eggs are combined<sup>24</sup>

The following foods must not be used:<sup>25</sup>

- Prepackaged un-pasteurized juice (including un-pasteurized apple cider)
- Raw animal foods, such as raw fish raw-marinated fish, raw molluscan shellfish, and steak tartare
- Partially cooked animal food such as lightly cooked fish, rare meat, soft-cooked eggs that are made from raw shell eggs, and meringue
- Raw seed sprouts (including alfalfa, clover and radish)
- Home-canned foods
- Any foods prohibited under the Virginia Department of Health Food Regulations or updated versions of The Food Code.

### Handling Food Product Recalls

AAAs, nutrition service providers, and subcontractors shall develop and implement policies and procedures that include information on responding to Food Recall Notices. Procedures to consider include:

- Developing and completing a food recall action checklist.
- Identifying the recalled food product.
- Counting the recalled product in inventory.

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<sup>21</sup> 12 VAC 5-421-270, Food Regulations, Department of Health, Virginia Administrative Code

<sup>22</sup> 12 VAC 5-421-260, Food Regulations, Department of Health, Virginia Administrative Code

<sup>23</sup> 12 VAC 5-421-280, Food Regulations, Department of Health, Virginia Administrative Code

<sup>24</sup> 12 VAC 5-421-950, Food Regulations, Department of Health, Virginia Administrative Code

<sup>25</sup> 22 VAC 30-60-240, Grants to Area Agencies on Aging, Department for Aging and Rehabilitative Services Regulations, Virginia Administrative Code.

- Identifying where and how to segregate the recalled food.
- Placing warning labels on the segregated food product.
- Notifying staff not to use the segregated food product.
- Counting the amount of recalled food product already used.
- Accounting for the entire recalled food product by consolidating counts for product used and product in inventory.
- Obtaining information needed for public communications; whether the product was served, to whom it was served, and the date served.

### Handling Foodborne Illness Outbreaks

AAAs, nutrition service providers, and contractors shall make reasonable efforts to avoid problems with food product contamination and with food borne illnesses through their food purchasing specifications and buying practices; product receiving and storage procedures; and food handling and delivery practices.

In the event of a complaint that a client became sick from a food and/or beverage they consumed from their home delivered meal, the AAA, service provider, and contractor shall have policies and procedures in place to handle the suspected outbreak.

Complete information such as the following on the suspected outbreak should be gathered:

- Name, address, and telephone number of the person reporting;
- Who became ill and what were their symptoms;
- Was the illness diagnosed by a physician (get the physician's name and contact information);
- What specific foods and/or drinks were consumed (save samples if any of the food remains);
- What was the day and time the food was eaten;
- Who was the person who served or provided the food, if any;
- Other relevant information concerning the time, date, or circumstances of the suspected outbreak.

Outbreaks of suspected foodborne illness shall be reported to the local health department immediately for investigation and AAAs, service providers, and subcontractors shall cooperate fully in the investigation.

### Administrative Elements

#### Staff Qualifications

Individuals responsible for the direction of Nutrition Services shall possess the following minimum qualifications:

- Knowledge: Biological, psychological, and social aspects of aging; the impact of disabilities and illness on aging; community resources; public benefits eligibility requirements; food and nutrition; safe food handling; and disease prevention and health promotion
- Skills: Management and supervisory principles; transportation and meal delivery route scheduling, if appropriate; program planning; establishing and sustaining interpersonal relationships; problem solving.
- Abilities: Communicate with persons with varying socioeconomic backgrounds; work independently.

### Job Descriptions<sup>26</sup>

For each paid and volunteer position funded by Title III of the Older Americans Act, an Area Agency on Aging must maintain:

- A current and complete job description which shall cover the scope of nutrition services staff duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

### Units of Service

Units of service must be reported in the DARS-VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

- Meals (required for the DARS-VDA-approved client database) – The number of NSIP eligible home delivered meals served; see Definitions and Nutrition Services Incentive Program
- Non NSIP Meals (required for the DARS-VDA-approved client database) – The number of fee for service home delivered meals served that are not eligible for NSIP reimbursement
- Persons Served (unduplicated) – The number of persons who received home delivered nutrition services; see “Eligible Population”

### Program Reports

- Aging Monthly Report (AMR) to DARS-VDA by the twelfth (12<sup>th</sup>) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- DARS-VDA-approved client database client level data transmitted to DARS-VDA by the last day of the following month.

Consumer Contributions/Program Income There must be a written policy on handling of Client Program Income (CPI) and other gratuities and donations.<sup>27</sup>

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing/fee for service only for recipients of the general fund (state funds) program.<sup>28</sup> Cost sharing/fee for service does not pertain to meals that receive Nutrition Services Incentive Program (NSIP), Title III, or any Federal monies. Any fee for service charge to the client under the Fee for Service program shall be determined by the applicable sliding fee scale.

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive.<sup>29</sup>

For voluntary contributions, the AAA shall consult with the relevant service providers and older individuals in the planning and service area to determine the best method for accepting voluntary

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<sup>26</sup> 22 VAC 30-60-400, Grants To Area Agencies On Aging, Department for Aging and Rehabilitative Services Regulations, Virginia Administrative Code

<sup>27</sup> 22 VAC 5-20-410, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

<sup>28</sup> Older Americans Act of 1965, as amended, Section 315(a)

<sup>29</sup> Older Americans Act of 1965, as amended, Section 315(b)

contributions. The AAA and service providers shall not means test for any service for which contributions are accepted, or deny services to any individual who does not contribute to the cost of the service. The AAA shall ensure that each service provider will:

- Provide each recipient with an opportunity to voluntarily contribute towards the cost of the service;
- Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;
- Assure that the method of solicitation is non-coercive;
- Protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
- Establish appropriate procedures to safeguard and account for all contributions; and
- Use all collected contributions to expand the service for which the contributions were given.<sup>30</sup>

### Nutrition Services Incentive Program (NSIP)

Home-Delivered Nutrition Services providers receiving Older Americans Act funds may participate in the Nutrition Services Incentive Program (previously USDA Commodity Food/Cash Distribution Program).

To be counted as an eligible meal, and therefore, receive NSIP reimbursement, the following requirements must be met:

- The person receiving a meal must meet eligibility requirements under Older Americans Act
- The client or other eligible individual must be assessed using Part "A" Uniform Assessment Instrument, "Determine Your Nutritional Health" Nutrition Screening Checklist, and Federal Poverty/DARS-VDA Sliding Fee Scale (unless all information needed to determine federal poverty is documented on UAI).
- The client may make a donation, but cannot be charged for the meal, means tested for participation, or asked for a cost-share
- The AAA or service provider shall have a record keeping system that tracks frequency of participation and generate unduplicated count information (match the client's name with their meal)
- The meal must meet DRI nutrient requirements and Dietary Guidelines defined above
- Snacks and partial meals cannot be counted as a "meal" for reporting purposes
- Home Delivered Meals programs are authorized to offer two- and even three-meal-a-day programs and each meal can be reported for reimbursement purposes
- Cash disbursements received under the Nutrition Services Incentive Program shall only be used to purchase United States agricultural commodities and other foods for their nutrition projects.<sup>31</sup>

Home delivered meals provided under the National Family Caregiver Support Program (Title III-E, Supplemental Services) can be counted as NSIP meals if they are provided to the older care recipient, a caregiver over the age of 60, or a caregiver under the age of 60 who is the spouse of the care recipient. If the meal is provided to a caregiver under age 60 who is not a spouse, Title III-E, Supplemental Services funds may be used but the meals are not NSIP eligible meals.

### Quality Assurance

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<sup>30</sup> Older Americans Act of 1965, as amended, Section 315(b)

<sup>31</sup> Older Americans Act of 1965, as amended, Section 311(d)(2)

Home delivered nutrition services shall be provided with the advice and expertise of (1) a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, (2) meal participants, and (3) other individuals knowledgeable with regard to the needs of older individuals.<sup>32</sup>

### Criminal Background Checks

Language is still being developed.

### Staff Training

- At hiring, staff involved with providing and assessing for nutrition services shall receive orientation on agency and nutrition services policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Workers shall receive a minimum of 10 (ten) documented hours of in-service or other training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities. This may include participant donations, safe food handling, taking and recording food temperatures, and what to do if meal temperatures are not in compliance.
- All individuals, including volunteers, that prepare and/or serve food will receive training in personal hygiene, hand washing, health policies, and safe food handling
- All individuals, including volunteers, who deliver meals and document temperatures, will receive training in taking and recording food temperatures and what to do if meal temperatures are not in compliance. Written materials are acceptable for volunteers.

Individuals responsible for the direction of Nutrition Services and/or AAA designee involved with nutrition services and/or meals subcontractor must receive and maintain certification in safe food handling. Central kitchens will abide by the Virginia Department of Health Food Regulations.

### Supervision

Consultation and supervision shall be available to all staff providing the service. All staff working in the preparation of food must be under the supervision of a person qualified to ensure the application of hygienic techniques and practices in safe food handling, preparation, and service.

### Program Evaluation

The agency must develop a written program evaluation plan to conduct regular systematic analysis of the persons served and the impact of the service. Evaluation may include client surveys for program planning and menu input. Surveys should be compiled and summarized in a format reporting how the data gathered will be used to improve services.

Local caterers and companies that provide subcontracted meal preparation, as well as organizations to which the entire program is subcontracted, shall be monitored at least annually. There shall be a written policy that includes: content of monitoring (such as use of DARS-VDA Monitoring Instrument), frequency, and reporting back to the subcontractor especially on any corrective action(s) recommended and carried out.

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<sup>32</sup> Older Americans Act of 1965, as amended, Section 339

### Policies and Procedures

The AAA and service provider must maintain, at the minimum, the following policies and procedures:

- Offering home delivered meals to spouses and other eligible individuals
- Use of Nutrition Screening results
- Service Termination Policy
- Collection, disposition and accounting for program income, including safeguarding and accounting for donations
- Weather related emergencies and other situations that affect service delivery
- Ill or injured client
- Employee health and hygiene
- Required meal temperatures
- Handling potentially hazardous food items that do not meet temperature standards
- Procedures for volunteers who deliver meals
- Cleaning and sanitizing
- Program evaluation plans, including monitoring of subcontractors
- Liquid Nutrition Supplements (if applicable)

### Service Records

Service documentation that will be maintained according to AAA record retention policy (but not less than one year), includes, but is not limited to:

- Documentation that identifies meal recipients and number of meals received
- Records of temperature checks
- Documentation of nutrition education
- Current Health Department permit or inspection report, if issued
- All menus from all vendors with nutrient analysis or meal pattern worksheet

### Client Records

AAA and/or service providers must maintain specific client records in the approved DARS-VDA electronic database that include:

- Part “A” Uniform Assessment Instrument
- “Determine Your Nutritional Health” Nutrition Screening Checklist
- Federal Poverty documentation. The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the DARS-VDA-approved electronic client database.
- Care Plan (optional, but if completed must be documented in the DARS-VDA-approved client electronic database.)
- Service reassessment
- Consent to Exchange Information, if information is shared with other agencies

The AAA or service provider must maintain the following additional records:

- Service confirmation
- Cost Sharing (Fee for Service), if applicable, calculations must be part of the client record. The Federal Poverty/DARS-VDA Sliding Fee Scale form may be used.
- Appeal process