

Priority services – Countywide

Title III-C Nutrition Services: Congregate and Home Delivered Meals	
DEFINITIONS: See below	UNIT OF SERVICE: Each meal served or delivered to an eligible participant.

The following definitions and standards are applicable to both Congregate and Home Delivered Meals providers, unless otherwise specified. Standards that are applicable to Congregate programs are labeled ‘C1’ and standards that are applicable to Home Delivered Meals programs are labeled ‘C2.’

PROGRAM DEFINITIONS

MEALS

**Title III-C1
Congregate Meals**

C1 The provision of one hot or other appropriate meal to eligible participants on at least a five-day a week basis, served in congregate settings. Exceptions to the five-day a week program may be granted. Sites must be open to the public and appear welcoming to outside participants.

**Title III-C2 Home
Delivered Meals**

C2 The provision of hot or other appropriate meals to eligible participants on at least a five-day a week basis and delivered to the participants’ homes. Eligibility must be assessed and determined eligible by the Case Coordination Unit (CCU) or the Managed Care Organization (MCO), hereafter referred to as “Assessor.” Meals may be delivered fewer than five days per week, but some daily contact with the client must be offered. Meals must be delivered directly to the participant. Meals must not be left outside the participant’s door or delivered to someone other than the participant.

**Meals
C1, C2**

The meal must comply with the menu planning standards based on the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture and meet the minimum requirements of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The calculated values of these meals may be averaged over three consecutive days to establish compliance with the DRI.

Special Diets,

Second Meals and Weekend Meals

C2 If the nutrition service provider receives approval from AgeOptions, they may provide Special Diets (typically therapeutic) to clients following a client’s request due to medical or cultural need.

C2 If the nutrition service provider receives approval from AgeOptions and if the client is high nutrition risk based on the Assessor’s assessment of the client (a score of six points or above on the Nutrition Risk Assessment Tool), the nutrition service provider may provide weekend meals based and/or second meals to a client. The weekend meal may be delivered on the weekend or as an extra meal on a previous day.

Menu Pattern

C1, C2 The meals planned must follow the menu planning standards as outlined in the Menu Standards.

Offer vs. Serve

C1 All items on the approved menu must be offered to eligible clients, but may not be served to them if they choose not to take them. Reimbursement of the provider is not affected in this case.

PROGRAM REQUIREMENTS

Eligibility

C1 A nutrition service provider must serve persons:

- Age 60 years and over,
- The 60+ participant’s spouse regardless of age, if the eligible spouse is or has been an active participant of the program. Individuals who are disabled and under age 60 if they reside in a housing facility for older adults and persons with disabilities at which congregate nutrition services are provided.
- Individuals with disabilities who reside with a person over 60 in a non-institutional household are eligible for a meal.

If special interest groups, such as faith based organization, social organizations, and homes for the elderly, senior housing developments, etc. are operating a congregate program, participation may not be limited to their own membership or otherwise show preferential treatment for such membership. Providers must demonstrate and verify that their programs are available and accessible to the general public. e.g., if a proposed site is co-located with an Adult Services Center, there should be a separate entrance and area for dining. If a site is proposed in a Senior Housing facility, the program must be open and inviting to any older adult (not just residents).

A Congregate meal client may purchase a meal for a homebound spouse or for

the weekend if it does not deprive another older person of a meal. These meals must be purchased at full price and will not be counted as a Congregate Meal unit of service. (A “spouse” is a person of same-sex or opposite-sex who is lawfully married under the law of a state, territory, or foreign jurisdiction).

Guests and staff under age 60 may be offered a meal if it does not deprive an older person of a meal. Staff or guests must pay the full cost of the meal, exclusive of in-kind. If a meal is offered to a staff person, it should be offered as a fringe benefit and be included as employee fringe benefit costs in the budget. Employees are responsible for any tax liability on the value of the fringe benefit. Meals served to staff, volunteers, and/or non-eligible guests under the age of 60 will not be reimbursed by AgeOptions.

A congregate meal provider may provide OAA-funded meals to any Adult Day Services (ADS) participant on days when the ADS participant is not attending ADS; and in addition may provide OAA-funded meals to a private-pay ADS participant on any day, including when the ADS participant is attending ADS. Private-pay ADS is defined as not funded through CCP or CACFP.

C2

A nutrition service provider shall serve persons age 60 years and over, who are assessed by the Assessor as being frail and/or homebound for periods of three days or more because of acute or chronic illness, incapacitating illness or are otherwise isolated which leaves them unable to shop, prepare or obtain meals. Other eligibility requirements include at least one of the following:

- Persons unable to participate in the congregate meals program;
- Persons for whom no adult is available or willing to prepare the meals;
- Persons who have a special dietary need which can be met by the home delivered meal program.

In all cases, the person must also agree to cooperate in the delivery procedures of the nutrition program provider.

Home delivered meals may be provided to clients that are temporarily “homebound,” including a client who is sick or whose mode of transportation is temporarily out of service.

A spouse (of any age) of an eligible frail and/or homebound individual may receive a home delivered meal if desired and if (1) provision of the meal relieves the spouse of undue stress in the daily care of the client, or (2) the spouse has demonstrated an inability to adequately provide meals for both members due to lack of knowledge, equipment, skill, or capacity. A “spouse” is a person of same-sex or opposite-sex who is lawfully married under the law of a state, territory, or foreign jurisdiction, regardless of whether the individuals are domiciled or reside in a state or territory that recognizes the marriage.

A home delivered meals may be provided to individuals with disabilities, regardless of age, who reside at home with older individuals who are eligible under the OAA.

A home delivered meal may be available to disabled individuals [as defined in OAA Section 102(13)] who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.

Funded Agencies will provide home delivered meals only after the Assessor has determined eligibility for service via an in-home assessment. The Assessor may authorize meal service prior to an in-home assessment if there are extenuating circumstances, such as recent hospital discharge. The meal provider and the Assessor must work together to ensure that an in-home assessment will take place in a timely fashion for all clients. For more detail, see AgeOptions Home Delivered Meal Guidelines. A periodic reassessment of the home delivered meal recipient must also be completed at least annually or sooner if circumstances change. The assessment form should include clear eligibility criteria for determining when services are authorized or terminated.

For programs where hot, cold, and frozen meals are available, service providers should use the Assessor’s in-home assessment information to determine the most appropriate form of meal delivery by considering the following:

- If the older adult has the proper and adequate equipment (freezer, oven, microwave, and refrigerator) and skills to store and re-heat cold and frozen meals.
- If the older adult has sanitary and safe conditions for storage, thawing and preparation of frozen meals.
- An older adult eligible to receive home delivered meals must not be denied services based on the individual’s inability to safely store and prepare a frozen meal.
- If the older adult does not have the capacity to heat the frozen meal, or if family members or others are not able to heat the frozen meal for the older adult, the nutrition provider must deliver hot meals to the older adult if the older adult resides within a community that receives home delivered meals.

The Assessor and nutrition service provider must follow the AgeOptions “Home Delivered Meal Assessment Guidelines,” available under separate cover.

C1, C2

Persons under age 60 who provide volunteer services during meal hours may be offered a meal on the same basis as elderly participants.

Waiting List Report

C1, C2 Prior to starting a waiting list, the provider must contact AgeOptions. Once the waiting list starts, by the 10th of each month the provider must submit a monthly update to reports@ageoptions.org that includes the number of people waiting for service and the reason that a wait list exists (e.g. driver shortages, kitchen capacity).

Target Population

C1, C2 Nutrition service providers must identify and document methods to assure that priority is given and projections are met to reach older persons with the greatest social and economic need, particularly ethnic, minority and limited English speaking older adult populations.

Community Input

C1, C2 Nutrition service providers must develop and document methods to elicit community input to help support the mission of the program.

Community input may consist of: offering participants in the program opportunities to provide input, soliciting input from non-participants who are 60 and over at community and site events, inviting community representatives to Site Advisory Council meetings, soliciting volunteers, services and monetary support from local businesses and community groups, and initiating joint ventures between community/business groups and the nutrition site/distribution point.

The nutrition service provider should solicit the advice and expertise of individuals, community agencies and community resource organizations that are knowledgeable about the needs of older individuals.

Outreach

C1, C2 The nutrition service provider must develop outreach initiatives to inform older persons about the program and to attract them to the service. The provider must implement and document the outreach initiatives on at least an annual basis as they will be reviewed by the AgeOptions Nutrition Specialist. Outreach initiatives should include, but are not limited to, news releases, hosting special events, setting up information booths, and distributing posters and brochures to community locations.

Nutrition Program Providers must inform the public of the availability of congregate and home delivered meal programs and how assessments for home delivered meals can be arranged.

Congregate Nutrition Program Providers may provide a limited number of meals to outside groups as “outreach” meals, e.g. local park districts, housing facilities. The meals should be a similar menu to the main site and must be approved by

AgeOptions. The goal of the meals should be to entice participants to attend the main Congregate nutrition site; the program should be very short term and be coordinated with the overall outreach plan.

Congregate Nutrition Program Providers are encouraged to host special parties or theme days using their existing caterers. They may propose a limited number of “Special Event” meals using a different caterer. Nutrition Program Providers should include a plan for special parties and theme days as part of their program design submission or quarterly outreach plan.

**Coordination with
Community Agencies**

C1, C2

The nutrition service provider must make every effort to utilize existing social service resources provided by agencies such as health and mental health, public assistance, economic opportunity, legal services, food and agriculture agencies and other social service agencies especially Title III funded programs to assist in outreach and to connect seniors to benefits.

The nutrition service provider, with the consent of the older person, or his or her representative, should alert the Assessor of the need for additional follow-up, or about any conditions or circumstances which place the older person or the household in imminent danger.

Innovation

C1, C2

The nutrition service provider must plan and implement one innovation during each year of the grant cycle. Innovations include but are not limited to: new outreach plan, new program of educational sessions, and/or new program of recreational/social activities. The goal of the innovation is to increase participation in the nutrition program. During the FY2020-2022 grant cycle the emphases will be addressing social isolation and food insecurity.

Socialization

C1

Congregate nutrition programs shall provide opportunities to socialize through the site's program activities on a daily basis. Activities may include, but are not limited to: low cost day trips, bingo games, card games, crafts, reading or discussion groups, intergenerational programming, etc.

If the provider is operating a restaurant voucher program, efforts must be made to encourage participant interaction. Sample activities may include, but are not limited to, signing up for a dining partner, scheduling designated days or specific dining times at the restaurant, or hosting speakers or activities in a separate room at the restaurant, if feasible.

Congregate nutrition and restaurant programs are encouraged to develop and

implement an activity plan. This plan should reflect the interests of the program participants and have an evaluation process built into the plan.

Nutrition Education

C1, C2

The purpose of nutrition education is to inform individuals about available facts and information that will promote improved food selection, eating habits, nutrition and health related practices. Nutrition service providers must provide AgeOptions with a written plan for providing nutrition education. Nutrition education must be performed on at least a quarterly basis. Nutrition education methods may include presentations, informational brochures, guest speakers, arrangements for individual counseling on nutrition risk and special diets. Coordination with community resources is encouraged in the provision of nutrition education.

C1

Nutrition Service Providers must submit a written plan to provide education on nutrition, health promotion or disease prevention, at each congregate site, quarterly. This plan must include the provision to host one educational presentation conducted by the AgeOptions Countywide Health Promotion Coordinator grantee once in FY 2020-2022.

PARTICIPANTS

Participant

Conduct

C1, C2

Each nutrition service provider must establish a written Code of Conduct for participants; and said Code of Conduct must be provided to all participants. The Code of Conduct must include a process for the suspension and/or termination of service due to client non-cooperation.

Participant

Confidentiality

C1, C2

Each nutrition service provider must assure that personal information obtained from an individual in conjunction with the project will not be disclosed without the written consent of the individual concerned. All project records must be maintained in such a manner as to assure confidentiality.

Participant Input

C1, C2

Congregate and Home Delivered Meals providers must establish and document methods to solicit information on participant satisfaction with the delivery of nutrition services and quality of menu items served. Surveys of participants in the program should be performed at least annually using at minimum certain specific, standard questions developed by AgeOptions in conjunction with the Nutrition Providers. Providers will actively respond to participant input in order to maximize participation and minimize waste. Surveys must be kept on file for review, along

with documentation of actions taken in response to the survey results.

Site Advisory Council

C1

Congregate meal providers must establish a nutrition project council consisting of site participants.¹ The Site Advisory Council will be involved in soliciting input from other participants and providing their own input on site menus, meals, and activities. It is preferred that each site have its own Advisory Council.

Record Keeping

C1, C2

Nutrition service providers shall establish and maintain a record keeping information system that includes, at a minimum, all reporting elements required by the National Aging Program Information System (NAPIS) including demographic data, Nutrition Risk data. In addition, Home Delivered meals agencies must also, track Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Providers shall use NapisPak or an equivalent system that provides “NapisPak-ready” data. Nutrition Service Providers must reconcile their NAPIS reporting with units requested for reimbursement on at least a quarterly basis plus months of August and September. See NAPIS sample data collection forms (Referral form for C2 and Registration form for C1) in the Appendix.

Participant Contributions/

Project Income

C1, C2

Nutrition service providers must provide each eligible participant with an opportunity to make a voluntary and confidential donation to the cost of the meal. Each eligible participant must be aware that meals will be provided regardless of ability or willingness to make a donation.

The following information should be provided to all participants:²

- a. The full cost of the meal at that site/distribution point, exclusive of in-kind.
- b. The suggested contribution for each meal.
- c. Meals will be provided regardless of if the client cannot or will not contribute.
- d. SNAP benefits may be accepted as a form of voluntary contribution.

**Donation/ Project
Income Collection**

C1, C2

Nutrition service providers must develop specific written procedures for collection, handling, counting, and depositing cash donations. Congregate contributions must be kept separate from home delivered meal contributions.

¹ A multi-site provider will establish a Site Advisory Council at each site.

² At congregate sites, a sign, with AgeOptions approved-language, must be posted in a conspicuous spot near the registration desk that includes all of the information. For home delivered meal providers, this information should be a part of the initial welcome packet that is delivered to the recipient and with any notices that are sent to the participant regarding donations.

Contributions must be counted, logged and signed for by two persons who work/volunteer at the site/distribution point, on each service day. For multi-site providers - each site/distribution point must have a clear method to identify deposits made for each particular site and service.

**Donations/
Project Income**

C1 Congregate nutrition service providers must provide a locked box for participant contributions at each site. The box should be kept locked during service and should not be used to give change for large bills. Envelopes must be available to ensure confidentiality of donations.

C2 Home delivered meals recipients should be given the opportunity to mail donations and they should be provided with a donation envelope by the delivery person.

**Use of Donations/
Project Income**

Contributions/Project Income must be used to increase the number of meals served by the Program and site, facilitate access to meals, and provide other supportive services directly related to nutrition services.

**Nutrition Services
Incentive Program
(formerly USDA
Commodities)**

Funding for Title III-C services is partially provided by the Nutrition Services Incentive Program. The nutrition service provider will have methods to assure that NSIP funds are used to purchase only U.S. agricultural commodities and other U.S. grown foods.

C1, C2 Nutrition service providers that subcontract with a caterer will include this NSIP requirement in the caterer subcontract. In addition, Nutrition service providers must use NSIP funds to increase the total number of meals served. AgeOptions will only allocate NSIP funds to agencies receiving a grant under Title III of the Older Americans Act. NSIP funds shall not be used to offset program costs or as non-federal matching funds for other federal programs.

**Meal
Reimbursement**

C1, C2 Nutrition service providers will only be reimbursed for meals served to eligible clients that fall within the work plan. Congregate providers must use sign-in sheets to verify the number of meals served. Home delivered meal providers must use delivery route sheets that clearly indicate which clients either do, or do not, receive a meal that day. Undelivered and/or waste meals are reimbursable as per the Food Waste section below.

PROJECT OPERATION AND MANAGEMENT

Program Design

C1, C2 Significant changes in program design must be approved by AgeOptions. This includes changing location of meal preparation or dining area, changing caterers and changing types of meals served (i.e. 2nd meals, breakfasts, deli bars, etc.).

Schedules

C1 Nutrition service providers shall assure that congregate nutrition sites are open every day as listed in their work plans, and never close for any days normally scheduled to be open without clear procedures for notification of participants and provision of transportation/referral to another site.

C2 Nutrition service providers shall assure that each home delivered meal site is open every scheduled day as listed in their work plans and never closed for any days normally scheduled to be open without arrangements for the delivery of meals. The client must be able to reach an employee of the nutrition provider in the event of problems or emergencies.

Emergency Procedures

C1, C2 Nutrition service providers shall develop written procedures for health, safety, disaster and weather related emergencies or other situations that may interrupt meal service.

C1 Congregate providers must post the emergency procedures at each congregate site. Additionally, they must make arrangements for the availability of meals in weather-related emergencies, where feasible and appropriate.

Each congregate site must conduct annual fire and tornado safety drills and must document the date and time of the drill; the number of staff, volunteers and participants involved in the drill; the length of time it took to evacuate/respond; and lessons learned.

C2 Providers must make arrangements for delivery of meals in the event of any emergency situation (weather or otherwise). Additionally, Home Delivered Meals providers must develop a written plan that describes procedures to be followed in case a participant is found ill or is injured, or is not home to take delivery of meal. This plan must be a part of every delivery person's orientation and training.

Project Director

C1, C2 The nutrition project must have a project director who is empowered with the authority to conduct the day-to-day management and administrative functions of the program. The project director must have a minimum of three years of demonstrated management and supervisory experience.

Site Supervisor

C1, C2

The nutrition project shall have at each congregate site and/or distribution point, a site supervisor either paid or volunteer, who is responsible for all activities and on-site when the site is open. The site supervisor shall have a high school diploma or equivalent, and one year experience supervising, leading or directing others.

All staff and volunteers working in the food preparation and food serving area shall be under the supervision of the site supervisor who will ensure the application of hygienic techniques and practices in food handling, preparation, service and delivery.

Volunteer

Opportunities

C1, C2

Volunteer opportunities shall be available in both Congregate and Home Delivered Meals programs. To help maintain a solid volunteer base, recruitment and training of volunteers should take place a minimum of once per year.

Sanitation Certificate

C1, C2

The Site Supervisor, and if possible the food service worker(s), must have a current Certified Food Protection Manager (CFPM) certification. The Site Supervisor, or other certified individual, must be present during food service provision to ensure that proper sanitation and safety procedures are followed. All staff working in the food preparation and food serving area shall be under the supervision of a person who will ensure that hygienic techniques and practices in food handling, preparation, service and delivery are being followed.

Job Descriptions

C1, C2

Nutrition service providers must determine tasks to be completed and develop job descriptions for all staff and volunteer positions.

Orientation/Training

C1, C2

Nutrition service providers must have a written training plan describing the content and the subject matter expected to be covered for all paid and volunteer staff engaged in the implementation of the program. Training in sanitation, health, fire and safety regulations must be provided during orientation of staff new to the program and, at minimum, once a year thereafter. The training will include but not be limited to: safe food handling, food borne illnesses, hygienic practices of personnel, equipment sanitation, dish washing procedures, facility sanitation, rules for safe work, and fire and safety regulations. AgeOptions also suggests that some attention be given to training volunteer and paid staff on aging and aging sensitivity issues. Where feasible, or possible, state or local public health officials should be involved in the development of training materials and programs. In situations where regulations do not exist, or their applicability is questioned, the provider shall contact the appropriate State

agency that establishes fire, health, or safety standards (e.g. State Fire Marshall, etc.)

Food Handler Training C1, C2

A. Definitions

“Food handler” means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. “Food handler” does not include unpaid volunteers in a food establishment, whether permanent or temporary.

“Restaurant” vs. “Non-restaurant”: Illinois Department of Public Health considers all Home Delivered Meal and Congregate Meal sites to be non-restaurants in regards to food handler training, unless the congregate meal site is located in a restaurant.

B. Training requirements - Employees

Site Supervisors employed by a **restaurant** (as defined in Section 3.06 of the Act):

- Must have an ANSI accredited Certified Food Protection Manager (CFPM) certification obtained through a course and passing the exam.
- Must have completed ANSI accredited allergen training.

Site Supervisors employed by a **non-restaurant** (as defined in Section 3.06 of the Act):

- Must have an ANSI accredited Certified Food Protection Manager (CFPM) certification obtained through a course and passing the exam.

Food handlers employed by a **restaurant** (as defined in Section 3.06 of the Act):

- Must have appropriate training in basic food handling principles or Certified Food Protection Manager certification.

Food handlers employed by a **non-restaurant** (as defined in Section 3.06 of the Act):

- At least one food handler employee must hold a current Certified Food Protection Manager certificate.
- Effective January 1, 2018, all food handler employees that do not hold a current Certified Food Protection Manager certificate must receive or obtain training in basic safe food handling principles (“food handler training”) within 30 days after employment.

Paid delivery drivers:

- Must complete the food handler training since many of them assist with packaging home delivered meals and are responsible for temperature control and cross-contamination.
- All paid delivery drivers that do not hold a current Certified Food Protection

Manager certificate must receive or obtain training in basic safe food handling principles (“food handler training”) within 30 days after employment.

The food handler training must comply with the requirements of the Illinois Department of Public Health’s (IDPH) administrative rules. IDPH has approved a “Food Safety on the Go” as a food handler training for Title III nutrition service providers. This training is available at the following web site: <https://nutritionandaging.org/food-safety-on-the-go/>.

The modules needed for each employee are Modules 1, 4, and 5.

Training may be conducted on-line with a computer or in a classroom setting (live or remote) with certified food protection managers. Printed materials are also available on the web site listed above.

Non-restaurants can create their own food handler training programs and submit to the Department for approval using the application found on the Department’s website at: http://www.idph.state.il.us/about/fdd/fddintro.htm#FDD_FoodHandler_Training
If this is your preference, please consult with the Nutrition Specialist at AgeOptions before proceeding.

Title III nutrition program food handlers must take the training pre-test and post-test exams, which can be used to document that the food handler has completed the required training. If questions are missed, the appropriate sections should be reviewed again. Proof that a food handler has been trained must be available and may be in electronic format. The documentation that food handlers have received the required food handler training should be contained in their personnel files and available at the nutrition site where they are employed.

Food handler training for those working in non-restaurant facilities such as, nursing homes, licensed day care homes and facilities, hospitals, schools, and long-term care facilities, is good for three years. Those working in non-restaurants, not listed above, are not required to take another food handler training unless they transfer to work for another employer. Food handler training for those working in non-restaurants is not transferable between employers.

C. Training requirements - Volunteers

Nutrition program and site volunteers performing food handling duties are not required by the Illinois Department of Public Health to receive the required training as outlined in the Food Handling Regulation Enforcement Act (Modules 1, 4 and 5); however, the Illinois Department on Aging strongly encourages that nutrition programs require their ongoing volunteers to obtain such training

If such volunteers do not obtain the training based on the Food Handling Regulation

Enforcement Act, the nutrition program must provide basic training to volunteers that will include but not be limited to: safe food handling, food borne illnesses, hygienic practices of personnel, equipment sanitation, dishwashing procedures, and facility sanitation. AgeOptions’ recommendation for basic training is outlined below:

- Volunteers that handle food: Module 1
- Volunteer drivers: Module 5

If volunteers are not trained using the recommended IDPH Modules, training logs must be kept indicating which volunteers have been trained and what materials were covered. Training plans must be sent to AgeOptions Nutrition Specialist for approval.

Background Checks

C1, C2

The nutrition provider shall conduct criminal background checks on all staff whose salaries are paid wholly or partially through AgeOptions grants/contracts. The provider shall also conduct criminal background checks on volunteers participating in AgeOptions funded programs with in-home client contact, and/or access to confidential client information including, but not limited to addresses, social security numbers, financial info, etc. Please refer to AgeOptions criminal background check policy included in Appendix on www.ageoptions.org.

Food Safety at Home

C2

Nutrition service providers must advise home delivered meal participants when enrolled in the nutrition program that hot meals should be consumed immediately after delivery and must ensure that instructions for proper heating, storage, and handling of meals are provided as stated below.

A nutrition program utilizing frozen or cold re-heatable meals in any capacity must provide instructions for participants regarding safe meal storage and preparation. Information must be provided at the time of assessment and reassessment. Information specific to frozen or cold re-heatable meals, such as contents and expiration dates, must be included in writing with the meals at the time of delivery. Frozen or cold re-heatable meals that have been thawed (if applicable) or have broken packaging should not be provided to participants.

Home Delivered Meals providers must inform home delivered meals participants of the dangers of holding food for long periods without refrigeration. Participants should be reminded of this safety information on a **monthly** basis by the delivery person and/or in writing.

FOOD SERVICE OPERATION

Written Procedures

C1, C2 Nutrition service providers with on-site meal preparations and/or contracted meal preparations must establish written procedures for all components of the food service operation, e.g., receiving and storage of all food, equipment and paper products; menu planning; meal preparation; storage/holding; meal assembly; transport; and meal service. These procedures must be kept in a location that is conveniently accessible to staff and volunteers.

On-Site Operations

- C1, C2** Nutrition service providers with on-site meal operations shall:
- a. Have written procedures for purchasing all food and supplies.
 - b. Have specific written procedures for receiving all purchases from vendors.
 - c. Have written procedures for storing food received in either dry, refrigerated or freezer storage areas according to state and local food service establishment requirements.
 - d. Have a written or computer-based inventory system that establishes a first-in, first-out system for all perishable foods.
 - e. Submit menus to AgeOptions Dietitian for approval, at least four or more weeks in advance of service.
 - f. Prepare food following standardized recipes and according to state and local food service establishment requirements.
 - g. Have written guidelines for recording and maintaining temperatures of hot foods at or above 140 degrees Fahrenheit and cold foods at or below 41 degrees Fahrenheit until serving time/delivery. Guidelines must also include procedures for daily recording of temperatures of refrigeration and freezer equipment.
 - h. Assure that kitchen staff has appropriate training and equipment to serve portion sizes as listed in the menu.
 - C1 only** i. For Congregate meals, the temperature of the food should be checked and documented daily at the time of service and in the case of catered food, at the time of food arrival and at the time of service.
 - C2 only** j. For home delivered meals providers, the temperature of the food should be checked and documented daily both at the end of production and at the time of packaging; and. a sample meal must be tested and recorded at the beginning and the end of the longest delivery route at least twice a month.
 - k. If a provider has meal delivery routes that are longer than two hours, the nutrition service provider must check temperatures on a weekly basis at the end of these delivery routes and keep a log of those temperatures. This specific requirement does not apply if the provider delivers frozen meals, and/or uses a temperature controlled oven, freezer and refrigerator equipped vehicles that have digital temperature displays.

Contracted Food Service Operation

- C1, C2**
- a. In order to have the most high quality and cost-effective meals, AgeOptions will try to leverage the buying power of our network. Nutrition service providers who contract with a third party caterer shall select the caterer from AgeOptions’ list of approved caterers.
 - b. AgeOptions Nutrition staff will inspect the contractor's location, prior to notification award, to ensure compliance with all local health, sanitary, fire and safety regulations. Up-to-date, less than 12 months old, health and fire department inspection reports must be submitted to and on file at AgeOptions for all contracted food operations.
 - c. Notify AgeOptions within 30 days, if a change of contractor for prepared meals occurs during the contract period, and provide AgeOptions with a copy of the new contract.
 - d. Include in their contract with the selected contractor the following clause:
“This contract will become null and void upon evidence by a dietitian, or local health department that the contractor's operations are not sanitary and/or that meal preparation is not done in a manner that assures adherence to generally accepted health, safety, and/or sanitary standards associated with the preparation of meals.”
 - e. Assure that hot food items are maintained at or above 140 degrees Fahrenheit and cold food items are maintained at or below 41 degrees Fahrenheit throughout meal assembly, transportation, holding and meal service/delivery.
- C2 only**
- j. For home delivered meals providers, the temperature of the food should be checked and documented daily both at the end of production and at the time of packaging; and a sample meal must be tested and recorded at the beginning and the end of the longest delivery route at least twice a month.
- C1, C2**
- k. Develop specific written procedures for receiving and storing food received from the contractor. Written procedures must include instructions for:
 - Verifying food quantities and portion sizes if food is pre-portioned.
 - Checking and recording food temperatures at time of delivery to the site and before service or transport to participants if the food is held for longer than five minutes;
 - Equipment to be utilized to prepare, store and serve food;

- Steps to follow for foods that arrive above or below temperature, deteriorated food and food shortages.

Food Containers/Utensils

C1, C2 Nutrition service providers must have available for use, upon request, appropriate food containers and utensils for participants with disabilities.

Leftovers

C1, C2 Nutrition service providers should make every effort to minimize leftover food. Unserved leftover foods shall not be taken from kitchens or sites by employees, volunteers or participants. Providers shall develop a written policy that describes the procedures for handling leftover food at the site/distribution point. Procedures should adhere to generally accepted practices for safe food handling.

Removal of Food

C1 Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed as that participant deems appropriate. Providers shall post signs that warn participants of the health hazards associated with removal of food from the congregate nutrition site.

Food Waste

C1, C2 Each nutrition provider must develop a system for controlling and reducing food waste. Per site, the annual waste factor (meals consumed divided by meals ordered or prepared) should not exceed three (3) percent.

Food Recall

C1, C2 In the event that a nutrition service provider receives notification of a food recall, the nutrition service provider must 1) immediately begin interventions to identify and contain the impact provider; 2) inform AgeOptions of the food recall and interventions within 24 hours of the notification; and 3) provide periodic updates to AgeOptions regarding the progress and findings of the investigation.

If the food recall results in the complaint or report of symptoms of food borne illness, see below “Food Borne Illness.”

Food Borne Illness

C1, C2 In the event that a nutrition service provider receives a complaint or report of symptoms of food borne illness, the nutrition service provider must immediately notify the local health department to initiate an investigation.

The nutrition service provider must inform AgeOptions of the complaint or report of symptoms of food borne illness within 24 hours of the investigative

procedures in progress. Periodic updates shall be provided to AgeOptions regarding the progress and findings of the investigation.

Packaging
C2

Home delivered meals providers must meet the following minimum requirements for packaging of meals:

- a. All meals packaged at nutrition sites must be individually packaged prior to congregate meals being served, and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
- b. All meals packaged at food preparation centers must be individually packaged and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
- c. Containers must be designed to maintain the integrity and safety of the food. Containers must be appropriately insulated to maintain proper food temperatures. The lids must provide a tight seal.
- d. Hot and cold foods must be packaged and packed separately. Bread and bread products should be individually wrapped.
- e. All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.

PHYSICAL FACILITY REQUIREMENTS

Congregate Site
Location

C1

Congregate nutrition sites must be located in as close proximity to the majority of eligible individuals' residences (especially those individuals of targeted populations) as feasible. Particular attention should be given to a location in a multipurpose senior center, school, faith based organization, or another appropriate community facility, within walking distance where possible, and where appropriate transportation to the site is furnished.

Congregate Facility
Requirements

C1

Congregate nutrition sites must be housed in facilities that are physically safe and accessible structures. The structure must allow for maximum participation of all eligible participants and volunteers. See the Program Accessibility Form for more details. Minimum requirements include:

- a. Parking area within one block.

- b. An entranceway that is accessible on the ground level to persons with disabilities.*
- c. Entrances, exits, doorways, stairways and hallways of good repair and unobstructed.
- d. Sites above or below ground level equipped with an elevator, lift or ramp.
- e. Floors that are nonslip, level and easily cleaned.
- f. Adequate lighting provided to assure safe passage of participants.
- g. Ventilation capable of providing for the health and comfort of participants.
- h. Toilet facilities with at least one toilet accessible to individuals with disabilities (ex. wheelchair bound) and available to both genders.*
- i. Traffic patterns, exits, entrances, hazards and restricted areas that are marked.
- j. Spaces identified as dining, kitchen, and site supervisor's area.

*The *Civil Rights Self Evaluation* form outlines the minimum requirements for handicapped accessibility. All Congregate Meal sites must comply with all requirements of the Illinois Department on Aging Civil Rights Program.

Facility Sanitation and Safety

C1, C2 Congregate meal sites, Home Delivered Meals distribution points, contracted food service operators and restaurants must comply with applicable provisions of state or local laws for fire, health, sanitation, safety and building codes, regulations and licensure requirements. Before a site may open for service, current and legible inspection reports must be on file with AgeOptions for public review.³

C2 Delivery vehicles should be inspected by nutrition programs to ensure that the interiors of the vehicles are clean and maintained for sanitary purposes.

Site Facility Inspections

C1, C2 On-site and contracted food service operations must be inspected at least once a year by the appropriate local regulating authorities, and must comply with all health, sanitation, fire and safety rules and regulations. Current and legible copies of these reports must be submitted to AgeOptions with the application and annually during the AgeOptions nutrition program onsite review. Providers are required to keep on file an explanation of action taken to address any points lost on an inspection at their site or at the caterer's facility.

C1, C2 On-site and contracted food service operations will be visited and evaluated for

³ Inspection reports may not be more than twelve (12) months old or must be deemed current by local health officials at the time of

health, fire, safe and sanitary conditions by AgeOptions’ Nutrition Specialist at least once per year. Providers are required to submit documentation of actions taken to address any points lost on the inspections to AgeOptions.

Equipment/ Furnishing

- C1** Congregate nutrition service providers shall assure that furnishings and equipment for:
- a. The dining area is strong and sturdy, allow for easy mobility, encourage socialization among participants, and create a bright and warm atmosphere;
 - b. The kitchen area is constructed and installed according to state and local food service health and safety regulations for food service operations; and
 - c. The site supervisor's area is durable and practical to handle daily operations (e.g. locked files).

Information Technology

- C2** Nutrition service providers must maintain at least one generic business email address for the sole purpose of exchanging information with assessors (Care Coordination Units and Managed Care Organizations) about Home Delivered Meal referrals and/or status of current Home Delivered Meal clients. “Generic” is defined as an e-mail address that is labelled by purpose rather than by employee name (e.g., HDMReferrals@AgencyXYZ.org) and is accessible by a group of the nutrition provider’s employees. The generic email address must support message encryption to ensure client confidentiality.

Inventory

- C1, C2** Nutrition service providers shall develop and maintain an inventory list of all equipment.

Transportation

- C1** Congregate nutrition service providers should provide participants with information on available transportation options. Other site participants should be encouraged to assist in transporting seniors to the site. Providers must demonstrate special attention to persons whose new or continued participation is dependent on the availability of transportation provided by community resources. A best practice would be that the site sets up carpools or provides discounted bus fares.

Site/Facility Agreement

- C1, C2** Nutrition service providers must have a written agreement or letter of support from the organization where a congregate site and/or home delivered meal

distribution point is located or proposed. The agreement or letter of support must be current at the time of application and on file with AgeOptions and should include:

- a. Responsibilities and obligations of each party (including sanitation of restrooms and common areas, snow removal on walkways, care and maintenance of facility, obtaining health department permits, fire inspections, cleaning, insurance coverage of items owned by project, personal liability insurance, and compliance with all federal, state, and local laws). The congregate and/or HDM site agreement may not contain provisions that constitute subcontracting.
- b. Staffing interrelationships and roles with the host organization including responsibility and authority.
- c. Costs or payments to be incurred by either party.
- d. Days and hours the site/distribution point will operate and provide services in the facility.

Note: Facility Agreement or Letters of Intent must be between service provider and the host. Site agreements must be less than eighteen (18) months old at the time of application.

Ideal Congregate Site Factors

In addition to the “Congregate Facility Requirements, C1” listed previously, the following is a list of factors that AgeOptions considers integral to the makeup of the "ideal" congregate nutrition site:

1. **Make socialization as important as nutrition.** Site staff and volunteers will create a sense of community for participants at the congregate meal site by involving participants as partners, promoting connections between participants, getting to know each participant personally and greeting them on arrival.
2. **Offer menu choice and/or cultural sensitivity.** To the extent possible, sites should offer a choice of entrees based on participant input. Significant ethnic populations should be offered culturally appropriate meals.
3. **Empower participants by welcoming their input and acting on it.** Site Leaders should be responsive to Site-Based Advisory Committee input and results of Participant Satisfaction Surveys. Solicit feedback from participants on menu choices and programming, and provide timely follow-up on participant issues.
4. **Work to make transportation easier.** Sites should engage local public transportation entities to make the site more accessible, especially during meal service hours. Sites should encourage car pooling and provide ample parking.
5. **Improve site’s physical characteristics.** Cleaning, painting and adding lights can make sites more inviting. Meals should be served on table cloths with non-disposable silverware and dishes. Meals should be served to participants at their tables rather than cafeteria style

6. **Create a sense of community and encourage volunteerism.** Involve volunteers in making the site attractive and welcoming for all Older Adults. Create volunteer opportunities to serve food, greet participants, clean up, decorate, etc.
7. **Link site to other services.** Sites should coordinate with other organizations to provide information to participants and ensure that they have access to information about community-based services. Ideally, sites will be located in multi-purpose centers.
8. **Promote and grow the site.** Use every available means of free or low-cost mass media, such as church programs/bulletin boards, local newspapers, store windows and local service organization newsletters.
9. **Provide Leadership.** The Site Manager will be a leader for staff, volunteers and participants. Some examples of how this may be achieved are modeling appropriate and friendly behavior, motivating staff and volunteers, trying new ideas and delegating tasks.
10. **Be active in the community.** The site will actively engage in the community at large by maintaining a visible presence in the community through staff and volunteers; soliciting support from the community; participating in community activities such as advisory boards and events; educating participants about resources available in the community.
11. **Establish sites in high-need areas.** Site should be located in an area with a high number and/or density of older adults. Sites should be especially close to low income, minority and/or limited English speaking populations.