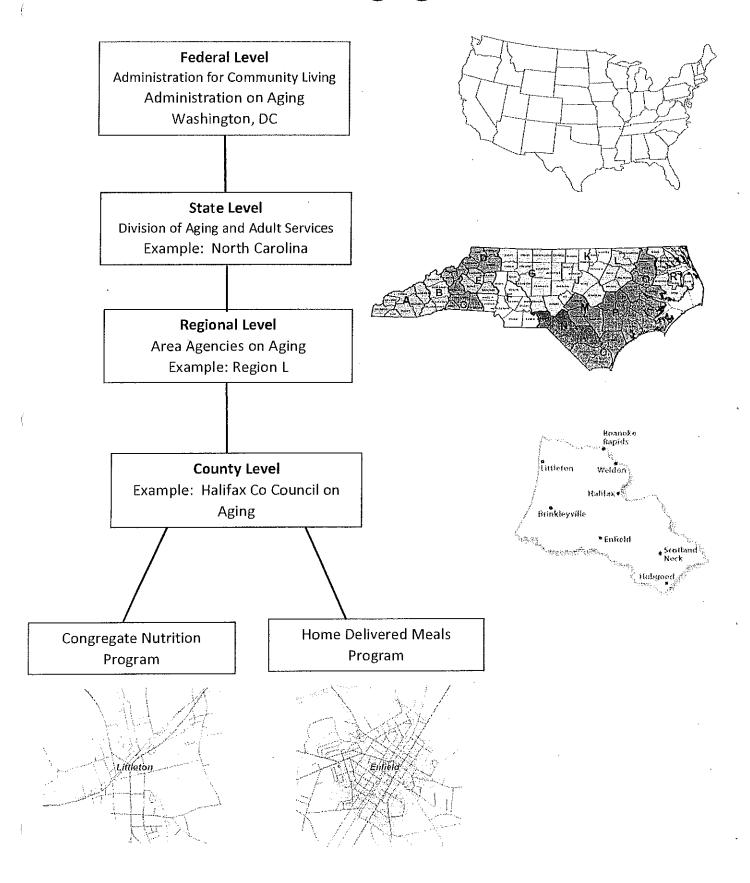
1	Aging Network
2	Eligibility
3	Nutrition and Menus Requirements
4	Food Preparation and Safety Requirements
5	Nutrition Education and Programming
6	Staffing
7	Program Administration
8	Reports and Documentation
9	Nutrition Service Standards and Monitoring Tool
10	Other Resources

The Aging Network



North Carolina Division of Aging and Adult Services

Background

Established by State law in 1977 (N.C.G.S. 14313-181.1) as the Division of Aging and Adult Services, it has been the organization within the NC Department of Health and Human Services, responsible for planning, administering, coordinating, and evaluating the activities developed under the federal Older Americans Act and the programs for older adults funded by the NC General Assembly. As the designated State Unit on Aging, required by the federal Older Americans Act P. L. 106-501), the Division is the state's foremost leader in identifying and responding to the aging of our population. In 2003, the Division also assumed responsibility for overseeing social services and some benefits programs for older and disabled adults and their families as-provided by the state's 100 county departments of social services. This expansion of the Division's role is now reflected in its new name-Division of Aging and Adult Services.

Mission

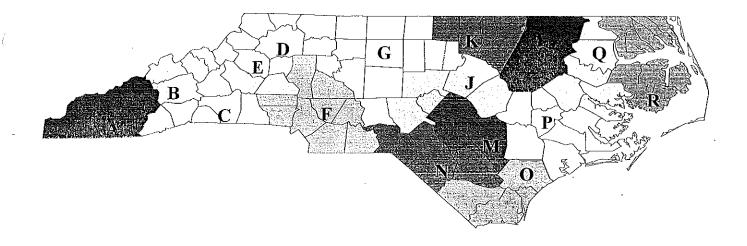
To promote independence and enhance the dignity of North Carolina's older and disabled persons and their families and ready younger generations to enjoy their later years. Through partnering with Area Agencies on Aging, County Departments of Social Services, County Departments and Councils on Aging, other local services and programs for older and disabled adults, senior leaders, and other public and private interests-the Division plans, administers, coordinates, and evaluates a community-based system of opportunities, services, benefits, and protections to advance the social, health, and economic well-being of older and disabled North Carolinians.

Vision

The Division of Aging and Adult Services will be North Carolina's foremost leader in identifying and responding to the increasing challenges and opportunities presented by our rapidly expanding aging society and the challenges of persons with disabilities. We will achieve these goals through effective public policies and programs developed in cooperation with others across state departments, within the Department of Health and Human Services, and outside of government. The Division will act as a catalyst to empower consumers in support of enhancing personal responsibility and to promote the effective use of all resources for the well-being of older and disabled adults and their families.

Policy Goals

- 1. Expand in-home and community services and benefits for older and disabled adults
- 2. Increase support for family caregivers, including those caring for persons with Alzheimer's Disease and other dementia
- 3. Support aging-in-place through well coordinated community-based services
- 4. Assure an adequately trained workforce to provide services
- 5. Involve older and disabled adults and their families in meaningful public policymaking
- 6. Establish an integrated state, regional, and county planning process for long-term-care
- 7. Improve the quality of aging and adult services and programs, including senior centers
- 8. Increase volunteer and employment opportunities for older and disabled adults
- 9. Enhance quality of care and quality of life of residents of long-term care facilities
- 10. Collaborate with public and private agencies and organizations to enhance the health and wellness of older and disabled adults and their family caregivers
- 11. Develop a system for comprehensive and timely information and assistance
- 12. Protect older and disabled adults from mistreatment and advocate for their rights and well-being



Role of Area Agencies on Aging (AAA)

Area Agencies on Aging are offices established through the Older Americans Act that serve to facilitate and support the development of programs to address the needs of older adults in a defined geographic region and support investment in their talents and interests. In North Carolina, AAAs are located within regional Councils of Government. These AAAs have functions in five basic areas:

- advocacy
- planning
- program and resource development
- information brokerage
- funds administration and quality assurance







Elderly Nutrition Program

INTRODUCTION

With the aging of the U.S. population, increased attention is being given to delivering-health and related services to older persons in the community. Since adequate nutrition is critical to health, functioning, and the quality of life, it is an important component of home and community-based services for older people.

ELDERLY NUTRITION PROGRAM

The Administration on Aging's (AoA) Elderly Nutrition Program provides grants to support nutrition services to older people throughout the country. The Elderly Nutrition Program, authorized under Title III, Grants for State and Community Programs on Aging, and Title VI, Grants for Native Americans, under the Older Americans Act, is intended to improve the dietary intakes of participants and to offer participants opportunities to form new friendships and to create informal support networks. The legislative intent is to make community-based services available to older adults who may be at risk of losing their independence.

The Elderly Nutrition Program provides for congregate and home-delivered meals. These meals and other nutrition services are provided in a variety of group settings, such as senior centers, faith-based settings, schools, as well as in the homes of homebound older adults. Meals served under the program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of

Medicine of the National Academy of Sciences, as well-as the Dietary-Guidelines for Americans, issued by the Secretaries of Departments of Health and Human Services and Agriculture. In practice, the Elderly Nutrition Program's 3 million elderly participants are receiving an estimated 40 to 50 percent of required nutrients from meals provided by the Program.

The Elderly Nutrition Program-also provides a range of related services through the aging network's estimated 4,000 nutrition service providers. Programs such as nutrition screening, assessment, education and counseling are available to help older participants meet their health and nutrition needs. These also include special health assessments for such diseases as hypertension and diabetes.

Through additional services, older participants learn to shop, plan, and prepare nutritious meals that are economical and enhance their health—and well-being. The congregate meal programs provide older people with positive social contacts with other seniors at the group meal sites.

Volunteers and paid staff who deliver meals to homebound older persons often spend some time with the elderly, helping to decrease their feelings of isolation. These volunteers and paid staff also to check on the welfare of the homebound elderly and are encouraged to report any health or other problems that they may note during their visits.

In addition to providing nutrition and nutrition-related services, the Elderly Nutrition Program provides an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, physical activity programs, and even home repair and home modification programs.

ELIGIBILITY

Under Title III, Grants to State and Community Programs on Aging, a person must be 60 years of age to be eligible. While there is no means test for participation in the Elderly Nutrition Program, services are targeted to older people with the greatest economic or social need, with special attention given to low-income minorities and rural older people.

In addition to focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive service including:

- A spouse of any age;
- Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- Disabled persons who reside at home and accompany older persons to meals; and
- Nutrition service volunteers.

Since American Indians, Alaskan Natives, and Native Hawaiians tend to have lower life expectancies and higher rates of illness at younger ages, Tribal Organizations, funded under Title VI, Grants for Native Americans, are given the option of setting the age at which older people can participate in the

program.

In 2003, the Administration on Aging funded Pilot Study: First National Survey of Older Americans Act Title III Service Recipients which showed that services provided by the Departments of Health and Human Services and Agriculture. In practice, the Elderly Nutrition Program's 3 million elderly participants are receiving an estimated 40 to 50 percent of required nutrients from meals provided by the.

NATIONAL AGING SERVICES NETWORK ARE:

- Highly rated by recipients;
- Effectively targeted to vulnerable populations;
- And provide assistance to individuals and caregivers, which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

THIS STUDY ALSO FOUND THAT HOME-DELIVERED NUTRITION SERVICES ARE:

- Effectively targeted to vulnerable populations, the majority of whom either lived alone, or were poor or near poor, were over 75 years old and/or had difficulty with activities of daily living (ADLs) — such as eating, dressing or walking;
- Successfully targeted to the socially isolated, about one-half reported that they would like to do more with respect to their social activities. This rate is more than twice the rate for the general older population;
- And high quality and reliable in the perception of the service recipient







MEALS ARE PROVIDED TO INDIVIDUALS WHO NEED THEM MOST:

- 73% were at high nutritional risk; 25% were at moderate risk.
- 62% received one half or more of their daily food intake from their home delivered meal.
- 25% reported they did not always have enough money or food stamps to buy food.

For more information about ACL

U.S. Department of Health and Human Services, Administration for Community . Living, Washington DC 20201

Phone: (202) 619 – 0724 Fax: (202) 357 – 3555

Email: <u>ACLinfo@acl.hhs.gov</u>
Web: <u>http://www.aoa.gov</u>









Nutrition Requirements set forth by Title III-C, Section 339 of the Older Americans Act

- A State that establishes and operates a nutrition project under this chapter shall—
 - (1) solicit the expertise of a dietitian in the planning of nutritional services
 - (2) ensure that the project—
 - (A) provides meals that-
 - (i) comply with the most recent Dietary Guidelines for Americans
 - (ii) provide to each participating older individual—
 - (I) a minimum of 33 1/3 percent of the dietary reference intakes
 - (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
 - (III) 100 percent of the allowances if the project provides three meals per day, and (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
 - (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants
 - (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed
 - (D) where feasible, encourages arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs
 - (E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible
 - (F) comply 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
 - (G) ensures that meal providers solicit the advice and expertise of—dietitians, meal participants, and other individuals knowledgeable with regard to the needs of older individuals
 - (H) offer a meal to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with eligible older individuals
 - (I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided
 - (J) provides for nutrition screening and nutrition education, and nutrition assessment and counseling
 - (K) encourages individuals who distribute nutrition services to 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.

<SAMPLE FORM>; ASSESSMENT (REASSESSMENT) FOR HOME-DELIVERED MEALS

applicable, referred by:		
Name		
ID# Date of birth		
Street address		
Directions to home		
Mailing address		•
1. Applicant lives alone? yes	no If not, with whom?	
2. Applicant has a caregiver? yes	no If yes, relationsh	ip
3. Is applicant able to prepare any	y food at all?	
4. Availability of family/other sup		
5. Home Care Aide? yes no		
6. Home Care Service Plan include	es meal preparation? yes	no
If yes, which meals?		•
7. Applicant needs help with Shop	ping? Cooking?	Feeding?
8. Need for special diet?	·	
9. Applicant can drive? yesn	o If yes, has access to a	car? yes no
10. Applicant is homebound due to		
11. Eligible/Eligible under Special E the following reasons:	Eligibility/Ineligible/Waiting L	
Assessed by		
Comments		

(over for reassessments)

REASSESSMENTS

Client continues to have dietary needs that can be met through the meals offered.

Client continues to meet basic eligibility criteria: has no one physically or mentally able to obtain food or prepare meals, has no responsible person able or willing to perform this service, and is unable to participate in a congregate program.

Client does not meet ineligibility criteria: is not a resident of a long-term care facility in which meals are provided through another public funding source and is not a participant of an adult day services program on the days when home-delivered meals are received.

Documentation is on file that special eligibility clients continue to meet one or more of the special eligibility criteria.

Continue/terminate [circle o	one] for the following reasons:	
Reassessed by	Title	Date
	one] for the following reasons:	
Reassessed by	Title	Date
		-
•	one] for the following reasons:	
Reassessed by	Title	
	one] for the following reasons:	
Reassessed by	Title	Date
Comments		. `
,		

<SAMPLE FORM>

ASSESSMENT FOR WEEKEND OR OTHER MEALS [INCLUDING FROZEN OR SHELF-STABLE MEALS]

Na	ame
	Date of Birth Phone #
	ddress
1.	Current arrangements for obtaining meals on weekends
	Current arrangements for obtaining meals during inclement weather
	Availability of family/other support systems
	Adequacy of refrigerator/freezer
5.	Adequacy of oven/microwave
	Ability to use oven/microwave
	Need for special diet
8.	Approve/Continue/Terminate service for the following reasons:
	sessed by Title Date
	omments



North Carolina Department of Health and Human Services Division of Aging and Adult Services

Michael F. Easley, Governor Carmen Hooker Odom, Secretary

Karen E. Gottovi Director

DAAS Administrative Letter No. 05-13

To:

Area Agency on Aging Directors

Nutrition Service Providers

Subject

Home Delivered Meal Clients Reassessment Revision

Date:

November 29, 2005

This memorandum is to serve as notification of the revision of the home delivered meal participant reassessments requirement under the NC Division of Aging and Adult Nutrition Service Standards. In an effort to address increasing energy costs, reassessments of home-delivered meal clients may be conducted via telephone rather than a mandatory in-home visit if the agency determines that the client's condition and their circumstances are stable. Below is the assessment revision with applicable definitions of terms. When in doubt the agency should contact their Area Agency on Aging or the DAAS for guidance.

Effective immediately:

An initial written assessment must be conducted in the home of the home-delivered meal client. A reassessment must be documented at least every 6 months thereafter unless the client is receiving services under temporary status. The agency is not required to but may reassess home-delivered meal clients who meet the following criteria by documenting a telephone reassessment during every other 6-month review so long as an in-home reassessment is conducted every 12 months:

- Client is medically stable.
- Client has a caregiver or a stable source of social support involved with the client's nutritional health when the maritim program is not in operation.

Clients who do not meet these criteria must be reassessed in the home every 6 months to assure that they continue to be eligible for home-delivered meals and have dietary needs that can be met by the program.

Definition of Terms

"Medically Stable" means physical or mental adaptation to previously recognized health problems with effective maintenance by diet, medication, routine physical exercise, other therapies, or a combination of these remedies.

exercise or other theraples, and which require frequent monitoring and testing by skilled condition that are not physically or mentally controlled by diet, medication or physical "Medically Unstable" means a recent acute illness or complications of a chronic professionals.

Please feel free to contact Audrey Edmísten, DAAS Nutrition Program Consultant, at 919-733-0440 if you have questions/concerns.

Sincerely,

Karen Gottoví Division of Aging and Adult Services, Director

CC: DAAS Staff

BRUNSWICK SENIOR RESOURCE, INC. Home Delivered Meals Telephone Reassessment Procedure

In accordance with DAAS policy revision of home delivered meal clients reassessment requirements, BSRI home-delivered clients are reassessed in one of two ways:

1) A written in-home reassessment is conducted every 6 months (except for people on temporary home-delivered meal status) with an updated Client Registration Form (CRF).

OR.

- 2) a. A telephone reassessment is conducted every other 6-month review so long as an inhome reassessment is conducted every 12 month period with the following client criteria strictly followed:
 - Client must be medically stable*.
 - Client has a caregiver of a stable source of social support involved with the client's nutritional health when the nutrition program is not in operation.
 - b. Both criteria stated above must be met in order for the telephone reassessment to be accepted. Should the BSRI representative discover during the course of conducting the telephone reassessment that the client is <u>medically unstable</u>*, the representative must abandon that process and conduct an in-home reassessment immediately.
 - c. When choosing the telephone reassessment option:
 - Reassessment must document that the client is medically stable at the inhome reassessment 6 months prior to the telephone reassessment.
 - The reassessment must be documented as a "TR" (telephone reassessment).
 - The four pages DOA 101 (Long Form) must be fully reviewed and completed during a "TR" reassessment, which is also reviewed with the homebound client every 6 months.
 - "TR" and date must be marked on page 4 (Provider Use Only section) of the DOA 101 Long Form (Client Registration Form) following the BSRI representative's initial. A new DOA 101 Long Form must be completed after the third update was completed and indicated on page 4 of the CRF in the "Provider Use Only" section.

A Telephone Reassessment (TR) and definition sheet are attached to this procedure for use in conducting option number 2.

Definitions:

* Medically Stable: physical or mental adaptation to previously recognized health problems with effective maintenance by diet, medication, routine physical exercise, other therapies, or a combination of these remedies.

^{*} Medically Unstable: recent acute illness or complication of a chronic condition that are not physically or mentally controlled by diet, medication or physical exercise or other therapies, and which require frequent monitoring and testing by skilled professionals.

Aging, Disability & Transit Services Screening Form

Nutrition: How do yo o you need assistance Can you cook your foo	with obtaining food?Y _	_N Do you have a microway MOW Referral: Y	
MOW Intake Ca _60 years or older		Hospice Referral:Y	
Difficulty preparing	meals		
Impairments- Can't	attend nutrition sites		
Homebound (Except	for medical appointments) d	ue to physical/mental condition	18
	•	, paid person/sitter or other age	
Lives in city limits	,	Frozen meals needs to be picked	
(•	
Medical Information Physician: Address: Phone #: Diagnosis:		Services: Services currently receive # of hours: Currently receiving Hosp Services requesting:	
Action Taken:			
<u>AP Intake</u> .T mailed: SRF/LOC mailed:	Received: Received:	Referral for PCS: Y e-CAP: Assigned CM:	N Date mailed: NCTracks: Contacted DSS:
oxa, so o maroa.		Impignat Oivi.	
,	Assessment: Y _N Does Client have g the person complete the ser	· — — ,	i by:
Respite Friendly Visits Wheel Chair Ramp:1	ls (Circle all that apply): Transportation Peer Support Specialist MetalWooden	ist fmancially: _Y _N	
-	ent Needs Assistance	Cane Walker Wheelchair	Oxygen
Prioritization:	£1		
Terminal/Hospice re APS referral	ierral		
Critical:			
HCCBG Intake Co	mputer Input Date:	Given to TJ:	_

Aging, Disability & Transie Services Screening Form

Screener

Given to TJ/Amy:

Intake Date:

Computer Input Date:

MOW CAP PCS HCCBG VCS

Intake Form for:

Date Put Into Arms:

Follow Up Date:	Start Date:	Discharge Date:
ctive:	In-Active:	Waiting:
City/Route Number:		Client Number:
Applicant's Contact Infor	rmation:	Demographics:
Name:		DOB:
Address:	Apt#	SS#:
Cîty/ST/Zîp:		Gender: _M _F Race:
Phone:		Marital: _D/W _M _S _Sep _UKN
Email:		Household size:
Church affiliation:		How did you hear about our services?
May we contact the pastor	оп your behalf?YN	
Emergency Contact:		Caller Information:
Name:		Name:
Phone:		Phone:
Address:		Relationship to Applicant:
City/St/Zip		Agency:
		Are you a caregiver?YN
Primary Reason for Call:		Receiving caregiving supports?YN
		Would you like more info? Y N
Votes:		
Insurance: SHIIP refemal:	YN	<u>Income:</u> At/Below Poverty LevelYN
Medicaid #:		Total Monthly Income:
Medicare:YN		Disability: Pension: SS:
Private:		SSI: SSD: Otr.
LTCI: Y N		Assets:<\$2000 (Single Adult)
Are you able to afford your	medications? Y N	<\$3000 (Couple)
RX assistance referral:Y	N	_<\$10,000 Life Insurance
		Owns Home(s)/Car(s)
Military Hx:		
Did you or your spouse serv	ve in the military?YN?	Spouse
Branch:		
Dates of Service:	Combat Action/lgth:	
Type of Discharge:Hono	orableGeneralDishonorab	le
Do you have your discharge	e papers (DD-214)?YN	
	n the VA? _Y _N Amount?	
Are you currently receiving	Aide & Attendees benefits?	YN
Transportation: How do y	ou get to your appointments & a	ctivities?
RCATS SKATS I	Family Member/FriendPriva	te Transportation Agency RCATS referral:Yi

eassessment Date:	O In-Home O Telephone Call
Conducted by:	O No Changes O CHANGES
Changes/Comments:	
·	
Reassessment Date:	O In-Home O Telephone Call
Conducted by:	O No Changes O CHANGES
Changes/Comments:	
•	
Reassessment Date:	
onducted by:	O No Changes O CHANGES
Changes/Comments:	
Rossessment Date;	
Conducted by:	O No Changes O CHANGES
Changes/Comments:	· ·
	· · · · · · · · · · · · · · · · · · ·

SAMPLE -YOUR NUTRITION SITE MIGHT NEED DIFFERENT AGREEMENTS

[letterhead]

Agreement to Serve as the Nutrition Site's Designated Representative for Accepting Food Delivery

Nutrition Service Provider	
Address	Phone
Designated Representative for Food Delivery	
Address	Phone
Location where meals will be delivered	
Expected time of food delivery	
Person to contact if problems are noted during delivery:	
Name	Phone
 Tasks for accepting congregate food delivery: Record arrival time on delivery ticket Take and record temperature of each food item except cake, fresh fruit, and fruit cobblers. Sign form and place in designated file. Ensure that food frays are placed in warming ovens on Tasks for receiving pre-plated home-delivered meals in insert arrival time on delivery ticket. Ensure that carriers are in a secure environment until present day of the month. 	temperature control. sulated carriers: pick-up by volunteers.
Signature	Date
Agency Signature	Date
The Council on Aging sincerely appreciates your contribu	itions to the nutrition program.

Carteret County Senior Services Leon Mann, Jr. Enrichment Center 3820 Galantis Drive Morehead City, NC 28557

Nutrition Program Satisfaction Survey - April 2013

Please take a few minutes to answer these questions. It is not necessary to sign your name. Return the survey to the basket in the dining room or to the front desk. We use your comments to improve the program. Thank you.

1.	Do you get enough food during lunch time at the Center? Yes □ No □
2.	Overall, how does the food taste? Too spicy Just right Too bland
3.	Do you need special eating utensils to help you eat your meal? Yes No
4.	Are hot foods served hot enough? Yes □ No □
5.	Are cold foods served cold enough? Yes □ No □
6.	What are your favorite foods on the menu?
7.	In the area of nutrition education, what would you like to read about in the Center's newsletter or have a program on?
8.	Would you recommend this lunch program to a friend? Yes □ No □
.9.	Why do you come to the nutrition site? (check all that apply) Food □ Fellowship □ Activities □
9.	Overall, how would you rate the lunch program? Excellent Very Good Good Fair Poor Poor
10.	Overall, how would you rate your experience at the Leon Mann Center? Excellent Very Good Good Fair Poor Poor
Plea	se give us suggestions for improvement:

				-
		·		
				i.
•				
		:		
				I _e
•	1			ē.

What does it certify when a licensed dietitian/nutritionist signs each page of the menu?

The signature of a licensed dietitian/nutritionist must be on each page of an approved menu for meals reimbursed under the Home and Community Care Block Grant (HCCBG) or the Nutrition Services Incentive Program. The signature certifies that the following requirements have been met (p. 13 of the Nutrition Service Standards):

- Menus follow the Dietary Guidelines for Americans.
- Menus provide the recommended dietary allowances: 1/3 RDA for 1 meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.
- Menus are adjusted to meet the special dietary needs of participants to the maximum extent feasible.
- Each meal provides at least 700 calories.
- Sodium content does not exceed 1,300 mg per meal.
- Nutrient analysis
 - All foods are identified on the menu in order to calculate nutrient value. All
 prepared or breaded meat items or meat in combination are specified. The form
 of vegetable or fruit (fresh, frozen, dried, or canned) on a menu is specified.
 - Recipes are provided to facilitate nutrient analysis. When recipe ingredients change, the recipe is resubmitted for approval by the dietitian/nutritionist.
- Menus are written for a period of at least 20 days and submitted to the dietitian/nutritionist for nutrient analysis and approval at least 2 weeks in advance of the meals being served.
- > Menus follow the menu pattern requirements
 - Meat/meat alternative no less than 21 grams.
 - Bread/grains 2 servings of whole grain or enriched grain products.
 - Vegetables/fruits 2 servings juice may fulfill no more than half of this requirement for any one meal – vitamin C-rich foods must be served at least twice per week.
 - Fats not more than 30% of the total calones per meal gravies, salad dressings, mayonnaise, margarine, or butter must be specified.
 - Dairy no less than 400 mg of calcium from combined menu items.
- Menus are changed at least two times per year.

FY 01	SEASONS SPRING/SUMMER	NUTRITION PROGRA.	3RA. MEALS-ON-WHEELS	ELS , WEEK 4 of 4	0 f 4
AONTH, DATE, DAY	YAONOM	TUBSDAY	WEDNESDAY	, THURSDAY	0.05
	3/12, 4/9, 5'7	3/13, 4/10, 5/8	3/14, 4/11, 5/9	3/15, 4/12, 5/10	3/16, 4/13, 5/11
AAIN BNTREE PROTEIN SOURCE 2 OZ,	Roast Turkey W/gravy 3 oz	Swedish Moalballs (3) I oz. w/Gravy	Hamburger (2 oz.)	Orange Glazed Chicken (302.)	Baked Hun
/EGETABLES AND FRUITS	Chopped Broccoll	Lima Beans	Lettuce/Tomato	Groen Peas	Chopped Broccoll @
2, 1/2 CUP SERVINGS	Maslied Potatoes	Sliced Pinsappis Salad	Colesiaw	Wild Rice	
IREAD AND COMPLEX	White Dinner Roll	White Dinner, Roll	Вил	White Dinner Roll	Sweet Potato South @
CARBOHYDRATES 2 SERVINGS	Frull Cockiall	Rotini Noodies	Baked Beans		Yeast Roll
AT	Margarine	Margarine		N. J	
ESSERT 1/2 CUP SERVING	Sugar Cookies	Chocolate Cake	Applesauce	Nungarine Siloed Peaches	Margarine Gingerbread
ILK OR CALCIUM /2 PINT	Skim Milk +	Skim Milk +	Skim Milk +	Skim Milk +	Skim Milk +

Change ^ Appears in another Category *** Program Director Signature_ Vitamin A @ Frozen * Dried # Dates to be used Pebruary 2001 - May 2001 KEY! Calcluin + Cold Vilamin C___ County

Mustard/Katchup/Mayo

ISCELLANEOUS

SVERAGE

Orange Juice

Hollday Meal H

Dietitian/Nutritionist

Certified By___

RD# 2522/8 Reviewed By_

AAA Administrator

Menu 01ss

Director: ne Harrell Week: 1		GC/4H/Canteen/Trump Nutrition Progre	Santeen/Trump smarle Commission Nutrition Program for the Elderly		Spring/Summe, 4/2/12-a/28/12
	Monday	Tuesday	Wednesday	Thursday	Friday
Date	4/2,5/7,6/4,7/2,7/30,8/27, 4/30 9/24	4/3,5/8,6/5,7/3,7/31, 5/ 8/28,9/25	4/4,5/9,6/6,7/4,8/1,8/29, 5/2 , 9/26	4/5,5/10,6/7,7/5,8/2,8/	4/6,5/11,6/8,7/6,8/3,
Main Entrée (Protein Source 2 oz.)	. 2 oz. Pork Lojn w/ Gravy	3 oz. Chef's Chicken (Leg Quarter)	2 oz. Salisbury Steak w/ Gravy, 2 oz. Meatloaf w/ Gravy (CAN)	2 oz. Herbed Baked Chicken	2 oz. Tuna Salad on Lettuce Bed
Vegetables and Fruits 2 Servings	1/2 c. Sweet Potato Casserole	1/2 c. Green beans	1/2 c. Collards	1/2 c. Broccoli w/ Cheese	1/2 c. Three Bean Salad
(1/2 Cup Cóoked = 1 Serving) (1 Cup Raw = 1 Serving)	1/2 c. Peaches	1/2 c. Pineapple tidbits	6 oz. Calcium Fortified Orange Juice	1 Fresh Fruit	6 oz. Calcium Fortified Orange Juice
Bread and Complex Carbohydrates	1/2 c. Succotash	1/2 c. Stuffing	1/2 c. Mashed Potatoes	1/2 c. Peas and Carrots	1/2 c. Macaroni Salad
2 Servings	1 Piece Cornbread	1 Slice Wheat Bread	1 Dinner Roll	1 Slice Wheat Bread	6 Saltine Crackers
Fat	2 Tbsp. Low Sodium Gravy	1 pat Margarine	2 Tbsp. Low Sodium Gravy	1 pat Margarine	
Dessert (Optional)		1/2 c. Pudding	1/2 c. Fruit Crisp	1 piece Cake	2 Cookies
Milk (1 Cup)	2% Milk	2% Milk	2% Milk	2% Milk	2% Milk
Miscellaneous			Vinegar		
Calories	759	808	748,767 (CAN)	710	780
Fat Percent (%)	21%	%0E	30%,31% (CAN)	27%	29%
Sodium (mg)	804.	1137	856, 856 (CAN)	1268	1228
Calcium (mg)	507	576	517, 521 (CAN)	524	652
Protein (g)	37	45	36, 36 (CAN)	34	34
Carbs (g)	116	97	97, 97 (CAN)	103	106
2 S F			Orange Juice		Orange Juice
Dietitian: Aplica	RD, LDN, MA Date: 2/25/12 (RD#816571)(LDN#001305)	305)	Approved By: Jan Jane	Vancee Date:	3/05/12

Dietary Goal Analysis

NC I MON RDA-MALE-51+ YEARS SENIOR CATERING Date: February 08, 1999

Macronutrients

Calories Protein Carbohydrate	Your Intake 756.5 Cals 35.07 Gm 97.15 Gm	Goal Amount 2300 Kc 63.0 Gm	33 %
Fat	26.67 Gm		
Saturated Fat Mono Fat Poly Fat Other Fat	5.91 Gm 2.843 Gm 5.404 Gm 12.51 Gm		
Cholesterol Dietary Fiber Sugar	67.76 mg 11.19 Gm 43.48 Gm	•	

Code	Food Item	Intake	Amount .	Day -	Meal
#7080	CHICKEN-PATTIE-TYSON	1.0	SERVING	Day 1	Lunch
#29341	SWEET POTATOES AND APPLES, SCI	1.0	SERVING	Day 1	Lunch
#29082	GREEN LIMA BEANS-SCI	1.0	SERVING	Day 1	Lunch
#361	BREAD-WHOLE WHEAT-FIRM-ENRICHED	1.0	SLICE	Day I	Lunch
54	MILK-1% FAT-LOWFAT-FLUID	1.0	CUP	Day 1	Lunch
_012	PEARS-CANNED-JUICE PACK	0.5	CUP	Day I	Lunch

rotein: 18%

Carbohydrate: 51%

Fat: 31%

vitamins	-		
-	Your Intake	Goal Amount	Goal %
√itamin A	735.2 RE	1000.0 RE	74 %
Thiamin B1	0.357 mg	$1.2\mathrm{mg}$	30 %
Gboflavin B2	0.683 mg	1.4 mg	49 %
Viacin B3	11.26 mg	15.0 mg	75 %
'yridoxine B6	0.337 mg	2.0 mg	17%
olate	51.33 Ug	200.0 Ug	26 %
lobalamın B12	0_905 Ug	2.0 Ug	45 %
Vitamin E	2.14 mg	- mg	-%
~** <	6.4 Ug	1.0 Ug	640 %
in C	28.86 mg	60 ₋ 0 mg	48 %
<u> </u>	2.912 Ug	5.0 Ug	58 %
1			-

Minerals		-	•
	Your Intake	Goal Amount	Goal %
Sodium Potassium Iron Calcium Magnesium Phosphorus Zinc Manganese Selenium Chromium Iodine	886 mg 1354 mg 4.275 mg 387.3 mg 105.8 mg 386.1 mg 2.089 mg 1.42 mg 0.037 mg 0.016 mg - Ug	1.0 mg 1.0 mg 10.0 mg 800.0 mg 350.0 mg 800.0 mg 15.0 mg 1.0 mg 1.000 mg 150.0 Ug	**** % **** % 43 % 48 % 30 % 48 % 14 % 142 % 53 % 2 % - %

MENU CHANGE FORM

Name of Caterer	Date
Type of Meal: Home Delivered Congregate Meals	
Place of Delivery	•
Menu Substitutions: Name of Menu-Item(s) Change To	Name of Menu Items(s) Approved on Menu
·	·
Reason(s) for change in the menu:	
Responsible person in Charge	
1	.Date
Signature of Certified Dietitian	. Date .

NUTRITIONAL SUPPLEMENT AUTHORIZATION FORM

1.	Name of nutritional supplement
2.	Product amount that constitutes 1/3 RDA
3,	Nutritional content of each unit #calories in each can/serving
4.	Client's name
5.	Why should the client receive nutritional supplements?
•	
6.	Amount of supplements to be given to the dient:
7.	Frequency of product and/or supplement:
8.	Duration of the authorization: From to (Not to exceed six months)
9.	Physician's Name/Phone
	cian's Signature Date
*All a	uthorizations must be reassessed every six months.

Food Establishment Inspection Report

Score:		

Establishment Name:		Establishment ID:					
	· · · · · · · · · · · · · · · · · · ·	inne ii					
	O Re-Inspection	Category#: FDA Establishment Type:					
Wastewater System: O Municipal/Community Water Supply:	O On-Site System	No. of Risk Factor/Intervention Violations: No. of Repeat Risk Factor/Intervention Violations:					
O Municipal/Community	O On-Site Supply						

_										·	
	Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury										
C	Compliance Status OUT CDI R VR										
s	цр	ervi	sjo1		.2652	_					
1	IN	эиз	N/A	J	PIC Present; Demonstration - Certification by	2		b			
ļ.	accredited program & performs duties										
E	wb	ioye	e H	lezit	· · · · · ·	_	_				
2	in	ou			Management, employees knowledge; responsibilities & reporting	3	1.5	Đ			
3	IN	om	<u> </u>		Proper use of reporting, restriction & exclusion	3.	1.5	0	j		
G	00	d Hy	gje	nic	Practices ,2652, .2653						
4		OUT	-		Proper eating, testing, drinking or tobacco use	2	1	Œ			
5	ш.	оп	-		No discharge from eyes, nose or mouth	1	0,5	Û			
Pi	LEA	enti	ng (Сол	tamination by Hands .2652, .2653, .2655, .265	5					
		זעכ			Hands clean & properly washed	4	2	0			Ц
	ام ا	ουτ	N/A	wo	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3	1.5	Đ	ŀ		ł
8	IN	out	N/A		Handwashing sinks supplied & accessible	2	1	0			
A	ppı	TOYE	d 5	our	ce .2653, .2655						
9	IN	דעס			Food obtained from approved source	2	1	Đ:			
10	iN	OUT		סעו	Food received at proper temperature	2	1	0			
11	IN	OUT			Food-in good condition, safe & unadulterated	2	1	8			
12	JIN.	our	WA	0.6	Required records available: shellstock tags,	2	1	ß			
	L				parasite destruction	L	ب	Ŭ	1		
Pi	οt	ectio	រា ព	n n	Contamination .2653, .2654						
				wo	Food separated & protected	3	1.5	-			
14	EN.	out	L.		Food-contact surfaces: cleaned & sanifized	3	1.5	Ü			
15	IN	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
Po	ote:	ntial	ly F	1272	rdous Food Time/Temperature 2653						į
16	m	OUT	NA	NO	Proper cooking time & temperatures	3	1.5	0			
17	IN	ЮШТ	N/A	NO	Proper reheating procedures for hot holding	3	1.5	Đ			
18	3Ni	OUT	WA	wo	Proper cooling time & temperatures ·	3	1,5	0			
-		ОЦТ		_	3		1.5				
_		ᅉ		_		-	1.5	D			
21	İΝ	ОЛТ	N/A	NO	Proper date marking & disposition	3	1.5	Đ			
22	IN	оит	NA	N/O	Time as a public health control: procedures & records	2	1	Đ			
Co	on.	шп	# A	dvia	pory ,2653						
23	IN	ойт	NA		Consumer advisory provided for raw or undercooked foods	1	0,5	Đ			
Hī	ah	hy 53	19C	epti	ble Populations ,2663	_		_			\dashv
_	$\dot{\Box}$	רנים		$\dot{\Box}$	Pasteurized foods used; prohibited foods not offered	3	1.5	0			
C±	L Jen	ný ca.			.2653, .2657	<u></u>		Ц	J		
	_	OUT	_	1		1	B.5	0	Т		
_	-	ᅋ	_	\rightarrow	Food additives: approved & property used Taxic substances property identified stored & used	2	1	Đ		-	\dashv
							•	υ)			\dashv
		~ 100	auc	= 1467	th Approved Procedures 2653, 2654, 2658						_
,	ıΝ	OUT	NΑ		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	Đ			Ì

					Good Retail Practices						
	G	ood	Reta	di P	ractices; Preventative measures to control the addition of pa and physical objects into foods.	tho	jens,	ch	emica	4 5,	
Compliance Status OUT CDI R VR											
Safe Food and Water .2653, .2655, .2668											
28 W OUT WA Pasteurized eggs used where required 1 8 8											
29	IN	SÚT.			Water and ice from approved source	2	1	0			
30 IN OUT NIA Variance obtained for specialized processing 1 ft.5 IT											
Food Temperature Control 2653, 2654											
31	IN	ovr			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
32		OUT		NΟ	Plant food properly cooked for hot holding	1	0.5	0			
	-	S,	N/A	NO	Approved thawing methods used	1	8.5	8	<u> </u>	L.	L
34	IN	out			Thermometers provided & accurate	1	0.5	0		L_	<u> </u>
Fe	bac	ider	tific	atio	n "2653						
35	m	OUT			Food properly labeled: original container	2	1	0		Ĺ	
Pr	eve	entio	n of	Foo	d Contamination .2652, .2653, .2654, .2656, .26	57					
36	IN	оит			Insects & rodents not present; no unauthorized animals	2	1	0			Ī
37	īŅ	OUT.		Ì	*Contamination prevented during food preparation, storage & display	z	1	Ð			
38	IN	ODI			Persónal cleanliness	1	0.5	B		Г	
39	IN	OUT			Wiping cloths: properly used & stored	1	B.5	Đ			Г
40	IN	זעס	NΑ		Washing fruits & vegetables	1	6.5	D			
Proper Use of Utunslis 2653, 2654											
41]	m	OIT.	. 1	_	In-use utensiis; properly stored	1	0.5	0	1		Г
╛		OUT			Utensils, equipment & linens: properly stored, dried & handled	1	0,5	O.			
43	170	זעט			Single-use & single-service articles; property stored & used	1	0.5	0			
44	IN	זעס			Gloves used properly	1	0.5	0			
Uŧ	en!	illis a	ınd I	∃qui	pment _2653, .2654, .2663						
45	IN	очт	,		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	z	1	0			
45	in	оут			Warewashing facilities: installed, maintained & used; test strips	1	0,5	Ð			
47	IN	оит			Non-food contact surfaces clean	1	0.5	8			
Pł	ıya.	içai f	AC.	ities	,2654, ,2655, ,2656	_					
4B	IN	out	N/Α	1	Hot & cold water available; adequate pressure	2	1	D		<u> </u>	Γ
49	IN	סטד			Plumbing installed; proper backflow devices	2	1	0			
50	IN	ουτ			Sewage & waste water properly disposed	2	1	ß			
51	IN	ουτ	NIA		Tollet facilities: properly constructed, supplied & cleaned	1	6.5	0			
_		our			Garbage & refuse property disposed; facilities maintained	1	0.5	a			
53	IN	סעד	4	_	Physical facilities installed, maintained & clean	1	0.5	0	_	<u> </u>	$oldsymbol{\perp}$
54	IM	our			Meets ventilation & lighting requirements; designated areas used	1	0.5	T			
					TOTAL DEDUCTIONS:	1			は答	722	بج





Comment Addendum to Food Establishment Report

	 			.							
Establishment N	ame:	***		Establishment ID:							
Location Address:				Date:							
City:		State: NC		O Inspection O Re-Inspection Status Code:							
County:				○ Visit			Category#:				
•				O Verification	ר						
Wastewater System:			On-Site System On-Site Supply	O Name Cha				,			
Water Supply:		-		O Status Cha							
Permittee:				O Pre-Openi							
Telephone:											
				0 011101							
			Tempera	ture Observ	ations						
		1			T I						
ltem/Loc	cation	Temp	ltem/L	ocation	Temp	ftem/	Location	Temp			
ł		, ,									
						•					
								-			
					-	•	•				
		<u> </u>									
		 			+ +		·····				
		 			1			1			
					+						
		ļ			 						
		-			-	-					
		L			<u> </u>		· .				
	:	Obs	servations	and Correct	tive Actions	.					
item Number Vi	olations cited in t	nis report must b	e corrected with	nin the time frame	s below, or as st	ated in sections	8-405,11 of the	food code.			
		····································			•						
<u> </u>											
					• "						
				+							

						••••					
·		-									
1											
			····								
			······································			 					
	·····	*****									
		· - · · · · · · · · · · · · · · · · · ·									
erson in Charge (Pr	int & Sign):					,					
Regulatory Authority	(Print & Sion):						REHS ID:	•			





NC Rules Governing the Sanitation of Food Handling Establishments and NC Food Code

Effective September 1, 2012

http://www.ncdhhs.gov/aging/meals.htm

Revisions Impacting Senior Nutrition Program

- ✓ New Inspection Form Format and Questions effective September 1, 2012 RULE CHANGE: No bonus points on inspection report for staff education
- ✓ Nutrition Program Directors food safety training requirement
 Currently per DAAS: "Nutrition program directors must successfully complete within 12
 months of employment at least 15 hours of instruction in food service sanitation" (pg 29
 Nutrition Stds) will modify effective January 1, 2014 to coincide with new Rules "Certified Food Protection Manager" requirements. (NC Food Code Manual 2-102.12; page 26)
 - the *Nutrition Program Directors must successfully* Pass an approved American National Standards Institute (ANSI) accredited program exam
 - effective January 1, 2014; following NC Food Code 2-102.12
 - Good for 5 years
 - On-line course training will be accepted.
 - Exams must be proctored and a passing score must be achieved to become certified.
 - 3 exams are ANSI approved:
 - SERVSAFE® Food Protection Manager Certification
 - Prometric's Certified Professional Food Manager (CPFM)
 - National Registry of Food Safety Professionals
 - ***not required for Congregate Nutrition Site Managers***
- ✓ Food handlers cannot touch ready to eat foods with bare hands
 - Use single-use gloves, serving utensils
 - **wrap fruit (apple pear, not banana, orange)
 - o Plastic bag acceptable
 - Food handlers must not wear fingernail polish or artificial nails when working with exposed food unless single-use gloves are worn.
 - Food handlers may not wear jewelry on their arms and hands during food preparation or serving food
 - No bracelets
 - No watches
 - · Medical identification around neck, not wrist
 - Plain wedding band ok
- ✓ Cold food holding temperature: 41°F.
 - This requirement will be phased in, effective January 1, 2019.

		-			-		-	
						ř		
			•					
								٠
						ē		
				•				

✓ Protect from Contamination -Drop off sites

- must have someone on site responsible for meals

✓ Reheat food prepared in a food establishment or in a food processing plant

- May receive food out of temp; just reheat immediately to 165 degrees (because food may be in the danger zone for 2 hours
- May prepare food in nutrition site that does not require cooking
 - Cannot prepare food Potentially Hazardous Foods (PHF) prior to the day of service
 - Cannot serve PHF prepared in a private home
 - All food prepared or served at a CNS shall be consumed only on the premises
 - Bulk leftover food cannot be cooled and served later
- For example, canned foods, frozen foods, peanut butter sandwiches may be stored, prepared and serviced
- This is an allowance to reheat for immediate service when there is an emergency such as natural disaster, rejected foods.
- Note: Might not be reimbursable using HCCBG funding

✓ Date Marking

Ready to eat potentially hazardous foods prepared on site and held in refrigeration for more than 24 hours must be marked with date of preparation or with the date that indicates when food shall be consumed, sold, discarded.

✓ Employee Health Policy Agreement

Food service employees must report to manager when they are sick with an illness that is transmitted through food. DAAS is in the process of developing Employee Health Policy Agreement template with EHS by September, 2012

✓ Sanitizer

- Bleach & water diluted to 50 ppm.
- FYI only bleach can kill norovirus (no quat, iodine
- Test strips are required.
- Label bottle.
 - Must write "Sanitizer with Chorine"
 - Do not reuse container for something else I.E. do not reuse Windex bottle

	-	-		-	
	•				
			•		
·	A. A.				
•					
			* · · · · · · · ·		
			÷		
÷					
	•				·
					e e e
		1			

Senior Nutrition Program Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

- 1. Diarrhea and/or vomiting
- 2. Jaundice (yellowing of the skin and/or eyes)
- 3. Sore throat with fever
- 4. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

- 1. Norovirus
- 2. Salmonella Typhi (typhoid fever)
- 3. Shigella spp. infection
- 4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
- Hepatitis A

Note: The manager must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

- 1. An outbreak of Norovirus, typhoid fever, Shigella infection, E. coli infection, or Hepatitis A.
- 2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
- 3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded* or restricted** from work.

*If you are excluded from work you are not allowed to come to work.

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you may return to work after receiving 24 hours of antibiotic therapy; negative for Strep or determined by health professional without Strep.

Agreement

I understand that I must:

- 1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
- 2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print)	·
Signature of Employee	Date
Manager Name (please print)	

^{**}If you are restricted from work you are allowed to come to work, but your duties may be limited.

Signature of Manager	Date
----------------------	------

These are some of the Bacterium and Viruses spread from Food Handlers to Food

E. Coli

Overview: A bacterium that can produce a deadly toxin and causes an estimated 70,000 cases of foodborne illnesses each year in the U.S.

Sources: Meat, especially undercooked or raw hamburger, produce and raw milk.

Incubation period: 2-10 days

Symptoms: Severe diarrhea, cramping, dehydration

Prevention: Cook implicated food to 155F, wash hands properly and frequently, correctly wash ninse and sanitize food contact

surfaces,

Shigella

Overview: Shigella is a bacterium that causes an estimated 450,000 cases of diarrhea illnesses each year. Poor hygiene causes Shigella to be easily passed from person to person.

Sources: Salad, milk, and dairy products, and unclean water.

Incubation period: 1-7 days

Symptoms: Diarrhea, stomach cramps, fever, chills and dehydration

Prevention: Wash hands properly and frequently, especially after using the restroom, wash vegetables thoroughly.

Salmonella

Overview: Salmonella is a bacterium responsible for millions of cases of foodborne illnesses a year. Elderly, infants and individuals with impaired immune systems are at risk to severe illness and death can occur if the person is not treated promptly with antibiotics.

Sources: raw and undercooked eggs, undercooked poultry and meat, dairy products, seafood, fruits and vegetables

Incubation period: 5-72 hours (up to 16 days has been documented for low doses)

Symptoms: Nausea, vomiting, cramps, and fever

Prevention: Cook all food to proper temperatures, chill food rapidly, and eliminate sources of cross contamination (i.e. proper meat storage, proper wash, rinse, and sanitize procedure)

Hepatitis A

Overview: Hepatitis A is a liver disease caused by the Hepatitis A virus. Hepatitis A can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics.

Incubation period: 15-50 days

Symptoms: Jaundice, nausea, diarrhea, fever, fatigue, loss of appetite, cramps Prevention: Wash hands properly and frequently, especially after using the restroom.

Norovirus

Overview: This virus is the leading cause of diarrhea in the United States. Any food can be contaminated with norovirus if handled by someone who is infected with the virus. This virus is highly infectious.

Incubation period: 6-48 hours

Symptoms: Nausea, vomiting, diarrhea, and cramps

Prevention: Wash hands properly and frequently, especially after using the restroom: obtain food from a reputable food source: and wash vegetables thoroughly.

Staph (Staphylococcus aureus)

Overview: Staph food poisoning is a gastrointestinal illness. It is caused by eating foods contaminated with toxins produced by Staphylococcus aureus. Staph can be found on the skin, in the mouth, throat, and nose of many employees. The hands of employees can be contaminated by touching their nose, infected cuts or other body parts. Staph produces toxins that are extremely heat stable and are not inactivated by normal reheating temperatures. It is important that food contamination be minimized.

Incubation period: Staph toxins are fast acting, sometimes causing illness in as little as 30 minutes after eating contaminated foods, but symptoms usually develop within one to six hours.

Sources: Ready-to-eat foods touched by bare hands. Foods at highest risk of producing toxins are those that are made by hand and require no cooking.

Symptoms: Patients typically experience several of the following: nausea, vomiting, stomach cramps, and diarrhea. The illness lasts one day to three days. In a small minority of patients the illness may be more severe.

Prevention: No bare hand contact with ready-to-eat foods. Wash hands properly. Do not prepare food if you have a nose or eye infection. Do not prepare or serve food for others if you have wounds or skin infections on your hands or wrists. If food is to be stored longer than two hours, keep hot foods hot (over 135°F) and cold foods cold (41°F or under). Properly cool all foods.

Reference: NC Food Code Manual; Employee Health, 2-201. September 2012

Calibrating Thermometers

You need to make sure your thermometer readings are accurate. Recalibrate thermometers regularly, after an extreme temperature change, or if the unit has been dropped. Thermometers may be calibrated by one of two methods – ice point method for cold foods, or boiling point method for hot foods.

Using the *ice point method* you submerge the sensor in a 50/50 ice and water slush. For a bi-metallic stemmed thermometer, wait until the needle stops, then use a small wrench to turn the calibration nut until the thermometer reads 32°F (0°C). For a thermocouple or digital thermometer, try a new battery or have the manufacturer or a repair service check the unit.

Using the boiling point method you submerge the sensor into boiling water. For a bi-metallic stemmed thermometer, wait until the needle stops, then use a small wrench to turn the calibration nut until the thermometer reads 212°F (100°C). Follow the same instructions for the thermocouple and digital thermometer that were used with the ice point method. You need to be very careful when using the boiling point method to avoid burns.

Using Food Thermometers

Use the following general procedures:

- Wash, rinse, sanitize, and air-dry thermometers before and after each use. A sanitizing mixture or fabric wipe for food-contact surfaces can be used.
- Do not let the sensing area touch the bottom or sides of food containers
- Insert the stem so that the sensing area is in the center of the food. Wait at least 15 seconds for the reading to steady and then record the reading.
- Use the unit to measure frozen, refrigerated, tepid, and hot foods and liquids. Never leave the thermometer in food that is being cooked by oven, microwave, or stove.

-	-				
•					
		•			
	T.				
				·	
					:
					:
			,		

HOME DELIVERED MEALS - DAILY DELIVERY SHEET Ronte ____Log ming Date Ending Date Client Name. Monday Tuesday Wednesday Thursday Friday ime Food Picked Up: ime Of Return: lunteer Initials: CHECK HERE IF YOU HAVE COMMENTS/CONCERNS - USE REVERSE SIDE OF FORM Monthly Food-Temperature Check - Date Volunteer Initials Food Item Temp. Food Item Temp

COG/hdroute (3/96)

SENIOR MEALS CENTRAL COMMISSARY

	LOCATION	ROUTE	DAY	DATE
	whing kd.		TUESDAY	10/3-1/00
OAD OU	DEPARTU	RE 7	,45 LEFT	CHECK BY

ITEM	NAME	PREP TEMP	CONG	ARRIVAL TEMP	SERVE TEMP	HD	ARRIVAL TEMP	SERVE TEMP
ENTREE	BAKED CHICKEN W/ GRAVY	190	156	150	185	gla line		IEMP
VEG/FRT	BLENDED JUICE	40	40	40	41		178	
VEG/FRT	PEAS AND CARROTS	140	19.0	185	180		14)	49
CARB.	WHOLE WHEAT BREAD	/		· · · · · · · · · · · · · · · · · · ·	- r.c. O	-	190	. 185
CARB.	MASHED POTATOES	190	190	185	180.	-	163	-
FAT	MARGARINE		~	2 2 3	150.		190	_65·S
DESSERT	•	7						
CALCIUM	MILK	40	41	48	41			
MISC_			7"	- 70	7:		48	40

NO.	DESCRIPTION
-	3 COMPARTMENT MOBILE TRAY
	POLY GLOVES
	4 OZ. SQUAT CUPS
	LIDS FOR 4 OZ. CUP ·
	5 COMPARTMENT FOOD TRAY
	SPOONS
	FORKS
	KNIVES
	- NAPKINS
	MILK STRAWS
	SALT & PEPPER
	TRASH BAGS & TWISTTIES
	POULTRY BAGS
	HAIRNETS
ŀ	APRONS

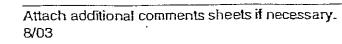
COMMENTS

Baled Church W/ specy Politico, Pers & Carrate. tula pung & tody

PREP. TIME 7:304
SERVED TIME 13:00
ARRIVAL TIME 7:554-
RECEIVED BY Danie Chron
PANS OUT 📴
#PANS IN

ASSESSMENT OF FOOD SERVICE CONTRACTOR.

	VICE CONTRACTOR:	-	· · · · · · · · · · · · · · · · · · ·
	EPRESENTATIVE:		
	NT DATE:FY:		
MONTHS O			
monno o	,, ,, ,		
The Food S	ervice Contractor meets the following:		
a.	All food is prepared in a Grade A kitchen. Date, numerical grade and letter grade of last inspection:	Yes	No
· b ₋	There are no unlabeled, rusty, leaking or dented cans used for meal preparation.	Yes	No
c.	All meat and poultry is USDA inspected.	Yes	No
đ.	All fresh raw fish has the PUEI shield		
	(Packed under Federal Inspection).	Yes	No
e.	All food is from approved sources and		
	in compliance with applicable state and		
	local laws.	Yes	No
f_	Hot foods are maintained at least 140 F degrees		
	during cooking and serving.	Yes_	No
g.	Cold foods are maintained at 45 F degrees		
_	or below during all processing and serving.	Yes	No
h.	Safety and sanitation practices are followed		
-	according to *Rules Governing the Sanitation	-	
	of Restaurants and other Food Handling		
	Establishments* (15A NCAC 18A.2600)	Yes	No
î.	Food carriers are safe for food contact.	Yes	No
j-	End of preparation time is noted on	_	
	delivery tickets and signed by food		
	production manager.	Yes_	No
k.	Food is packaged and transported in a		
-	protected manner.	Yes	No
Î.	Any prepared meat-item has a Certificate of		
_	Compliance from the manufacturer.	Yes_	No
ໝ້	Any textured vegetable protein (TVP) used		
	is no more than 30% of meat mixture.	Yes	No
n.	Textured vegetable protein (TVP) is not		
	used more than one time per week.	Yes_	No
٥.	All necessary condiments, supplies, and		
	paper products are provided for the serving		
	of the meal.	Yes_	No
_	and the second s		
Documenta	tion verifying compliance:		
			-
Comments			



CATERER ASSESSMENT

A. General Information:			
Date of Visit			
Assessment Conducted By:			
Caterer Staff Present:		<u>-</u>	·
Period Beginning: Period Ending:			· ·
B. <u>Caterer</u>	~		- -
Section 1: (to be reviewed yearly unless follow-up is necessary)			
1. The following are on file with caterer:	YES	МО	N/A
■ Contract■ Amendments			
Regulations		·	·
■ Bid Specifications and Proposal		-	
 Additional sites are added or eliminated by mutual agreement between caterer and agency. 			
3. Licenses and permits are posted.			
 Caterer complies with all Federal, State and Local laws and regulations pertaining to wages and hours of employment and EEO. 			
B. L. Market of employment and ELO.	-		
Section 2:			
Sanitary grade is posted in food preparation area; Grade: Date:		•	-
2. The caterer's most recent health inspection report is on file.		-	
-Correction action has been taken where necessary.	·		
3. Refrigeration is adequate.			
COMMENTS:			

4. Freezer space is adequate.	163		N/A
5. Standardized recipes are used.	-		
6. Cycle menus are: a used b posted c followed			
7. Meals meet menu specifications.			
8. Meals are delivered according to schedule.	Name of the latest of the late		
 Meals are delivered daily to sites in food delivery trucks which are maintained in sanitary condition. 			
10. Food is delivered insulated containers.			
11. Hot foods are delivered at what average temperature?			•
12. Cold foods are delivered at what average temperature?	-		
13. Hot and cold foods are packaged separately.	<u></u>		
14. Has food been rejected if it does not meet specifications?-IF YES, what corrective action was taken? (Describe)	<u></u>	• •	
15. Caterer has provided condiments and paper goods to meal sites as indicated in contract.		<u>—</u> :—	
16. Caterer has billed the agency within 40 days for meals delivered.			
17. Signed receipts for food are on file with caterer.			÷

COMMENTS:

	18 Descripts indicates	-	ies	NU	·N/A
	18. Receipts indicate:	a. quantity.			
	·	b. quality c. temperature			
	-	d. completeness of meals	<u> </u>		
		d. completeness of means			
	19. Caterer is notified imme	diately when shortages or			
	overages occur and the a	gency is billed appropriately.			
		Brand appropriately,			
	20. Caterer is billed the costs	of replacement meal, meals or			
	parts thereof, plus expens	es incurred by agency when			
		er all or part(s) of meals ordered.			
				*	
	21. Caterer maintains records	of purchase of food, supplies			
	and equipment related to	the Title III-F nutrition program.			
		_	-		
	22. Holiday schedules are followed	lowed			····
	22 474. 47 . 1 171 . 1				
	by coform and a second	edules are mutually agreed upon			
	by caterer and agency.				
•	24 Agency potities categor of	its daily meal order by 5:00 p.m.			
	prior to delivery date.	is daily meal older by 3:00 p.m.			
	Farmer armset amor				
	25. Menu changes are made o	nly with the approval of the agency.			
	_	, that our are medeuted?			
	· · · · · · · · · · · · · · · · · · ·			•	
C.	U.S. Department of Agricultur	<u>re</u>			•
	1. Caterer has documentation	for the purchase of USDA grown			
	foods with USDA cash.		-		
<i>ጉ</i>		· _		•	
D. <u>Coi</u>	mmodity Foods: Quantity Con	ifrol:			
	I Food inventory cord is being				
-	readily accessible.	ng maintained, is up-to-date and is			
	readily accessible.			 -	
	2. USDA food on hand corre	sponds to belease show			
	inventory card;	a butter			
		b. cheddar cheese			
		c. processed cheese	•		
		d. dry milk			
				<u> </u>	
COMM	ENTS:	•			

E.	Storage of Food:	YES	ИО	N/A
	T. Frozen food is stored a 0 degrees Fahrenheit or below.			
	2- All perishables (including dairy products and meats) are stored at 45 degrees Fahrenheit or below.			
	3. Opened refrigerated foods are covered.		<u> </u>	
	4. Foods stored in walk-in type refrigerators are off floor.			•
	5. Dry foods stored above floor.			
F. <u>Saf</u>	Fe Food Handling Practices:			
	1. Caterer provides sanitation instructions to employees.			•
•	2. Caterer allows "NO SMOKING" in food preparation area.			
•	3. Employees use disposable plastic gloves in food preparation area.			
	4. Hot cooked foods are cooled in shallow pans if they are to be stored and refrigerated.	-		
	5. No dairy products, eggs or combination foods are allowed to stand at room temperature.			
	6. All food is prepared and served in period not greater than 24 hours.	<u>·</u>		
	7. Meat or poultry is not partially cooked one day and cooking completed the next day.		·	
	8. Time interval between preparing and cooking of food is as short as possible.	<u> </u>		
٠.	9. Food is panned no longer than 1/2 hour prior to shipping.			.
]	O. Caterer daily sanitizes equipment sent to meal sites. Describe sanitation methods	Adentical desiration of the second se		<u> </u>

COMMENTS:

Food Quality:	YES	Ю	N/A
1. Food prepared so as to be attractive when served.			
 Food items delivered to sites are prepared and packaged to ensure freshness. 	-		
3. Seasonings are used properly.			

COMMENTS:

Food Caterer\Preparation Site Monitoring Guide

Scheduled Time: Actual Time:	Schedulec
Time Delivery Truck is Scheduled to leave from Kitchen to Delivery Site(s):	Time Delivery Truck
Time Cold Food Preparation Began:	Time Cold Food Pre
Time Hot Food Preparation Began:	Time Hot Food Prep
	Title:
	Signature:
oring Site:	Person Monitoring Site:
VIsit:	Date/Time of Visit:
outy:	Manager on Duty:
	Address:
Facility :	Name of Site/Facility:

Health Inspection Grade Posted Employees Wearing Clean Aprons and Outer Clothing Employees Wearing Clean Aprons and Outer Clothing Employees DO NOT Smoke or Eat in preparation area. Food Stored OFF the Floor and Surface is Clean. Thermometers in Refrigerators Read Between 32-45 degrees Cooked foods in Refrigerators are stored in Shallow Pans Cleaning suppilles are stored seperately away from foods & are properly labeled Procedures for cleaning pans, serving untensils, etc. are established & practiced delily Hand washing facilities are posted in food preparation areas Method of Sterilzation for pans, etc., used: Warning signs posted for food handlers Persons with infected wounds or possibly contagious infections are not permitted to work in food prep area Cooking equipment and all food contact surfaces are clean Effective Past Control méasures are taken		Ð	()T	4	ω	N		0.		8	7	<u></u>	Cri	4	ω	N	 YES
																	NO
	Ellenthe Legi Online illegadine dio rattori	Guatina Bast Cantra massiras are taken	Cooking equipment and all food contact surfaces are clean	Persons with Infected wounds or possibly contagious infections are not permitted to work in food prep area	والمارية والم	Method of Sterlization for pans, etc., used:	Hand washing facilities are posted in food preparation areas	Procedures for cleaning pans, serving untensils, etc. are established & practiced daily	Cleaning supplies are stored seperately away from foods & are properly labeled	Refrigerated foods are covered to prevent contamination from shelves above or ceiling	Cooked foods in Refrigerators are stored in Shallow Pans		Food Stored OFF the Floor and Surface is Clean '	Employees DO NOT Smoke or Eat in preparation area	Employees Wearing Clean Aprons and Outer Clothing	Employees Wear Hair Nets/Hats	

Floors and walls clean and free from peeling paint, etc. Floors and walls clean and free from peeling paint, etc. Food is packed in transporting carriers inmediately after it is removed from oven, flyets, etc so heat is retained properly. Food is packed in transporting carriers inmediately after it is removed from oven, flyets, etc so heat is retained properly. Food is packed in transporting carriers inmediately after it is removed from oven, flyets, etc so heat is retained properly. Cooks work from a food preparation worksheet that indicateds quality and portion planning of rishe food is being delivered to All canned foods have visible labels incloaling item. Iodized sail is used in preparation of food. Home Delivered Meals Colid & Hot foods are packaged seperately. Bead is not placed on top of other foods. Aluminum foil or styrofoem containers with tight lids are used for hot foods. Aluminum foil or styrofoem containers with tight lids are used for hot foods. Aluminum foil or styrofoem containers with tight lids are used for hot foods. Food elivery Vehicles are clean on the hamb food container. Delivery Trucks Food Delivery Vehicles are clean on the hamb food container. USDA Denated Surplus food stored at proper temperatures: Burter 0 Freezer, Cheese 34-45 Frig, Dry Milk cool dry Food Inventory Control Oard of stored and up-to-date USDA Food on hand greeponds to beliene shown on inventory card USDA relimburger read at the current level of USDA relimburgerent reals served to 60+
Floors and walls clean and free from peeling paint, etc. Fruits and Vegetables are washed throughly Food temperature is taken prior to putting food into hotel pans (180degr Food is packed in transporting carriers immediately after it is removed to Cocks work from a food preparation worksheet that indicateds quality a All canned foods have visible labels indicating item iodized salt is used in preparation of food All canned foods are packaged seperately Bread is not placed on top of other foods. Aluminum foll or styrofoam containers with tight lids are used for hot food delivery containers are cleaned/sterilized daily. Correct portions are being served in complying with portioning guide. Cold & Hot foods are not placed in the same food container. Food Delivery Vehicles are clean on the inside. No Food is placed on floor of Truck without being in a carrier. USDA Donated Surplus food stored at proper temperatures: Butter 0 Fr. Food Inventory Control Oard is maintained and up-to-date. USDA Food on hand crresponds to balanc shown on inventory card. US grown or produced food is purchased at the current level of USDA rules.
ors and walls clean and free from peeling paint, etc. Its and Vegetables are washed throughly Its and Vegetables are washed throughly Its packed in transporting carriers immediately after it is removed to be work from a food preparation worksheet that indicateds quality a canned foods have visible labels indicating item Izad sait is used in preparation of food S Izad sait is used in preparation of food S Izad sait is used in preparation of food S Izad la not placed on top of other foods Inium foll or styrofoam containers with tight tids are used for hot food delivery containers are cleaned/sterilized daily Test portions are being served in complying with portioning guide d. Hot foods are not placed in the same food container Id Delivery Vehicles are clean on the inside Food is placed on floor of Truck without being in a carrier DA Donated Surplus food stored at proper temperatures: Butter 0 Frod Inventory Control Card is maintained and up-to-date DA Food on hand crresponds to balanc shown on inventory card grown or produced food is purchased at the current level of USDA re

.

Nutrition Program Caterer Checklist

Facility		
	_	
Evaluator	-	Date

<u> </u>		1		
1	Kitchen Inspection	Vac	No	NI/A
1.	Food is prepared in a Grade "A" kitchen	Yes	No No	N/A
2.	Current Inspection form is posted	Yes	No	N/A
3.	Date of Inspection			
4.	Grade of Inspection (Percentage)			
B.	Personnel Personnel			
1.	Hand washing signs are posted and proper hand washing being practiced	Yes	No	N/A
2.	Staff is clean, well groomed and properly dressed	Yes	No	N/A
3.	Proper hair restraints are worn to protect foods and beverages	Yes	No	N/A
4.	Staff are not eating and smoking in food preparation area	Yes	No	N/A
5.	Staff in free of infected wounds, colds etc.	Yes	No	N/A
C.	Food Handling and Preparation and Storage		<u>.</u>	
1.	Thermometers are in all refrigerators, freezers, warmers, dry storage	Yes	No	N/A
2.	All food products are being held/stored at correct temperature	Yes	No	N/A
3.	Food temperatures are recorded daily	Yes	No	N/A
4.	Food arrival times are recorded daily	Yes	No	N/A
5.	Thermometers are available to staff	Yes	No	N/A
5. 6.	Food temperatures are recorded appropriately	Yes	No	N/A
U.	Floors, walls, ceilings and food contact sources in good repair	Yes	No	N/A
	All food is stored off the floor on a clean surface	Yes	No	N/A
<i>)-</i> -	Foods are covered, labeled, and dated	Yes	No	N/A
J.	Floors and walls are clean and free from peeling paint	Yes	No	N/A
10.	Cleaning supplies are stored separately from food and properly labeled	Yes	No	N/A
D.	Sanitation and Food Receiving			1
F	Food Service floors, walls, equipment, ceiling are clean and free of debris	Yes	No	N/A
1.	Food contact surfaces are clean and sanitized by approved methods	Yes	No	N/A
2. 3.	Sanitīzing solution is readily available	Yes	No	N/A
ľ	Proper hair restraints are worn in food preparation areas	Yes	No	N/A
4.	There is effective control on flies, roaches, vermin, etc	Yes	No	N/A
5.	Food carriers are dean	Yes	No	NA
6.	Food carriers are treatile. Food carriers are in good condition to-maintain safe food temperatures.	Yes	No	N/A
7.	Food delivery trucks are clean	Yes	No	N/A
8.	Food delivery trucks are properly equipped to maintain safe temperatures	Yes	No	N/A
9.	Food conice percental check temperatures on	Yes	No	N/A
TO	. Food service personnel check temperatures on: a. "Fresh food items" before accepting	Yes	No	N/A
	b. "Refrigerated food items" before accepting	Yes	No	N/A
	c. "Frozen food items" before accepting	Yes	No	N/A
	Food Production Manager notes end of prep time and signs delivery tickets.	Yes	No	N/A
117	. Food Production Manager notes and of prep different signs delivery dedices. Time between completion of cooking & delivery to nutrition site is ≤ 3 hours	Yes	No	N/A
		1.5	1	+
E.		Yes	No	N/A
]].	Certified menu and site hours are posted	Yes	No	N/A
Ž.	Leftover policy is followed	Yes	No	N/A
3.	Changes in the menu are documented accurately	Yes	No	N/A
14.	Substitutions are justified and appropriate	Yes	No	N/A
5.	Proper portions are served; proper utensils are used	1153	1110] 11/7

Food Safety and Inspection Service

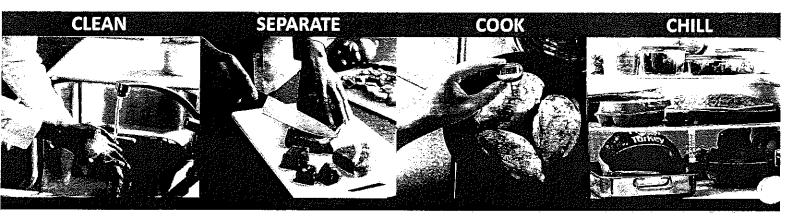
Food Safetu Tips for Home Delivered Meals

- Proper handling is important to ensure the food is safe to eat.
- Hot or cold ready-prepared
 meals are perishable and can
 make you sick when not
 safely stored.
- When the meal arrives, it should be eaten or refrigerated right away.
- **4)** Eat refrigerated leftovers within 4 days.
- f you don't think you will eat the leftovers within 4 days, date and freeze the meal right away.



Remember...

Throw away food that has been left out for 2 hours or longer!



CLIENT REGISTRATION FORM DAAS 101

NC Department of Health and Human Services * Division of Aging and Adult Services

Linkages to Information/Assistance/Resources

Section II Required only for clients of HCCBG congregate meals, congregate supplemental meals, or NSIP-only meals and care management.

meals and care management.			
15. Nutrition health score	•	,	Refer to:
a. Do you have an illness or condition that r and/or amount of food you eat?	nade you change the kind		Nutrition Education & Counseling, Health Care Provider
b. How many meals do you eat per day?	· · · · · · · · · · · · · · · · · ·		Social Services, Nutrition Education & Counseling
c. How many servings of fruit per day?			
d. How many servings of vegetables per day	7?		Nutrition Education & Counseling
e. How many servings of milk/dairy products	s per day?		
f. How many drinks of beer, liquor, or wine almost every day?	do you have every day or		Mental Health, Medication Management Program, Nutrition Education & Counseling
g. Do you have tooth/mouth problems that reat?	nake it hard for you to		Oral Health Practitioner, Nutrition Education & Counseling
h. Do you always have enough money or foo you need?	od stamps to buy the food		Social Services, Social Security Office, Food Banks
. How many meals do you eat alone daily?			Senior Centers, Mental Health, Church Programs, Volunteer Programs
. How many prescribed drugs do you take p			Medication Management Program, Pharmacist, Health Care Provider
. Have you lost or gained 10 or more pound without trying?	s in the past 6 months		Health Care Provider, Nutrition Education &
	Did you gain weight? Did you lose weight?		Counseling
n. Are you physically able to:	Shop for yourself? Cook for yourself?		Social Services, In-home Aide Program, Nutrition Education & Counseling

FACTORS THAT PLACE OLDER ADULTS AT RISK OF POOR NUTRITION

Nutritional Factors

- · Eating fewer than 2 meals a day, rarely eating breakfast
- · Eating few fruits/vegetables
- · Eating few dairy products or equivalents
- · Consuming inadequate or monotonous diets
- Consuming inadequate fluid/water
- · Having a fair/poor appetite
- Feeling full early
- · Having an illness or condition that has changed eating habits
- Needing a therapeutic diet
- Experiencing nausea, vomiting, diarrhea, constipation, chronic gastro-intestinal upset

Health Factors and Functional Factors

- Chronic or acute diseases or conditions (arthritis, hypertension stroke, cancer diabetes, osteoporosis, Alzheimer's disease, dementia, Parkinson's disease)
- Sensory changes (sight, hearing, smell, taste)
- · Oral, chewing and swallowing problems
- · Multiple medications
- Depression
- Being sedentary
- Alcoholism
- Smoker
- · Mobility impairment
- Physical/mental impairment that limit the ability to shop and/or prepare meals
- · Unable to feed oneself

Socio-economic Factors

- Insufficient money to purchase food, food insecure or experiencing poverty
- Inadequate health insurance coverage, especially prescription drug coverage
- · Living alone, being isolated, experiencing neglect
- Being homebound
- · Having limited access to health care
- Not having or not being able to use a stove, microwave or refrigerator; no gas or electricity

What is the difference between nutrition education and nutrition counseling?

While nutrition education for nutrition program participants is required, nutrition counseling should also be offered as a best practice. Ideally, a dietitian would visit with high risk participants and provide a nutritional assessment and individualized counseling. The definitions are below:

Nutrition Education

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 or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. [Note: this is the only service of the 14 listed services in the SPR where the unit measure (one session) refers to either an individual or group service. In this case,

for example, a group of people attending a session on nutrition issues for the elderly would count as one unit of "Nutrition Education".

Nutrition Counseling

Provision of individualized advice and guidance to individuals, who are 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, performed by a health professional in accordance with state law and policy.



Monday	Tuesday	Wednesday	Thursday	Friday
	1 Smothered Chicken Mushroom Gravy Mashed Potatoes Green Beans Whole Wheat Bread Fruit Punch Milk	2 Pork Riblett BBQ Sauce Green Peas Whipped Sweet Potatoes Red Delicious Apple Hamburger Bun Milk	3 SPECIAL Chicken Chef Salad Spinach Romaine Salad Greens Pasta Veggie Salad Tri-color Bean Salad Apple Pie Ranch Dressing Saltines Milk	diappy 4th Alappy 4th of July! SITES CLOSED
7 Waikiki Chicken Rice Pilaf Capri Blend Veggies Fresh Orange Birthday Cake Whole Wheat Bread Milk	8 Ziti w/Meat Sauce Broccoli Cuts Spiced Apple Slices Texas Toast Milk	9 Seafood Salad Kidney Bean Salad Carrot Raisin Salad Saltine Crackers Grape Juice Milk	10 Hamburger American Cheese Lettuce & Pickles Carrots Peach Cobbler Hamburger Bun Ketchup Milk	11 BBQ Chicken Au Gratin Potatoes Seasoned Turnip Greens Peanut Butter Bar White Bread Fruit Punch Milk
Sloppy Joe Whole Kernel Corn Baked Beans Hamburger Bun Orange-Tangerine Juice Milk	15 Chicken Penne Pasta Italian Squash Carrots Tropical Mixed Fruit Rue Bread Milk	16 Italian Sandwich Lettuce & Tomato Fresh Cantaloupe LD Pecan Spinwheel Hoagie Bun Milk	17 BBQ Chopped Pork Ranch Beans Confetti Cole Slaw Apple Crisp Hamburger Bun Milk	18 Shepherd's Pie Broccoli Cuts Carrots LD Fudge Round White Dinner Roll Milk
21 Sliced Ham Pinto Beans Steamed Spinach Oatmeal Raisin Cookie Rye Bread Fruit Punch Milk	22 Country Meathalls Steamed Rice Green Beans Pickled Beats White Breat Strawberry-Kiwi Juice Milk	23 Chicken Salad Lettuce & Tomato Macaroni Salad Tropical Mixed Fruit Whole Wheat Bread (2) Orange-Tangerine Juice Milk	24 Meatloaf Brown Gravy Mashed Potatoes Mixed Veggies Fresh Banana White Dinner Roll Milk	25 Chicken Philly O'Brien Potatoes Carrots Applesauce Hot Dog Bun Milk
28	29	30	31	
Beef Patty Pepper & Onion Gravy Seasoned Collard Greens Black-eyed Peas Applesauce White Bread Milk	Smothered Chicken Mushroom Gravy Mashed Potatoes Green Beans Whole Wheat Bread Fruit Punch Milk	Pork Riblett BBQ Sauce Green Peas Whipped Sweet Potatoes Red Delicious Apple Hamburger Bun Milk	Turkey Salad Lettuce Macaroni Salad Copper Penny Salad Captains Wafers Fresh Fruit Milk	



We will be closed on: Friday, July 4th for Independence Day.

High Energy Snacks for All Ages

Going too long without eating can make you feel tired, cranky and spacey. Small snacks or mini-meals that include protein, carbohydrates, fiber and some good fats will help keep your energy levels high throughout the day, keep you satisfied and help regulate your blood sugar. Pre-packaged choices aren't always nutritious! Remember, fresh fruits and vegetables are a healthy way to keep your snacks around 100 calories. Try these some of these 100 calorie snacks which are great for portion control and convenience. A "skinny" latte made with coffee and skim milk; a cup of tea with an oatmeal cookie; one packet of instant oatmeal; six ounces of low fat yogurt; 15 chocolate covered raisins; two ounces of water-packed tuna with one teaspoon low fat mayo; one tablespoon humus on 1/2 pita pocket bread; two graham cracker squares with two tablespoons of peanut butter; one cup of chicken noodle or vegetable soup; or one ounce of pepper jack cheese. If you're not one to eat breakfast try one of these breakfasts on the go to get your morning started. You'll have lots of ergy and be less likely to snack before lunchtime: 1/4 cup almonds and 5 dried pricots, sliced apple with 1 tablespoon peanut butter, a hard-boiled egg and piece of fresh fruit, 6 ounces of low fat yogurt and 1 cup fresh strawberries. Try this two minute breakfast shake! Combine in blender and blend until smooth: 8 ounces of soy milk. 1 scoop Giant vanilla whey protein powder, 2 tbsp. PB2 (powdered peanut butter), and 1/2 banana. 310 calories, 31 g protein, 6g fat, 43g carb, 240mg sodium.

Hot Weather Tips

The summer heat is upon us.

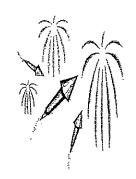
Keep cool and protect yourself from the heat.

- 1. Drink plenty of liquids such as water and sports drinks.

 Avoid alcohol and drinks with lots of sugar.
- 2. Limit physical activity, especially between 10 a.m. and 3 p.m.
- 3. Stay in air-conditioned areas like malls, libraries, movie theaters and community centers.
- 4. Cool off by taking a cool bath or shower.
- Wear lightweight and loose fitting clothing such as cotton.Never leave anyone or pets in closed or parked cars.
- 1. Cover your head with a wide-brimmed, vented hat or use an umbrella.
- 8. Wear sunglasses and sunscreen.
- 9. Rest often in shady areas.

JULY 2014









A nice thing about aging is when you lose your glasses they're usually close by, like on your forehead.

IDEAS FOR INTERGENERATIONAL ACTIVITIES

PEN PALS - Spend a few minutes at your meeting writing a letter to a student at the local elementary school, introducing yourself. Take these to a teacher who has agreed to this project. The teacher will match the letter to a student of similar interest. The student will in turn write a letter back to the lunch participant. These exchanges can go on once a month for the school year. At the end of the year, invite the children to the nutrition site to meet their "pen pals."

LUNCH BUDDY - Once a month or periodically a class of students could come to the nutrition site, bring a bag lunch and eat with the participants. After lunch they might play games, such as checkers with checker boards they have made and buttons for checkers.

HORTICULTURE - Have a plant day. Site participants could bring plants from home. Get a local nursery to donate pots and soil. Participants could show students how to repot, divide and plant new plants. These activities will be conversation starters between the generations. Students could take some plants back for their classrooms. Plants that might commonly be shared are: hen and biddies, airplane plant, ferns, begonias, spider plants, etc.

GAMES - Site participants could pool their memories of games they played when they were children and teach them to children in a class.

INTERGENERATIONAL CHORUS - Children and adults can each learn songs (or dances) and then get together to sing, practice and/or perform.

SEWING PROJECTS - Many sewing projects are "new" to children. One group helped a class to design and make a quilt. The quilt hangs in the lobby of the school.

RYTHMN BAND - The school may have rhythm band instruments. One senior center received a grant to purchase the instruments. Seniors and students enjoy playing together, learning new songs and perhaps performing for groups in the community. Someone at the nutrition site may be able to play the piano or keyboard to accompany the rhythm band.

INTERGENERATIONAL SPELLING BEE - Spelling teams consist of four children and four adults. This program brings together the two generations for positive interaction and provides mental stimulation in a recreational setting. Each team chooses its own captain. Prizes could be given each time.

INTERVIEWS - Children could interview older adults for a school project on a topic assigned by their teacher. They could write them up and put on their school bulletin board, accompanied by a Polaroid picture of the child and the person they interviewed.

SEASONAL ACTIVITIES - Make simple crafts appropriate to the season, such as dying Easter eggs, making cookies,

THEME DAYS - At one nutrition site once a month a class from the local elementary school is bused over. Each month they have a different theme. One month, for example, they did "beach", and one of the activities was to throw beach balls back and forth from children to seniors and vice versa. The exercise they get is important for the seniors. They have a big end of the year celebration with both groups in attendance.

INTERGENERATIONAL SHARING- The objective of this program is to create an opportunity for the generations to share experiences and attitudes while learning from each other. Before their day together, youth learn about the aging process and about aging myths through a presentation by the local senior center. Youth also record the oral history of community older adults and the history of the development of family life in the community. The information gathered is them presented at the Intergenerational Sharing day. The media presentation is followed by discussion groups between seniors and youth.

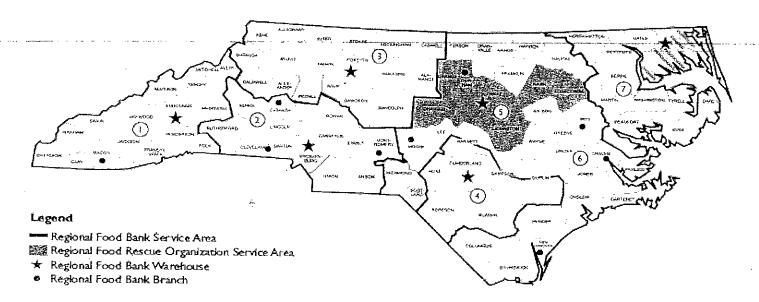
FOLKPATTERNS-The objectives of this program stress development of research and communication skills, development of understanding one's own sense of identity, as well as an understanding of one's own community, and a contribution to the general knowledge of folk culture and history. The youth learn how to conduct folklore interviews with older adults and how to organize and present collected materials in creative ways to others in their community, such as in displays, notebooks, videos, bulletin boards and skits. Youth discover their own heritage and cultural traditions as well as the heritage and cultural traditions of others by interacting with a variety of people from different ages and cultural groups.

COMPUTER EASE CLASS-Elementary students become computer instructors for senior students. The program objectives are to: improve the quality of life for all participants by creating mutually beneficial opportunities for younger people and older adults to interact, increase self esteem, and encourage life-long learning through natural curiosity and eagemess to learn of both age groups. Seniors meet with the student-instructors to learn about computers. They get hands-on exploratory experience with computers, make personalized stationary letterhead using computer graphics, and type letters using the computer as a word processor.

North Carolina Association of Feeding America Food Banks



SERVING ALL 100 COUNTIES IN NORTH CAROLINA



- ① MANNA FoodBank
 - Asheville 16 Counties Distributed 10,360,719 lbs. to 274 agencies* Executive Director: Cindy Threlkeld (828) 299-3663 cthrelkeld@feedingamerica.org
- ② Second Harvest Food Bank of Metrolina

Charlotte — 19 Counties**
Distributed 36,592,038 lbs. to 649 agencies*
Executive Director: Kay Carter (704) 376-1785 kcarter@secondharvest.org
** Includes York, Spartanburg, Union, Cherokee, and Lancaster Counties in South Carolina.

③ Second Harvest Food Bank of Northwest North Carolina

Winston-Salem — 18 Counties
Distributed 15,840,748 lbs. to 348 agencies*
Executive Director: Clyde Fitzgerald
(336) 784-5770
cfitzgerald@feedingamerica.org

Second Harvest Food Bank of Southeast North Carolina

Fayetteville — 7 Counties
Distributed 6,665,374 lbs. to 173 agencies*
Executive Director: David Griffin
(910) 485-8809
david.griffin@ccap-inc.org

(5) Inter-Faith Food Shuttle

Raleigh — 7 Counties Distributed 6,446,272 lbs. to 243 agencies* Executive Director: Jill S. Bullard (919) 250-0043 jill@foodshuttle.org

⑤ Food Bank of Central & Eastern North Carolina

Raleigh — 34 Counties Distributed 41,043,667 lbs. to 830 agencies* CEO/President: Peter Werbicki (919) 875-0707 pwerbicki@foodbankcenc.org

North Carolina Association of Feeding America Members Fast Facts:

- Seven members in North Carolina affiliated with Feeding America.
- Working to alleviate hunger in all 100 counties of North Carolina through a network of more than 2,700 partner agencies.
- Distributed over 121.3 million pounds of food and other grocery products, which is the equivalent of over 101 million meals, to these agencies in the year through FY 2010-2011.

⑦ Food Bank of the Albemarle

Elizabeth City — 15 Counties Distributed 4,622,394 lbs. to 128 agencies* Executive Director: Liz Reasoner (252) 335-4035 Ireasoner@feedingamerica.org



*Figure indicates distribution to agencies as reported in the 2011 NAR member profile and percent of product to clients.

North Carolina Division of Aging and Adult Services ZGA702-A Provider Directory By Service

INFORMATION AND ASSISTANCE

Alamance	ALAMANCE ELDERCARE, INC PO BOX 202	Phone: 336-538-8080
	BURLINGTON, NC 272160202	
Beaufort	BEAUFORT COUNTY DSS 632 W. 5TH STREET PO BOX 1358 WASHINGTON, NC 278894302	Phone: 252-940-6042
Buncombe	COUNCIL ON AGING OF BUNCOMBE COUNTY 46 SHEFFIELD CIRCLE	Phone: 828-277-8288
	ASHEVILLE, NC 288033423	
Catawba	CATAWBA COUNTY DSS PO BOX 669	Phone: 828-695-5600
	NEWTON, NC 286580669	
Chatham	CHATHAM CO COUNCIL ON AGING PO BOX 715	Phone: 919-542-4512
	PITTSBORO, NC 273120715	
Columbus	COLUMBUS CO DEPT OF AGING PO BOX 1327	Phone: 910-640-6602
	WHITEVILLE, NC 284721327	
Cumberland	CUMBERLAND COUNTY COUNCIL ON OLDER A 339 DEVERS STREET	Phone: 910-484-0111
	FAYETTEVILLE, NC 283034750	
Davidson	DAVIDSON COUNTY SENIOR SERVICES 555B- W CENTER ST. EXT.	Phone: 336-242-2290
	LEXINGTON, NC 272951385	
Davie	DAVIE COUNTY SENIOR SERVICES 278 MERONEY STREET	Phone: 336-753-6230
	MOCKSVILLE, NC 270282012	
Durham	DURHAM CENTER FOR SENIOR LIFE 406 RIGSBEE AVE., SUITE 202	Phone: 919-688-8247
	DURHAM, NC 27701	, in the second
Forsyth	SENIOR FINANCIAL CARE - PATHWAYS 8064 N POINT BLVD STE 204	Phone: 336-896-1328
	WINSTON SALEM, NC 271063116	
Forsyth	SENIOR SERVICES, INC. 2895 SHOREFAIR DRIVE	Phone: 336-725-0907
	WINSTON-SALEM, NC 271054237	

Printed Date: 8/10/2017

North Carolina Division of Aging and Adult Services ZGA702-A Provider Directory By Service

Guilford	SENIOR RESOURCES OF GUILFORD 301 E. WASHINGTON STREET	Phone: 336-373-4816
	GREENSBORO, NC 274012993	
Jackson	JACKSON CO DEPT ON AGING 100 COUNTY SERVICES PARK	Phone: 828-631-8038
	SYLVA, NC 287799741	
Johnston	COMMUNITY & SENIOR SERVICES OF JOHNSTO 1363 WEST MARKET STREET	Phone: 919-934-6066
	SMITHFIELD, NC 275773340	
Lee	LEE COUNTY SENIOR SERVICES 1615 S THIRD STREET	Phone: 919-776-0501
	SANFORD, NC 273305663	
New Hanover	NEW HANOVER CO SENIOR RESOURCE CENTE 2222 S COLLEGE RD	Phone: 910-798-6400
	WILMINGTON, NC 284035545	
Orange	ORANGE COUNTY DEPT ON AGING SEYMOUR CENTER 2551 HOMESTEAD ROAD CHAPEL HILL, NC 275169087	Phone: 919-245-4254
Pender	PENDER ADULT SERVICES, INC. 901 SOUTH WALKER STREET PO BOX 1251 BURGAW, NC 284251251	Phone: 910-259-9119
Pitt	PITT CO COUNCIL ON AGING 4551 COUNTY HOME ROAD.	Phone: 252-752-1717
	GREENVILLE, NC 278588039	
Randolph	RANDOLPH CO SENIOR ADULTS ASSOCIATION 347 W SALISBURY STREET PO BOX 1852 ASHEBORO, NC 272041852	Phone: 336-625-3389
Sampson .	SAMPSON COUNTY DEPT ON AGING 405 COUNTY COMPLEX ROAD SUITE 140 CLINTON, NC 283284781	Phone: 910-592-4653
Stanly	STANLY CO SENIOR SERVICES DEPT 283 N THIRD ST	Phone: 704-986-3769
	ALBEMARLE, NC 280014011	•
Surry	SURRY COUNTY HEALTH AND NUTRITION 1218 STATE ST. SUITE 200 MT AIRY, NC 27030	Phone: 336-783-8500

Printed Date: 8/10/2017

North Carolina Division of Aging and Adult Services ZGA702-A Provider Directory By Service

Union	COUNCIL ON AGING IN UNION COUNTY PO BOX 185 MONROE, NC 281110185	Phone: 704-292-1797
Wake	RESOURCES FOR SENIORS, INC.	
	1110 NAVAHO DR, STE 400 RALEIGH, NC 276097369	Phone: 919-872-7933
Wayne	WAYNE COUNTY SOA PO BOX 227	Phone: 919-731-1591
	GOLDSBORO, NC 275330227	

Printed Date: 8/10/2017

	-	-	
·			

COLUMBUS COUNTY DEPARTMENT OF AGING

JISSION

Committed to provide services that promote wellness, encourage independence and enhance quality of life for all persons 60 years or older.

IN HOME SERVICES

Personal Care Services (PCS) - one has to receive Medicaid and have a medical condition that requires the direct and ongoing care. In Home Aides are placed in the homes by the In Home Aide Coordinators at the agency after the R.N.'s have been and made a home assessment to determine eligibility. This service is to assist and not replace the help available from family members and community resources. This program serves the needs of approximately 353 clients daily.

Title III B is an in home aide service program for 60 years or older persons who are not Medicaid recipients who have personal care needs. Funds are limited and the referral waiting list is very long. The program has approximately 202 on the waiting list. Caregiver's Respite Program — relieve caregivers — limited funds.

Community Alternatives Program (CAP/DA) is a special Medicaid in home service, designed for persons who are nursing home level of care. The aim is to allow the individual to return to or to remain in the community and live as independently as possible. There's an estimated 213 persons on the waiting list for this program.

CAP/C is for children up 18 years of age.

Private Insurance (Private Pay) the in home services may be provided under some private insurance companies and by te payment.

rans Administration and Hospice contract with the Dept. of Aging for these services.

, referrals must be directed to Christine Lennon.

INFORMATION AND REFERRAL / ASSISTANCE

Information is provided to persons 60 years or older by I & R Coordinator, Judy Ward. She provides information to the older adult about programs or services available to them in the causty. Some times assistance may be needed in meeting these needs. An assessment may be necessary. Referrais are made to the appropriate agencies and follow up is made if necessary. A registration form is required for this program. The Coordinator is a counseloc for Senior Health Information Insurance Program. (SHIIP) A National Supplement Programs operated by the I&R Coordinator. It is sold to the older adult at a reduced price to enable those who need the nutrition but were financially unable to purchase at regular price. The Operation Fan Program is coordinated by the I&R Coordinator. This program is during the hot months of the year, fans are purchased with fund provided by the Utility Companies and Volunteer Organizations. Fans are distributed to the older adults who have no means of choing their homes. Needy Program is an assistance program during the winter season, for heating bills for emergency situations. Funding by donations from private sector.

TRANSPORTATION

Fransportation is provided to the older adult 60 years or older to the Nutrition Sites by vans with no charge but asked to share in the cost with a voluntary contribution. No one will be denied this service if unable to contribute. Contact person-lody Ward. *Medical Transportation (for dialysis senior citizens only)* is available through funds from N.C. Dept of portation. Coordinators are Judy Ward at the Dept. of Aging and Janet Hinson at the Health Dept. This is the rand Disabled Transportation Assistance Program, it is for persons who are elderly or disabled and do not receive aid. Medicaid recipients are to contact Dept. of Social Services for their medical transportation.

JIOR CENTER OPERATIONS

There are seven senior centers in the county which operate 8:00 AM to 5:00 PM Monday through Thursday and Friday 8:00 AM to 1:30 PM on Friday's. These centers provide community involvement and opportunities for older adults to become physically active, mentally challenged, emotionally supported and socially involved. Each center has a nutrition site for congregate nutrition. There's Exercise Equipment available for the seniors to use with a physician's permission. They are always planning trips and outings for the seniors with minimum cost. The craft classes are offered to the seniors 65 or older without charge. The local Community College provides instructors. Centers are located at: Whiteville, Tammy Young Coordinator, Bug Hill (Nakina), Jenette Long Coordinator, East Columbus (Riegelwood), Lillie Young Coordinator, Fair Bluff, Peggy McPherson Coordinator, Tabor City, Pam Spivey Coordinator, Bolton Senior Center (Bolton) Catherine Spaukling, Coordinator. Chadbourn Senior Center (Chabourn) Ruby Shelly

Medical Equipment is available for loan to our seniors at each center with no charge if returned undamaged.

NUTRITION

Congregate Meals are not meals provided at noon hour in T sites in the county, 70,000 meals are served in the program year. These meals are 1/3 the daily recommended dietary allowance for older adults 60 years or older. Persons 60 years or older may attend any of these sites for a nutritious meal and nutrition education and appropriate supportive services to enhance their independence.

A registration form must be completed and signed on the first visit. There is no charge for the meal but a contribution is suggested to share in the cost and help serve additional persons. No one will be denied a meal because they are unable to share in the cost. This program supervisor is Pat Harrelson. Transportation is provided for senior citizens to attend the nutrition sites, for information contact Judy Ward, Transportation Coordinator.

Delivered Meals are served out of four of the nutrition sites. Meals are delivered to homebound persons by teers. Routes established only in areas with available volunteers. Persons who are 60 years old or older, home and and only able to go out for medical appointments are eligible. A home assessment is made on each one, eligibility is determined by the Nutrition Supervisor, Pat Harrelson.

There is no charge but a contribution is suggested, the service will not be denied if failure to share in the cost. SITE LOCATIONS: Whiteville, Bug Hill, Tabor City, Fair Bluff, Bolton, and East Columbus and Chadbourn.

MINOR HOME REPAIR

This program is coordinated by Judy Ward and is designed to assist persons 60 years or older with reimor home repairs to their homes to remedy conditions which are a risk to their health and safety. Materials only (not labout are furnished for this program, (grab bars, hand rails, smoke detectors, etc.) A home assessment is required and registration form signed and completed. No charge for this service but contributions accepted. Modifications for Safety provided by Blue Cross Blue Shield of North Carolina foundation, for persons who are ineligible for the Title III program.

PRESCRIPTION ASSISTANCE PROGRAM - MED-CONNECT

I prescription assistance coordinator will assist with obtaining medications free or reduced price by applying through the lrug companies for discounts. Age and income are a factor in eligibility. Monday-Friday 8:30 AM - 2:30 PM unds made possible by the Health and Wellness Trust Fund Commission and Blue Cross and Blue Shield of North

iupervisor – Judy Ward

Coordinator - Serena Sellers. ssellers@columbusco.org

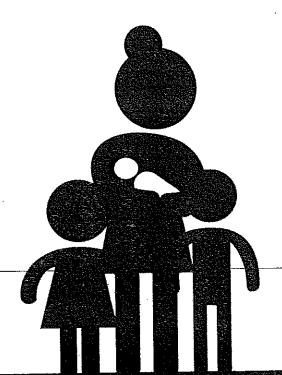
WHEN YOU NEED IT MOST

Dial 211 to connect with a network of over 18,000 resources right here in North Carolina. Our agency partners can assist you with:

- Food, Housing & Utilities
- Child Care & Education Services
- Financial Education/Credit Counseling
- · Health Care
- Job Training
- Counseling/Support Groups
- Mental Health & Substance Abuse
- Senior Services
- Volunteer Opportunities
- · Disaster Services and so much more



DIAL





Help starts here.

www.NC211.org

Toll Free 888-892-1162



FREE / CONFIDENTIAL 24 HOURS / 7 DAYS A WEEK / ANY LANGUAGE A MESSAGE FROM THE NORTH CAROLINA DIVISION OF VETERANS AFFAIRS AND YOUR LOCAL VETERANS SERVICE OFFICER

一人というというのではないのでは、大きなないのでは、大きなないのでは、大きなないのでは、大きなないのでは、大きなないのでは、大きなないのでは、大きなないのでは、大きなないのでは、大きなないのでは、大きなない

ION'T PAY FOR FREE SERVICES

Aid and Attendance is a special Federal veteran benefit program providing financial support to veterans who have a limited income and who are considered to be in need of regular in-home or nursing home care.



BANANCS I BRANCH BANANCE BURNER



DONT PAY FOR SERVICES THAT YOU HAVE LARNED.

Navigating the complexities of veterans benefits can be difficult and sometimes it can be hard to know who you can trust. Let the experts in veteran benefits explain your options and help you determint what benefits you qualify for and are entitled to:

The North Carolina Division of Veterans Affairs and local Veterans Service Officers are experts in veteran benefits. Since 1928, we have assisted veterans in obtaining the benefits that you have earned and we do if free of charge, always.

ttp://www.ncveterans.com

Please visit our web site to learn more about this valuable benefit, find your local Veteran Service Officer, or to request a free information on various veterans benefits for your community.

NORTH CAROLINA DIVISION OF VETERANS AFFAIRS http://www.ncveterans.com

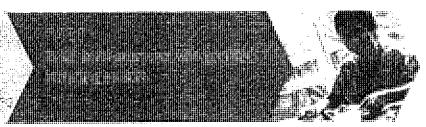
Seniors & SNAP: 5 Myths Busted

Get help paying for healthy food!

The Supplemental Nutrition Assistance Program (SNAP) helps over 4 million seniors aged 60+ buy healthy food every day. Get the facts—then see how to apply at www.BenefitsCheckUp.org/getSNAP.

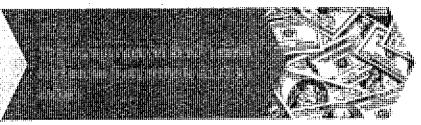
1

M.Y.T.H SNAP is only for families with children.



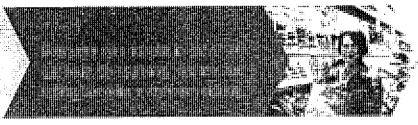
2

M Y T H I'll only get \$15 a month, so it's not worth applying.



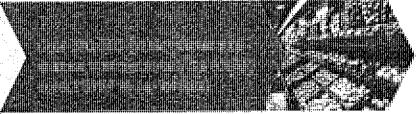
3

MYTH Other people need SNAP more than I do.



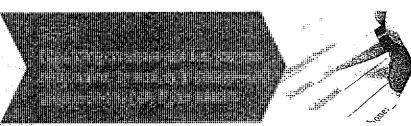
4

MYTH No stores near me accept SNAP.



5

MYTH It's too hard to apply for SNAP.



National Council on Aging

Visit www.BenefitsCheckUp.org/getSNAP to get your application now!



Staff and Volunteer Orientation and Training Requirements

Nutrition Program Directors- Within 12 months of employment:

*Attend DAAS Nutrition Program Management Training

- Administrative procedures
- Record keeping Systems
- Reporting procedures
- Food Safety (Food Service Sanitation Course IE. Serve Safe)
- Food Service
- Aging process
- Fire/disaster evacuation
- Confidentiality
- Written information on personnel policies (job descriptions, fringe benefits,
- vacations, holiday and sick leave, outside employment, grievance procedures
- and termination, hours, compensation and travel allowance, probation and
- promotion, procedures and timetable for performance evaluations, training
- requirements
- (Recommend instruction in cardiopulmonary resuscitation)

*Successfully pass an approved American National Standards Institute (ANSI) accredited program exam

- effective January 1, 2014; following NC Food Code 2-102.12
- Good for 5 years
- On-line course training will be accepted.
- Exams must be proctored and a passing score must be achieved to become certified.
- 3 exams are ANSI approved:
 - SERVSAFE® Food Protection Manager Certification
 - Prometric's Certified Professional Food Manager (CPFM)
 - National Registry of Food Safety Professionals

not required for Congregate Nutrition Site Managers



Staff and Volunteer Orientation and Training Requirements Continue

Site Managers

- Site Operations
- Site Records
- Community resources and methods of referrals
- Food Safety
- Food Portioning.
- Aging Process
- Fire/Disaster Evacuation
- Confidentiality
- Written information on personnel policies (job descriptions, fringe benefits, vacations, holiday and sick leave, outside employment, grievance procedures and termination, hours, compensation and travel allowance, probation and promotion, procedures and timetable for performance evaluations, training requirements
- (Recommend instruction in cardiopulmonary resuscitation)

Volunteers

- Site procedures
- Specific volunteer activities
- Confidentiality
- Written information on Personnel policies (job descriptions, fringe benefits, vacations, holiday and sick leave, outside employment, grievance procedures and termination, hours, compensation and travel allowance, probation and promotion, procedures and timetable for performance evaluations, training requirements

Home Delivered Meals Volunteers must also receive training covering:

- Purpose of the program
- Program regulations
- Temperature controls
- Menu requirements
- Delivery procedures
- Eligibility requirements
- Hours to work
- Participant emergency procedures



SENIOR NUTRITION PROGRAM

THE ALBEMARLE COMMISSION

Volunteer Data Sheet

Today's Date	Starting Dat	e	_(Please fill in)
County	Pick-up Sit	te	, , , , , , , , , , , , , , , , , , ,
Name		Month Born	
Mailing Address			
City			
Email address			
List a Phone Number whone #			very date:
Person to notify in case	of emergency:		
Relationship	Pho	one	
How often can you volu	nteer?		
Do you have a day that			
What influenced you to	volunteer for our progr	ram?	
Please list two reference	s:		
Name			···
Address			
Phone Number			
Name			
Address			
Phone Number			

All volunteers may be subject to background checks to insure the safety for our clients!

This information will be used to help us know our volunteers, keep our records updated, and for scheduling purposes.

Thank you for your time and your help with our program!

220-D Ocean Hwy. South • Hertford, NC 27944 • Office: (252) 426-7093 • Fax: (252) 426-7649 Website: www. albemarlecommission.org



2895 Shorefair Dr. Winston Salem, NC 27105 (336) 748-5932

Y/OY TEMPERED A DESTABLISHED	Day(s) to deliver :		
VOLUNTEER APPLICATION Please circle one: Mr. Mrs. Ms. Dr. Other			
Name	Date		
Address(City		
StateZip Code Email address			
Telephone: h)w)			
Emergency Contact			
am currently: mployed Homemaker Student School	Retired		٠.
Church Affiliation (if any)			
Are you volunteering as a member of an organization?	Yes No		
If yes, please tell us which one			
Do you have a geographical preference for meal delivery f yes, where do you prefer to deliver?			
When are you available to volunteer? Mon Tues			
am available to volunteertimes per month	mars	F.I.T	-
Would you be willing to substitute? Yes No	·		ı.
í yes, which days are you available to substitute?			

 \Box (please complete the back side of this sheet) \Box

CONFIDENTIALITY

ACKNOWLEDGEMENT OF CONFIDENTIAL INFORMATION

In connection with my activities as a Home Delivered Meal Volunteer:

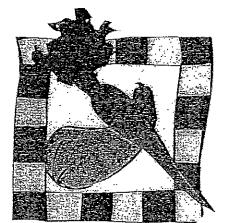
I agree to hold confidential all information to which I may have access about clients or former clients and will not reveal any information to unauthorized persons. I understand that revealing any information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

Signature	Date

<u>Tips for Volunteering</u> for the Home Delivered Meals Program

Do's

- Be prompt to pick up meals; you are working on a tight schedule. Hot foods must be delivered hot to meet federal requirements and to ensure the food is safe to eat.
- ➢ Be cheerful and friendly but keep to the time schedule. Greet the participant by their name to ensure that the correct person receives the meal. Encourage him/her to eat the meal when delivered.
- Packing containers should be handled with care. Open only long enough to remove food containers for delivery then close tightly.
- Keep insulated cases as level as possible at all times to prevent spillage.



- > Be sure car is locked when left unattended. Lock purse or other valuables in trunk.
- > Ask if the participant needs assistance opening containers.
- Accept voluntary contributions from participants and give to the site manager daily.
- Return all equipment to the site immediately after completion of deliveries. Handle all equipment with care.
- Every day sign or initial the delivery form to indicate that each participant received a meal.
- All volunteers must participate in orientation on program policies and procedures, menu requirements and annual foodborne illness training. You are the eyes and ears during meal delivery!
- Observe and report the participant's possible need for additional services.
- Report to the home-delivered meal director any conditions that might place the older person or the household in imminent danger.
- > Report participant comments about food or problems with uneaten food.

Do's Continue

- Respect the privacy of program participants and treat all participant information as confidential.
- > Be very familiar with the agencies' procedures for handling emergency situations.
- Know that everyday you are making a big difference in the quality of life for some of the community's homebound older adults!

<u>Don'ts</u>

- > Volunteers must not open the meal carriers and rearrange the meals.
- Home delivered meals should not be left unattended. Do not leave meals at the participant's door if the participant is not home.
- Do not give any advice or information to participants. Report requests, comments and observations to site manager.
- Never give the participants any medications or drugs. Never lift or move the participants.
- > Pets should not be in vehicle during delivery of meals. Sanitation is very important.
- Do not accept gifts from participants.

TRAINING THREE PARTS

PART I PRE-TRAINING

TAKES PLACE PRIOR TO THE VOLUNTEER STARTING THE JOB. TRAINING CAN BE FLEXIBLE. THE TRAINING SHOULD INCLUDE:

GOALS OF THE AGENCY
THE SKILLS NEEDED BY THE VOLUNTEERS
THE TIME COMMITMENT OF THE
VOLUNTEERS
THE JOB DESCRIPTION

TRAINING COMMUNITY RESOURCES ARE, SUCH AS RSVP
THE VOLUNTARY ACTION CENTER, LOCAL GOVERNMENT
AND BUSINESSES.

TRAINING METHODS CAN TAKE THE FORM OF: INDIVIDUAL TRAINING, GROUP DISCUSSIONS, ROLE PLAYS, DRAMATIZATIONS, OBSERVATIONS, VIDEOS, ON-SITE VISITS AND HANDOUTS

ON-THE-JOB TRAINING

REFERS TO SKILLS AND KNOWLEDGE THE VOLUNTEER SHOULD ACQUIRE TO PERFORM THE DUTIES OF THE JOB.

ON-THE-JOB TRAINING INCLUDES:

- SKILL/TASK BUILDING
- EXPERIENCED BUILDING
- THE USE OF SELF-INSTRUCTIONAL MATERIALS
- GAINED KNOWLEDGE

CONTINUING EDUCATION

IS AN ON GOING PROCESS OF BUILDING ON THE ABILITIES OF THE VOLUNTEER TO ENHANCE HIS COMPETENCIES.

SPECIAL FEATURES:

- COVERS THE CONCEPTS OR PHILOSOPHY OF THE AGENCY
- THE RULES AND POLICIES
- RELEVANT RESOURCES
- PROBLEMS AND ALTERNATIVE SOLUTIONS

APPROACHES ARE:

- INTEGRATION INTO STAFF TRAINING
- DESIGNING SPECIFIC TRAINING FOR VOLUNTEERS
- PARTICIPATION IN STAFF MEETINGS

VOLUNTEERS

Every Volunteer must receive training before working on home delivered meals program.

The strength and effectiveness of the program depends on the quality of the volunteers performance. Both men and women may serve. They should be:

IN GOOD PHYSICAL CONDITION

DEPENDABLE
PROMPT
CHEERFUL
COOPERATIVE
OBSERVANT

TACTFUL

ABLE TO FOLLOW INSTRUCTIONS

CONSIDERATE OF CLIENTS AND FELLOW WORKERS

- A volunteer may work more than one day a week and in more than one classification.
- They should have dexterity and speed in order to operate a production line.
- A "Adverse Weather Squad" should be organized to serve in inclement weather. This group is called upon in emergencies. They should have no fear of driving in snow, ice or heavy rains.

If a recipient complains about the meal, please listen patiently. This is often only a means of starting a conversation. Record the complaint on your Delivery Sheet, but the no promises. If the complaints on your Delivery Sheet are valid and can be steed upon to the interest of the majority of the recipients, they will received immediate attention. It is not possible, though, to make substitutions for those who do not like a particular food. All menus are balanced diets, meeting 1/3rd of the adult daily nutritional requirements.



On Mondays, the volunteer will deliver an envelop to each recipient with his meal. Please explain that this is for the purpose of contributing towards to the cost of the meal—either in cash, check or food stamps— and will be picked up by the Friday volunteer. These are to be sealed and delivered to the site manager at the nutrition site. These contributions help pay for more meals and can range from as little as 60 cents per meal to \$4.73 per meal.

'ease encourage the recipients to contribute, as this enables us to put new people on the program.



If mileage reimbursement is requested, the Columbus County Department of Aging will reimburse you mileage at 25 cents per mile. Please keep a record of your mileage

for reimbursement purposes and turn it in on the 25th of each month to the Nutrition coordinator.

ake sure you have handy, the following numbers: (910) 640 - 6602 and 911.



Instructions to Volunteers

Please pick up your meals at:

	-
at approximately	·
11 -	

Welcome to the Home Delivered Meals Program. You will soon be helping to provide hot nutritious meals to those who cannot prepare or otherwise obtain them because of disability, age or illness. The meals are standard for all reciptients, no special diets.

You should expect to receive at the pick up point:

One or two large food transporters holding hot and cold food items in separate compartments, a clip board with a route sheet and delivery sheet attached.

Refer to the route sheet on your clip board for directions to the recipients' houses.



The names on your route sheet will be shown in the order of delivery. Check daily for any changes. On the delivery sheet, please check those clients that you served a hot meal to. If you have any notes, please write them in the comment area of the delivery sheet. At times, you will be asked to take the temperatures of the meals. You will be given directions how to do this at a later date.

If you should discover a recipient requiring emergency care, call the police at 911. Less serious problems should be

reported to the <u>Coordinator</u> of the Nutrition Program at (910) 640 - 6602.

If you cannot get a response when you knock, try the door. If unlocked, open and attempt to get a response by shouting. If you have no success, please return the meal to the kitchen. DO NOT LEAVE THE MEAL WITHOUT

REFRIGERATION. This could result in food poisoning. Be sure to report your oility to deliver the meal on your Delivery Sheet.

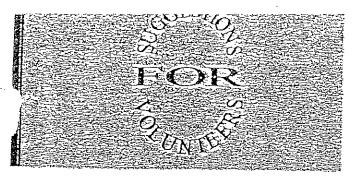
IN CASE OF EMERGENCY

If a person becomes ill at the nutrition site, follow the steps below:

- 1. Make the client as comfortable as possible.
- 2. DO NOT give the client any medications.
- 3. If the client is conscious and alert, ask permission to summon an ambulance, call an emergency contact person or have the client taken home.
- 4. If the client is unconscious or in severe distress, CALL 911.

If a client falls:

Follow the procedure above.



- Please be prompt. You are working on a schedule delivering hot food which must be delivered hot to meet Health and Sanitation requirements.
- 2. Be cheerful and friendly but keep to time schedule. Greet the recipient by his/her name. Treat the recipient as an individual whom you feel is important. Encourage him/her to eat the meal when you deliver the food, as food deteriorates rapidly at room temperature.
- 3. You may display the Home Delivered Meals sign provided to you (ask for one if you don't have one)on the dash of your car.
- 4. Try not to tilt the insulated cases, keep them level to avoid spillage.
- 5. Lock purse in truck.

7.

- 6. Do not give any advice. If the client needs information tell them to contact Blanchie Fink or Judy Ward at the Dept of Aging (910) 640-6602. Record requests, comments and observations on Daily Delivery sheets and return to the coordinator at the kitchen for follow up. Report any physical or mental changes on the Daily Delivery sheets.
 - Open transporters only long enough to remove food containers for delivery, then close tightly to maintain temperatures. Meals should not be removed from the food transporters until the car has stopped at the place of delivery.
- 8. Return all equipment to pick-up point <u>immediately</u> after completion of deliveries.

Remember! Our Home Delivered Meals recipients are dependent on receiving one hot, healthful meal every day and this means that they are also dependent on you to deliver it. If for any reason, you cannot deliver your assigned route, please either find a friend to substitute for you or let the coordinator know ahead of time.

Thank you for volunteering and enjoy your involvement with the Home Delivered Meals Program!

VOLUNTEERS FOR THE ELDERLY NUTRITION PROGRAM

CONGREGATE NUTRITION SITES -

- ASSISTANCE WITH MEAL SERVICE
- ASSISTANCE WITH PROVIDING NUTRITION EDUCATION PROGRAMMING
- ASSISTANCE WITH INCREASE SOCIALIZATION
- DECREASE ISOLATION BY BECOMING A BIG BROTHER OR BIG SISTER
- ASSISTANCE WITH PROGRAMMING ACTIVITIES
- ASSISTANCE WITH SHOPPING AND FIELD TRIPS
- ASSISTANCE WITH DECREASING MALNUTRITION TALK WELLNESS BECOME A WELLNESS PARTNER
- ASSISTANCE WITH MARKETING THE NUTRITION PROGRAM TO HELP INCREASE THE PRIVATE/BUSINESS PARTNERSHIP

HOME DELIVERED MEALS PROGRAM

- ASSISTANCE WITH THE DELIVERY OF MEALS INTO THE HOMES FOR THE HOMEBOUND CLIENT.
- ASSISTANCE WITH NOTIFICATION TO PROVIDERS IN THE HEALTH AND WELFARE OF THE HOMEBOUND CLIENT.
- ASSISTANCE WITH PROVIDING NUTRITION EDUCATION MATERIALS INTO THE HOME.

GUIDELINES FOR INTERVIEWING VOLUNTEERS

Carefully plan the interview

Careful planning should include the following:

- 1. Familiarity with the job description.
- 2. Probable line of advancement from the job to be filled.

Be flexible in your interviewing

Let the potential volunteer tell his story and express his ideas, then probe those areas that are important or that need fuller explanation. An unvarying interviewing routine dulls your perceptions and thwarts the volunteer applicant.

Be comprehensive in your interviewing

Make sure that you get all the information you need to determine an applicant's qualifications. Explore thoroughly his technical and social skills. Examine other traits listed in the job description not already determined, such as appearance, attitude, communication skills and enthusiasm.

Give information in addition to receiving it

To match the volunteer applicant appropriately to the job, you should do two things:

- 1. Thoroughly acquaint applicant with job duties and responsibilities so he can decide whether he can handle the assignment.
- Ask whether he wants the job.

Record highlights of the interview

After the interview, especially if a number of volunteers are being interviewed, record the following:

- Summary of the interview ending with a final assessment of the applicant's qualifications.
- 2. A graphic report on the volunteer's various traits and skills.
- List of any unusual talents or hobbies which you might want for future reference.



VOLUNTEER RECRUITMENT TECHNIQUES

I. HOW TO WRITE NEWS RELEASES FOR RECRUITING VOLUNTEERS

- * Recruit a volunteer with a public relations background.
- * Use human interest stories ("Can you make hamburgers and dish out ice cream for children's lunches?" Might bring better results than "Volunteer Cooks Needed."

Make news releases as personal as possible.

* State appeals to the public so individuals feel they are essential to the functioning of the program.

Make job descriptions appealing and interesting.

* Be as brief as possible.

- * Be honest, particularly about the time and training required to do the job.
- * List a contact person who is easy to reach.

II. HOW TO BE MORE CREATIVE IN RECRUITING VOLUNTEERS

- * Get all active volunteers involved in thinking up new methods for recruiting. Pool staff ideas.
- * Use every available source--radio, television, newspapers, AND personal contacts.

* Use all community resources available and applicable.

* Offer stimulating, in-depth orientation sessions to any interested people.

- * An outreach approach is to mail out a preference questionnaire to past clients, newcomers to the community, etc.
- * Have a series of collees and have current volunteers tell their story and inspire others to do likewise.
- * Plan well and know what you are recruiting for!

Develop attractive, creative materials.

* Try to think what would interest YOU in volunteering.

- * Have an agency WORK DAY, and ask current volunteers to bring a friend to get to know the agency and the volunteers and staff.
- * Always be enthusiastic in whatever approaches you use.

III. HOW TO CONTACT CLUBS AND SERVICE GROUPS

- Use attractive mail-outs followed by phone calls.
- * Develop a "contact" within clubs and let that person work for you.
- * Develop interesting presentations-most clubs are constantly looking for programs.
- * Send an invitational letter to groups asking them to visit your office and view your program.
- * When making presentations, take a volunteer along who can personally talk about the benefits of volunteering.

IV. HOW TO SEEK OTHER THAN THE "USUAL" VOLUNTEER

- * Reach out to specific "unusual" groups such as carpenter unions, minority groups, sewing clubs, etc.
- * Publicize special needs in newsletters that reach unions, senior citizens, etc.

* Utilize church bulletins and business and professional publications.

- * Become knowledgeable about community resources, and try to work with all kinds of groups.
- * Place attractive literature in doctors' offices, laundromats, grocery stores, etc.

* Develop specific jobs that will be attractive to non-traditional volunteers.

V: HOW TO GET MORE MEN INTERESTED IN DOING VOLUNTEER WORK

- * Use men to recruit other men.
- * Be organized and efficient with specific jobs in mind:

* Be business-like in approach.

* Have jobs that will be of interest to men. '

Recruit in private industries and businesses.

* Retired executives (both male and female) make excellent volunteers.

* Make sure your press releases don't end up on the Women's Page.

- * Include in your presentations, information that documents the benefits your agency provides to the community.
- * Don't overlook the fact that men can effectively be approached through human interest stories too!

VI. ADDITIONAL SUGGESTIONS

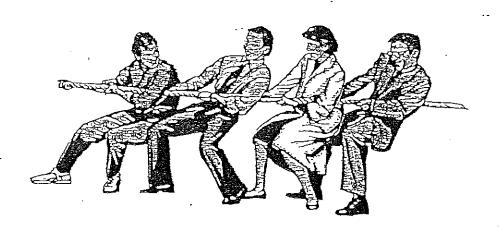
- * The best volunteer recruiters are volunteers who were happy in your agency.
- * People are attracted to programs that utilize positive, honest, enthusiastic appeals.
- * Be interested in your volunteers and what makes them happy. Be flexible in matching volunteers to the right job.
- * Don't over-recruit-Volunteers may lose interest if they have signed up to help you and there isn't a job for them.

* Recognize volunteers' efforts.

- * Involve volunteers in policy setting sessions--make certain they feel they are an integral part of the agency.
- * Assure potential volunteers they will be provided adequate training and supervision.

- The right to be treated as a co-worker not as "just free help" nor as a "prima donna".

 The right to a suitable assignment with consideration for personal preference, temperament, life experience, education, and employment background.
- 3. The right to training for the job thoughtfully planned and effectively presented.
- 4. The right to know as much about the agency as possible its policies its people its programs.
- The right to continuing education on the job as a follow-up to the initial training, information about new developments, training for greater responsibility.
- 6. The right to sound guidance and direction, by someone who is experienced, well informed, patient and thoughtful, and has time to invest in giving guidance.
- 7. The right to promotion and a variety of experiences through advancement to assignments of more responsibility, through transfer from one activity to another or special project assignments.
 - The right to a place to work, in an orderly, designated place, conducive to work, worthy of the job to be done.
- 9. The right to be heard, to have a part in planning, to feel free to make suggestions, to have respect shown for an honest opinion.
- 10. The right to recognition in the form of promotion and awards through day by day expressions of appreciation and by treatment as a bona fide co-worker.



NAME	-							F	ROGRAM	•				
± DDR	ESS		·									<u> </u>		
Y								Y	EAR			,		
				Ė										
				VO:	LUNT	EER	TIME	CAR	D -			,		
AY	JAN	FEB	MAR:			NUL		AUG		OCT	NOV	DEC	TOTAL	\Box
1	1				,,,,,	<u> </u>		1	1	1	1			\dashv
2	 					 -	1		1	 		 		=
3								 	<u> </u>		 	 	 	\dashv
4							1	1		 	 		 	-
Б							1	1					1	7
6								1				1	1	7
7														7
B												-		7
9														1
10														7
11														1
12														7
13	·													1
14											}			
15				· .]
16							•							
-]
. ,													-	
_0					<u> </u>									
21	\leftarrow							•		·	-			
23		-					· ·							
24												· · · <u> </u>		
25									_:					
26]
27					<u> </u> -] -
28												t.	·_·	
29									-					
29 30				- +										
31														
NL										<u>-</u>				1
	<u></u>													}

SPOUSE'S NAME IF APPLICABLE

SAMPLE -YOUR NUTRITION SITE MIGHT NEED DIFFERENT AGREEMENTS [letterhead]

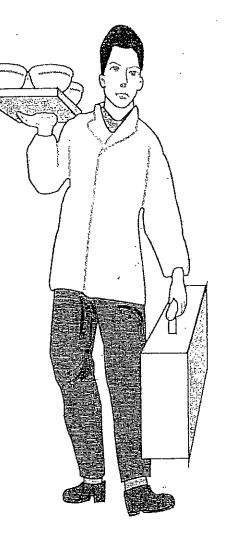
Agreement to Serve as the Nutrition Site's Designated Representative for Accepting Food Delivery

Nutrition Service Provider	
Address	Phone .
Designated Representative for Food Delivery	
Address	Phone
Location where meals will be delivered	
Expected time of food delivery	
Person to contact if problems are noted during	delivery:
Name	Phone
 Tasks for accepting congregate food delivery: Record arrival time on delivery ticket Take and record temperature of each food cake, fresh fruit, and fruit cobblers. Sign form and place in designated file. Ensure that food trays are placed in warming. Tasks for receiving pre-plated home-delivered. Record arrival time on delivery ticket. Ensure that carriers are in a secure environal place delivery tickets in pre-addressed environal the last day of the month. 	ing ovens on temperature control. I meals in insulated carriers: nment until pick-up by volunteers. velopes and mail to Council on Aging by
Signature	Date
Agency Signature	Date
The Council on Aging singerly appreciates	your contributions to the nutrition program

-	-		-
			:
			•
		•	

What kind of nutrition program does your agency administer?

- >Hot meals
- >Frozen meals
- >Shelf-stable meals
- >Liquid nutritional supplement
- >Additional meals



"More than a Meal"

- Nutrition screening and referrals
- Nutrition assessment and counseling
- Nutrition education and other programming
- Fellowship and activities

Tell us about your nutrition program!

- Form DOA-150 Provider Agency Information
 - o Basic contact information and agency type
 - o Fields 12 through 16 tell us:
 - Number of facilities (by type) that host your congregate nutrition sites
 - How many days/week your nutrition program operates
 - Whether your nutrition program serves more than one meal/day
- Form DOA-302 Congregate Nutrition Sites
 - Name and address of each site
 - Number of days/week each site serves meals
 - Type of facility in which each site is located

Department of Health and Human Services NC DIVISION OF AGING AND ADULT SERVICES Aging Resources Management System (ARMS)

FORMS INSTRUCTIONS

PROVIDER AGENCY INFORMATION DAAS-150

A. PURPOSE

Provider Agency information is collected each year and/or updated as needed in the ARMS system. This information must exist in ARMS before provider budgets or contract segments can be setup in ARMS and before service unit, consumer contributions, and non-unit reimbursement data, can process for reimbursement.

B. GENERAL INSTRUCTIONS

- 1. This form is completed for new aging service providers or Department of Social Services (DSS) providing services under Option B. The local service provider must have a contract with the AAA. This form is not applicable to subcontractors.
- 2. All new forms must be sent to the Division of Aging and Adult Services (DAAS). DAAS will enter the information in the ARMS system.
- 3. DSS should send the form to DAAS and maintain a copy for their files, if they are providing services under Option B.

C. SPECIFIC INSTRUCTIONS FOR EACH ITEM

- 1. TYPE OF INFORMATION: Indicate what action is being taken with this form. Check one item only. REQUIRED
 - a. New Check this item the first time this form is completed each contract year
 - b. Change Check this item when information which was previously submitted is being changed.
- 2. DATE: Enter the date the form is being completed. Enter a two (2) digit number to reflect the month and days. Precede one (1) digit months and days with a zero (0). Enter the four (4) digit year. REQUIRED
- 3. REGION: Enter the one (1) digit alpha or numeric character which identifies the region. REQUIRED
- PROVIDER CODE: Leave the four (4) digit Provider Code field blank when submitting new information. The State ARMS Coordinator will assign a provider code. A provider code for a DSS will be identical to the county code with the region code preceding (example: A022). REQUIRED
- 5. CONTRACT YEAR: Enter the four (4) digit fiscal year. REQUIRED
- 6. AGENCY NAME: Enter the complete Agency Name. Spaces and dashes are allowed. If adequate spaces are not available, enter as much of the name as possible. Enter no more than one (1) letter per space. REQUIRED for new forms.

- 7. TELEPHONE: Enter the agency telephone number, include area code. REQUIRED EXTENSION: OPTIONAL FAX NUMBER: Enter the agency FAX number, include area code. OPTIONAL
- 8. AGENCY ADDRESS: Enter the Agency's mailing address. Spaces and dashes are allowed. If adequate spaces are not available, enter as much of the address as possible. Enter no more than one (1) letter per space. Address, City, State, and the first five (5) digits of the zip code are REQUIRED.
- CONTACT PERSON(S): Enter the first and last name and title of an agency contact person to contact regarding the program and services. At least one contact person, title and a valid email address REQUIRED.
- 10. TYPE AGENCY: Check the type of agency-which is applicable (Non-Profit, Profit, Public, Minority). An agency cannot be Non-Profit and Profit or Public and Profit, etc. But an agency can be Non-Profit and Minority or Profit and Minority. Those not applicable should be left blank. At least one agency type is REQUIRED.
- 11. TYPE SERVICES PROVIDED: Check all types of services provided by the agency which are funded by DAAS administered funds. If your agency provides supportive services only, do not complete the remainder of the form. All items can be checked as appropriate. At least one service type is REQUIRED.
- 12. NUMBER OF FACILITIES BY TYPE: The Number of Facilities by Type for providers of Congregate Nutrition ONLY. Indicate the number of facilities your agency operates by type. Those not applicable should be left blank. At least one (1) type must have a number greater than zero (0).
- 13. CONGREGATE NUMBER OF DAYS SERVING: Indicate the number of days serving perweek. This is REQUIRED for providers of Congregate Nutrition.
- 14. SERVING MORE THAN ONE MEAL PER DAY: Indicate whether the agency serves more than one (1) meal per-day. Check YES if the agency habitually serves more than one (1) meal per-day and NO if it does not. This is REQUIRED for providers of Congregate Nutrition.
- 15. HOME DELIVERED MEALS NUMBER OF DAYS DELIVERING: Indicate the number of days the agency normally provides Home Delivered Meals per-week. This is REQUIRED for providers of Home Delivered Meals.
- 16. DELIVERING MORE THAN ONE MEAL PER DAY: Indicate if more than one (1) Home Delivered Meal is delivered per day per person by checking YES or NO. This is REQUIRED for providers of Home Delivered Meals.

Revised 3/28/2007

DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF AGING AND ADULT SERVICES PROVIDER AGENCY INFORMATION

1. TYPE OF INFORMATION 2. DATE	3. REGION 4. PROVIDER (CODE 5. CONTRACT YEAR
Check only one	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Garage Ga
□ 1 NEW		
☐ 2 CHANGE		
		processes of the processes and a second seco
6. AGENCY NAME	7. TELEPHONE	period by the first of the second sec
	\$1 ** (\text{\text{\$\exitin{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\text{\$\texitin}}}}\$\text{\$\text{\$\texititit{\$\text{\$\text{\$\texitit{\$\text{\$\texi\	The state of the s
8. AGENCY ADDRESS	FAX NUMBER	I
CITY ((optional) Z	IP CODE
0111		<u> </u>
9. CONTACT PERSON(S) FOR AGING SERVICES		
NAME (TITLE	
NAIVLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the the state of t
NAME	TITLE	-
E-MAIL ADDRESS		
E-WINTE / CDD/CEOG		
	11. TYPE SERVICES	Supportive
10. TYPE AGENCY 1 Non-Profit 2 Profit	PROVIDED	Nutrition-Congregate
Check all applicable 3 Public	Check all applicable	Nutrition-Hame Delivered
1 4 *Minority	Greek all applicable	
FOR NUTRITI	ON PROVIDERS ONLY	•
		Senior Center
12. Providers of Congregate Nutrition Service, only - indica	te the number of facilities by type.	w Rent Housing All Others
12. Providers of Congregate Nutrition Service, only indicated the Community (Center Religious Fubac of Ec	Tour Loading Land and American
	15. HOME DELIVERED MEALS - I	JUMBER OF DAYS DELIVERING
13. CONGREGATE - NUMBER OF DAYS SERVING	<u> </u>	
7 5 6 5 5 4 3 3 2 2 1		
14. Serving More than One (1) Meal Per Day	16. Serving More than One (1) Mea	al Per Day
Yes No	Yes	No No

*Minority Provider - An organization or business concern that is: (a) at least 51 percent owned by one or more individuals who are either an African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority, or a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals (or is governed by a board consisting of at least 51% minority individuals in the case of a private non-profit); and (b) has its management and daily business controlled by one or more minority individuals.

NOTE: This form is not applicable to subcontractors of provider agencies.

DAAS-150 (Rev. 2/6/2007)

NC DIVISION OF AGING AND ADULT SERVICES AND NC AREA AGENCIES ON AGING NUTRITION SERVICES ASSESSMENT TOOL

Attachment A: Congregate Nutrition Site Review

Attachment A must be on file for each nutrition site and available for review by the AAA during the assessment process.

Name	of Nutrition Site:		
		Yes	·No
1	The site is located to be accessible to people eligible for services and targeted by the Older Americans Act.		
2	The site is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.		
3	The site has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.		
4	The site has an adequate number of sturdy tables for the number of individuals on the attendance roll and chairs appropriate for older adults.		
5	The site has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.		
6	The site has at least 2 exits which are unlocked during hours of operation.		ļ
7	Emergency and evacuation plans are posted.	ļ	ļ
8	Visible, usable fire extinguishers are in-place, and instructions for use are posted.		
9	The site is heated during colder months to at least 72 degrees Fahrenheit while participants are present.		
10	The approved menus are posted in both the congregate serving area and the meal preparation are a of the site.		
11	A calendar of activities and programs is posted at the beginning of each month.		
12	A current permit from the Health Department is posted.		<u> </u>
13	The site has a system for voluntary, confidential donations by participants.	_	
14	Parking is available.	 	ļ
15	The site has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.		
Name	e of provider staff who completed form:		
Title:	Date form completed:		
Signa	iture:	 •	



What must be posted at the Nutrition Site

- Health Department Inspection
- Grade Report
- Certified Menu
- #Emergency Plan
- ♣ Voluntary Contributions Poster
- *Activity Schedule



	Variety Games 12.5pm. Movie Ipm 18. Regular Danse & 11pm	Variety Games 12, 5pm, Bingo, 1pm (White Elephant) Movie, 1pm, (White Elephant) CSG Social/Clinio 2pm, CSG Early Bind & SliverArts Deadline 11 Mr. & Mrs. Sasy, Senior Pageant 6pm.	SilverArta Chock-In 9am-12gan Variety Games, 12-5pm Movie 15m St. Patrick s Dance 8-11pm 18 Mt. Pleasant Dance 8-11pm	25 Saturday Dance 8-11pm	31 Variety Games 12-5pm Moyle Festival 10am Chef's Choice Lunch 12pm Bingo 1pm
7.	Beginning Piness 9:30am Variety Aerobics 10:30am New Life Jowelly Class 12pm CSG Cheerleaders 12:30pm Beginning Bridge 1:4pm Pinochle 1-4pm Beginning Line Dance 6pm Intermediate Line Dance 7pm Advanced Line Dance 8pm	9 Beginning Fitness 9:30am Variety Aerobics 10:30am New Life Jewelry Class 12pm CSG Cheerleaders 12:30pm Pinochle 1-4pm Beginning Bridge 1.4pm Beginning Line Dance 6pm Litermediate Line Dance 7pm Advanced Line Dance 8pm	16 Beginning Fitness 9:30am Variety Aerobics 10:30am New Life Tewelry Class 12m CSG Chekrleaders 12:30pm Pinochle 1.4pm Beginning Bridge-1.4pm Beginning Line Dance 6pm Intermediate Line Dance 7pm Advanced Line Dance 7pm	23 SilverArts Showcase 9am-7pm SilverArts Reception 6:30pm SilverArts Pick-Up 7:30-9pm	30 Beginning Pitress 9:30am Variety Aerobies 10:30am New Lifel expely, Class 12pm CS C Chemielidits 12:30pm Pinophle 14pm Beginning Windows 1pm Beginning Bridge 1-4pm Intro to Internet 2:15pm Beginning Line Dance 6pm Intermediate Line Dance 7pm Advanced Line Dance 8pm
	AARP, Tax Holp Bam-12pm. Beglithing Lanc Dance 9:30am. Inferimediate Line Dance 10:30am. Accring 10:30am. Meding 10:30am. Vailety Games 12-5pm Lunch & Learn 12noon Board Games 1:30-4pm Computer Club 1:30pm SilvetLinets 1:30pm SilvetLinets 1:30pm SulvetLinets 1:30pm	8 AARP Tax, Help, Sam-12pm Beginnlug Litter 9:30am Intermediate Litter Dadice 10:30am Variety Games 12-50m Lunch & Learn 12noon Board Games 1:30-4pm SilverLiners 1:30pm (Variety, Fifthess 5:45pm	AARP Tax Holp 8am-12pm Beginning Line Dance 9:30am Interinctiale Line Dance 10:30am Variety Games 12-5pm Lunch & Learth 12nom Board Games 1:30-pm Computer Chib 1:30pm SilverLiners 1:30pm Yariety Fitness 5:45pm Concord Opry Jam 6:5pm	AARF Tax Help 8am-12pm SilverArts Showesse 9am-7mm	AARP Tax Heip Bam-12pm Senior Health & Wellness Day at Events Genter 830am/2pm Variety Games 1252pm Board Games 1304fm Photograph Club 4pm New Lifte Lewelry Glass opm Concord Opry Jam 699pm
	Ior Center Calendar No.	PLABS Pathways 8:39-11am Cabarrus Quillers 9-11am Beginning Plines 9:10am Variety Aeropics 10:30am Seguning Plines 10:30am Pagoning Plines 10:30am Pagoning Plines 10:30am Pagoning Plines 10:30am Pagoning Plines 10:30am Brook Cinh 2nm Internediate Hulailance 2pm Iteweily Chiss 2:230pm Beginning Hula Dance 3pm Open Dance-7-3pm	Heginning Fitness 9:30sm Varioty, Aerobics 10;30sm Beginning Belly Dance 12:30fm Finoohle 1:4pm Intermediate Hula Dance 2pm Beginning Hula Dance 3pm Open Dance 7-9pm	21 SilverArta Showcase Pam-Tpm	28 Beginning Pitness 9:30am Variety Aerobics 10:30am Beginning Beily Dame 12:30pm Pinochië 1.4pm Beginning Windows 1pm Interno Unternetz 15pm Beginning Milla Dance 2pm Littorto Unternetz 15pm Goen Dance 7:20m
	Cabarrin Commit Sen March 20	6. AARB-flac Helt. 8am-12pm Beginning Fliftess 9:30am Varlety AeroBics: 10:30am Varlety Games 12-5pm Duplicate Bridge 1-5pm Vaplety Filmess 5:45pm	AARF Tax Help 8am-12pm AARF Tax Help 8am-12pm Beginning Fitness 9:30am Variety Aerobics 10:30am Variety Games 12-5pm Duplicate Bridge 1-5pm Variety Fitness 5:45pm	20 AARP Tax Help 8am-12pm SilverAtts Showcase 6-7pm	AARP Tax Holp 8am-12pm Beginning Filmess 9:30am variety Kerobics 10:30am Variety Games 12s.5pm Dupilcate Bridge 1:30pm

IN CASE OF A NATURAL DISASTER

In the event of a natural disaster at the nutrition site, follow the steps below:

TORNADO:

- 1. Urge clients to remain calm.
- 2. Stay away from all outside windows.
- 3. Move all clients into interior hallway or bathroom.
- 4. Instruct clients to kneel and cover their heads.
- 5. **DO NOT** leave the interior of the building until you are **CERTAIN** conditions are safe.

FIRE:

- 1. Urge clients to remain calm.
- 2. Follow emergency evacuation plan.
- 3. Once outside, make sure all clients are accounted for.
- 4. If practical, use fire extinguisher as trained. In all cases, call 911.

For Aging Service Providers How to Keep Your Act Together During a Disaster Warning or Actual Event

- 1. Make loose leaf Disaster Notebook for agency disaster coordinator or program manager plus at least one copy for other back-up staff person(s).
- 2. Keep notebook in your office—make sure all staff knows the location; keep a copy at home or in your car

Suggested Information for Disaster Notebook

Copy of agency disaster plan

List of agency personnel: home/cell phone numbers; street/e-mail addresses;

disaster job responsibilities (include alternate)

List of AAA personnel: office/home/cell phone numbers; street/e-mail addresses;

disaster job-responsibilities

 List of Division of Aging disaster coordinator and back-up staff; office/home/cell phone numbers; State Emergency Operations Center phone numbers; e-mail addresses.

 List of key volunteers with pre-planned disaster job responsibilities: office/home/cell phone numbers; street/e-mail addresses disaster job responsibilities

- List of key vendors, contact information, pre-planned disaster agreement for service or goods.
- Contacts for local Emergency Management; American Red Cross chapter; key service
 agencies; volunteer/civic groups; agency (ies) in neighboring counties providing services
 similar to your agency's. Include any disaster response agreements with organizations.
- Client and/or Special Needs Registry information (treated as confidential).
- Checklist of things to do before leaving the office when there is time after a warning.
- Checklist of items to take should conditions prevent returning to your office for a while.
 - -Disaster manuals, instructions, lists, etc.
 - -Contracts, sub-contracts, and vendor contact information
 - -Resource directories
 - -Property deeds and titles
 - -Insurance policies
 - -General ledger, accounts receivable and accounts payable
 - -Invoices, receipts, agency checkbook
 - -Office supplies
 - -Intake form or disaster services tracking form

Local Aging Service Provider Disaster Plans Points to Address

Plans should be adequate for both short- and long-term events lasting from a few days to several months (up to a year or longer for a major event).

- 1. Designate a Disaster Coordinator; include duties in their job description if possible.
- 2. Outline a procedure for helping clients AND any other older adult with special needs to be placed on a special needs registry in the event of a disaster. (Coordinate special needs registration process with your agency, county emergency management office and/or other county human services programs).
- 3. Outline a procedure for staff and/or volunteers, after first assuring their own and their family's safety, to report to work to resume operations and service delivery as soon as possible; and to assist older disaster victims before, during or after a disaster. Aging service provider staff are greatly needed after a disaster to advocate for and assist older victims in many capacities. Staff should be considered essential personnel, particularly providers of essential services such as meals, in home aide, transportation, home repair, adult day care, and information and assistance.
- 4. Provide personal disaster preparedness training for staff, volunteers, older adults and their families. In general, individuals and families should be prepared to be self-sufficient (food, water, shelter, medications, transportation, etc.) without emergency assistance for at least 72 hours following a disaster. Staff can better assist others if they feel secure about meeting their own needs and those of their families. The American Red Cross and local emergency management office are good resources for disaster preparedness training and materials.
- 5. Outline a procedure for "call-downs"—contacting all at-risk clients and other known older adults at-risk, on a priority basis, before and after a disaster, and reporting any unresolved problems to emergency officials.
- 6. Outline follow-up procedures for older adults identified with needs, including procedures to distribute water, extra meals, and other essentials, and assist with needs of in-home aid clients before and after a disaster.
- 7. Outline a post-disaster procedure for receiving referrals and conducting community outreach to identify older adults other than clients needing emergency assistance.
- 8. Outline specific procedures and coordinate with emergency officials to assign staff or volunteers to shelters, Emergency Operations Center, FEMA Disaster Recovery Center, and other disaster assistance sites to assist and pro-actively advocate for older adults with emergency officials. This is critical to ensure that specialized outreach and assistance are provided. Older adults are often missed or have difficulty accessing disaster assistance.
- 9. Outline a procedure to ensure that the AAA/DOA and local emergency officials are notified ASAP and kept updated about older adults affected, resources of your agency, and resources needed. Outline a procedure with your agency, the AAA and/or the local emergency management office to assure that your agency will regularly receive updates about local issues, disaster resources and programs before and after an event.

Prepared by: Judy Smith, N.C. Division of Aging, C.B. 29531, Raleigh, NC 27626-0531 7/00 c:\word6\points to address...doc

FIRE DRILL REPORT FORM

Place:	Date:	_
Time:	~	
Number of Persons Involved:		
Location of fire:	-	
Length of time taken for evacuation:		
Other comments or recommendations:		
		_
	,	_
	<u> </u>	
Signature of Responsible Person:		
Date:		
Signature of Agency Representative:	-	-
Date:		

FIRE INSPECTION REPORT

111 Washington St. N.C. 28472 919-640-6613

LOT MARK	ROWAN	Date	2-4-99	
lame TAbor Cine		Phone 653-	3663	Emergency
igned: (Party		Building Owner	C Packs &	
ot be required to do so.	Life Safety		Electrical	
re Extinguishers? reperly located? sivice date /pe atic tested? sst date prinkler system? sivice date D. Connection OK? dicator valve open? sare heads & tongs? stector system operative sivice date	Exit doors swing outwar Exitways clear? Panic hardware operation Exits marked? EXIT lights? At Type: Hard-wired Battery pack Emergency Lights? All operative? Type	rd? F	breaker panel fuse Box Open spaces Ever-heated? Ever-he	
	Violations F			

LUMBER RIVER AREA AGENCY ON AGING

CONGREGATE NUTRITION

LEFT OVER FOOD POLICY

As mandated by our state office, Division of Aging, in Raleigh a left over food policy is required for the Older Adults Congregate Nutrition Program. The following procedures for handling left over food for this agency is as follows:

- 1. Uneaten food served to an individual may be taken home by the individual to whom the food was originally served.
- 2. You may not take home food that was served to another participant. THERE ARE NO EXCEPTIONS!!
- 3. No containers, bags or food trays that are used in the congregate or home delivered meals program may be used to take home left over food.

IF <u>PERISHABLE</u> UNEATEN FOODS ARE TAKE FROM A NUTRITION SITE BY A CLIENT IT WILL BE AT HIS THER OWN RISK.

Cabarrus Meals on Wheels 1701 S. Main St. Kannapolis, NC 28081 Karin Allen Case Manager hours: 8:30-10:00 am 12:00-2:30 pm

704-932-3412

CABARRUS MEALS ON WHEELS CONTRACT FOR DELIVERY OF MEALS ON WHEELS

Cabarrus Meals On Wheels, Inc. is a local, non-profit United Way service agency established in 1974 for the purpose of delivering a nutritionally balanced, hot meal to homebound individuals in Cabarrus County determined to be in need of this service to enable them to remain independent in their own homes.

It is a community-aided organization that depends totally upon local volunteers and human resources in delivering meals and relies heavily upon financial assistance from religious and private sources in Cabarrus County.

The fee for meal services is based on a sliding scale according to income.

Service is extended to those persons who meet the eligibility requirements. Information provided by the client on the application form, along with statement from the client's physician, is the basis for determining eligibility. The client is expected to use any and all sources available (e.g., family members, church, government and community resources) to establish the basis on which charges are made for Meals on Wheels meals. Recipients are reviewed periodically to determine continued eligibility.

DELIVERIES:

Volunteers deliver the meals between 10:30 – 1:00, Monday through Friday. Please be WATCHING AND READY for your delivery. After accepting the meal you assume the responsibility for proper handling and storage. Call the office if you do not receive a meal by 1:00.

CANCELLATIONS:

If you won't be home for a delivery, you must call the MOW office THE DAY BEFORE BY 12:00 NOON. A meal will not be left unattended; however you may have someone accept it for you, or you can leave a cooler out. *THE COOLER MUST HAVE EITHER ICE OR A COLD ICE PACK IN IT.

- TO RECEIVE CREDIT FOR A CANCELLED MEAL, YOU MUST CALL THE OFFICE BY 12:00 NOON THE BUSINESS DAY <u>BEFORE</u> THE DAY YOU DON'T WANT TO RECEIVE A MEAL.
- IF YOUR MEALS ARE SPONSORED AND YOU DO NOT ADVISE THE MOW OFFICE THAT YOU WILL BE AWAY DURING DELIVERY, YOU COULD RISK LOSING YOUR SPONSORSHIP.
- You will be charged \$3.00 for any meals
 that are sent out and you are not home.

ABSENCE

HOSPITALIZATION If you are hospitalized or if you are away for any reason, your meal space will be held for THREE WEEKS. At the end of this period the space will be used for the next waiting person and your name will be placed on the waiting list.

PAYMENT:

Your meal price is based on your income. You, your P.O.A. or your sponsor will be billed for the service the first week of each month.

Fees must be paid by the 15th of the month to avoid suspension of service.

Contact the MOW office if you, your P.O.A., or your sponsor will be unable to make a payment. DO NOT IGNORE THE BILL. If the bill is not paid and response is not made to inquiries by the office, meal service will be suspended. Your payments are to be mailed to the office. VOLUNTEERS CANNOT ACCEPT ANY PAYMENTS.

HOLIDAYS:

Meals are not delivered on the following days: New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving Day and the Friday after, Christmas Eve Day, and Christmas Day.

SERVICE:

We cannot cater to individual likes and dislikes. The meals are balanced to give you the various nutrients your body requires. Therefore, we suggest that if certain foods are not your favorites; try to eat them, or at least part of them.

I certify that the information given to determine my eligibility is true and understand that misrepresentation may be grounds for cancellation of service.

I agree to disclose to MOW any health condition, diagnosis and/or other information which may affect my safety or the safety of the volunteers and staff who will be working with me.

I grant permission to MOW to contact my physician for health information and recommendations. This information may be shared with volunteers and staff on a need-to-know

I understand that any request for assistance in paying for meals will require verification of income and expenses.

Please report any changes in your health, living situation, address, phone number or your emergency contact number.

Signature	of Applicant/Guardian
-----------	-----------------------



New Hanover County Senior Resource Center 2222 South College Road Wilmington, NC 28403 Telephone 910-798-6400 Fax 910-798-6411

DATE
Dear ,
Home Delivered Meals are available for homebound senior adults 60 years or older.
Your recent re-assessment for the Home Delivered Meals program has been reviewed and the findings are that currently you no longer meet the eligibility criteria for meals because: You are no longer the primary caregiver for a homebound adult older than 60 years of age. You are able to go from the home for reason other than medical. You are receiving other services that can provide/prepare a meal. You have someone in the home that can prepare a meal. Excessive no show. Please see signed unexplained absence policy. Exceeding long hold period.
As a result of this conclusion your homebound meals will be terminated as of, 2015
Enclosed is a list of programs that provide nutritious food at low cost to you for which there are no eligibility requirements. If interested, please call the location closest to you to discuss the possibilities. We also offer a congregate meal Monday through Friday here at the New Hanover County Senior Resource Center beginning at 11:30 am. If you would like to participate in that meal, please come by the N.H.C. Senior Resource Center and speak to the Congregate Meals Site Coordinator to register. Transportation to congregate meals <u>may</u> be provided by calling 910-798-6401.
If your circumstance should change and you would like to be reconsidered for Home Delivered Meals or if you should have any questions, please contact me at 910-798-6443. Lattempted to call you to discuss and the phone rings continuously.
Thank you for your cooperation.
Sincerely,
Jean Wall Social Worker, 798-6443 Life Enrichment Program

Local Programs that provide food assistance:

Mother Hubbard's Cupboard

313 N 5th Avenue Wilmington, NC 28401 910-762-2199

Carolina Beach Help Center

Carolina Beach Recreation Center 1121B North Lake Park Boulevard Carolina Beach, NC 910-4587416

The Food Bank of Central & Eastern NC at Wilmington

1314 Marstellar Street Wilmington, NC 28401 910-251-1465

Angel Food Ministries

St. Paul's United Methodist Church	Believer's Destiny Church
300 North 3 rd Street	1217 North Kerr Avenue
Carolina Beach, NC	Wilmington, NC
910-524-4145	910-508-8487
Cape Fear Christian Church	Harbor United Methodist Church
811 North College Road	4853 Masonboro Loop Road
Wilmington, NC	Wilmington, NC
910-399-7131	910-452-7202 (x511)
Living Water Ministries	Lutheran Church of Reconciliation
141 Middle Sound Loop Road	7500 Market Street
Wilmington, NC	Wilmington, NC
910-799-4327	910-686-4742
Macedonia Missionary Baptist Church	Northside Baptist Church
3701 Princess Place Drive	2501 North College Road
Wilmington, NC	Wilmington, NC
910-297-9715	910-791-6053
St. Andrews AME Zion Church	Christ First Christian Ministry
1201 South 9 th Street	17808 NC Highway 210
Wilmington, NC	Rocky Point, NC
910-343-8408	910-675-0966



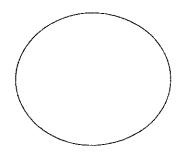
Brunswick Senior Resources, Inc.

20 Referendum Drive, NE, Bldg. G P.O. Box 89, Bolivia, NC 28422 910-253-2199 www.brunswickseniorresources.org

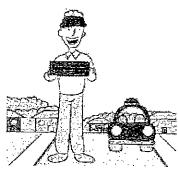
Home Delivered Meals Policy for Termination of Services

The following policy will be reviewed with each new participant, and proper documentation will follow each instance of using this policy:

- ♦ A participant who is persistently rude, exhibits inappropriate behavior, is not home to receive their meal, and does not cancel by giving twenty-four (24) hours notice (by sending word with the volunteer or phoning the agency) will be counseled by the Nutrition Manager the first time.
- ♦ If the problem continues, the Nutrition Manager, the Center Director, and /or the Executive Director will talk with the participant. In some cases a family member may be asked to come in for a consultation
- ♦ Should the problem persist, the participant will be suspended. The length of suspension shall be at the discretion of the agency personnel and suspensions will occur in increments of one week intervals.
- ♦ A participant must restrain any pets posing a threat to the safety of the volunteer. Failure to do so will cause immediate suspension of meals.



!!! You Missed Us !!!



- We did not get an answer when we came to deliver your meal today.
- Public Health Laws prohibit us from leaving the meal.
- We will try to contact you or your emergency contact by phone.
- A meal will not be ordered for the following day.
- To get back on the meal schedule call 704-873-5171, ask to speak to Joyce.
- Per our new policy: After missing a meal 3 times you will receive a bill for the missed meals.

IREDELL COUNCIL ON AGING HOME DELIVERED MEAL PROGRAM

Proposed

Council On Aging 'Meals Un-served' Policy: Effective 7/15/13

When a meal delivery is made and the participant is not at home, a door hanger flier will be left by the volunteer for the participant. The flier gives a phone number for participant to contact regarding their absence.

The Nutrition Coordinator will follow up with a call to the participant to inquire about absence or contact the emergency number for client.

A meal will not be ordered until we hear from them or a family member.

If this happens 3 times, the participant will be sent a bill for the missed meals. If the bill is not paid the client will be dropped from the program.



Procedures to Open or Relocate a Congregate Nutrition Site

The Piedmont Triad Regional Council Area Agency on Aging (PTRC AAA) must be notified when a funded entity plans to open or relocate a congregate nutrition site. Before the approval process begins, the PTRC AAA staff must conduct a site visit of the proposed congregate nutrition site to complete a visual inspection. If written approval is given to proceed, the funded entity must complete and submit to the PTRC AAA:

- > "Request to Open or Relocate a Congregate Nutrition Site" form.
- Total estimated cost to rehab any prospective congregate nutrition site in order that it conforms "to all applicable fire code, building code, and sanitation code requirements of state and local government" (NC Nutrition Service Standards, p. 34). The funding source(s) that will be used to rehab the site must be identified and a budget must be submitted.

After the two documents referenced above are received, the PTRC AAA can grant *conditional* approval to proceed with the process to open or relocate a congregate nutrition site.

Final approval from the PTRC AAA must be received in writing before the site may open. Consideration for final approval will be made when the following information is received in writing to the PTRC AAA Director:

- Notification of the opening date of the congregate nutrition site.
- A letter of agreement between the service provider operating the congregate nutrition site and the facility where the congregate nutrition site will be located. The following information must be in this agreement: dates of the agreement period, days and hours the facility is available and costs to be incurred by the project (utilities, rent, garbage service, cleaning, etc.).
- A completed, signed, and dated Attachment A, "Congregate Nutrition Site Review".
- A copy of the health inspection performed by the local environmental health department. A Grade "A" must be obtained.
- A copy of the fire inspection report or letter indicating approval by the local fire official.

When the PTRC AAA has received all the required documentation, a final site inspection will be made. A final decision will be made in writing.



Request to Open or Relocate a Congregate Nutrition Site

Fund	ded Entity:			County: _	·	
	Submitted:			Anticipat	ed Opening Date:	
Nan	ne of Proposed S	Site:				
Stre	et Address:					
lf re	locating, name	of present site	: Explain w	hy the relocation is ne	cessary:	
1.	Cite source of t	funding for nut	rition site director	and number of paid ho	ours of work per day:	
2.	Project for the served daily. A	first six-month Average for the	period of opening six-month period	or relocating this site, should be 25 or more i	the number of meals to be neals daily.	
		Month	Number of Meals Served	Number of Home- delivered meals served (if applicable)		
,						
		£				
				1		
					J	
3.	Describe how	facility meets <i>i</i>	ADA requirements:	-		
4.	Describe how	facility does N	OT meet ADA requ	irements:		
5.	Give days and times the site will be open:					
6.	The time the	meal will be se	rved:			
7.	Describe location of site, township, population statistics, etc.:					

8.	Percentage of prospective Walk:	participants who will:	
	Provide own transportation Will require transportation		ill be provided, who will
9.	_	rcentage of those now being served at the new site or other existing site:	
10.	Have you informed current of the new location?		y changes to occur as-a result
11.	Have you informed the Boa congregate meal site?		ent to open or relocate
You	may attach any other pertir	nent documentation to this request.	
-	to obtain o	ted to the Piedmont Triad Regional Cou conditional approval to proceed with the pen or relocate a congregate nutrition si	e process
	Supervisor of Nutrition Pro	gram Director:	
	Printed name	Signature	Date
•	Nutrition Program Director	Signature:	with others: cribe how transportation will be provided, who will ransportation costs: hose now being served at the current site are projected or other existing site: Meal site participants of any changes to occur as a result Commissioners of your intent to open or relocate Intation to this request. Indeedmont Triad Regional Council Area Agency on Aging peroval to proceed with the process te a congregate nutrition site. In the service of the current site are projected or other existing site: Date
	Printed name	Signature	Date

What is the ARMS System?

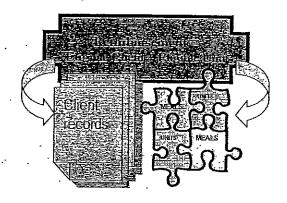
The Aging Resources Management System (ARMS) is a client tracking system for demographic data and service utilization & a reimbursement system that ties reimbursement to performance [meal delivery].

You must be an authorized user to access the ARMS System. For more information, contact your AAA or contact Linda Owens, linda.owens@dhhs.nc.gov, 919-855-3449, 1

Important:

Entering client and meal information into ARMS is how your agency gets paid.

Reimbursement =
Eligible Meals + Eligible Clients



Be careful that the information on the Client Registration Form is <u>accurate</u>, especially the last 4 digits of the Social Security Number, and <u>updated</u>. Every client should have only <u>one</u> client record in ARMS, regardless of how many providers serve that client. It's important that we be able to track # of "unduplicated clients".

- ARMS offers many management reports to assist your agency in tracking clients and services:
 - Client Master Lists
- Units of Service Verification Reports
- Client Deimographics
- Cumulative Unduplicated Persons Served Report
- Client Waiting Lists
- Financial Reports

Several of these reports can be organized so that information is more useful for tracking services. For example, a different Site/Route/Worker (SRW) code can be assigned for each nutrition site or by home-delivered nutrition route managed by—your agency.

➤ Form DOA 302 is a form that provides location information for congregate nutrition sites. A list may be printed from ARMS under Reports — Verification Reports — ZGA-301.

Revised 4/2010

			art for ARMS 2017		
			ERVICES		- ,
Service Name	Code	Fund Source	Service Name	Code	Fund Source
Adult Day Care	030	1	In-Home Aide Services		
Adult Day Care-Transportation	031	1 1	Level I - Home Management	041	1 1
Adult Day Health	155	1 1	Level I – Respite	235	1 1
Adult Day Health-Transportation	156	1 1	Level II - Home Management	043	1
Congregate Nutrition	180	1	Level II - Personal Care	042	i
Congregate Nutrition NSIP Reimbursement	181	1 1	Level II – Respite	236	1 1
Congregate Nutrition Supplemental Meals Home Health:	182	1 1	Level III - Home Management Level III - Personal Care	044	1
Skilled Nursing	081		Level III - r ersonal Care Level III – Respite	045	1 1
	082	1 1	Level III — Kespue Level IV - Home Management	237 046	1
Therapy Medical Social Services	083	1	Level IV - Respite	238	1
Nutrition Care	084	1	Respite, Group	309	1 1
Consumer Directed Services] 004	<u> </u>	Respite, Group Respite, Institution	210	1 1
Personal Assistant	501	1	Senior Companion	260	1
Adult Day Services	502	1	Family Respite Care (840)		1
	503	1	In-Home Respite		7-01-11-11-1
Financial Management Services Home Delivered Meals	503	1	Community Respite (Adult Day/Health Care)	842 843	8
Home Delivered Meals	020	1	Institutional Respite	846	8
Home Delivered Meals NSIP Reimbursement	020	1	Grandparent Raising Grandchildren-Day Respite	847	8
Home Delivered Meals Supplemental Meals	021	1	Grandparent Raising Grandchildren-Hourly Respite	848	8
Transportation	250	1	Cranaparent reasing Grandonnaren riodity respire	040	1 - 2
	033	1		 	-
Transportation (Medical) Legal	130	2		ļ	}
Leyai	130	<u>2</u>		!	
	N/	THALLINIT	SERVICES		<u> </u>
Service Name	Code	Fund	Service Name	Code	Fund
Service rearrie	Code	Source	Octate tautic	Code	Source
Care Management	610	1	Family Counseling/Support Groups (830)	12.30	
Consumer Directed Services			Community/Program Planning	831	8
Care Advisor	500	1	Caregiver Counseling	832	8
Personal Care Supplies/Nutrition Supplement	504	1	Support Groups	833	8
Emergency Response Equipment	506	1	Workplace Caregiver Support	834	8
Medical/Adaptive Equipment	507	1	Caregiver training programs	835	8
Health Screening	060	1	Other	836	8
Health Promotion/Disease Prevention	220	1	Family Respite Care (840)	POLICE TO	
Housing & Home Improvement	140	1	Community/Program Administration	841	٠Ŗ
Information & Case Assistance	040	1	Caregiver Directed Vouchers	844	8
Information & Option Counseling	440	1	Other Respite	849	8
Mental Health Counseling	160	1	Family Supplemental Services (850)	color NG	Liller, St
Senior Center Operation	170	1	Community/Program Administration	851	8
Senior Center General Purpose Fund	176	7	Home Safety	852	8
Senior Center Development/Outreach	270	3	Handyman or yard work	853	8
Disease Prevention-Health Promotion	401	4	Medical Equipment & Assistive Technology	854	'8
Volunteer Program Development	190	1	Home Modifications/accessibility	855	8
Family Information (810)	<u> </u>	ensome se		856	8
	811		Incontinence Supplies	857	8.
Community/Program Planning	811	8 8	Telephone reassurance	858	8
nformation & Educational Programs	814	<u>8</u> 8	Liquid nutritional supplements	859	8
Program Promotion		and the second second	Home Delivered Meals (temporary)	860	8
amily Access (820)		analla i	·		
Community/Program Planning	821	8	Legal assistance	861	8
nformation & Assistance	822	8	Other	862	8_
Care Management	823	8	Transportation	863	8
Develop caregiver emergency plan	824	88	Congregate Meals	864	8
			Project Care State		
			Care Management Information & Referral	718 720	19 19

FUND SOURCE	E CODES						
1=HCCBG	2=Legal	3=Senior Center	4=Disease Prevention/	7=Senior Center General	8=Family Caregiver	19=Project Care-State	ĺ
i	1	Outmach	Loolth Promotion	Durnoca Fund		1	۱

AGING RESOURCE MANAGEMENT SYSTEM (ARMS)

Report Management and Distribution System Index

	Reimbursement Reports
 Name	Description
ZGA370	Provider Reimbursement
ZGA370-A	Provider Summary
ZGA370-A-YTD	Year-to-Date Provider Summary
ZGA370-YTD	Year-to-Date Provider Reimbursement
ZGA370-CNTY	Provider Reimbursement Sorted by County
ZGA370-CNTY-YTD	Year-to-Date Provider Reimbursement Sorted by County
ZGA370-A-CNTY	Provider Summary Sorted by County
ZGA370-A-CNTY-YTD	Year-to-Date Provider Summary Sorted by County
ZGA370-5	Legal Summary Report
ZGA370-6	Senior Center Outreach Summary Report
ZGA370-7	Provider Reimbursement Report - IIID/Health Promotion 90%
ZGA370-11	State Senior Center General Purpose Funding Report
ZGA370-12	Family Caregiver Support Summary Report
ZGA370-15	Project Care Summary Report (State Recurring)
ZGA370-16	Project Care - Federal Alzheimer's Support Services
ZGA380-A	Regional Summary Report by Category
ZGA380-B	Regional Summary All Categories
ZGA390	Area Agency Summary
ZGA390-Respite	Area Agency Summary - In Home/Family Caregiver/Respite
ZGA390-A	State Summary

	Demographic Reports
Name	Description
ZGA204-1	Cumulative Unduplicated Persons Served by Region an Provider
ZGA204-2	Cumulative Unduplicated Persons Served by Region an County
ZGA204-3	Cumulative Unduplicated Persons Served by Region
ZGA204-4	Cumulative Unduplicated Persons Served - State Totals
ZGA210-1	Cumulative Contract Performance Information by Region and Provider
ZGA210-2	Cumulative Contract Performance Information by Region and County
ZGA210-3	Cumulative Contract Performance Information by Region
ZGA210-4	Cumulative Units Served - State Totals
ZGA537-1	Service Information Report by State
ZGA537-2	Service Information Report by Region
ZGA537-3	Service Information Report by County
ZGA537-4	Service Information Report by Provider
ZGA541-1	Client Demographic Information by State
ZGA541-2	Client Demographic Information by Region
ZGA541-3	Client Demographic Information by County
ZGA541-4	Client Demographic Information by Provider
ZGA541-5	Client Demographic Information by Service
ZGA541-6	Client Demographic Information by Language

\$ 100 may 100	

Verification Reports (Not designed to match Reimbursement Reports)

ZGA542	Name	Description
ZGA542-2 Service Totals Summary by Region ZGA542-3 Service Totals Summary by County ZGA542-4 Service Totals Summary by Provider ZGA543 Consumer Contributions/Program Income Verification Report ZGA544 Non-Unit Service Verification Report ZGA300 Site/Route/Worker Code Table ZGA301 Site/Route/Worker Code Information ZGA546 Information and Assistance Contacts Report ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA542	Units of Service Verification Report
ZGA542-3 Service Totals Summary by County ZGA542-4 Service Totals Summary by Provider ZGA543 Consumer Contributions/Program Income Verification Report ZGA544 Non-Unit Service Verification Report ZGA300 Site/Route/Worker Code Table ZGA301 Site/Route/Worker Code Information ZGA546 Information and Assistance Contacts Report ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA542-1	Service Totals Summary by State
ZGA542-4 Service Totals Summary by Provider ZGA543 Consumer Contributions/Program Income Verification Report ZGA544 Non-Unit Service Verification Report ZGA300 Site/Route/Worker Code Table ZGA301 Site/Route/Worker Code Information ZGA546 Information and Assistance Contacts Report ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA542-2	Service Totals Summary by Region
ZGA543 Consumer Contributions/Program Income Verification Report ZGA544 Non-Unit Service Verification Report ZGA300 Site/Route/Worker Code Table ZGA301 Site/Route/Worker Code Information ZGA546 Information and Assistance Contacts Report ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA542-3	Service Totals Summary by County
ZGA544 Non-Unit Service Verification Report ZGA300 Site/Route/Worker Code Table ZGA301 Site/Route/Worker Code Information ZGA546 Information and Assistance Contacts Report ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA542-4	Service Totals Summary by Provider
ZGA300 Site/Route/Worker Code Table ZGA301 Site/Route/Worker Code Information ZGA546 Information and Assistance Contacts Report ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA543	Consumer Contributions/Program Income Verification Report
ZGA301 Site/Route/Worker Code Information ZGA546 Information and Assistance Contacts Report ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA544	Non-Unit Service Verification Report
ZGA546Information and Assistance Contacts ReportZGA547Caregiver Unregistered I & A Contacts ReportZGA548-1Legal Client And Unit Verification ReportZGA548-2Family Caregiver Legal Client And Unit Verification ReportZGA549Housing and Home Improvement ReportZGA550Care Management Persons Served ReportZGA551Consumer Directed Care (CDC) ReportsZGA552Project Care State Recurring	ZGA300	Site/Route/Worker Code Table
ZGA547 Caregiver Unregistered I & A Contacts Report ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA301	Site/Route/Worker Code Information
ZGA548-1 Legal Client And Unit Verification Report ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA546	Information and Assistance Contacts Report
ZGA548-2 Family Caregiver Legal Client And Unit Verification Report ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA547	Caregiver Unregistered I & A Contacts Report
ZGA549 Housing and Home Improvement Report ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA548-1	Legal Client And Unit Verification Report
ZGA550 Care Management Persons Served Report ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA548-2	Family Caregiver Legal Client And Unit Verification Report
ZGA551 Consumer Directed Care (CDC) Reports ZGA552 Project Care State Recurring	ZGA549	Housing and Home Improvement Report
ZGA552 Project Care State Recurring	ZGA550	Care Management Persons Served Report
	ZGA551	Consumer Directed Care (CDC) Reports
ZGA554 Project Care-Federal Alzheimer's Support Services	ZGA552	Project Care State Recurring
быштан шары учены на продержание в прости на присти на п	ZGA554	Project Care-Federal Alzheimer's Support Services

Financial Reports

Name	Description
ZGA060	Financial Report (AAA Access Only)

	4 1 1 1 4 1 1 1 1 1 1 1 1 1	
	ZGA515-1	Area Plan Service by Activity by Region-AAA Access Only
	ZGA515-2	Area Plan Service by Activity by County-AAA Access Only
	ZGA515-3	Service Expenditures by Report Month
	ZGA517	Service Reimbursement Report
	ZGA545	Invoice for MIS Services
	ZGA801	Expenditure Compliance Report
		Client/Waiting Lists
	Name	Description
	ZGA100	Client Master List- Active by County
	ZGA101	Client Master List - Provider Clients Served
	ZGA102	Client Master List- Inactive by Provider
	ZGA103	Client Master List -Emergency Contact -Active by County
•	ZGA104	Client Master List -Emergency Contact -Active by Provider
	ZGA105	Client Master List -Emergency Contact -Active by Provider
	ZGA106	Client Master List - Provider Client Status
	ZGA110	Client Master List
	ZGA111	Client Master List - Missing Functional Status
	ZGA600	Clients Waiting for Service Grouped by Service
	ZGA600-1	Client Waiting For Service Totals by Service Sort By Service Code
	ZGA600-2	Client Waiting For Service Totals by Service Sort By Region/Provider/County
	ZGA625	Clients Waiting for Service Grouped by Provider
		Other Reports
(Name	Description

ZGA701	Aging Service Providers
ZGA701-B	Aging Service Providers E-Mail Addresses
ZGA702-A	Provider Directory by Service
ZGA702-B	Provider Directory by County
ZGA702-C	HCCBG Service Providers
ZGA702-C-Inhome	Unduplicated In-Home Report
ZGA702-C-CN	Unduplicated Congregate Nutrition
ZGA702-C-HH	Unduplicated Home Health Report
ZGA702-C-HDM	Unduplicated Home Delivered Meals Report
ZGA702-D	Total Unduplicated Service Provider Summary
ZGA703-I	Service Expenditures by County
ZGA703-II	Service Expenditures Part-II by County
ZGA703-2	Schedule of Expenditure - State Summary
ZGA703-2-II	Schedule of Expenditure Part-II - State Summary
ZGA903	Units of Service Report (Turnaround Document)
YTD Export	Export Year to Date Reimbursement Data
ProviderExport	Export Provider Information
ProviderClientExport	Export Provider Client Information

Date last modified: October 15, 2013

COUNCIL	ON AGING
NUTRITIO	N SITE

MONTH/YEAR ____

DATE	MEALS ORDERED	MEALS RECEIVED	REPORTABLE MEALS SERVED	# GUESTS & PAID MEALS	MEALS UNSERVED	COMMENTO
1			mo teo oti (VED	174D WEALO	ONSERVED	COMMENTS -
2		1.			 	
3						
4	· · · · ·	_a	<u>,</u>		<u> </u>	The second of
5						
6	····					
7						
8						
9						
10						•
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
- '	•					
22						
23						
24						
25						
26						
27			·			
28						
29						
30						
31	_					
			•			



Clients must be registered for services in the statewide information system called Aging Resources Management System (ARMS).

Instructions for registering clients on the New Client Registration Form (DAAS-101) are found on the DAAS website at

<u>http://www.ncdhhs.gov/aging/arms/armsforms.htm</u>
as well as behind Tab 2 of this Nutrition Orientation notebook.

The web page also has links to downloadable DAAS-101 Forms:

DAAS 101-Short Form for Congregate and Transportation

DAAS 101-Long Form for Home-delivered Nutrition

The <u>Long Form</u> is the basic Client Registration Form (CRF) for all HCCBG and FCSP services.*

Use the <u>Long Form</u> when registering clients for multiple services

that require more information than the <u>Short Form</u>,

which is applicable only to congregate and transportation services.

Remember to update all client information regularly!

Thank you.

* HCCBG = Home and Community Care Block Grant; FCSP = Family Caregiver Support Program

Division of Aging and Adult Services Manual

Client Registration Form (DAAS 101) Instructions

Effective Date: July 1, 2006 Last Update: August 16, 2006

Client Registration Form (DAAS 101) Instructions

A. Purpose

The purpose of the Client Registration Form (DAAS 101) is to collect and record client registration data and changes in client information and service status that will be entered into the Division of Aging and Adult Services' Aging Reporting Management System (ARMS). Complete and accurate client information will provide valuable reports, reimbursement information, and outcome measures at the state and local level.

B. General Instructions

- 1. The Client Registration Form (DAAS 101) is to be completed by all service providers for each client who receives certain services funded by the Division of Aging and Adult Services (DAAS) under the Home and Community Care Block Grant (HCCBG) and the Family Caregiver Support Program (FCSP). Departments of Social Services who provide in-home aide, adult day care, adult day health care, or housing and home improvement with HCCBG funding are to complete DAAS 101 and the DSS 5027. Departments of Social Services should continue to follow current procedures for the DSS 5027.
- 2. The DAAS 101 must be completed at the time of the client's first contact with the provider agency with the intent to receive services. Service requests that have a waiting list must complete Section I only.
- 3. Information in the client record must be updated at least every 12 months, except for home-delivered meal clients who are updated every six months. When there are changes to record, a blank DAAS 101 should be completed. If there are no changes, space is provided at the end of the form to document the date that the information was reviewed with the client.
- 4. Providers are responsible for keying their own data through direct access to the ARMS via the Internet. The DAAS 101 is keyed directly on-line in the ARMS. The Division of Aging and Adult Services will receive all client data by 5:00 p.m. on or before the 11th calendar day of each month. The ARMS Client Database will be updated on the 12th calendar day of each month. The ARMS deadline schedule is posted at http://www.dhhs.state.nc.us/aging/arms/armspage.htm
- 5. Once a client is entered into the system by means of a Client Registration Form, any provider may report changes or units of service for the client. There is only one client record per client, regardless of the number of providers serving a client.

Client Registration Form Instructions

Effective date: 7/1/2006 Last Update: 8/16/2006

CLIENT REGISTRATION FORM • DAAS 101 (Short Form)

NC Department of Health and Human Services, Division of Aging and Adult Services

Section I: Reg	uired for all clients			<u> </u>		าเกาะสานสาน
A STATE OF THE PARTY OF THE PAR	Note that the first contract of the second co	ient Registration For	m mav on	lv be used to re	gister congregate meal	
	tion clients. Complete	-	_	•		
_	regate nutrition (180)				ate liquid nutritional	
	.82) — complete Secti			(***/), *********		
	-			Sections I and	VII only.	A TANANS OF THE P
Service Code(s):		, sooy a migportant or	·· · · · · · · · · · · · · · · · · · ·	egion Code:		reporter the state of the state
					Trovider Code.	
ì	Check the appropriate		e of client	status change.	1	
	ration/Activate (Date:					
☐ Waiting for Enter waiti	Service (complete Secting for service codes:	ion I only): (Date:)		
	nformation (Date:)			
	Section 1 – Items 2, 4,	5, plus the information	that needs	to be changed)		,
☐ Inactive (Da	te client made inactive	and not expected to ret	um:)	
!		=		rson is thought to	be permanently leaving the service	
system. Indica	tte the reason for making	the client inactive below.				
				he reason for mak	ing the client inactive relates more	
to the care rec	ipient's status, check the	box for "Care Recipient."	,,			
Reason for i	naking client inactive app	olies to: Client/Caregive	er 🗆 OR 🤞	Care Recipient □		
	adult care home/assisted	living -	1	out of service area		
	e living arrangement			ed function/Need of not needed/wante		
☐ Death ☐ Hospitalia	zation (not expected to ret	(חיוו	1	not needed/wante (not expected to re	ſ	
	ome placement			Specify):		
2. Legal Name,	Last]	First	MI	Suffix	4. Last 4 digits SSN	
Not for data entry - nar	ne person likes to be called, if d	ifferent from legal name on SS	card:	***************************************	5. Date of Birth	
3. Street Addres	SS				☐ Check if special eligibility	
Mailing Addr	ress		☐ Same as	street address	6. Phone #	
City	State	Zip	County		□ No phone	
7. Sex	8. At or Below	9. Marital Status (ch	neck one)	10. Househol	ld Sæ (check one)	
(check one)	Poverty Level?	☐ Single (never ma	,	☐ Lives alone	☐ Group/shared home	
☐ Female	(check one)	☐ Married		☐ 2 in house	☐ Refissed to answer	
☐ Male	☐ Yes	☐ Single (divorced	•	□ 3 o r ascert in	i bosac	
11 %	□N₀	☐ Refused to answe	,	17347 * * * * * * * * * * * * * * * * * * *	575	
11. Race			. ,	= .	you of Hispanic or Latino origin?)	
Black or Afric	an-American			Not Hisperse or	- 1	
] Hispanic Puzzto	- 1	
	an or Alaska Native				an American	
			- 1		uage spoken in the home:	
	an or other Pacific Island		.L (Se	ee 30 tanguage op	tions in CRF instructions manual)	
	sed			—————————————————————————————————————		-·····································
	ency Contact:			-	rovide emergency contact information	
Day phone no.:	nall Europianal Ctatus	: □ Well	Evening □ At risk	g phone no.:		
	rall Functional Status				n addition to congregate nutrition	
	use the DAAS-101 Long					

	trition Health Score			Refused to Answer
a.	Do you have an illness or condition that made you change the kind and/or amount of food you eat?	☐ Yes	□ No	
b.	How many meals do you eat per day?	#		
c.	How many servings of fruit per day?	#		
d.	How many servings of vegetables per day?	#		
e.	How many servings of milk/dairy products per day?	#		
f.	How many drinks of beer, liquor, or wine do you have every day or almost every day?	#		
g.	Do you have tooth/mouth problems that make it hard for you to eat?	☐ Yes	□ No	
h.	Do you always have enough money or food stamps to buy the food you need?	☐ Yes	□ No	
i.	How many meals do you eat alone daily?	#		
j.	How many prescribed drugs do you take per day?	#		· 🗆
k. How many over-the-counter drugs do you take per day?				
1. Have you lost 10 or more pounds in the past 6 months without trying?			□ No	
m.	Have you gained 10 or pounds in the past 6 months without trying?	☐ Yes	□ No	
n.	Are you physically able to shop for yourself?	☐ Yes	□ No	. 🗆
0.	Are you physically able to cook for yourself?	☐ Yes	□ No	
p.	Are you physically able to feed yourself?	☐ Yes	□ No	
I, the	on VII: REQUIRED FOR ALL CLIENTS client, understand that the information contained on this form will be kept ed by court order or for authorized federal, state or local program reporting	g and mo	nitorin	g. I understand
that ar	ny entitlement I may have to Social Security benefits or other federal or statected by the provision of the aforementioned information. My signature a in the service(s) requested.	uthorizes	the pro	oviding agency
that ar be affe to beg	ected by the provision of the aforementioned information. My signature a in the service(s) requested. CLIENT SIGNATURE:	uthorizes	s the pro	oviding agency
that ar be affe to beg	ected by the provision of the aforementioned information. My signature a in the service(s) requested.	uthorizes	s the pro	oviding agency
that ar be affect to beg	ected by the provision of the aforementioned information. My signature a in the service(s) requested. CLIENT SIGNATURE:	uthorizes	s the pro	oviding agency

CLIENT REGISTRATION FORM • DAAS 101 (Long Form)
NC Department of Health and Human Services, Division of Aging and Adult Services

Section IF	Require	ed for all clients					
Service		ete all sections of this form i					
Code(s):		BG congregate nutrition (18 ons I, II, and VII only.	30), NSIP-only congregate	meals (18	81), coi	ngregate liquid nut	tritional supplement (182) - complete
		BG general (250) or medica	l (033) transportation – co	mplete Se	ections	I and VII only.	
İ	• Fami	ly Caregiver Support Progra	m (all codes in 820, 830,	840, 850	except	821, 822, 831, 841	1, 851, 861) and Project C.A.R.E. –
Region	enter	information for caregiver in	n Sections I, VI, and VII a	nd for car	e recipi	ient in Sections III	, IV, and V.
Code:	hand	s-on recipient of services (n	ot the caregiver) in Section	n I, IV, V	(if app	ropriate), VI (if ap	espite (210) — enter information for the opropriate), and VII.
Provider Code:	• HCC	BG care management (610), tional supplement (022) – co	, home-delivered meals (0	20), NSIP	-only h	iome-delivered me	eals (021), home-delivered liquid
		ll other HCCBG services, c					
1. Client S	Status:	Check the appropriate	box(es). Enter the de	ate of cl	ient st	atus change.	
□ New 1	Registra	tion/Activate (Date:					
	_	ervice (complete Section) .,	
		g for service codes:					•
☐ Chans	ge of inf	ormation (Date:) (Complete	Section 1	– Items :	2, 4, 5, plus informat	tion that needs to be changed)
		that provider believes cl)
							ught to be permanently leaving the
	e system.					•	
If the c	client is d	a caregiver receiving FC.	SP or Project CARE.	services	and th	e reason for mai	king the client inactive relates more
		ipient's status, check the					
1	-	king client inactive applie				are Recipient 🗆	
1		adult care home/assisted	living			t of service area	
		e living arrangement				function/Need e	
, D		-ti (-at assessed to -at	·)			ot needed/wanted ot expected to ret	
1	-	ation (not expected to ret ome placement	urn)			ecify):	
2. Legal l			First ,	MI		Suffix	4. Last 4 digits SSN
Not for data e	ntry – nan	ne person likes to be called, if d	ifferent from legal name on S	SS card:			5. Date of Birth
3. Street	Addres	S					☐ Check if special eligibility
Mailin	g Addr	ess		□ Saı	ne as	street address	6. Phone #
City	8	State	Zip	Cour	 itv		□ No phone
7. Sex		8. At or Below	9. Marital Status (10 Househo	ld Size (check one)
(check or	ne}	Poverty Level?	☐ Single (never 1			☐ Lives alone	,
☐ Fem:	-	(check one)	☐ Mæried	namedy		☐ 2 in home	
		☐ Yes	Single (divorce	d/widow	red)	i	•
│ □ Male	•	□ No	☐ Refused to ans		,	☐ 3 or more i	n nome
11. Race		Check the	one race with which (heck all	12.]	Ethnicity (Are	you of Hispanic or Latino origin?)
1				at apply:	l	Not Hispanic or	
		an-American			1	Hispanic Puerto	
					5	•	m American 🏻 Hispanic Other
		an or Alaska Native			L		rage spoken in the home:
					ı		tions in CRF instructions manual)
		an or other Pacific Island			1300	- sangage op	
<u> </u>		sed			l		
		ency Contact:					provide emergency contact information
Day phone	e no.:						
14. Careg	iver's (Overall Functional St	<u>atus</u> : □ Well □] At ris!		1 High risk	
			nt, use this field for the	caregive	er's se	lf-reported funct	ional status and then complete
Section IV	tor care	гесіріепі.					

Section II: Required only for clients of HCCBG congregate meals, home-deliverd meals, liquid nutritional supplement meals, NSIP-only meals, or care management services.					
	ntrition Health Score			Refused to Answer	
	Do you have an illness or condition that made you change the kind and/or amount of food you eat?	□ Yes			
b.	How many meals do you eat per day?	#	energy (Sec.		
c.	How many servings of fruit per day?	#			
d.	How many servings of vegetables per day?	#			
e.	How many servings of milk/dairy products per day?	#			
f.	How many drinks of beer, liquor, or wine do you have every day or almost every day?	#			
g.	Do you have tooth/mouth problems that make it hard for you to eat?	□ Yes	□No		
h.	Do you always have enough money or food stamps to buy the food you need?	□ Yes	□No		
i.	How many meals do you eat alone daily?	#			
j.	How many prescribed drugs do you take per day?	#			
k.	How many over-the-counter drugs do you take per day?	#			
1.	Have you lost 10 or more pounds in the past 6 months without trying?	□ Yes	□No		
m.	Have you gained 10 or pounds in the past 6 months without trying?	□ Yes	□No		
n.	Are you physically able to shop for yourself?	☐ Yes	□ №		
0.	Are you physically able to cook for yourself?	☐ Yes	□ No		
p.	Are you physically able to feed yourself?	☐ Yes	□No		

Section III: Complete for the care recipier Program and/or Project C.A.R.E.						
CARE RECIPIENT #L(Enradditional ser	vice recipie	nis ara		γ		***************************************
16. Name, Last	First		M.I.	SUFFIX La	st 4 Digits SSN	l (or zeros)
					· · · · · · · · · · · · · · · · · · ·	
Street Address		. 1	one#		Date of B	irth
		L	No phone			
Mailing Address			Same as street	address	MM DD	YYYY
City	State		Zip	Sex	☐ Female ☐	Male
17. Is care recipient a person with severe of	lisabilities?	Ye	s 🗌 No	······································		
18. Does care recipient live in same housel			☐ Yes ☐ No)		
19. Care recipient marital status:	•		er married)		ivorced/widow	red)
(check one)	□ma	arried	Ĺ	refused to a	ıswer	·
Section IV: Complete for all clients unless the recipient. The only exception is that Section 20. Does client (care recipient) have significant.	IV is not re	quired i	for FCSP serv	ices involving (ninor relative o	the care children.
21. Number of IADL (Instrumental	Client (question #21 or i	items a-f #22
Activities of Daily Living)	recipies		Client (or care	select one of the	Client (or care	T
	following		recipient)	recipient)	recipient)	Client (or
	withou	t help.	cannot do and	cannot do and	cannot do and	care recipient)
	YES	NO	has someone unpaid who assists.	has <u>someone</u> <u>paid</u> who assists.	has <u>both</u> unpaid & paid assistance,	has <u>no one</u> who assists.
a. Prepare meals						
b. Shop for personal items						
c. Manage own medications				口		
. d. Manage own money (pay bills)						
è. Use telephone						
f. Do heavy housework				П		
g. Do light cleaning						
h. Transportation ability						
Total "no" column = IADL impairments						
22. Number of ADL (Activities of Daily L	iving)					
a. Eat	$\neg "\Box$					
b. Get dressed						
c. Bathe self						
d. Use the toilet						0
e. Transfer into/out of bed/chair						
f.—Ambulate (walk or move about the house without anyone's help)				,: D	, ,,,,,,,,, <u>,,,</u>	
Total "no" column = ADL impairments						
23. How many unpaid caregivers involved	l in care inc	cluding	primary care	giver? Enter	#	
(If answer to this question is "0," skip to			1	G	·	

Section V: Complete for HCCBG respite, I	CSP, and others re	esponding with "1" or	more	in Q 23.			
24. How many hours per day of help, care, or supervision does care recipient need?							
a. # of daily hours needed b. If not daily, # of hours per week needed							
25. How many hours per day of help, o	eare, or supervisio	n does primary care	egiver	provid	le?		
a. # of daily hours provided	b, If not d	aily, #of hours per we	eek pro	ovided		se je za	
26. Primary caregiver's relationship to	care recipient: (4	heck one)					
☐ wife ☐ sister	☐ mother	□ aunt			other re		
☐ husband ☐ brother	☐ father	□ uncle			ion-rel		
☐ daughter/daughter-in-law ☐ neice					-in-law	T	
*	☐ grandfather	☐ grandson/grandso	nana nawata	- non-control (Citylins)			
Section VI: Complete for all caregivers. Q	middle fact account of the result of the second of the second	ld be answered only b	-10, 111				
27.Primary caregiver's self-reported he		1	2	3	4 □	5	
1 (poor) to 5 (excellent) (choose one)							
28. Primary caregiver: How stressful for you is caregiving on a scale				2	3	4	5
from 1 (not at all/very low) to 5 (very high) (choose one.)							
29. Primary caregiver's paid employment status: Full-time							
	Retired/full be	· · —				aregiv	ing
30. Is the primary caregiver a long dist	ance caregiver?	Yes	□ N	0			
Section VII: REQUIRED FOR ALL C					t de la contraction de		
I, the client, understand the information co	Print the complete the first of the major in the print of the 2 to 1 to 1 million to 1 to 1 to 1 million to 1 to 1 to 1 to 1 to 1 to 1 to 1 to	- will be kept confid	lantial	unlece	disalo	cure ic	
required by court order or for authorized f							
that any entitlement I may have to Social	Security benefits o	r other federal or state	e spon	sored b	enefit:	s shall	not
be affected by the provision of the aforem to begin the service(s) requested.	entioned informati	on. My signature aut	horize	s the p	rovidi	ig agei	ncy
to objit the set floots, requestion.							
DATE:CLIENT (Caregiver) SIGNATURE:							
DATE:AGENCY EM	IPLOYEE SIGNA	ATURE:					
Provider Use Only — inital below if no changes:	Dr.	ovider Use Only – inital	helow i	f no ch	anges•		
,		•			•		
Registration Update // Staff Initial Registration Update // Staff Initial		gistration Update/_ gistration Update /			Initials Initials		
Registration Update/ Staff Initials		gistration Update/_					
<u> </u>							

Confidentali

ACKNOWLEDGEMENT OF CONFIDENTIAL INFORMATION

In connection with my activit	les as
access about clients or custor reveal any information to una revealing confidential inform	Il information to which I may have mers or former clients and will not authorized persons. I understand that ation to unauthorized persons will vil action for the collection of spension or dismissal.
Signature	Date
Witness	Date

Division of Aging and Adult Services Manual

Consumer Contributions Policy and Procedures

Effective Date: September 1, 2005 Last Update: July 15, 2005

Table of Contents

Sect	:	Page
I.	General Policy and Procedures Information	-
	A. Purpose	I-1
	B. Legal Base	I-1
	C. Services Impacted	I-1
	D. Background Information	I-1
	E. Relevant Definitions	I-2
II.	Exclusions and Prohibited Activities	•
	A. Exclusions	II-1
	B. Prohibited Activities	II-2
III.	Screening, Eligibility, and Service Categories	
	A. Screening and Eligibility Determination	III-1
	B. Service Categories and Related Requirements	III-1
IV. S	olicitation of Consumer Contributions	
	A. Recommended Contribution Schedule	IV-1
	B. Solicitation of Consumer Contributions	IV-2
	C. Provider Assurance Form	IV-2
V.	Reporting	
	A. Reporting of Consumer Contributions Revenues	V-1
	B. Utilization of Consumer Contributions Revenues	V-1
	C. Collections Procedures and Financial Management	V-1
Appe.	ndices	
	Appendix A: Practice Guidelines	A-1
	Appendix B: Recommended Consumer Contributions	B-1
	Schedule	_
	Appendix C: Model Letter	C-1
	Appendix D: Model Provider Assurance Form	D-1
	Appendix E: Model Group Discussion	E-1
	Appendix F: Log of Updates to the Consumer	F-1
	Contributions Policy and Procedures	

Consumer Contributions Policy and Procedures Last Update: 9/01/05

Effective Date: 07/15/05

Soliciting voluntary consumer contributions is good business.

Contributions expand services beyond federal, state, and local funding. Statewide, consumer contributions have totaled more than \$2 million every year since 2002.

The Division of Aging and Adult Services revised its consumer contributions policy (formerly called the cost-sharing policy) effective September 1, 2005.

See the attached summary chart for nutrition services and the Consumer Contributions Policy and Procedures for detailed information about the new policy.

Answers to Frequently Asked Questions may be access at the following website:

http://www.dhhs.state.nc.us/aging/consumercontributions.htm

Summary of 2005 Consumer Contributions Policy for Nutrition Services

Service Category	Administra	Administrative Requirements Matrix	
7.402020		מיל וייים מיויים מייים	The state of the s
Lategory !	Solicit and accept voluntary contributions.	Complete the Provider Assurance Form.	Provide Recommended Contribution Schedule to
The second secon			persons above poverty.
Category II	Solicit and accept voluntary contributions.	Complete the Provider	
7.5 m 1.4 M m	Kegardiess of client's income level above	Assurance Form.	[not allowed]
[] Includes	or below poverty, provider must solicit	 Documents solicitation 	
HD]	and accept voluntary contributions.	o Initially at beginning of	· vine
•	 Does not have to be face-to-face 	service provision	, <u>, , , , , , , , , , , , , , , , , , ,</u>
	solicitation. Examples include letters or	o Thereafter during annual	······································
		updates	일반 1
	 Method of solicitation should be available 	 Signed and dated by agency 	15, 15
	for review during monitoring.	rep., not client	•
	 See sec. IV.B. of Consumer Contributions 	 Sample form (Appendix D of 	
	Policy for information that must be	Consumer Contributions	≥ 5.
	included in solicitation materials to assure	Dolicy) may be modified to	: N
	that method is not coercive	meet agency peeds to long	
		ar ramo #toms are constitution	
	• Floyidel 15 1101 required to provide the	מז זמווע ורעוווז מוע רחגעועת	
	cost of meat service to the client, but is		*
	not prohibited from sharing the cost.		
	 Must have written procedures to account 		
	for and safeguard all contributions.		
Category III	Solicit and accept voluntary contributions.	Maintain written	
	r -	documentation of the action	[not allowed]
Includes	[same as above]	taken.	
TRANS1			i. Listen
	include posters, handouts, brochures, flyers,		
	or group discussions.		જર્ન - હ ક્લ
Category IV	Accept voluntary contributions only.		The state of the s
Category V	None.		
November 10, 2005 - Nutri	Mayamber 10, 2005 - Mutrition Orientation Workshop - NC Division of Aging and Adult Services		The state of the s

November 10, 2005 - Nutrition Orientation Workshop - NC Division of Aging and Adult Services

CONSUMER CONTRIBUTIONS

Voluntary contributions are appreciated!

You have the opportunity to make a voluntary contribution for your meal. Contributions will be used to expand services so that more people may participate in this program.

The money that pays for this service is a combination of federal, state, county/local funds, plus voluntary contributions of service participants. Our cost to provide this service is \$4.25 per meal.

Your contribution is confidential and the amount you choose to give is your choice.

Services will not be terminated or reduced if you choose not to contribute as you are under no obligation.

Have questions about consumer contributions?

Call Jan Shaffer at 695-5617

Catawha Valley Medical Center and The Senior's Morning Out Program will be co-sponsoring a



SENIOR CITIZEN HEALTH FAIR

Events will include:
Hearing Screening
Blood Pressure Checks
Health Information
Cholesterol Screening
And More
Monday, April 4, 2005
8:30am — 11:30am

Catawba Valley Community College Multi-Purpose Complex

A bag lunch will be provided Call 828-695-5610 to pre-register

Bone Health and Osteoporosis

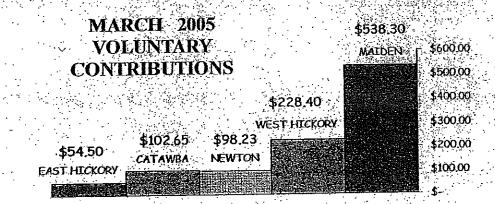
The U.S. Surgeon General, Dr. Richard H. Carmona, declares in a new report that ten million Americans over the age of 50 have osteoporosis; the most common bone disease, while another 34 million are at risk for developing the disease. Fortunately there are ways to improve one's bone health at any age, but the risk of osteoporosis is highest among women, and it is a serious risk for older men as well as women.

Breaking a bone after the age of 50 could be the first sign of weak bones and should be a reason to talk with your doctor about a bone mineral density test. These tests are quick, safe, and painless: The Surgeon General and the U.S. Preventive Services Task Force recommend the test for women over age 65. And Medicare covers the test every two years for "qualified" individuals.

"Seniors should also know that recent studies conclude that anyone over age 50 should increase his or her vitamin b intake to 400 International Units (IU) per day," according to the report. "After age 70, 600 IU per day are needed."

In addition to the full report, Dr. Carmona has issued a supplement called "The 2004 Surgeon General's Report on Bone Health and Osteoporosis: What It Means to You." This consumer version is designed for all oges, with illustrations, checklists, and helpful information about

using diet to strengthen bones. The 24-page booklet may be downloaded from the Web site at www.surgeongeneral.gov, or you may order a single copy in English or Spanish by telephoning 1-866-718-BONE



Thank you for your contributions this month.

Contributions are used to expand services so that more people may participate in the Congregate Meal Program.

Appendix B

Recommended Consumer Contribution Schedule

NC Division of Aging and Adult Services
Recommended Contribution Schedule
Based on the 2017 US Poverty Guidelines

Service Recipient's Na	me:			
Service #1	Rate\$	Service #2	Rate \$	
S	Service #3	Rate \$		

**% of Poverty	Monthly Income of:		Suggested Percentage	Recommended Contribution Amount per Unit of Service		
	Individual	Couple	of the Cost of Service	Service #1	Service #2	Service #3
At poverty 100%	\$1,005	\$1,353	0%	in Sugardia.		
Above poverty 100 % +	\$1,006 - \$1,255	\$1,354 -\$1,691	10%			
125%	\$1,256 – \$1,507	\$1,692-\$2,029	20%			
150%	\$1,508 - \$1,758	\$2,030 - \$2,367	30%	J		
175%	\$1,759 - \$2,009	\$2,368 - \$2,706	40%			
200%	\$2,010 - \$2,260	\$2,707 - \$3,044	50%			
225%	\$2,261 - \$2,512	\$3,045 - \$3,382	60%			
250%	\$2,513 - \$2,763	\$3,383 - \$3,721	70%			
275%	\$2,764 – \$3,014	\$3,722 – \$4,059	80%		:	
300%	\$3,015 - \$3,517	\$4,060-\$4,736	90%			
350%	\$3,518 above	\$4,737 above	100%			

The Recommended Consumer Contribution Schedule may only be shared with service recipients who are above poverty and receive a Type I service(s). *Voluntary contributions made toward the cost of services received are not tax deductible.

Consumer Contributions Policy and Procedures

Effective Date: 3/3/2017 Last Update: 3/3/2016

^{**} Percentage of Poverty represents monthly incomes at poverty level and above (Note: Reference10A NCAC 051.0101)

Client Registration Form - "At or below poverty?"

Use the monthly equivalent of the HHS Federal Poverty Guidelines below to ask applicants and clients during intake and reassessments if their incomes are at or below the poverty level.

2017 POVERTY GUIDELINES and Monthly Equivalents

Persons in family/household	Poverty guideline for NC	Monthly Equivalent
	\$12.000	ф100 <i>7</i>
1	\$12,060	\$1005
2	16,240	1354
3	20,420	1702
4	24,600	2050
5	28,780	2398
6	32,860	2738
7	37,140	3095
8	41,320	3443
For each additional person, add:	\$4,180	\$348

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

<u>Division of Aging</u> 2101 Mail Service Center, Raleigh NC 27699-2101 Phone 919-855-3400 Fax 919-715-0868

Nutrition Service Standards

TABLE OF CONTENTS

1.,	Statement of Philosophy and Purpose	1
11.	Legal Base	2
III.	Definition of Nutrition Services	3
IV.	Eligibility for Nutrition Services	6
V.	Nutrition Program Menus	12
VI.	Food Preparation and Safety Requirements	21
VII.	Nutrition Education and Programming	27
VIII.	<u>Staffing</u>	29
IX.	Nutrition Program Administration	33
Χ	Documentation and Reporting	44
APP	PENDICES:	
Α.	Older Americans Act Nutrition Requirements	
В.	OAA Federal Regulations Pertaining to Nutrition Requirements	
C.	Nutrition Rules in the NC Administrative Code, Title 10A	
D.	<u>Division of Aging Administrative Requirements</u>	67

STATEMENT OF PHILOSOPHY AND PURPOSE

I. Statement of Philosophy and Purpose

Nutrition services are intended to

- Promote, maintain, and improve the health and well-being of older adults through the provision of a nutritionally balanced meal five or more days per week served in a strategically located congregate setting or delivered to the home.
- Reduce the isolation experienced by many older adults through opportunities for social interaction by participation in the nutrition program.
- Provide nutrition education and supportive service activities in order to enhance the older adult's ability to remain independent.
- Enable impaired older adults to remain at home as long as possible and facilitate the discharge of older adults from hospitals and care providing facilities.

LEGAL BASE

II. Legal Base

Older Americans Act of 1965 as amended (as codified in Title 42 of the United States Code, Chapter 35, sec. 3001 et seq.)

[official compilation not available as of 7-1-03 – see AoA website for unofficial-compilation: http://www.aoa.gov/]

Title 45, Code of Federal Regulations, Part 1321 (Grants to State and Community Programs on Aging) http://www.access.gpo.gov/rnara/cfr/

N.C. General Statutes, Chapter 143B §143B-181.1 Division of Aging – creation, powers and duties.

- (a) There is hereby created within the office of the Secretary of the Department of Health and Human Services a Division of Aging, which shall have the following functions and duties:
 - (11): To administer a Home and Community Care Block Grant for Older Adults, effective July 1, 1992
- (c) The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United State Code, entitled Programs for Older Americans.

http://www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl

N.C. Administrative Code, Title 10A, Chapter 6 – Aging Program Operations, Subchapter K – Nutrition Services

http://ncrules.state.nc.us/ncadministrativ /title10ahealtha /chapter06agingp /defaul t.htm

DEFINITION OF NUTRITION SERVICES

III. Definition of Nutrition Services

Summary of federal and state requirements

- Congregate nutrition programs must provide at least one hot or other appropriate meal per day, and may provide additional meals, in a congregate setting in which a range of social and supporting services are available.
- Home-delivered nutrition services must deliver at least one hot, cold, frozen, dried, canned, or supplemental foods meal per day and may provide additional meals to an eligible individual who is homebound by reason of illness, incapacitating disability or is otherwise isolated.
- The meals must:
 - Comply with the <u>Dietary Guidelines for Americans</u>.
 - Provide 1/3 RDA for one meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.
 - Be adjusted to meet the special dietary needs of participants to the maximum extent feasible.
- In addition to meal service, nutrition activities must include outreach, screening, nutrition education, activity programming for congregate nutrition sites, and volunteer management.

Practice Guidelines

Service providers are encouraged to note how broad the definition of nutrition services is under federal and state rules. Hot and other appropriate meals are allowed under the Older Americans Act, as well as additional meals. An appropriate meal may be hot, cold, frozen, dried, canned or liquid, as long as it provides 1/3 of the daily recommended dietary allowances, follows the Dietary Guidelines for Americans, and accommodates the needs and capacity of the individual recipient to open, consume, store, refrigerate, freeze, and/or reheat the meal safely. An additional meal is any meal that exceeds one meal per day, 5 days per week.

Options for Responding to Local Needs — Having the flexibility to develop slightly different nutrition programs in each community means that planners can develop programs that are responsive to local needs, such as the risk of malnutrition, health promotion/disease prevention issues, or the diversity of the population. Responses could range from modified and therapeutic diets to salad bars and culturally appropriate meals. They could take the form of frozen or liquid meals. Service delivery for both congregate and home-delivered meal programs can evolve with the needs of the NC communities in which they are located.

DEFINITION OF NUTRITION SERVICES

It is not uncommon for communities located especially in the western half of the state to provide shelf-stable meals in anticipation of adverse weather, and agencies are encouraged to make these arrangements. One provider took the idea of shelf-stable meals one step further and developed a Grocery Box Project, an initiative to provide stop-gap services to the needlest people on the agency's long waiting list for home-delivered meals. A box of shelf-stable meals (based on pre-approved menus) is mailed directly from the food caterer to selected applicants who have been screened as being capable of using meals in a shelf-stable form and as being the most at risk.

Other communities have developed frozen meal programs, allowing them to serve eligible people in areas outside the normal area serviced by their homedelivered meal volunteers. Like shelf-stable meals, frozen meals have to be an option chosen only after the recipient has been judged to have the capacity and equipment to store and reheat the meals.

Another form of nutrition service is the provision of liquid nutritional supplements, which are nutritionally fortified, commercially prepared liquid meals. The provision, frequency, and duration of this service have to be approved by a physician, physician's assistant, nurse practitioner, registered nurse, or registered dietitian. Liquid supplements must be served in addition to a complete congregate or home-delivered meal, but may replace a meal if a participant cannot tolerate solid food or cannot chew food. It is inappropriate to solely serve supplements for a meal if the client can tolerate solid foods.

Communities that are able to expand the types of meals offered can be more responsive to individual needs. Like having the right tool to do the job, having a menu of different meal options allows a service provider to choose the method that produces the best outcome for an individual.

Additional Meals – Each community must assess its overall service needs and gaps to determine where nutrition services fit in the local system of home and community-based services and how to define the scope of local service. Not every community has the capacity or funding to diversify nutrition service delivery beyond the traditional hot lunch offered Monday through Friday. Nevertheless, if funding is available, then the nutritional risk status of nutrition clients across NC suggests that local planners may want to investigate the provision of additional meals to the most high-risk clients, especially those with inadequate social support when the nutrition program is closed.

The 1992 amendments to the OAA made it easier and more cost-effective to offer two and three meals per day. Instead of requiring that each meal contain

DEFINITION OF NUTRITION SERVICES

1/3 RDA, the 1992 amendments gave increased flexibility to develop two-meal programs that together contain 2/3 RDA and three-meal programs that contain 100% RDA. For example, nutrition service providers can deliver a lighter meal for breakfast and a higher calorie, nutrient-dense lunch.

Communities also can consider the option of providing additional meals in the form of weekend meals, when people without family or friends are the most food insecure because the regular nutrition program is not in operation.

More than a Meal – The federal and state units on aging are proud to market nutrition services as more than a meal, because providers typically offer so much more to their participants. In addition to meals, all agencies offer nutrition screening and nutrition education and may offer nutrition assessment and counseling. Communities routinely describe their nutrition services not only in terms of providing nutritionally sound meals or decreasing malnutrition, but also in terms of reducing social isolation, promoting health, and preventing physical and mental decline. In most communities, nutrition providers also play a critical role in linking older people to other services.

Nutrition providers are encouraged to do a self-assessment and see how well their services go beyond meals to offer social interaction, mental stimulation, informal support systems, and volunteer opportunities. Are participants connected, as needed and appropriate, with other health and supportive services, such as transportation and home repairs? Are they referred for other food assistance programs, such as <u>Food Stamps</u>?

Local planners are requested to think broadly about defining nutrition services in terms of effective outreach to target populations, screening, assessment, counseling, education, programming, service coordination, and referrals as well as meal provision.

IV. Eligibility for Service

Summary of federal and state requirements

- Eligibility for congregate nutrition services:
 - People 60+ and their spouses regardless of age when the older adult is a nutrition client.
 - Local option, based on AAA's written procedures, to offer congregate meals to volunteers who work during meal hours
 - Local option to offer congregate meals to people under age 60 with disabilities who reside with and accompany eligible people to meal sites.
 - Local option to offer congregate meals to people under age 60 with disabilities who reside in housing facilities occupied primarily by older adults at which a congregate nutrition site is located.
- Eligibility for home-delivered nutrition services:
 - People age 60+ who are physically or mentally unable to obtain food or prepare meals, who have no responsible person who is able and willing to perform this service, and who are unable to participate in congregate nutrition program because of physical or mental impairment.
 - The spouse of an older person, if one or the other is homebound by reason of illness or incapacitating disability.
 - The family caregiver of an eligible homebound older adult.
 - Local option to offer home-delivered meals to volunteers who work during meal hours.
 - Local option to offer home-delivered meals to people under age 60 with disabilities who reside at home with an eligible older adult.
- The Area Agency on Aging will establish written procedures outlining
 the documentation required to be in client records at the local level to
 certify special eligibility for volunteers and people under age 60 with
 disabilities receiving meals. Disability status must be demonstrated
 with some form of notice of disability award.
- · Ineligibility criteria:
 - People whose dietary needs cannot be met through the meals offered.
 - People residing in long-term care facilities or enrolled in careproviding programs (including adult day care/day health, except that people attending day/care/day health centers may receive meals on the days they do not participate in the adult day program).
- Congregate nutrition service priority:

- People in adult protective services.
- People at risk of needing adult protective services.
- People with health impairments who need nutritional support or people whose living arrangements do not provide adequate meal preparation facilities.
- Home-delivered nutrition service priority:
 - People in adult protective services.
 - People at risk of needing adult protective services.
 - People without a caregiver or other responsible party assisting with-care.
 - People who have ADL impairments (self-care limitations) and IADL impairments (household management limitations).
- Home-delivered nutrition providers must:
 - Conduct an in-home assessment within 7 working days.
 - Determine eligibility and notify within 10 working days of assessment.
 - Conduct a written reassessment every 6 months, unless client is on temporary meal status.
 - Establish written procedures for reporting changes in eligibility.

Practice Guidelines

What is the difference between eligibility criteria, priority for service, and targeting?

Eligibility criteria (such as being the spouse of an eligible older adult or being homebound and having no one willing or able to prepare meals) must be met before an applicant is considered for services. However, being eligible does not assure that services will be provided. The HCCBG is a dollar-limited program, not an entitlement program, and providers can serve eligible people only as funding permits. The home-delivered meals program accounts for a substantial number of people on the state's waiting list for HCCBG services. Providers have the option to offer meals to people under special eligibility criteria.

Priority for service — Applying criteria to rank people who qualify for services allows providers to direct limited funding for services to the eligible people who need them most. In general the Home and Community Care Block Grant (HCCBG) assigns priority for service to people under protective services, people at risk of needing protective services because of declining mental or physical functioning, and people who have functional limitations (see section 2 of the HCCBG Procedures Manual for more information). The specific priorities for congregate and home-delivered meals are listed above.

Targeting — Before determining eligibility or ranking applicants for priority of service, usually there is some form of community outreach to target populations to inform eligible people about the availability of services. The 2000 amendments to the Older Americans Act added rural older adults as a target population, along with older adults who are economically or socially needy, older adults with severe disabilities or limited English-speaking ability, and older adults with Alzheimer's or related disorders and their caregivers. If a community reviews its service statistics and finds that client characteristics for various HCCBG services do not reflect the prevalence of these target populations in the community, then updated methods of reaching out to these groups likely need to be developed.

Summary of Special Eligibility Rules

Providers are not required to enroll any other category of special eligibility client other than spouses, but they have the option to offer meals to other categories of special eligibility people on the same basis as eligible older adults. The AAA is responsible for developing written procedures to guide providers who want to exercise their option to offer meals to special eligibility clients.

Spouses – An underage spouse is eligible for congregate meals if the eligible older adult is a nutrition client. A spouse is eligible for home-delivered meals if either person is homebound by reason of illness or incapacitating disability.

Volunteers — Providers have the option to offer meals to volunteers who work during meal hours for either the congregate or home-delivered meals program. Since volunteers may be well people under the age of 60, providers should take note of whether offering meals to volunteers will displace eligible older adults on the county's HCCBG waiting list.

People under age 60 with disabilities -

- Congregate meals may be offered to a person under age 60 with disabilities if:
 - the person with disabilities resides at home with and accompanies an eligible older adult, or
 - the person with disabilities resides in housing primarily for older adults that has a congregate nutrition site.
- ➢ Home-delivered meals may be offered to people with disabilities who live with an eligible older adult.
 - Documentation of disability status has to be kept on file for monitoring.

Waiting Lists

It is very important for providers to document people waiting for nutrition services by entering their names in ARMS, the Division of Aging's client tracking and reimbursement system. Providers are not required to do in-home assessments prior to adding a person's name to the waiting list, but they should do sufficient screening by telephone to believe that a person probably is eligible. This list is a powerful indicator to legislators and decisionmakers that local communities have a documented need for nutrition services. Although the ARMS waiting list does not capture the entire need for nutrition services in any community, it does serve a very useful purpose. Providers must keep the waiting list updated and periodically contact people on the list to determine if they are still in need of services.

When providers have an opening and can move someone from the waiting list to active status, they should use the priority for service criteria as a guide.

Applying the Homebound and Social Support Eligibility Criteria

The term "homebound" is clarified in federal OAA rules as "homebound by reason of illness or incapacitating disability" [45 CFR 1321.69(a)]. Inevitably there are questions about how homebound you have to be to receive homedelivered meals, even when you are talking about chronically disabled people who leave their homes only for short periods of time or infrequently.

This question has also been an issue for Medicare services in the past, when leaving the home for any reason other than a medical one could be grounds for terminating Medicare home health care. In 2000, Congress expanded the definition of homebound for Medicare purposes to allow people to attend adult day care programs or religious services. New instructions issued in 2002 make clear that people who are homebound and chronically disabled may leave their homes infrequently for special occasions and for short periods of time without being disqualified.

Being homebound is part of the eligibility criteria for home-delivered meals:

- unable to participate in the congregate nutrition program because of physical or mental impairment.
- physically or mentally unable to obtain food or prepare meals,
- no responsible person who is able or willing to perform this service.

Home-delivered meal providers have some local flexibility to interpret what homebound means for the HCCBG nutrition program, as long as the interpretation is applied fairly and equitably to all applicants and clients. The

clear intent of NC rules is to reserve the home-delivered meals program for people who are homebound and unable to attend the congregate meals program, who cannot fix their own meals, and who have no one able or willing to perform this service for them. A person does not have to be bedridden to be generally confined to his or her home, but leaving home for non-medical reasons should be for short periods of time or infrequently.

Another question is whether meals can be authorized for homebound older adults when they have family clearly assisting with their care. The answer is yes, if circumstances indicate it is in the best interests of the homebound older adult. Some caregivers work but are able to take care of all meals except the midday meal. In other situations, a hot lunch could provide respite for a full-time caregiver and contribute to the long-term viability of a caregiver who is on duty for all other meals during the week and on weekends. Moreover, if needed, the caregiver is eligible for a meal.

Professional caregivers also sometimes cloud the eligibility picture. If an aide is in the home at midday and is able to prepare a meal, then a provider could legitimately deny services and give the meal to a person ranked higher on the priority list. On the other hand, the presence of an aide in the home very early in the morning for personal care tasks would not necessarily preclude the authorization of a lunch for the homebound older adult.

It is important for providers to be consistent in how they interpret and apply eligibility and priority for service criteria. Assessment forms should document the reason why services are authorized, denied, or terminated. In tight budget times, providers are likely to be squeezed by more requests for service at the very time they have to be more selective about how funding is spent. Consistent interpretation of criteria at the local level will not prevent complaints when services are denied or terminated, but good documentation will support equitable decisions made by an agency.

For home-delivered meal applicants, providers must assess eligibility within 7 days and notify them regarding eligibility or ineligibility within 10 working days. Written reassessments must take place every 6 months, except for people on temporary status, and the agency must have written procedures for reporting changes in participant eligibility.

Using Eligibility Determinations to Coordinate Services or Make Referrals
A good in-home assessment for home-delivered meals and even registration of congregate meal clients is an agency's opportunity to make connections for people who do not always know what questions to ask. Congregate meal participants may be eligible for <u>Food Stamps</u>. Home-delivered meal clients may

need personal care services and be eligible for <u>Medicaid</u>. Linkages such as these are what distinguish outstanding agencies that provide nutrition services. Contact with an applicant or client is not limited to an eligibility determination; it is used as an opportunity to really assess the client/family situation and to make referrals both within the agency and to other resources in the community.

Ineligibility Criteria

Despite our efforts to be responsive to local needs, our network may not be able to meet the nutritional needs of all people who come to us for service. Thus, eligibility is restricted to people whose dietary needs actually can be met by the Division of Aging's menu requirements. Agencies are allowed to develop a therapeutic diet program based on the written prescriptions of physicians, but the regular HCCBG meals may not be suitable for all people who apply to participate. Providers are encouraged to offer reduced sodium, low fat, low sugar meals because they are healthy, but some nutritional needs demand strict adherence to diets that are not offered as part of the broader program.

Another example of an ineligible person is someone whose meal is already provided by another publicly funded program, such as a long-term care facility or adult day care. On the other hand, a person who is a private pay resident of a long-term care facility is not considered ineligible. If other public funds are already being used to purchase a lunch for these older adults, then HCCBG meals may not be authorized. This does not mean that a person cannot attend as a quest as long as someone pays for the cost of the meal.

Grievance Procedures and Appeals

Agencies need to provide applicants, clients, or their representatives with information about how to appeal decisions affecting the receipt of services. More information about this requirement for all HCCBG service providers may be found in section 7 of the HCCBG Procedures Manual. Procedures may include an administrative review by the provider; a hearing panel that includes the provider, a county representative, and the AAA; review by the Division of Aging; and appeal to the Office of Administrative Hearings. Grievances can relate to service authorization or any action that reduces or discontinues a service.

V. Nutrition Program Menus

Summary of federal and state requirements

- Nutrition providers must carry out program activities with the advice of dietitians (or persons with comparable expertise), meal participants, and other people knowledgeable about the needs of older adults. Minimum required documentation includes:
 - Menu certification A licensed dietitian/nutritionist as defined in N.C. General Statutes § 90-352 must sign each page of a menu to certify that the menu meets the menu requirements below. The nutrient analysis and menu change forms must be on file with the certified menus.
 - Annual Survey The nutrition provider must have on file at least one annual survey of participants soliciting menu suggestions and client satisfaction.
- Menus must be posted in both the congregate serving area and the meal preparation area.
- Approved menus must be followed, subject to seasonal availability of food and the availability of USDA donated food.
- Menu substitutions
 - The caterer or on-site production manager must document substitutions for dietitian/nutritionist approval.
 - Caterers must send written notification of meals that have an emergency menu substitution on the date delivered.
 - Menu change form Any deviation from the approved menu must be documented on a menu change form that provides the date of delivery, specific food substitution, and signature of the production manager and/or dietitian authorizing the change. These forms must be kept on file with the certified menu.
 - Menu substitutions must be approved by the dietitian/nutritionist within 90 days or no later than July 31st for meals served in the 4th quarter of the state fiscal year.
- Menus must be kept on file with menu change forms for at least one year.

- The signature of a licensed dietitian/nutritionist must be on each page of an approved menu certifying that the following requirements have been met:
 - Menus document that at least one hot or other appropriate meal is provided daily at least 5 days per week, except for holidays.

- Menus follow the Dietary Guidelines for Americans.

- Menus provide the recommended dietary allowances: 1/3 RDA for 1 meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.
- Menus are adjusted to meet the special dietary needs of participants to the maximum extent feasible.
- Each meal provides at least 700 calories.
- Sodium content does not exceed 1,300 mg per meal.

Nutrient analysis

- All foods are identified on the menu in order to calculate nutrient value. All prepared or breaded meat items or meat in combination are specified. The form of vegetable or fruit (fresh, frozen, dried, or canned) on a menu is specified.
- Recipes are provided to facilitate nutrient analysis. When recipe ingredients change, the recipe is resubmitted for approval by the dietitian/nutritionist.
- Menus are written for a period of at least 20 days and submitted to the dietitian/nutritionist for nutrient analysis and approval at least 2 weeks in advance of the meals being served.
- Menus follow the menu pattern requirements
 - Meat/meat alternative no less than 21 grams.
 - Bread/grains 2 servings of whole grain or enriched grain products.
 - Vegetables/fruits 2 servings juice may fulfill no more than half of this requirement for any one meal – vitamin C-rich foods must be served at least twice per week.
 - Fats not more than 30% of the total calories per meal gravies, salad dressings, mayonnaise, margarine, or butter must be specified.
 - Dairy no less than 400 mg of calcium from combined menu items
- Menus are changed at least two times per year.

Therapeutic diets

 A physician's prescription for a therapeutic diet must be on file prior to services, and prescriptions must be reordered in writing every 6 months.

- Therapeutic diet prescriptions and menus must follow the guidelines of the NC Dietetic Association Diet Manual.
- Menus must be written by a licensed dietitian/nutritionist and remain on file at least one year.
- Each food container must be dated and labeled with the client's name.
- · Liquid Nutritional Supplements
 - Prior to distribution, a written authorization must be on file from one
 of the following professionals: a physician, physician's assistant,
 nurse practitioner, registered nurse, or licensed dietitian/nutritionist.
 - The nutrition provider must disclose to the professional who is requested to authorize the product's brand name, nutritional content of one serving, and the amount that will be needed to constitute the required 1/3 for reimbursement to meet the participant eligibility requirements.
 - Served in addition to a complete congregate nutrition or home delivered meal. May be counted as 2 meals but together they must provide 66% of the RDA.
 - Replacing a meal based on assessed need as determined by the authorizing professional. Such products cannot replace conventional meals unless a disability or condition warrants their sole use. Liquid supplements may be served to participants who cannot tolerate solid foods or cannot chew food.
 - The authorization must include name of recipient, reason why
 product is needed, amount and frequency of product to be provided,
 duration (not to exceed 6 months), name/signature/telephone
 number of the authorizing professional, and date of authorization.
- All frozen meals must be dated with the date delivered to the nutrition provider.

Practice Guidelines

Meal Pattern

FOOD GROUPS

Meat/Meat Alternative Bread/Grains

Vegetables/Fruits

Fats Dairy AMOUNT TO SERVE PER MEAL

2 ounces cooked, edible portion or equivalent

2 servings

2 servings

total fat not to exceed 30% of total calories/meal

, 1 serving

To assure that each participant is offered a meal based on the required menu pattern, the first meal served at each nutrition site should be accurately weighed or measured by volume to provide a visual standard of reference for portion size when serving the remainder of the meals. Portion control utensils should be used when serving food.

(1) Meat/Meat Alternative Group

The requirement for each meal is to contain at least 2 oz. of cooked edible portion of meat, fish, poultry, or eggs. Meat alternatives may be used occasionally for variety and can include bean, pea, or lentil soup or entrees, as well as peanut butter. Processed meats, such as hot dogs or sausage, should be limited to once or twice a month because of the high fat and sodium content and limited nutrient value.

(2) Breads/Grains Group

The requirement for each meal to contain 2 servings of a whole grain or enriched grain product may be met in a variety of ways. The following examples are considered one serving from the Bread/Grains Group: 1/2 cup rice, potatoes or pasta; 6 saltine crackers; combread (2" cube); 1 roll, biscuit, or muffin; or 1 slice of bread. These may be served as separate items or incorporated into the main entree in the amounts specified above. An alternate way of meeting the menu requirement for two servings of bread/grain product would be to provide one serving of bread product as listed above and a starchy vegetable such as 1/2 cup of sweet or white mashed potatoes (or 1 medium-sized potato), lima beans, green peas, or corn. If this alternative is chosen, the starchy vegetable may not be used to satisfy both the bread/grain requirement and the vegetable/fruit requirement. A vanety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended.

(3) Vegetable/Fruit Group

To meet the requirement for two servings of different fruits and/or vegetables per meal, a nutrition provider may consider the following examples of one serving: 1/2 cup canned fruit (drained), 1/2 cup cooked vegetable (drained), 1 piece of fresh fruit, or 6 ounces of 100% fruit juice (orange, grapefruit, orange-grapefruit, or other 100% fruit juice fortified with Vitamin C to meet 1/3 RDA for Vitamin C), 1/2 cup coleslaw, or 1 cup tossed mixed fresh vegetable salad. Providers should note that the menu requirements in 10A NCAC 06K .0203 specify that juice may fulfill no more than half of the vegetable/fruit requirement for a meal.

The nutrition rules require that one serving of Vitamin C rich food be served twice each week. It is recommended that one serving of Vitamin A rich food also be served twice each week.

Fruits or vegetables used in gelatin, soups, or main entrees may be counted as one serving if at least 1/2 cup of fruit or vegetable is provided per serving. Vegetable or fruit sauces (e.g., tomato sauce for spaghetti) may not be identified as meeting the fruit/vegetable requirement, except that applesauce may be counted as a fruit.

(4) Fats Group

Salad dressings, mayonnaise, gravies, white sauces, margarine, or butter must be identified on the menu. Each meal may contain fat, but care should be taken not to exceed the 30% fat level of total calories per meal. Methods that limit the amount of fat during cooking or serving are recommended. However, it should be pointed out that sauces over thin slices of meat help to maintain require food temperatures.

(5) Dairy Group

Calcium requirements have gone up to 400 mg. calcium per meal. This may be obtained by a serving of milk or other foods high in calcium. Calciumfortified foods, juices, and other beverages may be served to meet the calcium requirement.

(6) Desserts

Dessert may be provided as an option, including fruit, puddings, fruited or plain gelatin, ice cream or ice milk, frozen yogurt, sherbet, cake (frosted or with fruit sauce), cobblers, cookies, or pies (or pie squares), etc. Care should be taken not to exceed the 30% fat level of total calories for the meal.

If fruit is used as a dessert, it can be counted as one serving of fruit/vegetable category. If any calcium-rich foods are used as dessert, they may be counted as part of the total calcium content of the meal.

(7) Beverage Category

Coffee or tea may be served, but cannot be counted as fulfilling any part of the 1/3 daily Recommended Dietary Allowances requirement.

Menu Planning

- (1) Nutrition providers should stay in touch with their participants in order to offer meals that are acceptable to the majority of people who want to partake. An annual survey must be done to solicit menu suggestions and determine client satisfaction.
- (2) Putting the <u>USDA Food Guide Pyramid</u> into practice for menu planning helps to insure a more healthful menu. In general, it is recommended to choose foods

that are higher in fiber and lower in fats and sugars. The fat content of meals should be no more than 30% of total calories. Menus should include fiber-containing foods, such as whole wheat bread, fresh fruits, and vegetables. Special attention should be directed to including nutrient-dense foods on the menu and limiting the number of desserts. Cake, pie, cookies, donuts, and similar foods are not recommended for frequent use because of low nutrient density.

- (3) Food items within the meat/meat alternative, vegetable/fruit, and bread/grain groups should be varied within the week and the menu cycle. Food items should not be repeated two days in a row or served on the same days of consecutive weeks. Menus should include a variety of food items and preparation methods, including a mixture of colors, food combinations, textures, sizes, shapes, tastes, and appearances.
- (4) Menus must be changed twice a year, but should be changed every quarter.
- (5) Menu substitutions should not exceed one per month.
- (6) Menu conferences between the licensed dietitian/nutritionist and the service provider should be conducted quarterly to discuss any problems, suggestions, additions, deletions, client comments, upcoming special events, or other topics pertaining to the nutrition program menus.
- (7) Menu sharing between agencies with different food vendors and in different regions is encouraged in order to offer more variety to the participant.
- (8) Six ounces of juice should satisfy the fruit/vegetable requirement no more than a maximum of two days per week.
- (9) Main dish salads may be served on the menu.
- (10) Vegetable protein products are allowed by the Food and Nutrition Service-USDA to be used in meat mixtures up to a maximum of 30%. This means all meat mixtures must contain at least 70% of meat in the mixture.
- (11) Fresh and frozen vegetables should be used as much as possible. When canned vegetables are used, salt should not be added.
- (12) Fresh fruits and vegetables of good quality may be donated and incorporated into the menu only when they can be used to serve all participants.

- (13) If the nutrition program uses a caterer, dietary specifications and menu pattern requirements need to be stipulated in the contract between the caterer and the nutrition program. These requirements must be stated as clearly and specifically as possible to prevent any misunderstandings and set forth the responsibilities of both parties.
- (14) Nutrition program staff should tour the caterer's kitchen facilities at least annually. The caterer should be evaluated to assure that food is being prepared in a Grade "A" kitchen and that food-handling procedures are safe and sanitary. Any requirements in federal and state nutrition rules that are delegated to the caterer should be monitored during these visits.

Therapeutic Diet Meals and Special Modified Meals

Therapeutic diets and special modified meals may be provided when there is sufficient need and when the skills to prepare and serve these special diets are available.

- (a) Therapeutic Diet Meals: A nutrition program may offer therapeutic diets to participants with a physician's authorization. A physician's written diet order must be on file prior to serving therapeutic diet meals and must be reordered every six months. Menus for therapeutic diet meals have to be written by a dietitian following the standards of the current NC Dietetic Association Diet Manual. A best practice for therapeutic meal delivery is to provide a copy of the certified menu to the person delivering the meal to assure that the physician's prescription is fulfilled. A therapeutic diet meal must provide 1/3 of the recommended dietary allowances to qualify for reimbursement through the Home and Community Care Block Grant and NSIP.
- (b) <u>Special Modified Meals</u>: Certain changes in the certified approved menu may be offered where feasible and appropriate to meet the medical requirements of a participant. These changes can be made within the existing meal program without a physician's authorization. These changes include:
 - Change in entrée. A participant may request a lower sodium entrée on days when high sodium entrees are served. A higher sodium entrée contains more than 500 milligrams of sodium.
 - Change in dessert. Serving a dessert is optional. If a dessert other than
 fresh fruit or canned fruit packed in its own juice (not a sugar syrup) is
 served, then fresh fruit, juice-packed or water-packed fruit, or other
 dietetic, low-sugar desserts should be available if requested by the
 participant to replace the planned dessert.

<u>Using Shelf-Stable and Frozen Products When the Regular Nutrition Program Is</u> Not Operating or Not Available

Shelf stable, frozen, canned, or dehydrated meals may be provided to participants for emergency situations, holidays, additional meals, and weekend meals. These types of meals are expected to follow the menu pattern requirements. Frozen meals may be useful in areas where daily delivery is limited or for weekend meal service. Emergency meals may be provided for inclement weather days if distributed in advance of the inclement weather. The adequacy of freezer and refrigeration equipment and the ability of the participant to prepare meals must be taken into consideration when authorizing these meals.

Providers who order frozen meals or shelf-stable meals often store them and deliver them in quantities, such as delivering a week of meals at one time. Providers should use these meals within 6 months of delivery. They must be dated upon delivery and should be rotated if necessary to assure that the oldest meals are delivered first.

The method of packaging and delivering more than one meal at a time may make it difficult or impossible to visualize the original menu grouping approved by the dietitian as meeting 1/3 RDA. For this reason, providers may want to provide some type of instructions to the meal recipients regarding suggested menus.

When delivering multiple meals to a client, the total number of meals should be reported for reimbursement on the day they are delivered. For example, the delivery of one hot meal on Friday along with 4 frozen meals for the weekend would be shown on the meal report as 5 meals on Friday's date.

Distributing Liquid Nutritional Supplements

As authorized by a professional (physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist), liquid nutritional supplement meals may be provided as a second meal per day or as a meal replacement for frail older adults. The normal menu pattern requirements do not apply to these products, but they must be provided in a quantity sufficient to assure 1/3 RDA in order to be reimbursed by the HCCBG or the NSIP.

As a Second Meal — When liquid nutritional supplements are included within the scope of nutrition services offered in a community, generally they should be distributed with a hot or other appropriate meal because it is intent of the Older Americans Act to provide food, not supplements. In combination with a conventional meal, liquid nutritional supplement may be a very cost-effective

means of helping people who are at high risk of malnutrition and in need of additional meals.

As a Meal Replacement – Because liquid nutritional supplement is meant to supplement and not replace meals, special authorization is required for meal replacement. In the authorization form, the authorizing professional must certify that the person approved for liquid supplement as a meal replacement has a disability or condition that prevents them from chewing food or otherwise tolerating solid foods.

VI. Food Preparation and Safety Requirements

Summary of federal and state requirements

· Federal, State, and Local Requirements

 Federal rules require that nutrition programs comply with all state and local requirements for the safe and sanitary handling of food, equipment, and supplies. Services must meet state and local licensing, health, and safety requirements.

Permit – North Carolina nutrition providers must maintain a permit from the Division of Environmental Health, N.C. Department of Environment and Natural Resources, and must comply with the food safety and sanitation practices issued in the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600).

Grade A Sanitation Rating – Nutrition providers and food preparation sub-contractors must follow the sanitation rules in 15A NCAC 18A .2600 to maintain a Grade A (or at least 90%) sanitation rating. If the grade falls below "A" or 90%, the AAA must be notified and must receive a copy of the Environmental Health inspection report. Corrective action must be undertaken and a request for reinspection for purposes of raising the grade must be made within 7 days of the lower grade. When the local Environmental Health Specialist reinspects the facility, the AAA must receive a copy of the reinspection report. The facility where meals are prepared or served may continue to provide meals for the nutrition program with a sanitation rating of less than "A" or 90% at the discretion of the AAA.

Food Safety

- All staff working in the preparation of food must be under the supervision of a person who shall insure the application of hygienic techniques and practices in food handling, preparation, and service. This supervisory person shall consult with the nutrition service provider's dietitian for advice and consultation as necessary.
- Nutrition providers must educate participants and all staff annually regarding the sources and prevention of foodborne illness.
- All food must be packaged and transported in a manner to protect against potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling.
- Packaging and transport equipment must maintain temperatures. All documentation of food temperatures must be kept on file for audit.

- The area where meals are handled or served must be kept clean and in good repair.
- Summary of time and temperature requirements:
 - Food temperatures must meet the requirements of "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600). Basically all potentially hazardous food must be held at 140°F or above or 45°F or below except during necessary periods of preparation and serving.
 - The sanitation rules found at (15A NCAC 18A .2600) allow time rather than temperature requirements under certain procedures approved by the local Environmental Health Specialist.
 - Food preparation caterers must document each food item delivered and record the end of food preparation time on meal delivery tickets (signed by the food production manager).
 - Food not prepared on-site must be received at the drop-off location by a nutrition program employee or trained volunteer.
 - The nutrition program employee or trained volunteer must document meal arrival time on the caterer's delivery ticket (signed by the person receiving the food). If warming equipment or refrigeration equipment is used to hold food prior to serving, then temperatures also must be taken and recorded at the time of food delivery.
 - Congregate Nutrition Program Food temperatures must be taken just prior to serving congregate meals, and the time of temperature documentation must be noted. Food temperatures must be recorded by the name of each specific food item, except bread products, cake, fresh fruit, and fruit cobblers.
 - Home Delivered Meals Program regardless of whether food for home delivered meals is received in bulk for packaging at a nutrition site or arrives pre-plated from the caterer, temperatures of each specific food item (except bread products, cake, fresh fruit, and fruit cobblers) must be recorded at least one time per month on each route.

Food Preparation

- Food prepared, frozen, or canned in the home cannot be served at the site.
- Food from unlabeled, rusty, leaking, or broken containers or cans with side dents, rim dents, or swells cannot be used.
- All meat and poultry, fresh or frozen, must bear inspection stamps on the box or package indicating inspection by <u>USDA</u>, the <u>N.C. Dept.</u> of <u>Agriculture and Consumer Services</u>, or other agencies having regulatory authority.

- All foods used in the meals must be from sources approved by federal or state agencies (USDA, FDA, the NC Dept. of Agriculture and Consumer Services, or other agencies having regulatory authority).
 All foods used in meals must be in compliance with applicable state and local laws, ordinances, and regulations. They must be clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption.
- Fresh raw fish must bear the PUFI (Packed Under Federal Inspection)
 Shield.
- Prior to use, all fruits and vegetables must be washed to remove dirt or insecticide residues. Fresh fruits and vegetables free from disease and infestation may be donated and incorporated into the menu only when they can be used to serve all participants.
- Whether food is prepared on-site or prepared off-site and delivered, recipes need to provide a consistent quality and quantity of meals.
- Food preparation needs to present optimum flavor and appearance,
 while retaining nutrients and food value.
- Home-delivered meal packaging and packing
 - Meals packaged at nutrition sites must be individually packaged before congregate meals are served. Whether home-delivered meals are packaged at nutrition sites or pre-plated at food preparation centers, they must be individually packaged, packed in insulated food carriers, and transported immediately.
 - All food delivery carriers must meet National Sanitation Foundation standards and must be sanitized daily by the food service provider.
 - Divided containers with air-tight seals must be used for hot food.
 - Bread must not be placed on top of other food.
 - Cold and hot food must be packaged and packed separately.
 - Individual containers with tight-fitting coverings must be used for all cold food. Sealable "sandwich" type bags may be used for bread.

Practice Guidelines

Permits/Inspections/Grade Cards

Each congregate nutrition program site should be located at an approved public or private facility meeting the following requirements:

- (a) Each site has a "Permit to Operate" from the local health department prior to opening.
- (b) Each site has a current Health Department inspection "grade card" posted.

Nutrition sites with on-site food preparation are inspected like restaurants on a quarterly basis. On the other hand, catered congregate nutrition sites are

inspected by local health departments only one time per calendar year. It is possible for more than 12 months to lapse between inspections and perhaps be closer to 2 years if a site is inspected at the beginning of one calendar year and then again near the end of the next.

Since nutrition sites are inspected or monitored by both Environmental Health Specialists and AAAs, both may be involved in corrective actions by a nutrition program. The Division of Aging expects local programs to maintain the highest quality of service delivery possible with a sanitation grade of "A" or 90%. However, a facility where food is prepared or served may drop below a grade of "A" or 90% and still be allowed to operate by the health department. Points may be deducted for deficiencies in buildings used by other programs not subject to Environmental Health rules or in buildings managed by entities not willing to address deficiencies identified by the Environmental Health Specialist. Communities are not always able to locate nutrition programs in ideal buildings if they want to offer meals in areas where people need them the most. These competing factors need to be resolved in the best interest of participants by nutrition providers, local health specialists, and AAAs. The main purpose of the DOA Administrative requirement is to have the AAA be informed and actively participating in providing support and oversight to a local nutrition program that falls below a grade of "A" or 90% as required by the Division's nutrition standards. The nutrition program may continue to operate at the AAA's discretion while efforts are made to resolve deficiencies, so long as the health department does not withdraw its permit to operate. The nutrition program must take corrective action within 7 days of the sanitation rating falling below an "A" or 90%.

Overview of Food Temperature Requirements

Providers are expected to comply with the temperature requirements of <u>15A NCAC 18A .2600</u> [specifically .2609 (g)], but all holding time requirements have been deleted from the Division of Aging service standards. The length of time between end of preparation and delivery must now be controlled through food contracts, and providers are strongly encouraged to assure the shortest holding time possible by the caterer or the agency. Maintaining temperatures at safe levels while preserving food quality, taste, and appearance depends on these contract provisions and fast delivery.

Temperature control is a part of the risk management procedures that an agency undertakes to protect all parties. There are clear challenges in maintaining temperatures in Older Americans Act nutrition programs. Whereas restaurants cook and serve food, most of our nutrition programs cook, hold, and then serve meals. Challenges include the length of time between preparation and serving, the adequacy of equipment for maintaining temperatures, the number of people

involved in handling and distributing meals, and the distance between drop-off points and clients.

Sometimes a lapse in procedures may lead to unpalatable food, and other times it may lead to-foodborne illness. For this reason, all nutrition programs are required to document food temperatures and adhere to other risk- management procedures, including the following:

- End of preparation time for food not prepared on-site and arrival time at the drop-off location must be documented. Even though there are no time requirements between end of food preparation and meals being dropped off, this is basic documentation for the line of control and responsibility for meals should there ever be a question related to foodborne illness in connection to the nutrition program meals.
- Packaging and transport equipment must maintain appropriate food temperatures.
- > If congregate sites use warming or refrigeration equipment prior to serving food, then temperatures must also be taken and recorded at the time food is delivered.
- > All hot food must be at least 140 ° F and all cold food 45 ° F or below at the time it is delivered or served to a participant.
- > Time and temperatures must be taken just prior to serving congregate meals.
- > Temperatures must be recorded for each food item on a menu, except bread products; crackers, cake, fresh fruit, and fruit cobblers.
- Home-delivered meals packaged at nutrition sites must be packaged before congregate meals are served, placed in insulated containers, and transported immediately. All home-delivered meals pre-plated by a caterer must be individually packaged, packed, and transported immediately.
- Temperatures must be taken at least once per month on each nutrition route. The nutrition program should evaluate whether it is more feasible to order an extra meal for the temperature check or to train staff to take the temperature from a participant tray without contaminating the food.
- > All temperature records must be maintained for audit.
- ➤ If food temperatures are out of compliance at the time it is delivered to a home-delivered meal participant, corrective action plan must be implemented and documented. Possible solutions may include redesigning shorter routes, using heat stones, or using better equipment.

Providers may use an Environmental Health requirement to be judged on time rather than food temperature compliance. This entails a special process to obtain approval from the local Environmental Health Specialist in advance of the food being prepared [see rule .2609 (h) of 15A NCAC 18A .2600]. This requirement states that food must be served to the public within two hours of completing the cooking process or when food is otherwise removed from

required temperature controls. With prior approval from the Health Department, this provision allows a specified food item to be served below 140 degrees or above 45 degrees as applicable, but all of the unserved food must be thrown out after two hours.

Other Food Safety Issues

Nutrition rules require that agencies educate participants and staff about the sources and prevention of foodborne illness. This is especially important if unserved food leftover at a congregate nutrition site is taken home by participants or donated to food pantries or homeless programs. Agencies need to have guidelines regarding the handling and storage of leftover food.

NUTRITION EDUCATION AND PROGRAMMING

VII.Nut rition Education and Programming

Summary of federal and state requirements

- Nutritien-education and counseling
 - Nutrition program funding may provide not only meal service, but also nutrition education and counseling.
 - Nutrition education programs must be scheduled at least two times per quarter at each nutrition site.
 - Nutrition education for home-delivered meal clients must be provided at least two times per year.
 - Nutrition education on the sources and prevention of foodborne illness must be provided at least annually to staff and participants.
- Nutrition Programming-
 - The nutrition site manager is responsible for activities at the site.
 A calendar of activities and programs must be posted at the beginning of each month at each site.

Practice Guidelines

The senior nutrition program is "more than a meal". Programmed activities should be provided daily at each site and posted on an activity calendar at the beginning of each month. Activities should be varied to include programs that promote exercise and healthy living, provide nutrition education, increase social interaction, and inform older adults about community-based services. Providers should establish partnerships with other community agencies that also serve seniors and have agreements with them to make presentations at nutrition sites about services and resources available to older adults. These agencies also can make arrangements with nutrition providers to offer services at nutrition sites. A number of sites cooperate with <u>local health departments</u> to offer flu shots or blood pressure screenings. Many also cooperate with <u>local departments</u> of social services when applications are being taken for programs such as the low-income energy assistance program.

Nutrition education helps promote health and prevent disease and is a required part of nutrition services (twice per quarter for nutrition sites and twice per year for home-delivered meal clients). A best practice would be to provide health education, health promotion, and food safety education on a regular monthly basis to congregate program participants. Programming on the sources and prevention of foodborne illness should be presented in connection with information about the nutrition program's policies on taking home leftover food.

NUTRITION EDUCATION AND PROGRAMMING

Nutrition education programs should go beyond written information alone and should include culturally appropriate activities. Examples of other ways to conduct nutrition education include cooking classes, field trips, food tasting sessions, gardening, and presentations covering food safety. Also, providers should consider connecting nutrition education presentations on the cardiovascular benefits of exercise with some fun exercises or walking programs.

One-on-one nutrition education instruction can be conducted with home-delivered meal clients during their six-month reassessment visits. Some programs make special arrangements for home-delivered clients who are determined to be at high risk of malnutrition. A registered dietitian visits these clients to complete nutritional assessments and provide individualized nutrition education activities. Emphasis should be placed on referring participants to available services indicated by reassessments as needed in order to help them maintain their independence at home.

Providers may budget for nutrition education as part of HCCBG nutrition services. However, both nutrition education and counseling are also allowable services under Title III-D Health Promotion/Disease Prevention funding. If providers are unable to use the HCCBG allocation for nutrition counseling because of a long meal waiting list but feel there is an unmet need in the county for nutrition counseling, they should discuss their needs with the Area Agency on Aging and inquire about opportunities to apply for health promotion funding.

VIII. Staffing and Training Requirements

Summary of federal and state requirements

- Nutrition programs are not required to employ a licensed dietitian or nutritionist, but arrangements must be made for a qualified dietitian/nutritionist to certify nutrition program menus.
- Nutrition providers must provide enough staff to operate the program, including a nutrition program director and, if funded for congregate nutrition, a site manager. Site managers may not be paid through the Home and Community Care Block Grant for more than 4 hours per day. Nutrition staff also must recruit, orient, train, and supervise volunteer staff to help with meal service and programming.

Training:

- Nutrition program directors must successfully complete within 12 months of employment at least 15 hours of instruction in food service sanitation and also participate in training on nutrition program management offered by the N.C. Division of Aging. They are responsible for day-to-day management and thus must be knowledgeable about administrative procedures, site operations, record-keeping and reporting requirements, food safety, and food service.
- Site managers must be knowledgeable about site operations and record-keeping requirements, community resources and referral procedures, food safety, and food portioning.
- All staff must be knowledgeable about the aging process.
- All staff must know procedures for fire or disaster evacuations.

Practice Guidelines

Staffing

Although nutrition programs do not have to include dietitians on staff, federal rules do require that **a** dietitian or individual with comparable expertise be involved in planning nutrition services. Menu planning and review can be arranged through subcontracts or volunteer agreements.

A service provider should provide adequate staff to operate the nutrition program, based on the size of the nutrition program (number of nutrition sites and clients), the service area, the method and level of service provided, and outreach needed. The nutrition program director may be full-time or part-time, depending on the

size and scope of the program. Site managers can be paid for no more than four hours per day out of the Home and Community Care Block Grant, and they may work fewer hours if the nutrition provider can meet all requirements in less time. Nutrition sites with good attendance and full activity schedules probably will need to employ a site manager for at least four hours per day.

Training

Agencies should document that training is provided to staff. This may be done with agendas and sign-in sheets for group training. For individual sessions, documentation might take the form of a list of topics discussed that is signed or initialed and dated by the staff member or volunteer. Agencies also could assemble written information in booklets or binders for site managers and volunteers and then document the date that information is explained and distributed. Documentation may take many forms, but it is important to assure that the nutrition agency has met the requirement for staffers to have the required skills and knowledge. This is usually done by documenting that they have participated in training sessions.

Staff working in food preparation — whether paid or volunteer — must be under the supervision of a knowledgeable person who can assure the application of hygienic techniques and practices in food handling, preparation, and service. The requirement for the nutrition program director to complete at least 15 hours of instruction in food service sanitation may be met by completing a food sanitation course offered by an accredited college or university or by completing the SERVSAFE, Serving Safe Food Certification course offered through the Education Foundation of the National Restaurant Association.

The N.C. Cooperative Extension Service, local health departments, and community colleges often sponsor courses in communities across the state. To see a schedule of upcoming local food service training courses posted on the NC State University website, go to the following link: http://www.ces.ncsu.edu/local-county-center/

In addition, the Division of Aging provides a basic orientation to nutrition program management twice a year, required for nutrition program directors but also open to site managers.

Nutrition agencies must assure that site managers are well versed not only in food safety and food portioning, but also in site operations, community resources and methods of referrals, and record-keeping (for example, documentation of client registration information and documentation of meals ordered, received, and served). Training in site operations should include among other things the agency's requirements for programming and nutrition education, procedures to

be followed in case of participant illness or injury, provisions for quarterly fire drills, and the agency's procedures for evacuating the site in case of fire or explosion.

Not only site managers but all staff should be trained in evacuation procedures in case of fire or explosion. In addition, you would expect that all staff (paid or volunteer) should understand the aging process and apply that awareness to their interactions and communications with the nutrition program participants.

Certain agency requirements – such as protecting confidentiality, safeguarding the collection of voluntary donations, or refraining from prohibited activities (e.g., giving medications) – may not be listed as training requirements but certainly are a part of program operations.

Some staff and volunteers are responsible for specific tasks that require individual training. For example, the person designated to receive food if food preparation is subcontracted to a caterer has certain responsibilities for documenting arrival time and notifying responsible parties if incomplete meals are delivered. Their training also should involve temperature control after food delivery if it is held prior to serving. Staff or volunteers who assist with food service should be taught how to portion food according to menu specifications. Congregate site workers may need instruction in how to provide assistance to participants who have difficulty walking or carrying trays.

Home-delivered meal volunteers also need training specific to their role in meal service, such as:

- maintaining temperatures while delivering food,
- procedures for documenting that a meal was delivered to a specific client,
- friendly visiting and providing assistance with opening meals, beverages, or utensils.
- what to do if they encounter an emergency at a client's home,
- how to report changes in a client's status or condition,
- how to report situations that look like the client or the household is in imminent danger,
- procedures for accepting donations, including Food Stamps,
- protecting confidentiality,
- not to leave a meal unless the participant is at home to receive it (unless other arrangements have been made).
- not to conduct financial transactions except those related to meal donations,
- not to administer medical treatment or medications, and
- not to accept gifts from participants.

Agencies must maintain some type of documentation that training has been offered to volunteers.

Other Staff Responsibilities

Our nutrition programs provide more than a meal to most participants. We strive to provide an environment where friendships develop, activities stimulate interest and participation, and seniors find a point of connection to other community resources as their circumstances change. This is why the nutrition rules make it a requirement for site managers to be trained in community resources and methods of referral and for congregate sites to have site managers who are responsible for activities at the site.

Programs can be educational, social, recreational, or intergenerational. They can be designed to foster continued involvement in the community through volunteer activities. Presentations about community resources should be arranged in cooperation with valuable partners such as the local library, parks and recreation, health department, mental health, social services, Cooperative Extension, and Social Security Administration. Whether for learning or for fellowship, these activities are what help our programs to be more than a meal.

In addition to programming, the other challenge and opportunity is for nutrition staff to become effective at knowing when and how to help link nutrition clients with other services provided by the agency or other service providers in the community. Nutrition staff often are acutely aware of changes in functioning, resources, and needs in the people they see weekly. A best practice for nutrition providers would be to train staff to assess the needs of home-delivered meal clients for other long-term care services and referral, rather than focusing strictly on eligibility and need for meals. For both homebound clients and lunch site participants, the nutrition program can be an extremely important entry point to services that will keep them functioning independently in their homes for as long as possible.

IX. Nutrition Program Administration

Summary of federal and state requirements

· Operation of nutrition programs

- Except for holidays or emergency situations, nutrition programs must operate five days per week, 52 weeks per year, unless the Division of Aging has approved a waiver for a rural area where such frequency is not feasible.
- Participants must be notified in writing of designated holidays.
- The area to be served by the home-delivered meals program must be established in writing.
- If feasible, services should include intergenerational meal programs in cooperation with schools or other facilities serving meals to children.
- Nutrition programs should enter into contracts that limit the amount of time that meals spend in transit before they are consumed.
- Nutrition program providers must be authorized by USDA to accept <u>Food Stamps</u> as contributions toward the cost of services and must conform to requirements for the use and handling of Food Stamps.
- Records of service activities must be maintained for client registration; meal service records; service cost-sharing; diet prescriptions for therapeutic diets; documentation of meals prepared, meals served, and meals unserved; and employment records.
 - Client records and units of service reports must be submitted on a regular basis, and errors must be corrected when they are identified.
 - Congregate Client registration information must be updated annually for congregate nutrition clients.
 - Home-delivered Client registration information must be updated when participants are reassessed every 6 months (except for temporary meal status).
- Nutrition program providers must maintain confidentiality of client records.
- Nutrition providers must inform participants about agency procedures governing the provision of services, confidentiality, waiting lists, service priorities, complaints and grievances, and other matters germane to the participant's decision to accept service.

- Congregate only requirements
 - There must be a site manager responsible for activities at the site.
 - Provisions must be made for meal service to eligible participants with disabilities and limited mobility.
 - The site should be located as close as feasible to the residences of the majority of people eligible for services.
 - The site must conform to all applicable fire code, building code, and sanitation code requirements of state and local government.
 - Each congregate nutrition site must be located at a facility that meets the following general requirements:
 - (a) Has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.
 - (b) is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.
 - (c) Has an adequate number of sturdy tables and chairs appropriate for older adults.
 - (d) Has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.
 - (e) Has at least 2 exits which are unlocked during hours of operation.
 - (f) Has parking spaces available.
 - (g) Has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.
 - (h) Is heated during colder months to at least 72 degrees Fahrenheit while participants are present.
 - Each site must have an emergency plan for medical emergencies and evacuation in case of fire or explosion.
 - Each site must conduct fire drills quarterly during hours of site operation.
 - Each site must have posted in at least one visible location a written plan that describes procedures to follow in case a participant becomes ill or injured. This plan must be explained to staff, volunteers, and participants.
- Home-delivered only requirements
 - Within 7 days of referral, a written in-home assessment must be conducted. The applicant must be notified of the eligibility determination within 10 working days of the assessment.
 - A written in-home reassessment must be conducted every 6 months, except for people on temporary home-delivered meal status. This

reassessment must include the updating of client registration information.

- The nutrition provider must have written agency procedures for reporting changes in participant eligibility.
- The nutrition provider may only deliver meals to an eligible person residing in a home setting and only when an individual receives them.
- The home-delivered meal provider must maintain a daily written record, signed by the meal delivery personnel, of meals received by each client on each route.

· Prohibited activities

- Funds may not be used to purchase vehicles to deliver meals.
- Meals may not be provided to ineligible people without reimbursement of the full cost of the meal.
- Therapeutic meals may not be served without a physician's order on file and the nutrition program has the capability to provide the service
- Staff and volunteers may not administer medical treatment or medications.
- Staff and volunteers may not carry out financial transactions except those related to service cost-sharing donations.
- Staff and volunteers may not provide unapproved meals to participants.
- Staff and volunteers may not accept gifts.
- Congregate meal sites may not be closed or combined on a temporary or permanent basis (except in an emergency) without the prior written approval of the AAA administrator assuring that options for maintaining services have been considered.

Nutrition Services Incentive Program (NSIP)

- The NSIP is the new name for the USDA cash or commodities program authorized by the Older Americans Act for many years. Any meal that satisfies the requirements of the Older Americans Act (regardless of funding source) is eligible and may be reported for the NSIP cash or cash and commodities allocation as long as the program has the same OAA eligibility requirements for clients and the same OAA nutritional requirements for meals.
- Meals are not eligible for NSIP if participants are means-tested as part of the eligibility requirements under other funding sources.
- Meals are not eligible if a set fee is charged for them.
- NSIP-eligible meal programs must provide participants with a voluntary opportunity to contribute toward the cost of meals.

- For an agency to be eligible for NSIP reimbursement for meals provided with funding other than the NC Home and Community Care Block Grant (which includes Older Americans Act funding), the agency must be under the audit authority of the Area Agency on Aging. This means that the agency must have a grant agreement with the AAA. Agencies without a grant relationship to the AAA may not submit meals for NSIP reimbursement.
- NSIP funds must not be used to supplant nutrition funding under other sections of the Older Americans Act.
- NSIP cash in lieu of commodities can only be used by grant recipients and contractors to purchase U.S. agricultural commodities or other foods.

Practice Guidelines

Waivers – Providers must offer meal service 5 days a week year-round, except for holidays and emergencies. This federal and state requirement is waived only for good cause, and waivers must be requested annually.

Food preparation contracts – Nutrition providers should develop bid specifications (and enter into contracts) that limit the amount of time meals are in transit before they are consumed. Even though meal delivery requirements no longer include time compliance and instead focus on temperature compliance, still it is important to remember that food quality and appearance will always be linked to the time between end of preparation and consumption. Providers should negotiate contracts that give meal participants the most nutritious and pleasing product possible. Delivering food that meets temperature requirements but is unpalatable and unappetizing defeats the purpose of service delivery. Vendors must be held to contracts that limit the length of time between end of preparation and drop-off to the nutrition provider. The nutrition provider then has the responsibility to serve or deliver the food as expeditiously as possible in order to maintain both temperatures and quality.

Multiple funding sources – Providers are encouraged to seek additional funding, especially for the home-delivered meals program. Grants from churches, foundations, and other private sources can make a big difference in the number of meals served. Another source of public funding is the NC Medicaid-waiver program for disabled adults. The Medicaid Community Alternatives Program for Disabled Adults (CAP/DA) will reimburse for home-delivered meals provided to CAP clients as part of their care plans. Per 2003 guidance from the Administration on Aging, however, CAP/DA meals may not be reported for the Nutrition Services Incentive Program subsidy (formerly called the USDA cash or

commodities program) because meal recipients are means-tested as part of the eligibility determination for Medicaid.

Nutrition Services Incentive Program (NSIP) – The NSIP is not a new program. Until 2003, the program was administered by USDA as a cash and/or commodities program to supplement OAA meals, but it has been authorized under the Older Americans Act in one form or another since-1978. In 2003, administration of the program was transferred to the Administration on Aging. There are no significant changes in the program as a result of this transfer. Commodities or cash in lieu of commodities are still available. The new name refers to the fact that the cash or cash and commodity allocation is a proportional share of a federal fiscal year allocation. As long as meals satisfy the requirements of the OAA, they are eligible to be reported for purposes of the NSIP regardless of funding source. The more meals reported to AoA by a state, the larger the state's share of the federal allocation is. Thus, the purpose of the program is to reward performance in meal delivery by programs funded, in whole or in part, under Titles III and VI of the OAA.

According to AoA, the basic criteria that make a meaf eligible for the NSIP reimbursement are:

- > Meals must meet the OAA nutrition requirements for 1/3 RDA and follow the Dietary Guidelines for Americans.
- Meals must be served to eligible individuals: a person who is 60 or over the spouse of a nutrition client who is aged 60 or over.
 - Eligibility may extend to certain eligible people under age 60, including people with disabilities who reside in housing for seniors with a congregate nutrition site or people with disabilities who live with and accompany eligible older adults to the nutrition program.
 - Eligibility may extend to volunteers providing services during meal hours.
- > Participants may not be means-tested for eligibility.
- Regardless of funding sources, meals reported for the NSIP subsidy must be served by a provider who is under the jurisdiction, control, management, and audit authority of an Area Agency on Aging. This means that an agency is eligible if it has a grant agreement with the AAA. Privately funded nutrition programs or assisted living facilities that are not funded by the AAA are not eligible to participate in the NSIP.
- > No set fee can be charged for the meals provided (private pay meals are not eligible).

NSIP cash still must be used to purchase U. S. agricultural commodities and other foods of U.S. origin. NSIP funds may not be used to supplant funds previously earmarked for services to older adults.

Private pay meals – Providers may develop private pay programs for any service offered by the agency. Public funding should not be used to support the provision of private pay meals to ineligible people. If ineligible individuals participate regularly in the HCCBG nutrition program, providers should charge them the full unit reimbursement rate for their meals. Providers must recoup at least the total cost of the meal for ineligible guests.

Consumer contributions – Requirements for soliciting contributions from participants are found in the <u>HCCBG Procedures Manual</u>. A carefully thought out approach to requesting donations could add significant resources and allow a provider to expand nutrition services.

<u>Food Stamps</u> — Nutrition providers are required to accept Food Stamps as contributions for meals. Since Food Stamps have become part of the federal Electronic Benefits Transfer (EBT) system, this is typically done through Offline Food Stamp Vouchers, which are filled out noting the participant's contribution. If a provider receives a Food Stamp EBT voucher, it should be called in on the day it is received from the client. This can be done after participants leave a nutrition site, and a copy of the voucher can be given to the contributor the next day. All vouchers should be collected and mailed once a week to the EBT reimbursement processor. Home-delivered meal clients also can contribute using EBT vouchers, and volunteers can assist as needed. If a volunteer collects a voucher for contribution, it should be returned to the nutrition program office immediately just as the old Food Stamp coupons were. Copies of the contribution voucher can be returned to the home-delivered meal client after the voucher is processed.

Referrals to other community resources – If nutrition providers determine that a client is low income and potentially eligible for other community resources, it is important for them to make referrals. One important connection is to help low-income participants apply for the Food Stamp program. Participation rates indicate that only about 26 % of eligible older adults in North Carolina actually receive Food Stamps. The average Food Stamp benefit for NC older adults is \$45, a helpful amount of extra income that can be used for grocenes during the month. Site managers should have the contact information for the county's Dept. of Social Services Food Stamp representative available to distribute. This information can be given to any senior who says they are economically needy when the Client Registration Form (DOA-101) is being filled out or updated.

Expanding services through health promotion funding – Providers are reminded that nutrition counseling is an allowable activity under the Older Americans Act Title III-D health promotion/disease prevention funding. Local service providers with unmet needs in this area are encouraged to discuss their needs with the Area Agency on Aging. Although nutrition counseling is an allowable expenditure

as part of the regular nutrition services, sometimes it is not possible to meet both the demand for meals and the need for nutrition counseling through the HCCBG allocation. Nutrition counseling is an important intervention for people with specific health conditions.

Record-keeping — An essential part of administering a nutrition program is maintaining client records and documenting service activity. Client registration information (and updates) and units of service reports must be entered into the reimbursement system regularly. Providers should review Error Reports on a monthly basis and correct all errors immediately. Failing to do this means that reimbursement reports do not accurately reflect the balance of funding available to a provider, since funding is obligated but not paid until errors are corrected. Providers also should periodically print out other management reports such as the Client Master List and look for obvious errors. Meticulous record-keeping results in accurate reimbursements for nutrition providers, but this information also is used statewide and nationally to describe the clients receiving nutrition services in North Carolina. It is extremely important for all staff to be accurate in the information they collect from clients and in the data they report to the state information system.

Policies and procedures – Throughout these standards, both requirements and guidelines have been discussed that should be incorporated into an agency's policies and procedures manual:

- Eligibility and service priority (including special eligibility policies if the agency provides meals to eligible underage people with disabilities or volunteers and written agency procedures for reporting changes in a person's eligibility for home-delivered meals).
- Confidentiality policies and procedures (also see <u>the HCCBG Procedures</u>
 <u>Manual</u> for guidance).
- Policy to assure that participants have a choice of whether to pray, either silently or aloud, before meals at congregate sites.
- Procedures to be followed in case of participant illness, injury, or other medical emergencies.
- Evacuation procedures in case of fire or explosion.
- Prohibited activities per 10A NCAC 06K .0206.
- Guidelines for leftover food taken home by participants or donated to food pantries and homeless programs.
- Appeal procedures (also see the <u>HCCBG Procedures Manual</u> for guidance).
- Procedures regarding the request for contributions (also see the <u>HCCBG</u> for guidance).

Congregate Nutrition

Choosing a nutrition site – Many requirements and guidelines influence the choice of a nutrition site but generally include:

- the demographics of the surrounding area, including concentrations of older people and target populations identified by the Older Americans Act;
- whether the site would serve an unserved or underserved part of the county;
- local interest in the program;
- the availability and cost of transportation to the site;
- "the cost and effort needed to meet environmental health permit requirements;
- how accessible the site is for people with disabilities;
- 'm' how comfortable and attractive the building and furnishings are, including acceptability in terms of the cultural and ethnic background of projected participants; and
- staff and overhead costs for the location.

Nutrition site agreements – Nutrition program providers should develop written agreements with the agency or organization where a congregate nutrition site is located. Providers are encouraged to use public facilities that do not charge the congregate nutrition program a fee for renting or leasing the nutrition sites.

Notifying the AAA and DOA of a change in nutrition sites — Nutrition providers must use Form DOA-302 to document the location of congregate nutrition sites in each county. The form must be updated and submitted to the AAA whenever sites change or days of operation change. The AAA will submit all forms from the region to the Division of Aging.

Closing a nutrition site – Unless an emergency occurs, a site cannot be closed permanently or temporarily without the written permission of the AAA. The AAA's role is to assure that options for maintaining services have been considered.

Sometimes the concern is reversed, and the focus is on wasted resources when a site's attendance is so low that costs seem to outweigh the benefits of keeping it open. Combining sites can reduce staff and overhead costs. Ultimately it is a county decision regarding location of congregate nutrition sites, but efforts should be made to increase participation so that per meal or per participant costs are lower overall and the county's funding buys more service. Paying a site manager for a program that serves 10 or 11 people is not very cost effective.

A common rule of thumb is to aim for an average of at least 25 participants each day the site is in operation. One practical reason is that pans of food with this many servings in them tend to hold heat, and it is easier to maintain required food temperatures.

If the option of combining sites is ruled out for local reasons, then increasing participation must be the focus. There are no magic or unfailing prescriptions for adding new participants. Strategies for expanding participation might include:

- More or better outreach to promote the program,
- More transportation assistance to the site for people who need it,
- More or better programming to attract interest, and
- Better food or menus that are more palatable and responsive to cultural or ethnic preferences.

Transportation — Transportation for nutrition site participants who do not own cars, do not have access to a car, or do not possess a valid drivers license should be coordinated with existing transportation resources. Spouses under age 60 who are congregate nutrition participants are also eligible for transportation services to and from the meal site, if needed. Transportation assistance for spouses under age 60 is limited to getting to and from the site. No units of service may be reported for any other transportation purpose.

Imminent danger – If congregate site staff members become aware of conditions placing an older adult or the household in imminent danger, they must report the situation to appropriate staff members for follow-up.

Emergencies — A congregate nutrition site manager has to prepared for the possibility that an emergency will take place while people are participating in the congregate nutrition program. The nutrition provider must develop plans for each site that outline how staff will handle medical emergencies and how the site will be evacuated in case of a fire or explosion. A written plan for handling participant illnesses or accidents must be posted in at least one visible location at each nutrition site. It is important to train staff — both paid and unpaid — about these procedures. In addition, the participants themselves should be generally familiar with emergency plans, or staff might not have their cooperation when it is needed most. This is one reason why fire drills have to be conducted quarterly—to give participants and staff some confidence and sense of control when a true emergency takes place. Staff and participants should know who is assigned to what role when a medical emergency takes place.

Home-delivered Nutrition

Home-delivered meal delivery – Agencies must assure that participants are at home to receive their meals unless other arrangements have been made. Volunteers should not leave meals outside a client's home under any circumstances and should notify appropriate staff when participants are not at home.

NUTRITION PROGRAM ADMINISTRATION

Volunteer vs. staff meal delivery – Providers have to arrange for the delivery of meals to homebound persons, by volunteers if possible. The home-delivered meals program depends heavily on the dependability, kindness, and skill of a host of volunteers who pick up and deliver meals. In some locations the need for volunteers outstrips the people available to provide this critical service. Since federal law does not prohibit staff delivery, the Division of Aging has responded to local requests and has made staff delivery an allowable expense and a local option. We strongly recommend that communities continue to recruit and train a volunteer force for meal delivery, given that home-delivered meals account for a large percentage of the Division's locally maintained waiting list for services. Using staff as back-up to a strong corps of volunteers allows us to deliver the most meals with limited Home and Community Care Block Grant funds. One approach to incorporating limited staff delivery as a local option is to open routes with staff while recruiting volunteers or to use staff only on routes where an agency consistently is unable to enlist people to service the area.

Volunteer staff training — Volunteers are the eyes and ears of an agency where homebound clients are concerned. Paid staff may not have face-to-face contact with a participant outside the 6-month reassessment visit, but volunteer staff regularly see their status and living conditions first-hand. It is very important for volunteer orientation and training to teach and promote confidentiality rules, as well as to teach the need to observe and report conditions for follow-up by appropriate nutrition program staff (i.e., not only conditions placing the older adult or the household in imminent danger, but also conditions indicating the need for referral to additional services). Clients may need help with opening meals, beverages, and utensils. Volunteers should be encouraged to take time for friendly visiting, but also to protect food temperatures by timely delivery along the meal route.

Emergency contact information – Nutrition providers should identify an emergency contact person for each participant on the home-delivered meals route, because volunteers may find situations at the client's home requiring notification. The client registration form has a field to record this information. Training for volunteers should instruct them on how to notify the nutrition provider and the steps that will be taken. A best practice would be to include a phone number for the nutrition program office and written emergency procedures on the meal delivery route sheet.

Imminent danger – Agencies may learn from volunteer reports or reassessments about conditions that place an older adult or the household in imminent danger. Volunteers should be trained how to report situations to appropriate staff for follow-up. Staff must follow-up and refer to the appropriate officials.

NUTRITION PROGRAM ADMINISTRATION

Assessments/Reassessments – The nutrition rules require that agencies assess each participant in the home-delivered meals program at least every 6 months in the home, except for participants on temporary meal status (such as after hospitalization). Client information should be updated at the same time and entered into ARMS. Assessment/reassessment in this context means that a person's situation is reviewed to assure that he or she:

- Has dietary needs that can be met by the home-delivered meals program as
 described in the Nutrition Program Menus section and as further defined
 locally to include hot or other appropriate meals.
- Is eligible or continues to be eligible for home-delivered meals.

 Assessment/reassessment can also mean that information gathered from updating the client registration information such as the Nutrition Risk Score will help the nutrition provider to make good referrals.

The assessment form should include clear eligibility criteria for determining when services are authorized or terminated. Persons who are determined ineligible and able should be referred to the congregate meals program. Agencies also should use the in-home assessment visit to determine the most appropriate form of meal delivery in communities where frozen meals, shelf-stable meals, or liquid nutritional supplements are offered in addition to hot lunches. There is no statemandated assessment form, giving communities the flexibility to develop forms based on the scope of local services (samples are provided in the appendices). Agencies must consider the adequacy of freezer and refrigeration equipment and the ability of the homebound older adult to prepare the meal, when authorizing frozen or shelf-stable meal service. If a local nutrition program provides emergency, weekend, or additional meals, the assessment form should include questions to document the need and authorize the service. These questions might include asking how the participant currently obtains food when the nutrition program is not in operation or asking about the availability of family or friends to obtain or prepare meals in the evenings or on weekends.

X. Documentation and Reporting

Summary of federal and state requirements

- Nutrition providers must maintain documentation of client eligibility and protect the confidentiality of all client information.
- Client registration information must be submitted for each client and updated on a regular basis (every 12 months for congregate and every 6 months for home-delivered). In addition, there must be a written inhome assessment and reassessment of each home-delivered meal participant, except those on temporary meal status, every 6 months. The initial assessment must be conducted within 7 days of referral, and notification regarding eligibility must provided to the applicant within 10 working days of assessment.
- Screening each client for nutritional risk is a federal requirement and is part of the HCCBG client registration process.
- Nutrition providers must maintain documentation of meals prepared, meals served, and meals unserved (usually recorded on meal delivery tickers, if food preparation is subcontracted).
- Diet prescriptions must be kept on file, if therapeutic meals are provided.
- Service-cost-sharing records must be maintained. Nutrition providers
 must follow federal and state requirements for collecting and reporting
 Food Stamps as contributions toward the cost of meals.
- Nutrition providers must submit client records and units of service reports for reimbursement on a regular basis. Errors must be corrected when they are identified. A unit of service is a hot or other appropriate meal that meets all menu requirements and is served to an eligible individual.
- Meals provided under other funding sources may be eligible for the Nutrition Services Incentive Program (NSIP) if they meet the same basic requirements as HCCBG meals. They must be reported as NSIP-only meals (formerly USDA-only meals) and are subject to audit by the AAA.

 Additional HCCBG meals — Providers may serve additional meals beyond the one meal per day, 5 days per week, but must make an individual determination of need when authorizing additional meals.

Practice Guidelines

Other sections of these standards address documentation from the standpoint of compliance with requirements in those sections, for example, staff training, maintenance of temperatures, or administrative requirements. This section deals with documentation of client information and services.

Client Eligibility – Congregate and home-delivered meal clients have to be registered as clients using the <u>DOA-101 Client Registration Form</u> (CRF), unless the nutrition provider is a DSS reporting on the DSS Client Intake Form (DSS-5027) through SIS. Instructions for completing the CRF may be found in section 4 of the Home and Community Care Block Grant Procedures Manual (http://www.dhhs.state.nc.us/aging/manual/hccbg/hccbg.htm). Care should be taken to record accurate information when registering clients, as statistics compiled on people receiving nutrition services are reported statewide and nationally.

Client registration provides adequate documentation of client eligibility for congregate meal clients and spouses under age 60. For optional special eligibility clients receiving congregate meals, additional documentation is needed in the client records to document disability or volunteer status.

For home-delivered meal clients, client registration information is only the first step toward documenting that a person is eligible. The client record must include documentation that in-home assessments and reassessments every 6 months have been conducted to confirm a person's eligibility in terms of condition and need (see the Eligibility section for a discussion of home-delivered meal eligibility criteria). People receiving home-delivered meals under special eligibility requirements need documentation related to disability, spouse/caregiver status, or volunteer status.

AAAs are responsible for developing procedures related to the documentation of special eligibility. If providers exercise their option to provide meals to volunteers or certain eligible adults with disabilities under age 60, they should confer with the AAA about the documentation needed in the client record.

Waiting List - Nutrition providers should document the number of people waiting for nutrition services by entering contact information in ARMS. DSSs that report

through SIS should submit waiting list information to their Area Agency on Aging for data entry in ARMS.

Assessments/Reassessments — There are no required forms for nutrition assessments, giving agencies the flexibility to develop forms based on the scope of local services. If frozen or shelf-stable meals are provided as emergency, weekend, or additional meals, an assessment form should document that the agency has considered the adequacy of a person's freezer and refrigeration equipment, as well as their ability to reheat or prepare the meals. The assessment form also should document the need for weekend or additional meals beyond the traditional hot lunch Monday through Friday. This is easily done through the typical home-delivered meal assessment, which looks at functional limitations and the availability of a support system when the nutrition program is not in operation. Similar notations of need should be documented if weekend or additional meals are provided to congregate clients.

When service reassessments are conducted (every 12 months for congregate and every 6 months for home-delivered), the information on the <u>Client Registration Form</u> must be updated. Only the signature of the agency staff person completing the client registration information update is required so long as an original client signature is maintained on file.

Screening for Nutritional Risk – The DETERMINE Your Nutritional Risk Checklist must be completed each time the client registration information is updated, and a paper copy of the DETERMINE checklist should be on file with the client registration form. Nutrition clients may complete their own forms or staff may administer the survey, as appropriate, but the nutritional risk score must be documented and updated regularly. It is appropriate to use this screening as an indicator of whether referral for additional screening or services is necessary. Information on the DETERMINE checklist also may be used to document the need for additional meals.

Therapeutic Diet Meals – If an agency provides therapeutic diet meals, the client record must include the physician's written order, updated every 6 months.

Liquid Nutritional Supplement – The client record of a person receiving liquid nutritional supplement products must include the same client registration form as other nutrition clients and the written authorization of a professional (physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist), updated at least every 6 months. This includes special authorization on file for supplements to be used as a meal replacement, if applicable. Typically it takes 2 cans of the supplement product to meet the 1/3 RDA requirement. If one box of 12 cans is delivered to a client, per a

professional's authorization, then 6 meals may be claimed for reimbursement on the date of delivery.

Nutrition Services Incentive Program (NSIP) – The NSIP (formerly referred to as the USDA subsidy) is available to agencies funded by the HCCBG for nutrition services. Even though the name has changed, there are no changes in how meals are reported for NSIP. All meals reported for the HCCBG will receive the NSIP subsidy.

NSIP-only meals – Providers with additional funding sources may submit those meals for reimbursement as NSIP-only (formerly known as USDA-only) under service codes181 (congregate) and 021 (home-delivered). Documentation requirements are the same as for the HCCBG meals, except for cost-sharing provisions (no requirement to solicit – may collect voluntary contributions – may not charge a set fee). Client eligibility criteria are the same, and meals must meet the same nutritional requirements. The meals must be served by an agency that is under the jurisdiction, control, management, and audit authority of the Area Agency on Aging (meaning they must have a grant agreement with the AAA). Records of NSIP-only meals served to specific clients on specific dates must be kept on file for audit.

Documenting Meals Served – Agencies providing nutrition services must maintain documentation of meals ordered, meals served, and meals unserved. Delivery tickets from the caterer often serve to record the number of meals ordered and received. They can also record missing items and other problems with the meals delivered. Incomplete meals, unserved meals, and leftover food served as second helpings cannot be reported for reimbursement. Providers are encouraged to use a reservation system to reduce the number of unserved meals.

For congregate meals, a best practice is to have a sign-in sheet at each nutrition site to verify who received meals, but it is acceptable to record meals served by date on the ZGA-903 "turnaround document". Food left after everyone has been served at a congregate site may be served as seconds, but they may not be reported for reimbursement as additional meals served. For home-delivered meals, meal delivery personnel must sign the route sheet or similar documentation to certify that meals were delivered to specific clients on each route.

More than one meal may be recorded per delivery date if a person receives additional meals or emergency meals. Meals should always be reported on the date they are distributed or delivered.

Eligible Meals – To be eligible for reimbursement, a meal must meet all the requirements listed in the Nutrition Program Menus section:

- A licensed dietitian/nutritionist has to approve the menus based on a nutrient analysis and all menu requirements. Substitutions have to be certified as meeting menu requirements.
- The nutrition provider has to offer a complete meal to an eligible client.
 Nutrition participants have the right to refuse food items, but the food items must be available to be served.

A unit of service equals one hot or other appropriate meal served to an eligible individual.

Tying Eligible Meals to Eligible Clients – No provider wants disallowed meals denied for reimbursement, but lack of any of the following documentation can create problems:

- Make sure that documentation of client eligibility is on file and up-to-date.
- Make sure that documentation of a meal's eligibility is on file. This means menu certification, including menu substitutions and nutrient analysis, and may also include authorization by a professional for liquid nutritional supplement or therapeutic diet meals.
- Make sure that documentation is on file to show that an adequate number of meals were order and that enough complete meals were received to verify that all the meals reported for reimbursement were eligible.

Consumer Contributions

Documentation requirements for requesting consumer cost-sharing are outlined in section 5 of the <u>HCCBG Procedures Manual</u>.

Requirements for documenting, depositing, and reporting contributions follow some common sense guidelines. The donations should always be counted and recorded by two people, for their own protection and because this is an accepted accounting practice. The person who verifies and deposits the funds should not be the same person who counted and recorded the donations. The donation record should match the deposit record on the agency's general ledger. This amount should also match the report of program income on ARMS financial reports. An agency must never reduce the amount of donations reported because of petty cash purchases. Strict accounting procedures should be used.

ARMS Reports

A variety of reports based on client and unit information submitted to ARMS are available to nutrition program providers. Providers are urged to check these reports regularly in order to verify if correct information is in the system.

APPENDIX A OLDER AMERICANS ACT NUTRITION REQUIREMENTS

The Older Americans Act of 1965, as amended by P.L. 106-501 in November 2000, provides the federal requirements for nutrition programs funded under the N.C. Home and Community Care Block Grant. The act will be codified in Title 42, Chapter 35 - Programs for Older Americans, of the U.S. Code, but the official version is not yet available. An unofficial version of the codified rules can be accessed through the Administration on Aging website:

http://www.aoa.gov/AoARoot/AoA Programs/OAA/index.aspx

The following six sections of 42 U.S.C. Chapter 35 specifically pertain to nutrition services:

- 42 USC sec. 3030a Nutrition Services Incentive Program
- 42 USC sec. 3030e Congregate Nutrition Services Grants for Establishment and Operation of Nutrition Projects
- <u>42 USC sec. 3030f</u> Home Delivered Nutrition Services Grants for Establishment and Operation of Nutrition Projects for Older Individuals
- 42 USC sec. 3030g Home Delivered Nutrition Services Efficiency and Quality Criteria
- 42 USC sec. 3030g-21 General Provisions Nutrition
- 42 USC sec. 3030g-22 General Provisions Payment Requirement

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
AGING

Part A - General Provisions

42 USC Sec. 3030a. Nutrition services incentive program

- (a) Purpose
 - The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.
- (b) Allotment and provision of cash or commodities
 - (1) The Secretary of Agriculture shall allot and provide in the form of cash or commodities or a combination thereof (at the discretion of the State) to each State agency with a plan approved under this subchapter for a fiscal year, and to each grantee with an application approved under title VI of this chapter for such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) of this section as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of

meals served by the title VI grantee, under such application approved for such preceding fiscal year), bears to the total number of such meals served in all States and by all title VI grantees under all such plans and applications approved for such preceding fiscal year.

(2) For purposes of paragraph (1), in the case of a grantee that has an application approved under title VI of this chapter for a fiscal year but that did not receive assistance under this section for the preceding fiscal year, the number of meals served by the title VI grantee for the preceding fiscal year shall be deemed to equal the number of meals that the Assistant Secretary estimates will be served by the title VI grantee in the fiscal year for which the application was approved.

(c) Donation of products

- (1) Agricultural commodities and products purchased by the Secretary of Agriculture under section 612c of title 7, shall be donated to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this subchapter.
- (2) The Commodity Credit Corporation shall dispose of food commodities under section 1431 of title 7 by donating them to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this subchapter.
- (3) Dairy products purchased by the Secretary of Agriculture under section 1446a-1 of title 7 shall be used to meet the requirements of programs providing nutrition services in accordance with the provisions of this subchapter.

(d) Cash payments in lieu of food commodities

- (1) In any case in which a State elects to receive cash payments, the Secretary of Agriculture shall make cash payments to such State in an amount equivalent in value to the donated foods which the State otherwise would have received if such State had retained its commodity distribution.
- (2) When such payments are made, the State agency shall promptly and equitably disburse any cash it receives in lieu of commodities to recipients of grants or contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase United States agricultural commodities and other foods for their nutrition projects.
- 3) Nothing in this subsection shall be construed to authorize the Secretary of Agriculture to require any State to elect to receive cash payments under this subsection.
- (4) Among the commodities delivered under subsection (c) of this section, the Secretary of Agriculture shall give special emphasis to high protein foods. The Secretary of Agriculture, in consultation with the Assistant Secretary, is authorized to prescribe the terms and conditions respecting the donating of commodities under this subsection.
- (e) Authorization of appropriations
 - There are authorized to be appropriated to carry out this section (other than subsection (c)(1) of this section) such sums as may be necessary for fiscal year 2001 and such sums as may be necessary for each of the 4 succeeding fiscal years.
- (f) Dissemination of information

In each fiscal year, the Secretary of Agriculture and the Secretary of Health and Human Services shall jointly disseminate to State agencies, area agencies on aging, and providers of nutrition services assisted under this subchapter, information concerning -

(1) the existence of any Federal commodity processing program in which such State agencies, area agencies on aging, and providers may be eligible to participate; and

(2) the procedures to be followed to participate in the program.

(Pub. L. 89-73; title III, Sec. 311, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stat. 1533; amended Pub. L. 97-115, Sec. 9, Dec. 29, 1981, 95 Stat. 1600; Pub. L. 98-459, title III, Sec. 310, Oct. 9, 1984, 98 Stat. 1779; Pub. L. 99-269, Sec. 2, 3(b), 4, Apr. 1, 1986, 100 Stat. 78; Pub. L. 100-175, title I, Sec. 122(c), Nov. 29, 1987, 101 Stat. 933; Pub. L. 102-375, fitle I, Sec. 102(b)(10)(A), fitle III, Sec. 310, Sept. 30, 1992, 106 Stat. 1202, 1236; Pub. L. 103-171, Sec. 3(a)(6), Dec. 2, 1993, 107 Stat. 1990; Pub. L. 106-501, title III, Sec. 309, Nov. 13, 2000, 114 Stat. 2246.)

TITLE 42 - THE PUBLIC HEALTH AND WELFARE CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

Part C - Nutrition Services subpart i - Congregate nutrition services

Sec. 3030e. Grants for establishment and operation of nutrition projects

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title for the establishment and operation of nutrition projects -

(1) which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;

(2) which shall be provided in congregate settings, including adult day care facilities and

multigenerational meal sites; and

(3) which may include nutrition education services and other appropriate nutrition services for older individuals.

(Pub. L. 89-73, title III, Sec. 331, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stat. 1536; amended Pub. L. 102-375, title III, Sec. 313, Sept. 30, 1992, 106 Stat. 1238; Pub. L. 103-171, Sec. 3(a)(13), Dec. 2, 1993, 107 Stat. 1990; Pub. L. 106-501, title III, Sec. 312(c), Nov. 13, 2000, 114 Stat. 2252.)

TITLE 42 - THE PUBLIC HEALTH AND WELFARE CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

Part C - Nutrition Services subpart ii - home delivered nutrition services

42 USC Sec. 3030f. Grants for establishment and operation of nutrition projects for older individuals

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title for the establishment and operation of nutrition projects for older individuals which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one home delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.

(Pub. L. 89-73, title III, Sec. 336, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stát. 1536; amended Pub. L. 102-375, title III, Sec. 314, Sept. 30, 1992, 106 Stat. 1238; Pub. L. 103-171, Sec. 3(a)(13), Dec. 2, 1993, 107 Stat. 1990.)

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
AGING
Part C - Nutrition Services
subpart ii - home delivered nutrition services

42 USC Sec. 3030g. Efficiency and quality criteria

The Assistant Secretary, in consultation with organizations of and for the aged, blind, and disabled, and with representatives from the American Dietetic Association, the Dietary Managers Association, the National Association of Area Agencies on Aging, the National Association of Nutrition and Aging Services Programs, the National Association of Meals Programs, Incorporated, and any other appropriate group, shall develop minimum criteria of efficiency and quality for the furnishing of home delivered meal services for projects described in section 3030f of this title. The criteria required by this section shall take into account the ability of established home delivered meals programs to continue such services without major alteration in the furnishing of such services.

(Pub. L. 89-73, title III, Sec. 337, as added Pub. L. 95-478, title I, Sec. 103(b), Oct. 18, 1978, 92 Stat. 1536; amended Pub. L. 97-115, Sec. 10(e), Dec. 29, 1981, 95 Stat. 1601; Pub. L. 100-175, title I, Sec. 182(n), Nov. 29, 1987, 101 Stat. 967; Pub. L. 102-375, title III, Sec. 315, Sept. 30, 1992, 106 Stat. 1239; Pub. L. 103-171, Sec. 3(a)(13), Dec. 2, 1993, 107 Stat. 1990.)

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON
AGING

Part C - Nutrition Services subpart iii - general provisions

42 USC Sec. 3030g-21. Nutrition

A State that establishes and operates a nutrition project under this chapter shall -

- (1) solicit the advice of a dietitian or individual with comparable expertise in the planning of nutritional services, and
- (2) ensure that the project -
 - (A) provides meals that ~
 - (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture,
 - (ii) provide to each participating older individual -
 - (I) a minimum of 33 1/3 percent of the daily recommended dietary allowances as 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,
 - (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
 - (III) 100 percent of the allowances if the project provides three meals per day, and
 - (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
- (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,
- (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
- (D) where feasible, encourages arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,
- (E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,
- (F) comply 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,

- (G) ensures that meal providers carry out such project with the advice of dietitians (or individuals with comparable expertise), meal participants, and other individuals knowledgeable with regard to the needs of older individuals.
- (H) ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany older individuals eligible under this chapter,
- (I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, and
- (J) provides for nutrition screening and, where appropriate, for nutrition education and counseling.

(Pub. L. 89-73, title III, Sec. 339, as added Pub. L. 106-501, title III, Sec. 313, Nov. 13, 2000, 114 Stat. 2252.)

TITLE 42 - THE PUBLIC HEALTH AND WELFARE CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

Part C - Nutrition Services subpart iii - general provisions

42 USC Sec. 3030g-22. Payment requirement

Payments made by a State agency or an area agency on aging for nutrition services (including meals) provided under part A, B, or C of this subchapter may not be reduced to reflect any increase in the level of assistance provided under section 3030a of this title.

(Pub. L. 89-73, title III, Sec. 339A, as added Pub. L. 102-375, title III, Sec. 317, Sept. 30, 1992, 106 Stat. 1241.)

APPENDIX B OAA FEDERAL REGULATIONS PERTAINING TO NUTRITION REQUIREMENTS

The most current regulations promulgated by the U.S. Administration on Aging for the Older Americans Act of 1965 as amended may be accessed through the AoA website: http://www.aoa.gov/AoARoot/AoA Programs/OAA/index.aspx

The regulations pertaining to nutrition service requirements identified below are excerpts from **45 CFR 1321**. The source is 53 FR 33766, August 31, 1988. As of the effective date of the current NC nutrition standards (effective 7-1-03), the Administration on Aging is rewriting the regulations for the 2000 amendments to the OAA.

Headings and introductory material are included in the excerpts below. Sections not pertaining to nutrition are excluded, and thus the numbering is not sequential because of the omitted subsections.

45 CFR Sec. 1321.17 Content of State plan.

To receive a grant under this part, a State shall have an approved State plan as prescribed in section 307 of the Act. In addition to meeting the requirements of section 307, a State plan shall include:

- f. Each of the assurances and provisions required in sections 305 and 307 of the Act, and provisions that the State meets each of the requirements under Secs. 1321.5 through 1321.75 of this part, and the following assurances as prescribed by the Commissioner:
 - 12. Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(l) of the Act.

45 CFR Sec. 1321.69 Service priority for frail, homebound or isolated elderly.

- a. Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.
- b. The spouse of the older person, regardless of age or condition, may receive a homedelivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person.



North Carolina Department of Health and Human Services Division of Aging and Adult Services

Pat McCrory Governor Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Suzanne P. Merrill Division Director

ADMINISTRATIVE LETTER NO. DAAS 14-14

TQ:

Area Agencies on Aging Administrators

County Departments of Social Services Directors

Aging Service Providers

FROM:

Suzanne P. Merrill, Division Director Sugant P. Menill

DATE:

December 5, 2014

SUBJECT:

Subcontractor Monitoring

The purpose of this Administrative Letter is to provide updated policies and procedures for evaluating and monitoring subcontracts between Community Service Providers and other entities for the provision of Home and Community Care Block Grant (HCCBG) and other funds administered by Area Agencies on Aging. This guidance <u>replaces</u> the policy found in DAAS Administrative Letter 13-15 dated August 22, 2013. Our goal continues to focus on assured accountability of subcontractors, including compliance with the terms of the subcontracts, and to promote quality services for older adults and their families.

The updates regarding Subcontractor Monitoring are as follows:

- Section 308, Monitoring of Community Service Providers, of the Area Agency on Aging (AAA) Policies and Procedures Manual (http://www.ncdhhs.gov/aging/monitor/sec308 AAA2013.pdf) has been updated. HCCBG Community Service Providers will continue to submit copies of any subcontracts to their respective Area Agency on Aging, however there is no longer a requirement for the AAA to 'approve' local subcontracts.
- 2. Community Service Providers must complete an annual "Subcontractor Performance Evaluation" and submit it to the AAA for review as required in 2014, however these forms have been updated and clarified. The Subcontractor Performance Evaluation must be completed between January 1 and June 1, 2015 and can be found at http://www.ncdhhs.gov/aging/monitor/mtools.htm



HCCBG Subcontractor Performance Evaluation

1. Is the subcontractor currently registered as charitable organization (501c3) with the federal government? Instructions: If "Yes", notify the subcontractor and contact the Area Agency on Aging for further guidance. Instructions: If "Yes", notify the subcontractor and contact the Area Agency on Aging for further guidance. Instructions: If "No", notify the subcontractor and contact the Area Agency on Aging for further guidance. A/Z A/N N/A N/A ΚX 1. Subcontractor has been Suspended or Debarred by the State of NC? (www.osbm.state.nc.us) Instructions: If "No", the subcontractor must provide verification of a valid business license. 3. A notarized "State Grant Certification of No Overdue Tax Debts" has been provided by the subcontractor? 2. Is the subcontractor barred from doing business at the federal level? (www.sam.gov) 9 % <u>8</u> Yes ž Instructions: If "No", notify the subcontractor to complete this requirement. Congregate Nutrition Yes ·Yes Yes Yes (www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check) The subcontractor has provided a copy of their business license? Required Assurances: For Profit and Non-Profit Subcontractors: For Non-Profit Subcontractors: Subcontractor Agency Name For Profit Subcontractors: Provider Agency Name Baseline Compliance Director Signature Date of evaluation Manager on Duty Service Name

HCCBG Subcontractor rerformance Evaluation

	•		
ব্বৰ্বৰ্ব			
444444 222222			
		1.	
	그리고 말했다고요 하나되었다.		
~~~~~			
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		a 2	
		닭	
		lă:	
With the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t		oqi	
		လ	
TO THE		f the Yes	
φ Ω 7 Ω 7		ja ⊂	·
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Suc	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		善	
		DO	
SS (20 p) 21) SS (20 p) 25) AAS (24 p) 25) ards (24AS (26 DAAS (24) p) 2 fed?		ms and conditions of the subcontract?	ם
S S S S S S S S S S S S S S S S S S S		ä	ce found
2 S 3 6 0 6		JIIS	පු
			ial
		<u>e</u>	ldu
		5	9
Z D 0 E 2 2		ətir	-110
0 to 4 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ne(	ļu ļ
	본	<u> </u>	0 8
O G E G E S	<b>V</b>	ent	ea
	<b>5</b>	<b>5</b>	Ō
		0.0	q
		lotic	SCI
		ltra	de de
		00	S
	<b>2</b>	qn	lea
	00	<u>o</u>	g .
1) Food Sprepared in a Gradel A. kitchen? (DA. Hot food Sportes than 135 degree? (DAA. Ooldfood Smoth of than 45 degree? (DAA. Nenus meetril/3 of the RDA. A. menus Standa 5. Food is backaged and transported safely? (Gont Consumer. Contributions opportunity, is offer	Subcontract Scope of Work:	Is the subcontractor currently meeting the ter	If no, please <b>describe</b> areas of non-complia
<del>ためを4</del> での	William Brown Brown Const.	=	

# **HCCBG Subcontractor Performance Evaluation**

	AAS Service Monitoring Tool used to conduct your evaluation? f yes, please attach. Yes No
Describe the corrective action plan:	Was all or part of the DAAS Service Monitoring If yes, please attach.

Service Providers who subcontract a portion or all of any HCCBG Service to a non-profit or for-profit entity. This form is to be completed between January - June of each year and submitted to the Area Agency on Aging. Instructions: The HCCBG Subcontractor Performance Evaluation is to be completed annually be Community

## PART I

## Staff Interviews and Review of Related Documentation

Provider Agency:			A	ssessi	nent Date:
Agency Staff Interviewed:					
Signature of AAA Interviewer.					
Nutrition Service Reimbursem					
1. Check all nutrition services rei	mburs	ed th	rough the N	IC Div	rision of Aging:
			Yes	No	Comments
Congregate Nutrition (180)					
Congregate Nutrition - NSIP-only	(181)				
Congregate Liquid Nutritional Supp		t (182	2)		
Home-delivered Nutrition (020)					-
Home-delivered Nutrition - NSIP-o	nly (02	(1)			
Home-delivered Liquid Nutritional S			(022)		
Meal Options:  2. Check all options for service d Block Grant:			ported by th		
	Yes	No	e.g., 5 days/w	k, emerg	Frequency? gencies, as funding allows, occasionally)
Hot lunches					
Frozen meals					
Shelf-stable meals					*
Liquid nutritional supplements					
Additional meals: moming meal					
Additional meals: evening meal					
Additional meals: weekend meals		Ì			
Therapeutic diet meals		<u> </u>			
3. Check all options for service d reported for NSIP-only (formerly	USDA	-only			
	Yes	No	(e.g., 5 days/v	vk, emer	Frequency? gencies, as funding allows, occasionally)
Hot lunches					
Frozen meals					
Shelf-stable meals					
Liquid nutritional supplements					
Additional meals: morning meal					
Additional meals: evening meal					
Additional meals: weekend meals					
Therapeutic diet meals			,		

C = Congregate only HD = Home-delivered only None = Both	N.A.	Yes	No
C-4. Nutrition provider has on file a completed Attachment A: Site Review for each nutrition site.			
C-5. Congregate meal provider offers at least one hot or other appropriate meal per day in a congregate setting. [Standards p. 3]			
C-6. Documentation is on file that fire drills are conducted quarterly at each congregate nutrition site. [Standards p. 34] List exceptions:			
C-7. A current fire department inspection report has been completed for all sites according to the local fire code inspection schedule, or agency can show efforts to have inspection completed. [Standards p. 34] List exceptions:			
C-8. There are paid site managers, and they are paid for no more than 4 hours per day out of the Home and Community Care Block Grant. [Standards p. 29]			
C-9. Site managers are responsible for activities at their sites and post a calendar of activities at the beginning of each month at each site. [Standards p. 27]			
C-10. Documentation is on file that site managers have received training or are knowledgeable because of previous experience about site operations, record-keeping requirements, community resources and referral procedures, food safety, and food portioning. [Standards p. 29]		-	
C-11. Each nutrition site has an emergency plan for medical emergencies and evacuation in case of fire or explosion. [Standards p. 34]			
C-12. Each nutrition site has posted in at least one visible location a written plan that describes procedures to follow in case a participant becomes ill or injured. [Standards p. 34]			
13. Except for holidays or emergencies, meals are offered 5 days per week, 52 weeks per year, or DAAS has approved a waiver for lesser frequency. [Standards p. 33]		-	
14. Nutrition provider offers nutrition counseling as part of nutrition services. If yes, please describe how services are delivered. [Standards p. 27]			

·			,
	N.A.	Yes	No
15. Food is prepared on-site. If not, name the current vendor for food	1		
preparation and delivery:			
16. An annual survey of participants soliciting menu suggestions and client			
satisfaction is on file. [Standards p. 12] Comments?			
	;		
17. The nutrition provider arranges for the services of a licensed dietitian/	l I	-	
nutritionist. [Standards p. 29]			
		٠.	] .
40 D 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			L
18. Describe the arrangements for the dietitian/nutritionist's involvement in the			
program (for example, who employs the dietitian, does the dietitian develop t	the mer	าบร an	d ∤
recipes, how often does the dietitian review menus, how does the dietitian re	ceive n	nenu	
substitutions for approval, etc.)			•
			ĺ
	h i A	V	
	N.A.	Yes	No
19. Does the nutrition provider have approval from the Environmental	N.A.	Yes	No
19. Does the nutrition provider have approval from the Environmental  Health Specialist to use time rather than temperature for the serving of any	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any	N.A.	Yes	No
	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff:	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff:	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff:  22. There is a paid nutrition program director. [Standards p. 29]	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff:  22. There is a paid nutrition program director. [Standards p. 29]	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff:  22. There is a paid nutrition program director. [Standards p. 29]  23. The nutrition program director successfully completed within the first 12 months of employment at least 15 hours of instruction in food service	N.A.	Yes	No
Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:  20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]  21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff:  22. There is a paid nutrition program director. [Standards p. 29]	N.A.	Yes	No

	N.A.	Yes	No
24. The nutrition program director participated within the first 12 months of employment in DAAS training on nutrition program management. [Standards p. 29]			-
25. The nutrition staff can demonstrate efforts to train current volunteer staff. [Standards p. 29]			

Answer the following as true/false statements.	N.A.	True	False
26. Nutrition provider does not use funds to purchase vehicles to deliver meals. [Standards p. 35]		•	
<ul> <li>27. Nutrition provider does not provide meals to ineligible people without reimbursement of the full cost of the meal. [Standards p. 35]</li> <li>Ineligibility criteria on Standards p. 6:</li> <li>People whose dietary needs cannot be met through the meals offered.</li> </ul>			
<ul> <li>People residing in long-term care facilities or enrolled in care- providing programs (including adult day care/day health, except that people attending day care/day health centers may receive meals on the days they do not participate in the adult day program).</li> </ul>			
28. Nutrition provider does not serve therapeutic meals without a physician's order on file and unless the program has the capability to provide the service. [Standards p. 35]	-		
29. Nutrition provider staff and volunteers do not administer medical treatment or medications. [Standards p. 35]			
30. Nutrition provider staff and volunteers do not carry out_financial transactions except those related to donations. [Standards p. 35]			
31. Nutrition provider staff and volunteers do not provide unapproved meals to participants. [Standards p. 35]			
32. Nutrition provider staff and volunteers do not accept gifts. [Standards p. 35]			
33. Congregate nutrition sites are not closed or combined on a temporary or permanent basis (except in an emergency) without the prior written approval of the AAA administrator assuring that options for maintaining services have been considered. [Standards p. 35]			

	N.A.	Yes	No
34. Utilization levels for the HCCBG budget at the time of the AAA assessment are consistent with budget projections for the fiscal year. If not, describe appropriate adjustments.			
			<b>]</b>

	Congre Nutriti		Home- deliver Meals	- 1
A. = The total units reimbursed by ARMS for the month of (See the ZGA 370 or the Units of Services Verification Report)				
B. = Total units submitted for keying from the ZGA 903 to ARMS for the month chosen above.			· · · · · · · · · · · · · · · · · · ·	
C Less units not accepted by ARMS for the chosen month (see error report, if applicable. If the provider keys directly into ARMS, enter zero)				
D. + Add units keyed and accepted by ARMS in the month chosen above that were disallowed in a previous month(s).				
E. = Total (B – C + D): Item A (total units reimbursed) and item E (adjusted units recorded) should equal.	-			
F. Explain any difference between units reimbursed by ARMS (A) a recorded (E):	ind adju	sted u	nits	
		N.A.	Yes	No
36. Two individuals open, count, and record consumer contributions.				-
<ol> <li>The person making deposits is different from the people counting recording contributions.</li> </ol>	and		1	
38. Verify program income reported in ARMS:				
The amount of program income in ARMS for the month of is the same as the program amount in the agency's General Ledger f	or the		in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	

program income (cost sharing) collected recorded in the provider's accounting to	purpose of this question is to verify the a ed at the provider's nutrition site equals the ecords. With assistance from nutrition/a from the point of collecting program income	he amount gency staff,
\$ Amount collected at	Nutrition Site on	(date)
\$ Amount counted and record (if the administrative offices a	ed at are a different location from nutrition site)	location
\$ Amount recorded on deposit	slip for the sample date.	:
\$Amount recorded in General	Ledger or accounting records of the pro	ovider.
There should be a clear audit trail from deposit and recording in the General Le	the point of counting program income to edger. Explain any difference in these a	the point of mounts:
HD-40. Home-delivered meal provider of frozen, dried, canned, or supplemental adults. [Standards p. 3]	meal per day to homebound older	
HD-41. Nutrition provider has written pr the eligibility of home-delivered meal cli [Standards p. 7]	ocedures for reporting changes in ents (i.e., termination of services).	
HD-42. Nutrition provider has procedur delivered meal clients receive telephone 6 months. [DAAS Adm Ltr No. 05-13]	res to document eligible home- e client reassessments every other	
Corrective Action/Technical Assistance		
	·	
	•	

## PART II

## <u>AAA Observations and Review of Activities</u> at Nutrition Site(s) and on Home-delivered Meal Route(s)

(make additional copies of this section as necessary for each s	ite or	route	)
Name of nutrition site visited and date:			
·	1	I v 2	1
C 1 Obtain annual and a city of a said	N.A.	Yes	No
C-1. Obtain copy of agency's Attachment A: Site Review. AAA's observations on-site agree with provider's assessment. If not, note exceptions:			man in the care of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the special part of the spe
C-2. Identify the names of 3-5 individuals who received a meal on the day of	the site	e visit:	]
	···		
[Include 2 or more of these names in the client record reviews, OR verify tha included in the agency's client database during Part III: Desk Re		name	s are
	N.A.	Yes	No
C-3. A calendar of activities for the month is posted on-site.			
C-4. There is a contribution system in full view.			
C-5. A written plan is posted in at least one visible location that describes procedures to follow in case a participant becomes ill or injured.			
C-6. Congregate food temperatures are taken immediately before serving on the day of the site visit, and serving time is recorded.			
	J		٠

C-7. Food temperatures taken on day of congregate site visit:			
Meat/meat alternative (specify			;
Grains or other carbohydrates (specify	)		
Vegetable or Fruit (specify	)		
Vegetable or Fruit (specify	)		
Milk (if other source of calcium, specify	)		
Other (specify			:
C-8. Approved menu is posted in meal serving area.			
	N.A.	Yes	No
9. Approved menu is posted in meal preparation area of nutrition site.			
10. Approved menu is served oп day of site visit.			
11. If the approved menu is not served on day of visit, reviewer observes that caterer has sent appropriate notification of menu changes.			
12. On day of visit, food prepared off-site is received by staff or a trained volunteer, who document meal arrival time and sign the delivery ticket. Food temperatures are taken and recorded if food is held in warming or refrigeration equipment prior to serving.			
13. The areas where food is handled or served are clean and in good repair.			
14. The Health Department sanitation permit is posted in a visible location at putrition site.			
15. Prior to serving congregate meals, home-delivered meals are individually plated, packaged, and transported immediately.			
16. In general, packaging and transport equipment appears to be clean, in good repair, and capable of maintaining food temperatures and protecting food from potential contamination. Comments?			
17. If frozen meals are provided, they are dated with the date delivered to the nutrition program.			
18. Note observations about food presentation and palatability based on direinteractions with clients on day of site visit.	ect expe	erience	or
19. Note observations about the perceived eligibility of clients in attendance site/route visit:	on day	of	

20. On day of site/route visit, compare meals prepared or received, meals se	erved, a	and me	als
unserved:  Meals ordered			
Meals prepared or received		•	
Meals served			
Meals unserved			
	N.A.	Yes	No
21. Contributions are counted and recorded at the site by two individuals.		-	
If Home delivered only, may be counted at a central office. If not, describe			
the procedures observed:			
	1		
· · · · · · · · · · · · · · · · · · ·		]_	] .

## Home-delivered Meal Route:

Name of route that AAA rides and date:			
	N.A.	Yes	No
HD-22. Clients receiving meals on the route appear to need service. [If perception raises question, reviewer should include this client in desk review of client records.]			
HD-23. Volunteers accept contributions and take them back to nutrition site or central office.			
HD-24. Home-delivered meal temperatures taken on route:			•
Meat/meat alternative (specify			
Grains or other carbohydrates (specify		)	
Vegetable or Fruit (specify		)	ı
Vegetable or Fruit (specify		)	l
Milk (if other source of calcium, specify		)	
Other (specify			)
·			· · · · · · · · ·
Corrective Action:			
·			
Technical Assistance:			

## PART III Desk Review

	Desk review	of Healt	h Depart	ment permits:			
	on provider has on file List the site, date of in				ermits	for eac	ch
Site	Date of Inspection	Grade ·	Site	Date of Inspe	ction	Gra	ade
					-		
						**	
			******				
2. Unless two are included in	review of clients or more of the client not the client record reviolated in the agency's	names reco ew/unit ver	rded durin ification, v	g the site visits erify that the	N.A.	Yes	No
	omparison of one w	-	-		N.A.	Yes	No
and one week of meal delivery tickets at one site/route:  3. Select one week of meal delivery tickets or comparable documentation.  Meal tickets document each food item that was delivered, record the end of preparation time, and are signed by the food production manager. If not, list exceptions:							
4. Compare the selected week of meal tickets or comparable documentation to approved menus for that week. The approved menus were followed, or menu changes are documented on menu change forms. List exceptions:							
notification tha	n does the caterer pro at emergency menu su notation or menu char	ubstitutions	agency or have beer	the date food is de n made? Examples	livered includ	   writtel  e meal	n I

Desk review of menu files:	N.A.	Yes	No
6. Menus are changed at least two times per year. [Standards p. 13]			
7. Each page of menus has been signed by a licensed dietitian/nutritionist to certify that the menus meet all federal and state requirements.  [Standards p. 12]			
8. A nutrient analysis is on file with each certified menu. [Standards p. 12]			
<ul> <li>9. Menu change forms are on file with each certified menu to document</li> <li>date of delivery,</li> <li>specific food substitution, and</li> <li>signature of the production manager and/or dietitian authorizing the menu change. [Standards p. 12]</li> </ul>			
10. Menu substitutions are approved by the dietitian/nutritionist within 90 days or no later than July 31 st . [Standards p. 12] If not, list exceptions:	-		

Desk review of meals ordered and meals served:							
11. Select 5 random date congregate or home-deli	es and compare vered clients: #1	meals order #2	ed and meals #3	s served for e #4	ither #5		
Date: Site or route: Meals ordered: Meals received or prepa Meals served: Meals unserved:	red:						

## Temperature documentation review:

C-12. Congregate:

Review a month of temperature records for at least 50% of nutrition sites and attach a completed Attachment B: Congregate Temperature Review.

HD-13. Home-delivered:

Review a month of temperature records for at least 50% of nutrition routes and attach a completed Attachment B: Home-delivered Temperature Review.

## Client record reviews and unit verifications:

C-14. Congregate:

Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate **Attachment C** worksheets and related documentation for congregate, congregate supplement, and/or congregate therapeutic diet meals.

HD-15. Home-delivered:

Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate **Attachment C** worksheets and related documentation for HD, HD supplement, and/or HD therapeutic diet meals.

## Attachment A: Congregate Nutrition Site Review

Attachment A must be on file for each nutrition site and available for review by the AAA during the assessment process.

		Yes	No
1	The site is located to be accessible to people eligible for services and targeted by the Older Americans Act.		
2 .	The site is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.		
3	The site has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.		
4	The site has an adequate number of sturdy tables for the number of individuals on the attendance roll and chairs appropriate for older adults.		
5	The site has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.		
6	The site has at least 2 exits which are unlocked during hours of operation.		
7	Emergency and evacuation plans are posted.		
8	Visible, usable fire extinguishers are in place, and instructions for use are posted.		
9	The site is heated during colder months to at least 72 degrees Fahrenheit while participants are present.		
10	The approved menus are posted in both the congregate serving area and the meal preparation area of the site.		
11	A calendar of activities and programs is posted at the beginning of each month.		
12	A current permit from the Health Department is posted.		
13	The site has a system for voluntary, confidential donations by participants.		
14	Parking is available.		
15	The site has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.		
lame	of provider staff who completed form:		
Tela.	Date form completed:		

			•				
					•		
•							
	•				•		
			•				
					•		
				•			
		•					
						,	
			•				
			·				
		•					

# Attachment B: Congregate Meals Temperature Review

				7	1	1	1
Review hot foods for a chosen month. State percentage of hot foods out of compliance for							
Review cold foods for a chosen month. State percentage of cold foods out of compliance for month.							
Serving time & temps are recorded daily.						·	-
Arrival times are recorded (and temps if warming/refrig.equip.used.							
Food temps are recorded for each food item, as appropriate.		-					
	Site #1	Site #2	Site #3	Site #4	Site #5	Site #6	Site #7

Attachment B: Home-delivered Meals Temperature Review

	т	T	1	ı	1		
Review hot foods for a chosen month. State percentage of hot foods out of compliance for month.							·
Review cold foods for a chosen month. State percentage of cold foods out of compliance for month.							
Food temps are recorded at least monthly on each route.							
Food temps are recorded for each food item, as appropriate.							
	Route # 1	Route #2	Route #3	Route #4	Route #5	Route #6	Route #7

<u></u>	
臣	
KS	
VOR.	
Z	
710	
7) ₌	
U' VERIFICATION WORKSHEET	
> [	
5	
N ON	
IEW /	
EVIE	
D N	
NO.	
REC	
N	
AS CLIENT RECORD REVIEW AND L	
AS (	Z
CDA/	RITIO
Z	5
S F	TE NO
ATTACHTENT C:	´¬(
C	ZGF.
TT/	Š

ő Pag MONTH AND YEAR REVIEWED DATE OF ASSESSMENT AGENCY

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. A

List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable. AA

Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

		Eligible client?	-		CRF			
CLIENT NAME	S/R/W Code	If special eligibility, state documentation reviewed.	most recent CRF?	CRF is complete	updated at least every 12 months?	# units	# units	# units to be adjusted
		A contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of						
		-			-			
							-	
				,				
			•				-	
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	ed =	THIS REPRESENTS % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.	NTS 10% or mo	% OF TOTAL UNITS REPORTED FOR THE MONTH ore, expand sample and select another month to review	L UNITS RI	EPORTED select anot	FOR THE her month	MONTH to review.

Attachment C -- Client Record Review and Unit Verification Worksheet Signature of reviewer(s)

Page 16

SHEET	
AS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET	
CATION	
/ERIFIC	
UNIT	
W AND	
REVIEW ANI	UPPLEMENT
ECORD RI	SUPPLI
NT RE(	ONAL S
S CLIEN	NUTRITION
: NCDAA	UID NO
N O L	SATE LIQUID
ATTACHMENT C: NCDA	CONGREGATE LIQUID N
ATTA	CONG

of

Page__

MONTH AND YEAR REVIEWED DATE OF ASSESSMENT

AGENCY

`≥`	
fan	
<u></u>	
ts (if an	
S	
드	
<u>=</u>	
O	
₽	
≒	
꾶	
.≌	
Ģ	
CZ	
$\overline{c}$	
9	
S	
Ð	
5	
$\tilde{\Xi}$	
0	
Θ	
Ö	
an)	
rker Code and include one or more special eligibility	
∄	
5	
·=	
덛	
ল	
Φ	
b	
Ö	
er Code	
9	
춫	
$\stackrel{\circ}{>}$	
$\geq$	
om each Site/Route/Worl	
$\geq$	
$\sim$	
Ψ.	
<u>.</u>	
S	
.드	
8	
ä	
⊏	
ō	
4	
S	
<u></u>	
<u>:=</u>	
Ö	
$\overline{}$	
ω	
d	
Ξ	
ಥ	
(r)	
om sample o	
77	
⊑	
<u>n</u>	
lect a ran	
ti	
õ	
Ф	
တ	
ਹ	
oul	
.드	•
Ω L	
ē	
⋝	
<u>.</u>	
>	
Re	

Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the A

persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable. Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found, AA

	S/R/W	Eligible? If special eligibility, state	Professional authorization	Professional authorization updated every 6	DOA-101 CRF is complete	DOA-101 CRF is updated every 12 months if services are on-	[2 cans = 1 meal] # units	# units	# units to be adjusted in
CLIENI NAME	apoo	- Leviewed.				z Bulgh	геропеа	Verilled	AKMS
		•							
		٠							
				-	_				
				-	-				
					-	- - - -			
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	ED = ents in mor	th reviewed =	THIS	REPRESENTS TEWED. If 10%	or more, ex	THIS REPRESENTS % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.	ORTED Fi	OR THE N	ONTH review.

(0)
of reviewer(s
evie
of I
gnature
Sign

工厂厂	
RKS	
INT C: NODAAS CLIENT RECORD REVIEW AND UNITALERIFICATION WORKSH	
NO I	
FICA	
/ERII	
7-1.	
Ď	
VAN	
VIEV	
D RE	
COR	>
r RĒ	Z
IEN.	Y INC disN -
บร	
DAA	
: NC	TE NUTRITION -
OLV	L H H
NTTAC, ""NT C	i
TTAC!	CONGR
Ė	Ö

Ğ.

Pag

MONTH AND YEAR REVIEWED DATE OF ASSESSMENT AGENCY

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the A

persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable. AA

Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

		Eligible client?			CRF			
		If special eligibility,	Date of most	DOA-101 CRF is	updated at least			# units
CLIENT NAME	S/R/W Code	state documentation reviewed.	recent CRE?	complete ?	every 12 months?	# units reported	# units verified	adjusted in ARMS
•			,					
			•		ŀ			
			-					
•								
				1		-		
			Andrew Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the		- Andrick Control			
		-						
					,			
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	= pa	THIS REPRESENTS % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.	NTS 10% or mo	% OF TOTAL UNITS REPORTED FOR THE MONTHING, expand sample and select another month to review	L UNITS RI	Select anoth	FOR THE	MONTH to review.

Attachment C - Client Record Review and Unit Verification Worksheet Signature of reviewer(s)

ATTACHMENT C: NCDAAS CLIENT RECORD RE	REVIEW AND UNIT VERIFICATION WORKSHEET	•	Page	ó
CONGREGATE LIQUID NUTRITIONAL SUPPLEN	ENT - NSIP ONLY		)	
	DATE OF ASSESSMENT			
AGENCY	MONTH AND YEAR REVIEWED			

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
  - List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable. AA
    - Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

		Ellgible?		Professional		DOA-101 CRF is	1		# units
		If special	Professional	authorizatíon updated	DOA-101 CRF is	updated every 12 months if	1 meal]		to be
	S/R/W	documentation	authorization	every 6	complete	services are on-		# units	
OCIENT NAME	0000	laviewed.				y build	reported	Verified	AKMS
·									
							-		
								-	
					-				
2									
					-				
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	D = nts in mo	nth reviewed =	THIS	REPRESENTS EWED. If 10%	or more, ex	THIS REPRESENTS % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.	ORTED For	OR THE M	ONTH review.

Attachment - Client Record Review and Unit Verification Worksheet Signature of reviewer(s)

Page 19

## ATTACP***=NT C; NCDAAS CLIENT RECORD REVIEW AND UTTOVERIFICATION WORKSHEET CONGR

oţ Pag

TE THERAPEUTIC DIET MEALS

AGENCY

MONTH AND YEAR REVIEWED DATE OF ASSESSMENT

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the A

Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found. List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.

		Eligible?		DOA-101	-	Physician's		# IInife	# Inite
		If special	DOA-101 CRF is	CRF is updated	Physician's	prescription		verified	for be
CLIENT NAME	S/R/W Code	documentation reviewed.	complete ?	every 12 months?	prescription on file?	every 6 months?	# units	source	aujusted in ARMS
									2
			•						
•									
				***************************************	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	onth review		THIS REPRESENTS REVIEWED, If 10% of	RESENTS J. If 10% or	% OF TOT more, expand	THIS REPRESENTS —— % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review	ORTED FC	R THE M	ONTH review.

Attachment C -- Client Record Review and Unit Verification Worksheet Signature of reviewer(s)

ION WORKSHEET	
NIT VERIFICATION V	
W AND UNIT	
ORD REVIE	
CLIENT RECORD REVIEW AND UI	NO!
AS	RED NUTRIT
ATTACHMENT C: NCDA	HOME-DELIVERED N
AT	H

ō

Page

DATE OF ASSESSMENT MONTH AND YEAR REVIEWED

AGENCY

$\leq$
<u></u>
4
lients (if any)
12
<u></u>
<u></u>
<u> </u>
£Ξ
$\equiv$
B
:==
<u></u>
0
Ď.
ω
<u>n</u>
ဥ
Ξ.
ö
one or more special
드
<i>-</i>
g
≟
ည
· <del>=</del>
Norker Çode and include one or more special eligibility (
ਯ
Φ
ď
$\sim$
9
둧
S
2
Ę.
$\Xi$
from each Site/Ro
<u>a</u>
<u>.=</u>
(O)
듄
ਲ
യ
Ε
5
Ţt8
ient
픙
4_
Ö
<u>e</u>
Ċ
ᇤ
ŝ
Ε
ō
5
<u>ia</u>
<u>т</u>
بب
lect a
<del></del>
should select a random sample of clie
<u>p</u>
Ĭ
μ
r S
ē
eviewe
.₾
<u>~</u>
Ä

persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the

List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable. Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found. AA

CLIENT NAME	S/R/W Code	HD eligibility established by inhome assessment? If special eligibility, tale documentation reviewed.	DOA-101 CRF is complete?	DOA-101 CRF updated at least every 6 months unless temp status?	In-home reassessment conducted at least every 6 months unless temp status?	# units reported	# units verified	# units to be adjusted in ARMS
		-						
				-				
	-							
					-			
							-	
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	onth revi		THIS REPRESENTS REVIEWED. If 10% o	r m	_% OF TOTAL UNITS REPORTED FOR THE MONTH ore, expand sample and select another month to review	EPORTED select anot	FOR THE her month	MONTH to review.

Signature of reviewer(s)
Attachment C.- Client Record Review and Unit Verification Worksheet

Date

VERIFICATION WORKSHEET	
ATTAC' "FINT C: NCDAAS CLIENT REGORD REVIEW AND I' TVERIFICATION WORKSHEET	VERED LIQUID NUTRITIONAL SUPPLEMENT
ATTAC''	HOME

ď,

Pac ਹ

DATE OF ASSESSMENT

<u> </u>
4.
s (if an
ibility clients (if an
Ę
<u></u>
O
$\geq$
≔
₽.
ial eligibil
(D
=
.00
90
ă,
S
യ
$\bar{\circ}$
Ξ
<u>_</u>
0
ഉ
7
include one or more special eligi
Ä
⊇
rker Code and includ
.⊑
$\overline{\mathbf{o}}$
Ξ
เม เม
<u>Θ</u>
ŏ
$\circ$
ar Code
ô
ᅕ
Vor
$\geq$
, ož
$\equiv$
$_{\odot}$
Æ
Ð
<u> </u>
rom each Site/Rout
ਹ
ď
ω.
Ξ
O
=
ţ
Ë
<u>=</u>
고 -
of
Ф
끚
du
ਜ਼
S
S III
5
$\overline{\mathbf{o}}$
Ĕ
ū
ថ
Ŧ,
jec
ĕ
S
ਹ
ⅎ
2
ES.
_
œ.
≷
÷
õ

MONTH AND YEAR REVIEWED

AGENCY

Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.

List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.

Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found. AA

	S/R/W	HD eligibility established by inhome asst?	Professional	Professional authorization	DOA-101 CRF is	DOA-101 updated every 6	[ 2 cans = 1 meal]		# units to be
CLIENT NAME	Code	il apedial engiolity, state deoumentation reviewed.	on file?	6 months?	رمانالماه حمالالماه	going service?	# units reported	# units verified	adjusted in ARMS
		,	•						
				-					
						A A CONTRACT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O			
								-	
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	D = ents in mo	nth reviewed =	THIS F	THIS REPRESENTS REVIEWED. If 10% o	% OF r	THIS REPRESENTS — % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.	PORTED Felect anoth	OR THE Ner month to	10NTH review.

Attachment C - Client Record Review and Unit Verification Worksheet

Signature of reviewer(s)

Date

Ö

Page.

MONTH AND YEAR REVIEWED DATE OF ASSESSMENT

AGENCY

A

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the A

Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found. List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.

CLIENT NAME	S/R/W Code	HD eligibility established by inhome assessment? It special eligibility, state documentation reviewed.	DOA-101 CRF is	DOA-101 CRF updated at least every 6 months unless temp status?	In-home reassessment conducted at least every 6 months unless temp status?	# units	# units verified	# units to be adjusted in ARMS
		-				-		
					-			
		-			-	_		
			-	-	_			
				-			-	
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	nonth revi		THIS REPRESENTS REVIEWED. If 10%	or mo	% OF TOTAL UNITS REPORTED FOR THE MONTH	EPORTED select and	FOR THE ther month	MONTH o review.

Signature of reviewer(s)

· - Client Record Review and Unit Verification Worksheet Attachmer

Page 23

o, Pag

Щ MONTH AND YEAR REVIEWED DATE OF ASSESSMENT AGENCY A H

Reviewer should select a random sample of cllents from each Site/Route/Worker Code and include one or mgre special eligibility clients (if any).

persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. <u>Attach</u> to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the

Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found. <u>List</u> on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.

AA

		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s							
CLIENT NAME	S/R/W Code	HD ellgibility established by in- home asst? If special aligibility, state	Professional authorization on file?	Professional authorization updated every 6 months?	DOA-101 CRF is complete	DOA-101 updated every 6 months if on-	[2 cans = 1 meal] # units	# units	# units to be adjusted
		-					nennnen	nailla	N AKMS
			-						
				1					
				•					
						-			
					-				
				•		-			
TOTAL UNITS NOT VERIFIED =			THIS R	EPRESENTS	% OF 1	THIS REPRESENTS % OF TOTAL UNITS REPORTED FOR THE MONTH	PORTED F	OR THE N	HLNOI
Total units reported for all clients in month reviewed =	TES III CHIC	ntn reviewed =	KEVIE	WED. If 10% or	more, exp	and sample and se	elect anothe	ar month to	review.

Signature of reviewer(s)

Date

1	
Ш	
Ш	
I	
$\mathcal{S}_{-}$	
줐	
$\ddot{\circ}$	
≥	
_	
$\tilde{c}$	
$\equiv$	
4	
O.	
II.	
$\overline{\simeq}$	
ш	
>	
SLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET	
Z	
$\supset$	
$\Box$	
Z.	
٧.	
EVIEW A	
Щ	
$\geq$	
끈	Œ.
	4
문	u.
$\overline{O}$	≥
Ō	1
晉	$\overline{\Pi}$
<u> </u>	
5	$\mathbf{C}$
ш	F
$\Box$	$\equiv$
O	H
ŝ	۵
4	ď
٩	П
NCDAAS C	IN THERAPEUTIC DIFT MEAL
ž	$\dot{c}$
	ш
S	Ω
$\stackrel{\vdash}{z}$	NEBEL
Ltl	=
Ξ	<u> </u>
工	c
TTACHIMI	C HMC
٦	2
$\vdash$	C
4	J

of

Page,

ロンミニ・フト・フィー

AGENCY

MONTH AND YEAR REVIEWED DATE OF ASSESSMENT

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document. Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the
  - List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable. A

re found.	
ified units are found.	
unverified	
e exit interview of both sides of this completed worksheet if unverified units are f	
ompleted v	
es of this c	
of both sid	
kit interview of bo	
ing the	
the agency duri	
9	
Provide a copy	
,; A	

-		HD eligibility established		DOA-101 CRF		Physician's			77
TMAN FINE CO	S/R/W	unrough m-norme assessment? If special eligibility, state documentation reviewed.	DOA-101 CRF is	least every 6 months unless temp status?	Physician's prescription on file?	reordered every 6 months?	# units	# units verified	# units to be adjusted in ARMS
				-	1				
			-	·	-				
		-						,	
			-						
	·					_			
			,						
TOTAL UNITS NOT VERIFIED = Total units reported for all clients in month reviewed =	RIFIED =	n month reviewed =	THIS	THIS REPRESENTS % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.	% OF TC	% OF TOTAL UNITS REPORTED FOR THE MONTH nore, expand sample and select another month to review	PORTED select anot	FOR THE	MONTH o review.

Signature of reviewer(s).

Client Record Review and Unit Verification Worksheet Attachmer

Page 25