Senior Nutrition Program

Chapter 18 provides an overview of Senior Nutrition Program services. This program provides older individuals with nutritious meals and services to fulfill the following purposes:

1) Reduce hunger, food insecurity, and malnutrition among older individuals.
2) Promote socialization of older individuals.
3) Promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutrition health or sedentary behavior.

This chapter reflects the revised Senior Nutrition Program Standards which are referenced in full under "Resources".

Ask the Expert

If you have questions or need clarification about the content in this chapter, please contact:

Cameron Akita Program Manager
360.725.2466 cameron.akita@dshs.wa.gov

TABLE OF CONTENTS

Senior Nutrition Program 1
Table of Contents 1
I. PROGRAM PURPOSE & SERVICE DEFINITIONS 2
Purpose: 2
Service Description: 3
II. ELIGIBILITY, TARGET POPULATION & SERVICE FREQUENCY 4
Congregate Meal Services: 4
Home-Delivered Meal (HDM) Services: 6
III. PROGRAM SERVICES and OAAPS REPORTING 9
Nutritious Meals: 10
OAAPS Reporting Requirements/Definitions for Meals: 10
Nutrition Risk Screening: 11
Nutrition Education: 11
Nutrition Counseling: 13
Outreach: 13
Referral to Community Living Connections/Aging & Disability Resource Centers (Information and Assistance): 14

Referral to Basic Food: 14
IV. MENU PLANNING & FOOD SERVICE STANDARDS 14
Menu Planning: 14
Nutrient Analysis: 15
Food Group-Based Meal Pattern: 15
Food Substitutions: 16
Therapeutic Diets and Medical Nutrition Therapy: 16
Food Service Standards: 17
V. FACILITY & FOOD SAFETY STANDARDS 20
Location of Congregate Meal Sites: 20
Congregate Physical Facilities and Equipment: 21
Food Safety Guidelines: 22
VI. PROGRAM ADMINISTRATION 26
Service Guidelines: 26
Participant Information & Record Keeping: 26
Adult Protective Services/Mandatory Reporting: 26
Organizational Structure: 27
Service Agreements: 27
Staffing Requirements: 28
Minimum Training Requirements: 29
Program Budget & Meal Costs: 30
Surplus Property: 31
Sales and Use Tax: 31
VII. PROGRAM FUNDING 31
Funding Sources: 31
Resources 35
Related WACs and RCWs 35
Revision History 35

I. PROGRAM PURPOSE & SERVICE DEFINITIONS

Purpose:

The purpose of the Older Americans Act (OAA) Nutrition Program is to:

1. Reduce hunger, food insecurity, and malnutrition among older individuals.
2. Promote socialization of older individuals.
3. Promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutrition health or sedentary behavior.

The OAA Nutrition Programs are authorized under Title III Part C. They fulfill their purpose by providing access to healthy meals, nutrition education and nutrition counseling. These services are targeted to older adults in the greatest economic and social need.

Service Description:

The purpose of Nutrition Services under the OAA is met by providing the following:

1. **Congregate Meals -** OAA authorizes meals and related nutrition services in a variety of congregate settings, which help to keep older adults healthy and prevent the need for more costly medical interventions. In addition to serving healthy meals, the program presents opportunities for social engagement, information on healthy aging and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being.

   The congregate setting is designed to provide a welcoming and pleasant atmosphere where people aged 60 and older (and other eligible persons) can gather for a meal. The balanced meal and the social contact together provide positive motivation for self-care for older individuals who may otherwise lack access to nutritious foods or experience social isolation. The nutrition program is more than just a meal—its purpose is to nourish the whole person.

   Congregate nutrition services may also include shelf stable, pick-up, carry-out, drive-through, or similar meals if included in an approved Area Agency on Aging (AAA) Area Plan and under the following conditions:

   a) During disaster or emergency situations affecting the provision of nutrition services;
   b) To older individuals who have an occasional need for such meal; and/or
   c) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.

2. **Home-Delivered Meals (HDM)** - OAA authorizes meals and related nutrition services for older individuals in their home who are unable to shop or prepare meals independently and have limited access to assistance with these tasks. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home and community-based services.

   The HDM program serves older individuals who are homebound, including individuals with complex medical needs, individuals experiencing isolation (cultural, social, or geographical), individuals who are age 60 or over, and in some cases, their caregivers, spouses, and/or persons with disabilities. This program provides much more than food; it provides a wholesome meal plus

a safety check, and sometimes the only opportunity for face-to-face contact or conversation for that day.

Home-delivered meal programs may provide services via home delivery, pick-up, carry-out, drive-through, or similar meals.

3. **Nutrition Education –** information provided through Congregate or HDM programs that gives participants the knowledge and skills to make healthy food and beverage choices. Nutrition education is a required component of OAA Nutrition Services.

4. **Nutrition Counseling –** provision of individualized guidance to participants at nutritional risk. This service under Congregate and HDM programs provides one-on-one guidance by a registered dietitian that must align with the Academy of Nutrition and Dietetics.

5. **Other Nutrition Services –** additional services under Congregate and HDM programs that may be provided to meet the nutritional needs or preferences of eligible participants. This may include but is not limited to adaptive dinnerware, supplemental foods, oral nutrition supplements, or groceries.

Nutrition Project – a program or initiative that provides services under this section by entities contracted to achieve the purpose of the OAA.

II. ELIGIBILITY, TARGET POPULATION & SERVICE FREQUENCY

Congregate Meal Services:

1. **Eligibility Criteria:**

    a. All people 60 years of age and older.
    b. The primary participant's spouse may dine with the participant regardless of age.
    c. Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate meals are served.
    d. A person with a disability, regardless of age, who lives with and accompanies older eligible individuals to the congregate site.
    e. Individuals, regardless of age, providing volunteer services during the meal hours.
    f. An eligible participant's unpaid caregiver aged 18-59 whose meal is paid for through Title IIIE Family Caregiver Support Program or other funds.

    *Non-eligible individuals may, in accordance with the Area Agency on Aging (AAA) and nutrition services provider (herein referred to as provider) policy when funding is available, be served a congregate meal once the needs of the eligible populations (parts a-f above) have been met:

        i. Staff of the nutrition program under 60 years of age.
        ii. Anyone who pays the full cost of the meal (this is considered program income).

Meals served to non-eligible individuals are not NSIP eligible and must not interfere with participation of the eligible populations.

2. **Target Population:**

   a. Effort should be made to target services to people 60 and over who are unable to prepare meals for themselves because of:
      i. A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, or
      ii. Lack of knowledge or skills to select and prepare well balanced meals, or
      iii. Lack of means to obtain or prepare nourishing meals, or
      iv. Lack of incentive to prepare and eat a meal alone.
      v. To the degree feasible, the provider shall ensure that preference is given to those individuals aged 60 and over who meet the vulnerability criteria in RCW 74.34.020(21).
      vi. Waiting list policies shall be developed collaboratively by the provider and AAA, with final approval by the AAA.

   b. Services are targeted to those in greatest social and economic need with particular attention to:
      i. Older individuals whose income is at or below the Federal poverty level.
      ii. Older individuals with physical and mental disabilities.
      iii. Older individuals with non-English language preference or those who experience language barriers.
      iv. Older adults who experience cultural, social, or geographical isolation, as outlined in 45 CFR 1321.3 “Greatest social need”.
      v. Older individuals at risk of institutional placement (unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and determined to be in need of placement in a long-term care facility).
      vi. Older individuals in greatest social or economic needs as defined in state and area plans.

3. **Service Frequency:**

   Providers shall serve at least one hot, cold, or other appropriate meal in a congregate setting at least once a day, five or more days per week. When funding permits, providers should consider serving additional meals and/or providing shelf stable meals for emergencies.

   If a provider operates both Congregate and HDM programs, the five days per week frequency requirements must be met for congregate and home-delivered meals independently, e.g., if the provider delivers 7 meals to HDM participants, congregate meal sites must still be served on 5 or more days per week.

   Exceptions to meal frequency requests must be approved and kept on file with the AAA. Data on exception to meal frequency must be documented in the Area Plan.

4. **Nutrition Risk Screening:**

   Congregate meal programs under the OAA must screen participants for nutritional risk. At a minimum, programs must screen participants for nutritional risk within three weeks of their first meal (longer timeframes may be established and must documented by AAA policy & procedure) and annually thereafter. The DETERMINE Your Nutritional Health checklist, also known as the Nutrition Screening Initiative (NSI) shall be used to report required data to the ACL, though other nutrition screening tools may be used to supplement a nutrition project.

5. **Congregate Meal Services for Adult Day Care Providers**

   In order to provide Congregate Meals Services at an Adult Day Care or Adult Day Health service, the provider must be contracted in accordance with these Senior Nutrition Program (SNP) Standards and the meals must meet the following criteria:

   a) The individual served the meal is eligible for this service according to subsection 2(a) and is at the Adult Day Care or Health services site for the purpose of receiving congregate meals rather than Adult Day Care or Health services; or

   b) The cost of the Adult Day Services for the individual is covered by a source other than COPES, Medicaid, SCSA or Respite or any other means-tested program, and OAA funds are allocated specifically for meals for these individuals; and

   c) The individual is given the opportunity to donate toward the cost of the meal.

Home-Delivered Meal (HDM) Services:

1. **Eligibility Criteria:**

   a) To be eligible for HDM services, individuals must be age 60 and older and homebound*. *Homebound is defined as typically unable to leave home unassisted, and for whom leaving home takes considerable and taxing effort. The homebound person may leave home for medical treatment or short, infrequent absences for non-medical reasons.

   AND

   b) Unable to prepare meals for themselves because of at least one of the following:
      i. A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, or
      ii. Lack of knowledge or skills to select and prepare nourishing and well-balanced meals, or
      iii. Lack of means (such as financial, transportation, lack of access to food, etc.) to obtain or prepare nourishing meals, or
      iv. Lack of incentive to prepare and eat a meal alone.

AAAs may establish additional criteria based on local targeting factors and greatest needs as defined in respective AAA Area Plan and may include the following:

c) Meet the vulnerability criteria. A person is considered vulnerable if they are unable to perform one or more of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) listed below without assistance due to physical, cognitive, emotional, psychological, or social impairment.
   i. Activities of daily living are eating, dressing, bathing, toileting, transferring in and out of bed/chair, walking.
   ii. Instrumental activities of daily living are preparing meals, shopping, medication management, managing money, using the telephone, doing housework, transportation; or
   iii. Has a behavioral or mental health condition that could result in premature institutionalization; or is unable to provide for their own health and safety, due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the ability to remain independent.

AND/OR

d) Lacks a consistent informal support system, i.e., has no family, friends, neighbors, or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.

AND/OR

e) Other people who are under 60 years old AND meet at least one of the following criteria, if resources are available
   i. The spouse, regardless of age, of a participant receiving HDM funded through OAA or the Medicaid Waiver for HDM (COPES).
   ii. Individuals with disabilities, regardless of age, who reside in the same home with other individuals eligible for the service.
   iii. Individuals, regardless of age, providing volunteer services for the HDM program during meal delivery and meal hours.
   iv. An eligible participant's unpaid caregiver aged 18-59 whose meal is paid for through Title IIIE Family Caregiver Support Program or other funds.

*Non-eligible individuals may, in accordance with the AAA and provider policy when funding is available, be served a home-delivered meal once the needs of the eligible population have been met:
   i. Staff of the nutrition program under 60 years of age.
   ii. Anyone who pays the full cost of the meal (this is considered program income).

   Meals served to non-eligible individuals are not NSIP eligible and must not interfere with participation of the eligible populations.

**Per 45 CFR 1321.87(a)(2)(ii), "HDM service providers may encourage meal participants to attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability."

2. **HDM Target Population:**

To the degree feasible, the provider shall target services to older individuals in greatest economic and social need with particular attention given to:

a) Older individuals whose income is at or below the Federal Poverty Level (FPL).

b) Older individuals with physical and mental disabilities.

c) Older individuals that communicate in a language other than English, or those who experience language barriers.

d) Older adults who experience cultural, social, or geographical isolation, as outlined in 45 CFR 1321.3.

e) Older individuals at risk of institutional placement.

3. **Waiting List Policy:**

   If resources are limited, waiting list policies shall be developed collaboratively by the provider and AAA, with final approval by the AAA.

4. **Service Frequency:**

   Home-delivered meal providers must offer five or more HDM per week, unless an exception to service frequency is approved and documented by the AAA as described in subsection II(A)(3). Exceptions to meal frequency requests must be approved and kept on file with the AAA. Data on exception to meal frequency must be documented in the Area Plan.

   When funding permits, providers should consider serving additional meals and/or providing shelf stable meals for emergencies.

   Home-delivered meals may be hot, cold, frozen, dried, or shelf-stable with a satisfactory storage life.

5. **Assessment of Eligibility**

   Each HDM provider must assess individuals requesting HDM services for eligibility according to criteria in Section II(B).

   The HDM provider may conduct the assessment or have a formal written agreement with another agency to conduct the assessment. The formal agreement will include assessor qualifications.

   Initial determination of eligibility can be made via phone screening; however, an in-home assessment must be performed within three weeks of the participant's first meal (longer timeframes may be established and must documented by AAA policy & procedure).

Reassessments shall be completed annually, or sooner for participants who are assessed to need meals on a temporary basis, for example if the participant is recovering from surgery or illness. HDM participants must first be provided the opportunity for an in-home reassessment. With AAA approval, telephonic assessments may be used as an alternative if an in-person option is not available (i.e., due to health & safety issues, inclement weather, or critical staffing issues). The HDM assessment must document the following:

a) Confirmation that client meets all eligibility criteria as outlined in Section II(B)(1).

b) Screening for the client's nutritional risk.

c) Evaluation of the client's alternative means of obtaining consistent and adequate meals, including an assessment of their strengths and their formal and informal support systems.

d) Referral to other services within the continuum of care as appropriate.

e) Questions to obtain the data required by the AAA and HCLA for reporting purposes.

***Note:** HDM provider staff/volunteer drivers play a critical role for nutrition programs. Programs should consider developing strategies and procedures to leverage this role in ways to support the ongoing participant assessment process.

6. **Subcontracting Requirements:**

All HDM providers must establish specific written procedures on how in-home assessments will be conducted. HDM providers who subcontract assessments must have a written agreement for doing the assessments.

The written agreement should include the following information:

a) Responsibilities and obligations of each program.

b) Specific programmatic procedures to be followed by each program.

c) Assessment form to be used.

d) Minimum qualifications for persons conducting assessments.

e) Orientation and/or training regarding the HDM and the assessment process.

III. PROGRAM SERVICES AND OAAPS REPORTING

Program service requirements are specified in the OAA. The OAA also requires data to be collected by State agencies, AAAs, and service providers through the Older Americans Act Performance System (OAAPS) for various purposes.

In Washington State, GetCare is the system of record for all OAAPS reporting (GetCare is also known as Community Living Connections, or CLC). The SNP Standards provide brief descriptions of OAAPS reporting requirements for related services. More detailed information on OAAPS reporting can be found in the CLC Help Library.

Nutritious Meals:

Meals must be high quality, nutritionally complete and comply with the most recent Dietary Guidelines for Americans (meal pattern vs. each meal) published collaboratively by the United States Departments of Agriculture (USDA) and Health and Human Services (HHS) to provide to each participating older individual:

1) A minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day.
2) A minimum of 66 2⁄3 percent of the allowances if the project provides two meals per day.
3) 100 percent of the allowances if the project provides three meals per day.

To the maximum extent practicable meals are adjusted to meet any special dietary needs of program participants. The standards are intended to provide flexibility to local nutrition programs to design meals that are appealing to program participants and meet dietary guidelines.

OAAPS Reporting Requirements/Definitions for Meals:

Congregate Meal (one unit = one meal) a meal provided to a qualified individual in a congregate/group setting, or other setting as established in Section I(B)(1) and included in the approved AAA Area Plan. The meal as served meets all of the requirements of the Older Americans Act and state and local laws.

NSIP Congregate Meal (one unit = one meal) A Nutrition Services Incentive Program (NSIP) Meal is a meal served that meets all the requirements of the OAA, which means at a minimum that: it has been served to a participant who is eligible under the OAA, has NOT been means-tested for participation, and has been provided the opportunity to provide a voluntary contribution to the cost of service.

Home Delivered Meal (one unit = one meal) a meal provided to a qualified individual in their place of residence, or by other approved means as established under Section I(B)(2) and in the approved AAA Area Plan. The meal as served meets all of the requirements of the Older Americans Act and state and local laws.

NSIP Home-Delivered Meal (one unit = one meal) A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that it has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation; includes all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.

Nutrition Risk Screening:

Nutrition screening is a first step in identifying individuals at nutritional risk or with malnutrition. The OAA requires nutrition programs for both Congregate and HDM services to provide nutrition risk screening.

At a minimum, nutrition program providers must administer the **DETERMINE Your Nutritional Health** checklist published by the Nutrition Screening Initiative (NSI) to participants and find out their nutrition risk scores.

HDM providers may administer the NSI checklist alone or incorporate the questions into the participant assessments. Other tools that exceed the scope of **DETERMINE**, e.g**. Mini-Nutrition Assessment**, may be used to ascertain risk.

For participants whose screening indicates nutritional risk, providers should provide a copy of the Nutrition Risk Screening to the participant and suggest they ask their doctor, dietitian or other qualified health or social service professional for help to improve their nutritional health.

At a minimum, when a participant is at high nutritional risk, providers shall also screen participants for malnutrition using an approved malnutrition screening tool. For participants whose screening indicates that they are at risk of malnutrition, providers should refer to appropriate services and interventions. It is recommended that all participants be screened for malnutrition, however AAAs may establish individualized procedures based on local factors, using a person-centered approach.

OAAPS Reporting Requirements for Nutrition Risk Screening

The number of participants determined to be at high risk must be included in the data submitted to the AAA and HCLA for the federally required State Performance Report. A participant is defined as high risk if they score comparable to six (6) or higher on the DETERMINE Your Nutritional Risk checklist.

Nutrition Education:

Nutrition Education is a required component of Older Americans Act (OAA) funded senior nutrition programs. Nutrition Education intended to promote better health by providing accurate and culturally appropriate 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.

Nutrition Education must be reviewed by a Registered Dietitian Nutritionist (RDN) and provided to individuals through training resources and other planned activities. Teaching methods and instructional materials must accommodate the older adult learners (i.e. large print handouts or demonstrations) and should be culturally affirming and presented in a way that participants understand.

1. **Nutrition Education Goals**
    - **a)** To promote positive nutrition and physical activity messages so individuals are motivated to attain and maintain optimal health and wellness.
    - **b)** To provide information and skills so individuals can make healthy food choices.

c) To help individuals understand and access healthy food and nutrition information.

2. **Nutrition Education Content**
   Content must be tailored to SNP participants and inform them about current facts and information that can promote improved food selection, eating habits, nutrition, health and wellness promotion and disease prevention practices.

   Some examples of nutrition education activities include:
   - presentations
   - cooking classes
   - food preparation demonstrations
   - distribution of RDN/ICE prepared educational content and instructional materials
   - field trips
   - plays
   - panel discussions
   - planning and/or evaluating menus
   - food tasting sessions
   - question and answer sessions
   - gardening
   - physical fitness programs
   - videos & other visual presentations
   - mobile applications that support healthy eating, food access, and other nutrition education topics
   - other resources provided through the Nutrition and Aging Resource Center.

   For HDM participants, activities can include the distribution of educational materials.

3. **Documentation**
   Documentation will include the following:
   - date of presentation or distribution of materials
   - name and title of presenter or title of materials distributed
   - topic discussed (if applicable)
   - number of persons in attendance

   If materials are delivered to HDM participants, documentation will include date of distribution, copy of distributed material, and number of participants receiving the information.

OAAPS Reporting Requirements for Nutrition Education:

Nutrition Education is a Cluster 3 Non-registered Service and if reported requires reporting service units. A unit is defined as one session per participant:

1 (one) unit = 1 (one) session X # of participants

For example, a program provides a presentation on healthy meal preparation at a meal site. There are 20 OAA eligible participants in attendance.

1 session x 20 eligible participants= 20 units

The program will report 20 Nutrition Education units.

Note: *Federal reporting requirements do not include reporting time for RDN/ICE preparation of tailored content and instruction in various mediums.*

Nutrition Counseling:

Nutrition counseling is the provision of individualized advice and guidance to individuals at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, working with the individual's physician as appropriate. Nutrition Counseling may be a component of medical nutrition therapy, which includes assessment of nutritional status, nutrition diagnosis, nutrition interventions, and nutrition monitoring/evaluation. Nutrition therapy must be provided by an RDN**.** The service includes:

1. Nutrition Assessment: Assessing present food intake habits, client history, and other related factors.
2. Nutrition Diagnosis: Data collected in step 1 informs appropriate nutrition diagnosis.
3. Nutrition Intervention: Developing a written plan to assist the individual to address the root cause of the issue.
4. Nutrition Monitoring/Evaluation: Planning follow-up care to evaluate achievement of objectives and progress of planned goals.

OAAPS Reporting Requirements for Nutrition Counseling:

Nutrition Counseling requires unduplicated client and unit counts.

Reporting of nutrition counseling: one unit = one hour per participant (partial hours may be reported to as .25 for each 15 minutes).

Outreach:

Outreach is an activity designed to seek out and identify, on an ongoing basis, the hard-to-reach, isolated, and vulnerable target group of eligible individuals in the program service area. Outreach is an individual, one-on-one contact between a service provider and a potential OOA-eligible participant or caregiver. Nutrition program outreach should be provided as necessary to reach the target population. It may be provided by the AAA, provider, or by another contracted provider on behalf of one or more nutrition services providers. The provider must include all costs associated with the delivery of nutrition outreach services in their program budget.

OAAPS Reporting Requirements for Outreach

1 (one) unit = 1 (one) contact. One-on-one outreach to individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

Referral to Community Living Connections/Aging & Disability Resource Centers (Information and Assistance):

Subject to participant consent, all participants who appear to have a need for other services should be referred to Information and Assistance or directly to the appropriate service.

Referral to Basic Food:

The nutrition program provider must provide information to participants about benefits available to them under the Supplemental Nutrition Assistance Program (SNAP), which is called Basic Food in Washington State. Basic Food benefits help low-income individuals and families obtain a more nutritious diet by supplementing their income. Participants will receive information at time of initial assessment and a minimum of one time a year afterwards.

Participants can apply for Basic Food at a local Community Services Office or online. Providers must coordinate their activities with local agencies that conduct outreach for Basic Food to facilitate participation of eligible older persons in the program.

IV. MENU PLANNING & FOOD SERVICE STANDARDS

Menu Planning:

The special dietary needs of older adults must be considered in menu planning, food selection, meal preparation and meal presentation. Participants should be involved in the menu planning process, and participant food preferences (e.g., likes and dislikes, cultural preferences) must be solicited in the development of menus.

Menus may be evaluated for nutritional adequacy using either **nutrient analysis** or a **food group-based meal pattern**. All menus and meals must be certified by the signature of a Registered Dietitian Nutritionist (RDN) or Individual with Comparable Expertise (ICE) to meet nutrition requirements.

AAAs may require providers to submit documentation or review documentation during annual monitoring visits or using a comparable method to ensure compliance. All records of approved menus should be kept consistent with contract requirements.

Regardless of how the menus are evaluated, all menus will incorporate the current Dietary Guidelines for Americans as appropriate for older adults.

A healthy eating pattern includes:

- A variety of vegetables from all subgroups – dark green, red and orange, legumes (beans and peas), starchy and other
- Fruits, especially whole fruits
- Grains, at least half of which are whole grains
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified plant-based calcium equivalent beverages.

- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds and other plant-based protein sources.
- Oils, including those from plants: canola, corn, olive, peanut, safflower, soybean and sunflower. Oils are naturally present in nuts, seeds, seafood, olives and avocados.

***A healthy eating pattern limits**:*

- Saturated fats, added sugars, and sodium

Key recommendations that are quantitative are provided for several components of the diet that should be limited. These components are of particular public health concern in the United States, and the specified limits can help individuals achieve healthy eating patterns within calorie limits:

- Consume less than 10 percent of calories per day from added sugars.
- Consume less than 10 percent of calories per day from saturated fats.
- Consume less than 2,300 milligrams (mg) per day of sodium.

Sodium Guidelines: The recommendation for adults and children ages 14 years and older to limit sodium intake to less than 2,300 mg per day is based on evidence showing a linear dose-response relationship between increased sodium intake and increased blood pressure in adults. Adults with prehypertension and hypertension would particularly benefit from blood pressure lowering. For these individuals, further reduction to 1,500 mg per day can result in even greater blood pressure reduction.

In tandem with the recommendations above, Americans of all ages should meet the *Physical Activity Guidelines for Americans* to help promote health and reduce the risk of chronic disease.

Nutrient Analysis:

Meals planned using a nutrient-based planning approach are considered to meet nutrient intake recommendations when menus are appropriate in calorie content and meet one-third of the current Dietary Reference Intake (DRI) for key macro- and micronutrients in each meal.

The goal is to meet the requirements for a >70 old man, as these DRIs represent the highest values for people ≥60 years of age. To allow for menu flexibility and client satisfaction, nutrients may be averaged over 1 week and up to 1 month as determined collaboratively between the AAA and provider. See **Appendix D** for DRI values.

When a change in dietary standards has been published, the new value for key nutrients should be used as a basis for meal planning. The new value should be adopted within a reasonable amount of time, not to exceed one year after publication.

Food Group-Based Meal Pattern:

Meals planned using the food group-based meal pattern approach is considered to meet nutrient intake recommendations when the serving sizes and guidelines regarding food components are followed.

Food groups may be combined in a mixed meal and meet meal pattern requirements (i.e., a casserole or stew using appropriate serving sizes for protein, grains, and vegetables).

When using a food group-based menu pattern planning approach, computerized nutrient analysis may be helpful, but is not required, as long as nutrition providers use an accepted method to control the calorie content, saturated fat, added sugars, and sodium content of the meals. See **Appendix E** for a food group-based menu pattern.

Food Substitutions:

All meals and menus must be served as written. If the meal cannot be served or is not acceptable to the participants, the Program Director or their designee, ICE, or RDN must be informed and approve all proposed changes.

All meal or menu deviations must be documented and initialed in the provider's official paper or paperless file system for review by the AAA.

Food substitutions may not reduce or significantly alter the nutritional content of the meal. Food substitutions at the time of food preparation and serving should be infrequent.

Therapeutic Diets and Medical Nutrition Therapy:

SNP providers may, but are not required to, offer meals and menus to accommodate therapeutic/modified diets. A therapeutic diet is designed to meet the requirements of a given situation and may be modified in individual nutrients, caloric values, consistency, flavor, techniques of food preparation, content of specific foods, or combinations of the preceding.

A current therapeutic diet prescription (no older than six months) should be signed by the participant's physician, RDN, or ICE and filed in the provider's official files. Therapeutic diets must be planned, prepared and served by trained staff under monthly supervision and/or consultation of an RDN or ICE.

Additionally, SNP providers may, but are not required to, offer meals and menus to accommodate medical foods and foods for special dietary use. Nutrition interventions, including in some cases liquid supplements, can provide essential support to individuals at high risk. The OAA, including NSIP will pay for medical foods and foods for special dietary uses when all the following requirements are met:

1. When indicated for participants who are malnourished, at risk of malnutrition, or with disease-related special nutritional needs. These include older participants who, because of anatomical, physiological, or behavioral health challenges, cannot meet their nutritional needs by eating a nutritionally balanced diet of solid or textured modified foods, or for those who have increased or altered metabolic needs due to illness, surgery, or other special conditions. This may include individuals screened for and at risk of malnutrition through OAA nutrition programs or individuals referred to programs from outside entities.

2. There is a recommendation by an appropriate health professional, i.e., physician or RDN, as part of an assessment-based nutrition plan for the individual, and the plan is re-evaluated and updated at least every six months.

3. The participant must be provided with a minimum of 33 1/3% of the DRI except in cases where the individual's specific medical nutrition therapy plan dictates otherwise; and if the medical food or food for special dietary uses is used as:

    a) a substitution for part of the conventional meal components, the combination of the medical food or foods for special dietary uses and conventional foods must meet the criteria in Section IV. Note: Use of conventional foods in combination with medical food or food for special dietary uses are viewed as one meal.

    b) replacement of a conventional meal, the medical food or food for special dietary uses must meet the criteria in Section IV and be used as a replacement because a conventional meal, even with modifications, is inadvisable. Note: Meals in this category are viewed as one meal.

    c) vitamins, minerals and / or food supplements, with exception to liquid meals that meet the criteria above may not be provided with SNP funds.

Food Service Standards:

1. **Standardization of Recipes and Portion Control:**

    Recipes used by the nutrition program provider should be adapted and standardized for use by carefully testing each recipe in its own kitchens with its particular equipment, available ingredients, and skills and abilities of its personnel.

    The recipes should then be adjusted for yield (number of servings) based on the number of people to be served and the portion size necessary to comply with nutrient requirements. Meals offered to participants must comply with nutrient requirements. What is served to SNP participants (what a participant selects) may vary from the planned meal offering as participants can choose the food items they wish to eat.

    Except when food comes from a food service vendor/caterer, a file of standardized recipes which are acceptable to program participants should be kept and used for the purposes of:

        a) Production Control - Eliminates guesswork, food waste and recipe failure; and reduces supervision time of inexperienced or new personnel.

        b) Portion Control - Helps reduce leftovers and eliminate waste; and ensures that the food prepared for HDM services is adequate; assures that Congregate participants feel fairly treated; helps the program stay within budget; and provide examples of sensible portion sizes to help participants achieve or maintain healthy weights.

        c) Quality Control - Helps ensure that an acceptable finished product is produced that meets one-third DRI when proper portion sizes are served.

d) Cost Control - Simplifies purchasing by establishing proper amounts of food ingredients to purchase and use and minimizes leftover food.

All food service workers should be trained to follow standardized portions and provided with necessary equipment and utensils to serve standardized portions. A visual standard of reference for portion size should be provided.

The nutrition program provider should develop procedures for determining how many people will eat at each Congregate site each serving day or how many HDMs must be prepared, so food production staff can adjust their standardized recipes to yield the proper number of portions.

2. **Leftover or excess food policy:**

The provider should develop, and have approved by the AAA, a written policy describing the procedures the nutrition provider will follow regarding the use and handling of excess food not needed to serve Congregate participants or prepare home-delivered meals.

In developing these procedures, particular attention should be accorded to the sanitation and safety of the foods and the economic consequences that leftovers have on the provider's food costs and budget.

Use of leftovers is strongly discouraged in the preparation of home-delivered meals. Leftovers (from meals served in the same day) may be offered to Congregate participants as second helpings at those congregate settings that do not have on-site cooking facilities or methods to preserve leftover food to meet the nutritional standards for later consumption.

Meals must meet 1/3 DRI and all other OAA requirements to be counted as an additional meal/unit of service for reporting purposes. If the meal is taken from a meal site to be consumed at the participant's home, the unit of service may be counted under Congregate Meal services if included as a part of the approved AAA Area Plan, and if it complements the program as referenced in Section I(B)(1)(a-c).

If leftover meals are provided at a congregate site, a set of written instructions should be included with each meal. The instructions should include:

- the date the meal was prepared,
- the discard date (two days following),
- refrigeration instructions,
- a statement about proper hand washing,
- instructions to reheat to 165 degrees,
- and a disclaimer that states:

"For your safety: food removed from this site must be kept hot or refrigerated promptly. We are not responsible for illness or problems caused by improperly handled food. When food has been removed from the premises its safety is the sole responsibility of the participant".

3. **Food Quality:**

All foods used in the nutrition program must meet standards of quality, sanitation and safety applying to foods that are processed commercially and purchased by the program. All foods used in the nutrition program must be:

a) From approved sources. (per WA Retail Food Code)

b) Comply with applicable state and local laws, ordinances and regulations; and be clean, wholesome, and free from spoilage; free from adulteration and mislabeling, and safe for human consumption.

c) Hermetically sealed food which has been processed in an approved commercial food processing establishment may be used.

d) Home-canned foods may not be used.

e) All foods contributed to the nutrition program must meet the same standards of quality, sanitation and safety that apply to foods processed commercially and purchased by the nutrition program.

f) Fresh or frozen meat and poultry used in the meals provided by the provider must be USDA inspected. Wild game cannot be used in the nutrition program because it is not inspected by USDA and is considered "adulterated" and would not be approved for use according to the Washington State Health Code.

g) Dried meat or dried fish may be used in meals only if it has been commercially processed at a government (including tribal) approved processing plant.

h) The provider assumes the responsibility for determining the condition, quality and safety of fresh or frozen fish used in its food service since federal or state inspection of fresh or frozen fish is not required.

i) The provider assumes responsibility for determining the condition, quality and safety of fresh produce used in its food service.

j) Purchasing procedures should assure availability of food, supplies and equipment in the quantity and quality consistent with established standards and at the most favorable prices consistent with set standards.

Service providers are encouraged to use with locally produced foods whenever possible and to collaborate with local food producers and other food assistance programs to maximize access to and use of high quality, nutritious, affordable foods.

4. **Additional requirements**

a) Meal service should be offered for a period of time adequate for all participants to eat a leisurely meal. Flexible service time may be offered as long as food safety procedures are followed.

b) Menus should be posted in an easily accessed location in each congregate nutrition site and must be provided to home delivered meal participants upon request.

c) Service providers at congregate meal sites are not required to post common food allergen information but should be able to provide a list of all ingredients used in the meal.

d) Providers must have a Certified Food Protection Manager or access to a CFPM and identified a Person in Charge (PIC) to ensure safe food handling practices and procedures are followed, per WAC 246-215-02107.

e) Food should be prepared using production and presentation methods that enhance the palatability, hence acceptability, of the food served. Acceptability of the food served will depend upon appearance (color, consistency, shape or form, arrangement, size portion) and flavor (seasoning, texture, odor, temperature, degree of doneness).

f) In purchasing food and preparing and delivering meals, providers should follow appropriate procedures to preserve nutritional value and food safety. Foods should be selected, stored, prepared, and served in a manner to assure maximum nutrient content or food value.

V. FACILITY & FOOD SAFETY STANDARDS

Location of Congregate Meal Sites:

The location for the congregate meal program is essential to its success. In order to create a gathering place that offers opportunities for good nutritious meals and social interaction, an ideal facility will:

1) Be conveniently located to the target population.

2) Have convenient, accessible and affordable transportation.

3) Be in a safe, well-lit, well-maintained location.

4) Be easily visible and open to the public.

5) Have adequate space to support programming.

6) Have clear, inviting and culturally appropriate exterior and interior signage.

7) Have a welcoming interior space that is culturally appropriate, safe & accessible, and supportive of high-quality meal service.

Examples of location include community centers in low-income areas, subsidized housing complexes, senior centers, schools, Adult Day Services, and religious facilities.

In no way may a nutrition program operated by specific groups, such as churches, social organizations, senior centers or senior housing developments restrict participation in the program to their own membership or otherwise show discriminating preference for such membership.

Congregate Physical Facilities and Equipment:

Compliance with federal, state, and local fire, health, sanitation, safety and building codes, regulations, licensure requirements, and other provisions relating to the public health, safety, and welfare applicable to each congregate nutrition site, food preparation site, and food service vendor/caterer used in the nutrition program is required in all stages of food service operations. Congregate facilities and equipment must meet the following requirements:

1. Comply with federal, state and local fire and building codes. Programs must have the local or state fire marshal or equivalent conduct a fire and life safety inspection of each site prior to opening and annually thereafter.

    a) A copy of the most recent annual inspection report must be kept on file at the nutrition site.

    b) If the provider experiences difficulty obtaining timely inspection, the provider will notify the AAA.

    c) The AAA will work with the provider and local entity to obtain an inspection

    d) If the AAA is unable to resolve the issue at the local level, the State Unit on Aging SNP Program Manager will be notified and provided with documentation of the AAA's efforts to get resolution at the local level in order to determine next steps including notification of the State Marshal where applicable

    e) A provider shall not be cited for failure to obtain an inspection as long as there is documentation of efforts to get the inspection in a timely manner *

    ***Note:** *Standards require the annual inspection; the intent of (e) is to ensure the provider is not cited when monitored by AAA if they have taken appropriate steps to obtain the inspection. The standard intends to promote cooperative resolution at the local level. Repeat instances of failure to obtain inspection are not acceptable and should not occur if the provider and AAA complies with the requirements in this section.*

2. **Compliance with the Americans with Disabilities Act (ADA)**. At a minimum:

    a) Be free of architectural barriers that limit the participation of people with disabilities.

    b) Make special provisions as necessary for the service of meals to persons with disabilities.

c) Have available for use upon request adaptive food containers and utensils for individuals with disabilities. Provide tableware and flatware, including plates, glasses, cups, forks, spoons, and knives, which are appropriate for older persons. The provider may not ask or require participants to bring their own tableware and flatware for use at the congregate nutrition site. This may include weighted, bent, or other adaptive utensils, lidded cups/mugs, lipped/high-sided dishes, and other adaptive tableware to support independence.

d) Provide for a permanent or temporary separation between the dining area and the food preparation area when food is prepared and served in the same facility.

e) Have equipment, including tables and chairs that are sturdy and appropriate for older persons. Tables should be arranged to ensure a pleasant atmosphere for dining and encourage maximum socialization among participants. Adequate aisle space should be provided between tables to allow persons with canes, walkers or crutches to walk with ease and to accommodate wheelchairs.

Note: *It is recommended that a self-assessment for ADA compliance be conducted at each site annually or after remodeling, and for new facilities, prior to opening. A link to the ADA checklist is footnoted below*.

Food Safety Guidelines:

Preparation of food for Congregate and HDM services must comply with Food and Drug Administration (FDA) Food Code and Washington State Retail Food Code, and Chapter 246-215 of the Washington Administrative Code (WAC).

1. **Health Inspection Reports:** providers must have in their official files a copy of all current Food Service Inspection Reports (or their equivalents), which have been completed by state or local health authority for each congregate nutrition site, food preparation site, and food service vendor/caterer used in the nutrition program.

   For the purposes of these standards, a food service vendor/caterer is defined as an entity contracted by the provider to prepare meals for HDM or Congregate programs.

   To be current, the date on the report must not exceed one year elapsed. If for any reason a congregate nutrition site, food preparation site, or food service vendor/caterer does not have a current Food Service Inspection Report, the AAA and the provider must take immediate action and work together to achieve compliance.

   Additionally, HDM and Congregate providers that operate food establishments must have at least one Certified Food Protection Manager (CFPM) on staff as evidenced by a valid certificate. This requirement applies to providers considered “Food Establishments” as defined by WAC 246-215-01115. The CFPM ensures proper training for persons in charge, procedures are developed, and food safety practices are achieved. (Find a list of accredited programs for the CFPM here: ANAB - ANSI National Accreditation Board).

2. **Food Worker Cards:** All food service employees and volunteers who are involved with unwrapped or unpackaged food products must hold a current Food Worker Card and/or obtain one within 14 calendar days from their first day of work. Providers may pay the permit fees for their volunteers and paid staff. All Food Worker Cards must be maintained in the provider's official files.

3. **Temperature Control Guidelines:** Foods should be prepared, displayed, served and transported with the least possible manual contact, with suitable equipment and utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination. Effective procedures for sanitizing dishware, cleaning equipment, and work areas should be written and followed consistently.

   On a daily basis, temperature checks should be taken with a food thermometer at the time all food leaves the production area (including the food service vendor/caterer's kitchen) and at the time of serving.

   Records of these temperature checks must be maintained in the nutrition program provider's official files. Depending upon procedures involved in food preparation and delivery (e.g., transportation, receiving, storing and serving), additional temperature checks may be required.

   Certain foods, called Time/Temperature Control for Safety (or TCS for short) food can support more rapid growth of bacteria if not held at the proper temperature. The following table references various time and temperature controls required by FDA and WA Food Codes:

Process	Temperature Requirement	Time Requirement
Cold Holding TCS Foods	<41°F (5°C)	-
Hot Holding TCS Foods	>135°F (57°C)	-
Cooling TCS Foods	Within 2 hours: 135°F to 70°F (57°C to 21°C) Within 4 hours: 70°F to 41°F (21°C to 5°C)	Within a total of 6 hours from 135°F to 41°F (57°C to 5°C) or less
Reheating TCS Foods	At least 165°F (74°C) for 15 seconds (internal temperature)	Rapidly reheat and hot hold less than 2 hours
Thawing TCS Foods	<41°F (5°C) or other method specified in WAC 246-215-03510	-

Frozen Storage	At or below 0°F (-18°C)	-
Time as Temperature Control for TCS Foods	Between 41°F and 135°F (5°C to 57°C)	Within 4 hours (discard after 4 hours)

Table 1. Time/Temperature Control for Safety

Home delivered meals shall be prepared, individually plated, packaged and delivered in accordance with current FDA and WA Retail Food Code and as per the following guidelines:

a) The meal will be delivered directly to the participant or the participant's designee in accordance with food safety guidelines.

b) Thermal carrying bags, hard-sided coolers and appropriate heating or cooling pads and devices will be used to help keep hot meals hot and cold meals cold during the entire delivery process.

c) Frozen foods and meals shall be packaged for delivery in clean cardboard boxes, paper bags or thermal containers and delivered frozen. Cooling pads should be added if there is a risk of thawing. Any thawed meals, i.e., meals that no longer contain ice crystals, must be discarded.

d) Frozen foods and meals shall be stored at the meal site at 0° F or below. Provision of frozen foods or meals should be based upon the ability of the provider and homebound participant to provide safe conditions for the storage, thawing, and reheating of the frozen foods.

e) The goal is to keep cold foods cold at all times during delivery, ideally below 41° F. Cold food items can be held at above 41° F for up to four hours provided the meal is temperature checked at 41° F or lower upon removing it from refrigeration and does not reach 70° F or higher at any time from the point of removal from refrigeration to the time of delivery to the participant.

   Food items must be discarded if not delivered within the four hours from the time of removal from temperature control. Cold food with a temperature above 70° F at any time must be discarded.

f) The goal is to keep hot meals hot at all times during delivery, ideally between 135° Fahrenheit (F) and 165° F. However, food items prepared the same day can be held outside of the temperature control range, i.e., at less than 135° F, for up to four hours.

   This is only when the temperature is checked to be at 135° F or higher directly upon removing it from temperature control, e.g., from a commercial warmer, oven, stove or microwave, followed by immediate plating, packaging and placement into a thermal holding container for delivery.

Food items must be discarded if not delivered within four hours from the time of removal from temperature control. See **Appendix F** for sample temperature logs.

g) Hot food items, prepared the day prior, properly chilled and placed in refrigeration overnight to be reheated the next day for delivery, including chilled or frozen prepackaged meals, can be held outside of temperature control range, i.e., at less than 135° F, for up to four hours.

This is only when temperature is checked to be at 165° F or higher directly upon removing it from temperature control followed by immediate plating, repackaging (if needed), and placement into a thermal container with appropriate heating pads for delivery.

Food items must be discarded if not delivered within the four hours from the time of removal from temperature control.

h) On a daily basis, the provider shall document:

- the temperature and time of each batch of hot and cold food items at the time it is removed from temperature control and placed into the thermal holding containers, and
- the time of the final delivery shall also be documented for each route.

i) Records of delivery temperatures and time must be maintained in the home-delivered nutrition program (and congregate program, as appropriate) provider's official files.

4. **Meal Packaging Supplies and Carriers**

a) Meal packaging supplies and carriers will be used to ensure that hot foods are packaged and transported in separate carriers from cold foods.

b) Meal carriers used to transport food will be enclosed and equipped with insulation and supplemental hot or cold sources as needed to support hot and/or cold food temperatures. Meal carriers will be cleaned and sanitized daily. Food and meals being transported to the home for use of the homebound participant should be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling. The holding time, with appropriate temperature control, between food preparation and the consumption of the meal should be minimal to reduce opportunities for contamination and to maintain nutritional quality, food acceptability, and food safety. Providers are encouraged to enter contracts that limit the amount of time meals must spend in transit before being consumed.

VI. PROGRAM ADMINISTRATION

Service Guidelines:

The provider must develop written program objectives that are specific, verifiable, and achievable for the frequency of meals to be served, service level of nutrition education and, if provided, nutrition outreach.

Participant Information & Record Keeping:

Providers must record and report the names and number of meals each participant receives on a monthly basis during the program year. In addition, the provider must collect the following information by their fifth meal:

1) Name, home address, and phone number of participant.

2) Emergency contact information (name, phone number, relationship to participant, physician if applicable/available).

3) Special dietary requirements, restrictions, or nutritional concerns or conditions shared by the participant.

The provider must also collect other reporting data required by the AAA and HCLA (i.e., the nutrition risk screening data as outlined in Sections II(A)(4) and II(B)(5)).

Note: Obtaining *participant birthdate is recommended. If a participant refuses to provide their date of birth, please note of this in the client file (GetCare).*

Participants may not be denied service if they refuse to provide the required information, with the exception of HDM applicants who refuse to allow an in-home assessment (or telephonic assessment, as applicable) to determine eligibility for home-delivered meals.

This in no way relieves the provider of the responsibility to make reasonable attempts to get the information from the participant and to explain the reasoning behind the request.

Adult Protective Services/Mandatory Reporting:

According to RCW 74.34.020(13) mandatory reporters include employees of social service agencies. By law, mandated reporters must immediately report the abuse, abandonment, neglect and financial exploitation of a vulnerable adult to DSHS Adult Protective Services (APS).

If you suspect a vulnerable adult is being harmed, call Adult Protective Services to report it. You can report by phone or online through the following webpage:

ADULT PROTECTIVE SERVICES CONTACT INFORMATION

If the person is in immediate danger, call 911. You do not need proof to report suspected abuse, and you do not need to give your name when you call.

SNP providers must include mandatory reporting and permissive reporting (RCW 74.34.020(16)) requirements in staff and volunteer training.

When providing a report to APS, please be ready to provide:

1) Your name and contact information (in case follow up is needed; your name is optional).

2) Names and contact information for the vulnerable adult and the person you think is causing harm.

3) Description of the situation.

4) Any known safety concerns.

Organizational Structure:

Congregate and HDM services may be provided independently or by the same provider. They may also be provided under the sponsorship of a parent agency including, but not limited to, a Community Action Agency, Council on Aging, senior center, public or private school, hospital, housing authority, county health department, parks and recreation department, city or county government, Indian Tribal Council, or by an agency that is independent and not part of a larger organization. HDM providers may also contract to provide Medicaid funded home delivered meals, e.g. Community Options Program Entry System (COPES) and must account for related program revenue and expenditures separately.

Service Agreements:

All Congregate or HDM providers shall develop a written agreement or contract with each outside agency or organization where nutrition services are provided, which addresses the following issues:

1) Responsibilities and obligations of each party, including compliance with SNP standards.

2) Staffing interrelationships.

3) Costs or payments, if any, to be paid or incurred by either party.

4) Days and hours the congregate nutrition site will operate and provide services in the agency's or organization's facility, or for HDM, days meals will be delivered.

5) Procedures to get food service equipment repair and maintenance

6) Other matters as necessary to operate the nutrition program according to these standards.

Staffing Requirements:

The provider should employ an adequate number of qualified personnel to ensure the success of the program. When hiring, preference should be given to persons age 60 or older and individuals that reflects the communities served when other qualifications are equal. The staffing pattern should include:

1. **Nutrition Program Director:** The program director should be empowered with the necessary authority to conduct the day-to-day management and administrative functions of the program. At the discretion of the AAA (in collaboration with the provider) the director may be hired on a full-time basis or part-time, as long as the staff time allocated is adequate to fulfill the responsibilities of the position.

   Program directors should have management or supervisory experience and a background in food, nutrition, or food service management.

2. **Certified Food Protection Manager** (CFPM): providers that operate food establishments (WAC 246-215 01115(50)) must have at least one CFPM on staff (WAC 246-215-02107). A CFPM is not required to be on site but plays a key role in ensuring food safety. CFPMs may support food safety across more than one site and help to train persons in charge to maintain proper food safety standards

3. **RDN or ICE**: The OAA requires Congregate and HDM services to be carried out with the advice of "a dietitian or individual with comparable expertise (ICE)." For the purpose of these standards, a dietitian is referred to as a registered dietitian nutritionist (RDN) and must be registered by the Commission on Dietetic Registration.

   An ICE is defined as a certified nutritionist who meets the qualifications stated in RCW 18.138.030 (4) and has current State certification.

   An RDN or ICE must be available to the provider for the planning and provision of nutrition services, either on staff, under contract, or in a volunteer capacity. The required responsibilities of the RDN or ICE are:

   a) Assist in the development of menus.

   b) Certify that all meals meet the nutrient requirements as defined in the section on menu planning.

   c) Provide consultation on food quality, safety, and service (in collaboration with CFPM).

   d) Plan menus or meals to meet special dietary or therapeutic needs, if provided by the program.

   e) Assist with the development of program objectives related to nutrition education.

   f) Provide nutrition education directly or oversee the provision of nutrition education.

g) Assist with the development of program objectives related to nutrition therapy services, and provide nutrition therapy, where the nutrition program has allocated the resources to provide the service.

Additional responsibilities may include staff training and other activities based upon the needs and priorities established for the program. These needs and priorities should be jointly established by the AAA and the provider.

4. **Other Personnel:** The method used to provide meals, nutrition education, and nutrition outreach will determine the number and type of permanent, consultant, or volunteer personnel required to manage the nutrition program and provide fiscal, administrative and clerical support.

5. **Criminal Background Checks (Minimum Requirement):**

Background checks are required every two years for all SNP employees and volunteers who will have unsupervised contact with SNP participants. This applies to individual contractors as well as employees and/or volunteers of a contracted entity.

"Unsupervised" means not in the presence of: another employee or volunteer from the same business or organization as defined in RCW.43.43.830

AAAs will include background check requirements in SNP provider contracts and will review compliance during required desk and on-site monitoring.

Minimum Training Requirements:

1. **Safe Food Handling Practices**

All staff and volunteers involved in the handling of food must have training on safe food handling practices prior to beginning food handling duties if the worker does not hold a valid food worker card. (Reminder – all food service workers must obtain a food worker card within 14 calendar days from the beginning of employment).

Staff and volunteers preparing food or handling unwrapped or unpackaged food must receive the required food worker training and obtain a food worker card, according to local health department requirements and Washington Administrative Code WAC 246-217.

On site procedures for safe food handling practices must be accessible to staff and volunteers.

2. **Orientation and In-Service Training**

All staff, both paid and volunteer, should receive orientation before providing nutrition program services. The provider should provide in-service training on a regular basis for all staff, paid or volunteer, engaged in implementing the program.

Such training should be designed to enhance each staff member's performance of their specific job responsibilities, consider requests for training from staff, and be designed to resolve problems identified during the AAA monitoring of program performance.

Each provider should have a written training plan describing the content of orientation and the subject matter expected to be covered during in-service training. The dates and content of training actually provided should be documented. As allowed by the funding source, nutrition program funds may be used to pay for costs to local, statewide or out-of-state training in accordance with AAA policies.

3. **Emergencies, Weather Related Conditions and Natural Disasters**

   Staff shall also be trained in emergency and evacuation procedures. A written plan describing procedures to be followed in case a Congregate or HDM participant becomes ill or is injured will be reviewed in depth with staff, volunteers and participants, and should also be posted in a visible location if possible. If posting is not allowed staff shall have easy access to the information

   The provider shall have written procedures to be followed in the event of weather-related or other emergencies, disasters, or situations that may interrupt Congregate services, HDM, or the transportation of participants to the nutrition site. Sample plans are included in **Appendix G**.

Program Budget & Meal Costs:

The provider must account for the program costs identified in this section. From these costs, the provider must determine an average per meal complete cost on an annual basis that includes all costs from all categories listed below. Cost will be determined for a congregate meal and for a home delivered meal if applicable, and grab-and-go meals (as allowable per local planning).

The complete per meal cost is the amount that must be charged to non-eligible individuals and outside fund sources, such as Medicaid funded HDM or an Adult Day Services provider. Revenue and expenditures for home-delivered, congregate, and non-OAA funded meals must be accounted for separately.

The per meal cost for Medicaid-funded meals must not be more than the cost charged to other funds sources.

The cost categories include:

1. **Salaries and wages** - labor costs for food preparation, cooking, and serving; cleaning of the dining facility, meal preparation areas, and food service equipment; transporting meals to nutrition sites or participants' homes; direct food service supervision.

2. **Personnel benefits** - costs for health insurance, pension, unemployment, OASI, workers' compensation, etc.

3. **Supplies** - costs of food raw food and food purchased with NSIP funds; all non-capital supplies and equipment such as serving supplies, disposables, cleaning materials, and computers.

4. **Other Services and Charges** - space rental/leases; professional services; communications such as phone, Internet, postage; travel; advertising; insurance; utilities; repairs and maintenance; miscellaneous.

5. **Capital Outlays** - costs of capital items such as land and buildings, capital improvements, and equipment such as stoves, dishwashers, trucks and vans, steam tables, freezers, etc.

6. **Nutrition education** and outreach costs should be accounted for as required by the AAA.

Surplus Property:

Nutrition program providers are eligible to receive property which is declared surplus by the federal government in accordance with laws applicable to surplus property.

Sales and Use Tax:

The provider is exempt from paying sales or use tax for:

1. Food or meals purchased at the wholesale or retail level and utilized by the nutrition program.

2. Contributions for meals received from individuals participating in the nutrition program.

The provider will not violate its tax-exempt status if it develops printed material suggesting a contribution amount as a guide for participants to use when they make their contribution.

VII. PROGRAM FUNDING

Funding Sources:

The Senior Nutrition Program may be funded by OAA Titles IIIB, C and E, the Nutrition Services Incentive Program (NSIP), state funded Senior Citizens Services Act (SCSA), SB5736, Senior Nutrition Services state funds; local public and private funds; and income generated by the program, including voluntary contributions from participants and program fundraising. See **Appendix B-Table 1** for more information.

1. **Nutrition Services Incentive Program (NSIP):** AAAs and their nutrition program providers are eligible to participate in NSIP. The purpose of NSIP is to provide incentives to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals.

   The NSIP provides an allotment of cash or commodities to states and Indian Tribal Organizations (ITO) for their nutrition programs based on the number of meals served in the previous year in proportion to the total number of Title IIIC meals served by all states and ITOs that year, as reported in the State Program Reports (OAAPS).

Washington State has elected to receive cash in lieu of commodities. NSIP cash is allocated to AAAs based on the number of NSIP-eligible meals served in the previous year in proportion to the total number of NSIP-eligible meals served by all AAAs as reported through OAAPS. NSIP cash may only be used for meals served to individuals eligible for Congregate or HDM according to these standards. Food purchased with NSIP cash must be United States (U.S.) agricultural commodities or other foods of U.S. origin.

Meals counted for purposes of NSIP reporting are those served to individuals listed in Section III, Target Population and Eligibility. Meals that **cannot** be included in counts used to determine NSIP funding are:

a) Any meal that is served to a participant who is required to meet income eligibility criteria to receive the service through which the meal is served. This includes:

   i. Medicaid Waiver home-delivered meals.

   ii. Medicaid Adult Day Care meals.

   iii. Medicaid Adult Day Health meals.

   iv. Adult Day Care or Health meals for which Child and Adult Care Food Program (7CFR Part 226) funds have been claimed.

   v. SCSA- or Respite-funded Adult Day Care or Health meals.

   vi. Meals funded by Title IIIE served to caregivers under age 60.

   vii. Meals served to individuals under 60 who pay the full cost of the meal.

b) Meals served at Adult Day Care or Health services that can be included in counts used to determine NSIP funding are those that meet the following criteria:

   The Adult Day Care or Health service is a contracted congregate nutrition site, in compliance with the SNP Standards, and the individual served the meal is aged 60 or over, and attending the Adult Day Care or Health service for the purpose of receiving congregate nutrition services rather than Adult Day Care or Health services, or the cost of the Adult Day Services for the individual is covered by a source other than COPES, Medicaid, SCSA or Respite or any other means-tested program, and OAA funds are allocated specifically for meals for these individuals; and the individual is given the opportunity to donate toward the cost of the meal.

c) Service providers must maintain separate records to document that NSIP cash was used to purchase:

   i. United States Agriculture commodities and other foods used in their food service;

ii. Food in the meals furnished to them under contractual arrangements with food service management companies, caterers, restaurants or institutions, provided that each such meal contains United States produced commodities or other foods at least equal in value to the NSIP funding

NSIP cash may be carried over into the next consecutive contract year at the AAA's discretion. NSIP cash which is carried over into the next contract period must be included in the provider's budget for the next contract period and must be considered as a resource when projecting the total number of meals to be served in the next contract year.

*NSIP meal reporting guide is located in **Appendix A**.*

2. **Participant Contributions -** Nutrition program providers must provide each eligible participant served a meal funded by Title III or SCSA with the opportunity to make a voluntary and confidential contribution (*donation)* to the cost of the meal. The AAA shall consult with the providers and older individuals to determine the best method for accepting voluntary contributions and to ensure that any method used is not coercive.

   a) **Privacy and Confidentiality:** The provider must protect the privacy of each older person with respect to their contribution or lack of contribution. The provider must arrange for methods of receiving contributions from individuals in such a manner as not to publicly differentiate among individual contributions.

      The provider should periodically assess the nutrition program's methods of receiving contributions to ensure that the confidentiality of each individual contribution is not compromised.

   b) **Collection of Contributions:** Each provider may develop a suggested contribution schedule for services received. In developing a contribution schedule, the provider should consider the income ranges of older individuals in the community and the provider's other sources of income.

   c) **According to Ability to Donate**: Suggested contribution schedules must in no case be used as a means test to determine the eligibility of individuals to participate in the nutrition program. The amount of contribution, if any, should be determined by each participant according to their ability to donate.

   d) **Voluntary:** Providers must clearly inform participants that there is no obligation to contribute, and that the contribution is purely voluntary. The provider may not deny any older person a meal because the older person will not or cannot contribute to the cost of the meal.

   e) **Use and Handling of Contributions:** Contributions made by eligible participants are nutrition services contributions must be used to increase the number of meals served by a program, to facilitate access to such meals, and to provide other supportive services directly related to nutrition services.

f) **Procedures**: The provider should develop, and the AAA should approve and monitor, specific written guidelines and procedures for the collection of contributions for meals served at nutrition sites. The provider should develop, and the AAA should approve and monitor, specific written procedures for collecting, handling, counting, and depositing cash contributions or their equivalents. These procedures must follow generally accepted accounting principles ***(Please refer to Home and Community Living Administration's AAA Policies and Procedures Manual – Chapter 9, Fiscal Procedures for more information).***

g) **Contributions Using Basic Food Program Benefits:** Basic Food Benefits, in the form of the Quest Card, may be accepted from participants as contributions toward the cost of the meal. As noted in Section III *Program Service and Reporting*, SNPs must provide participants with information about how to access the benefits available

Because benefits are available through the Quest Card, an electronic benefits transfer (EBT) system, the provider must inform participants that these contributions cannot be completely confidential. In order to accept contributions through the Quest Card, the provider must be certified by the USDA Food and Nutrition Service (FNS) and have a contract with the State's EBT vendor, the financial institution that administers the EBT system. If the provider receives over $100/month in basic food contributions, a point of sale (POS) machine will be provided by the Basic Food Program. If the provider receives less than $100/month per meal site or delivery route, manual vouchers will be provided by the Basic Food Program.

To contribute with vouchers, a participant would have to request a voucher(s) from a staff person and sign it. The staff person must call a toll-free number to verify that the participant has the contribution amount in his account. The provider must then redeem the voucher through the State's EBT vendor within 30 days. The provider must assure that all provisions relating to the use and handling of basic food benefits as prescribed by federal, state and local agencies responsible for administering the Basic Food Program are met. **Providers must contact the USDA Food and Nutrition Service to become a Basic Food vendor.**

RESOURCES

https://www.dshs.wa.gov/altsa/home-and-community-services/senior-nutrition-program-standards/administration

https://www.ecfr.gov/current/title-45/part-1321

Senior Nutrition | ACL Administration for Community Living

Related WACs and RCWs

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
9/30/2025	Cameron Akita	Combined Chapters 18 and 19 (HDM and Congregate Nutrition Services), inclusion of revised Senior Nutrition Program Standards, compliance with OAA Final Rule (2024)	