

Area Agency on Aging Handbook

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Chapter A Introduction

The Area Agency on Aging (AAA) Handbook contains HHSC policy for Older American Act (OAA) programs funded by the Administration for Community Living (ACL) and the State of Texas. HHSC, as the designated State Unit on Aging, is responsible for establishing policy for the OAA programs .

A-1000 Overview

The OAA was originally enacted in 1965 with a focus on planning and policy related to aging issues. The OAA established the “aging network”, consisting of the Administration on Aging, State Agencies on Aging, more commonly known as “State Units on Aging”, and Area Agencies on Aging. Later amendments incorporated a variety of services and supports for people age 60 and over and their caregivers.

The legislation authorized grants to states for community planning and social services, research and development projects, and personnel training in the field of aging

The aging network has evolved to support a wide range of social services and programs for older people. These include supportive services, congregate nutrition services (meals served at group sites such as senior centers, community centers, schools, churches, or senior housing complexes), home-delivered nutrition services, family caregiver support, community service employment, the long-term care ombudsman program, and services to prevent the abuse, neglect, and exploitation of older persons. Except for Title V, Community Service Employment for Older Americans, all programs are administered by the Administration on Aging (AoA) within ACL in the U. S. Department of Health and Human Services (DHHS). Title V is administered by the Department of Labor Employment and Training Administration.

The aging network is an integral part of the continuum of supports people can access to help them age well and to help them live with dignity when aging brings challenges.

A-2000 Purpose

The goal of the OAA is to support older Americans to live at home and in the community with dignity and independence for as long as possible. .

The declared objective of the OAA is to ensure equal opportunity to the full and free enjoyment of:

- An adequate income in retirement;
- The best possible physical and mental health services without regard to economic status;
- Suitable and affordable housing, selected, designed and located with reference to special needs of older people;
- Restorative services and an array of community based long-term care services to appropriately sustain older people in their communities and in their homes, including support for family members and other persons providing voluntary care to older people needing long-term care services;
- Opportunity for employment without discrimination on the basis of age;
- Retirement in health, honor, and dignity
- Participation and contribution in civic, cultural, educational and recreational opportunities;
- Efficient community services which provide a choice in supported living arrangements and social assistance in a coordinated manner and are readily available, with emphasis on maintaining a continuum of care for vulnerable older individuals;
- Immediate benefit from proven research knowledge which can maintain and improve health and happiness;
- Freedom, independence, and the exercise of self determination, full participation in the planning and operation of community-based services and programs for their benefit;, and
- Protection against abuse neglect and exploitation.

A-3000 Authority

Statutory Authority:

- Older Americans Act of 1965, as amended through P.L. 116-131, enacted March 25, 2020
- Omnibus Budget Reconciliation Act of 1990: Section 4360

Governing State Laws and Regulations:

- General Appropriations Act, Texas Legislature
- Texas Administrative Code
- Texas Government Code, Title 4, Subtitle I, Chapter 531, Health and Human Services Commission
- Texas Human Resources Code, Title 6, Chapter 101A, State Services for the Aging
- Texas Human Resources Code, Title 11, Chapter 161, Department of Aging and Disability Services
- Texas Local Government Code, Title 12, Chapter 394, Section 394.902, Housing for Elderly
- Texas Uniform Grant Management Standards

A-4000 State Unit on Aging

The Texas Health and Human Services Commission (HHSC) is the agency designated to serve as the State Unit on Aging for Texas. HHSC is responsible for serving as the visible advocate for all older Texans and providing oversight of OAA programs administered by Area Agencies on Aging.

Effective September 1, 2016, all administrative functions and aging services under the OAA, transferred from the Texas Department of Aging and Disability Services (DADS) to the Health and Human Services Commission as directed by the Texas Legislature (SB 200, 84th Texas Legislature, Regular Session, 2015).

Funds for aging services include state general revenue under the General Appropriations Act to match federal funds received by authority of the OAA. Texas also receives housing bond fees and federal awards to support the SHIP and MIPPA programs. Voluntary cash contributions from people who receive OAA services also support programs throughout Texas.

A-4100 Texas Planning and Service Areas

One responsibility of the State Unit on Aging under the OAA is to divide the state into distinct planning and service areas. There are 28 planning and service areas covering all counties in Texas.

A-4200 Reporting

ACL collects data from all states and territories about programs provided through the OAA funding. HHSC collects this information from Texas AAAs and their subrecipients to prepare the annual State Program Report. Most of the information used to prepare this report comes from the State's information management system, the State Unit on Aging Programs Uniform Reporting System (SPURS).

A-4300 Policy Development

HHSC is responsible for establishing policy for OAA programs in its role as the designated State Unit on Aging.

This handbook provides the official policies and procedures for the administration of OAA programs and services. Changes to policy and/or procedures will be shared in a timely manner through bulletins and broadcasts.

A-4400 Compliance monitoring

As a recipient of federal grants, HHSC must monitor AAAs for compliance with a variety of federal regulations to ensure programs are financially and programmatically accountable. Monitoring ensures AAAs and their subrecipients use OAA awards for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward. It also ensures that performance goals are achieved.

A-5000 Other OAA Programs

A-5100 Title V of the Older Americans Act

Title V of the OAA is the Community Service Senior Opportunities Act and is administered by the Department of Labor. The Texas Workforce Commission administers this grant for Texas.

The program encourages self-sufficiency for people who are age 55 or older who are low-income and not employed. Grants are awarded to states for projects that provide community service and work-based job training with the goal of unsubsidized employment in both the private and public sectors.

A-5200 Title VII of the Older Americans Act

Title VII of the OAA awards separate appropriations for the:

- Long-term Care Ombudsman Program;
- Program for prevention of elder abuse, neglect, and exploitation; and
- Elder rights and legal assistance programs.

This handbook does not include policy related to the Long-term Care Ombudsman Program administered in Texas.

A-6000 Other Programs

HHSC administers the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) program and the State Health Insurance Assistance Program (SHIP) funded by ACL and the State of Texas. In Texas SHIP is referred to as the Health Information, Counseling and Advocacy Program (HICAP). HHSC also administers the housing bond program funded by fees collected from housing finance corporations.

Chapter B Area Agencies on Aging

The OAA requires HHSC to designate Area Agencies on Aging (AAAs) for each planning and service area in the State to carry out programs for people who are 60 years of age or older, their families and their caregivers.

HHSC has designated 28 AAAs in Texas to develop and administer plans for a comprehensive and coordinated system of services for older Texans, their caregivers and their families. AAAs administer OAA programs in accordance with all federal and state regulations and policies.

B-1000 Overview

The OAA authorizes the provision of services to support the independence, health, and well-being of eligible people. AAAs determine the type of services that will be offered to eligible people in their service area through needs assessments and other tools used to prepare an Area Plan.

AAAs evaluate regional strengths, identify local resources and service gaps, and seek input from the people they serve, service providers and other stakeholders about aging issues. This information is used to develop an Area Plan that describes how the AAA will

coordinate and provide services during the planning period. Regional characteristics and trends are assessed every few years and the Area Plan is updated. HHSC approves the area plans.

AAAs are advocates for the people they serve, and engage on local and state issues beyond the programs they fund or deliver. They use a holistic approach to address regional aging issues, and collaborate with numerous organizations to offer comprehensive, broad-based solutions. Those organizations can be local governments, state agencies, education, health care, social services, faith-based entities, business, and charitable foundations. These partnerships support and expand the AAAs' objectives.

The AAAs have local decision making authority to adapt services and supports to the regional circumstances in their planning and service areas.

AAAs provide some of their services directly to the people they serve such as information, referral and assistance; case management; benefits counseling and caregiver support programs. Except for certain services, AAAs must get approval from HHSC to provide their services directly to eligible people.

AAA contracts with local service providers allow congregate and home delivered meals, transportation and in-home services to be provided across each AAA's planning and service area.

B-2000 Organization and Staffing

AAAs must maintain an organizational structure through its Area Plan, job descriptions, and staffing plans that reflect its ability to effectively administer its HHSC programs.

B-3000 Area Plans

The OAA authorizes the provision of services to support the independence, health, and well-being of eligible people. AAAs determine the type of services that will be offered to eligible people in their service area through needs assessments and other tools used to prepare an Area Plan.

AAAs administer OAA programs in accordance with all federal and state regulations. The area plan outlines a comprehensive and coordinated service delivery system for the AAA's region using a format provided by HHSC. The plan identifies planning,

coordination, evaluation and service provision activities for the period of the plan as well as funding and other resources available to the AAA. Measureable objectives allow the AAA to use the plan as a roadmap.

A AAA must proactively perform planning, monitoring and evaluation relating to programs for older people, their families and their caregivers.

A AAA must prepare and develop an area plan for a period of two to four years, as determined by HHSC. The area plan must be based on an assessment of the planning and service area's documented needs, demographic trends, geographic characteristics, economic variables and other information that impact people eligible for OAA services. The plan must also incorporate public input and information received from older people, their caregivers and their families.

B-4000 Area Agency on Aging Advisory Council

The AAA advisory council must include representatives of the following:

- Older people, including people who are minorities; and people living in rural areas, who participate or are eligible to participate in OAA programs;
- Family caregivers of those older people;
- Older people generally;
- Service providers;
- Business community;
- Local elected officials;
- Providers of veterans' health care (if appropriate); and
- General public.

The advisory committee continuously advises the AAA about the development, administration, and operations conducted under the Area Plan.

B-5000 Community Engagement

By being engaged in their communities, AAAs become visible advocates and the place for people to seek information on aging issues. By working collaboratively with and through groups of people who share an interest in aging issues, the AAA can maintain the foundation to support a network for its service delivery. Partnerships and coalitions can help the AAA mobilize and leverage resources and influence policy to ensure:

- The needs of older people in its region are met to the greatest extent possible;
- The availability of services for older people is maximized and service duplication is reduced; and
- Systems are flexible enough to respond to economic, demographic and social trends.

B-6000 Outreach

Outreach is intended to identify vulnerable, hard to reach people. The AAA must conduct outreach to people who may be eligible for OAA services, especially older people:

- Residing in rural areas;
- With the greatest economic or social need (particularly low-income older people, low-income minority older people, older people with limited English proficiency, and older people who live in rural areas);
- With severe disabilities;
- With limited English proficiency;
- With Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such people);
- At risk for institutional placement, specifically including survivors of the Holocaust; and
- Who are Native Americans, if there is a significant population of older people who are Native Americans in the AAA’s region.

A Native American is a person who is a member of a tribe that is federally recognized by the Bureau of Indian Affairs.

Outreach to these populations and their caregivers must include information about the assistance available to them through the OAA programs.

Chapter C Area Agency on Aging Administration

Administration of OAA services includes serving as the focal point for aging services, providing advocacy for older people in their service area, developing and implementing an Area Plan based on OAA requirements, procurement of services funded with federal and state funds, contract management, reporting, reimbursement, accounting, auditing,

monitoring and quality assurance. Documents that are important to successfully administer programs include:

- Agreements or Contracts, and Amendments
- Area Plan
- Budgets, including adequate proportion, categorical transfers and minimum expenditures
- Bulletins
- Notifications of Funding Available (NOA for SHIP/MIPPA?)
- Performance Measure Projections
- State Plan on Aging
- State Program Report Required Data

C-1000 Targeting

Services are targeted to people age 60 or older. Priority is given to older people with greatest economic and social need, with preference given to low-income older people, including low-income minority older people, older people with limited English proficiency, and older people residing in rural areas.

The OAA federal regulation requires priority in the delivery of in-home services be given to people age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated. The CNE form is used for in-home services to determine if a person is frail, homebound, or otherwise isolated.

The OAA defines someone as homebound if they cannot leave their home without the assistance of another person.

The OAA defines frail as being functionally impaired because the person:

- Is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- Due to a cognitive or other mental impairment, requires substantial supervision because the person behaves in a manner that poses a serious health or safety hazard themselves or another person.

The AAA must consider targeting requirements in its objectives and strategies to meet the needs of the target populations.

Written policy must be established by the AAA to ensure targeting and preference requirements are met by the AAA and its subrecipients.

Factors which can be considered in establishing written policy for preference and targeting could include methods to identify older people who:

- Cannot always afford basic needs such as food or medicine;
- Lack the skills or knowledge to prepare well-balanced meals or appropriately manage medicine;
- Cannot access transportation to destinations such as medical appointments;
- Live in a rural area;
- Lack English proficiency;
- Have a disabling illness or physical condition;
- Have limited mobility that impairs their ability to leave the home;
- Have Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- Are socially isolated; or
- Have been screened as a high nutritional risk.

The OAA specifically requires that each agreement made with a provider for any service, including congregate and HDMs, must include a requirement that the provider will:

- Provide services to low-income minority, older individuals with limited English proficiency, and older people residing in rural areas in accordance with their need for such services, to the greatest extent possible; and
- Meet the AAA's specific objectives to provide services to low-income minority, older individuals with limited English proficiency, and older people residing in rural areas.

The service provider must also specify in its agreement with the AAA how it will satisfy the service needs of low-income minority, older individuals with limited English proficiency, and older people residing in rural areas.

The AAA is responsible for monitoring its progress in meeting targeting requirements and the progress of all subrecipients in meeting their targeting requirements.

C-2000 Interest Lists

When resources are insufficient to meet the demand for services and interest lists must be maintained, targeting requirements are important to consider. An interest list includes people who may be eligible for a service but are not receiving the service, regardless of the funding source.

AAAs and subrecipients must have written policy and procedures that consider targeting requirements for prioritizing people on interest lists. The policy must indicate the provider's method to ensure targeting requirements are met in the maintenance of interest lists. People who request services and must be placed on an interest list should be screened for other services and referred as appropriate.

AAA and subrecipient interest list policy helps ensure OAA requirements are met when sudden or unexpected changes in demand or resources occur. Consistent and streamlined approaches for serving people in greatest need allow AAAs and subrecipients to effectively respond to short- and long-term impacts of change.

Policy for prioritizing services must ensure the use of socioeconomic issues as factors for higher priority does not result in means testing, which is not permitted for OAA services.

Examples of indicators which may be used for written policy to identify eligible people with a high probability of service need are:

- Functional impairment or disability resulting in limited mobility;
- Inadequate housing and environment;
- Homebound;
- Living alone;
- Minority;
- Limited English proficiency;
- Isolation and lack of access to social and recreational activities;
- Caregiver "burn out" identified or no caregiver is available;
- High-risk nutritional status;
- Lack the skills or knowledge to select and prepare nourishing and well-balanced meals;
- Disabling illness or chronic health condition; and
- Recent illness, injury or hospitalization.

Interest lists must be maintained by AAAs and subrecipients to provide an accurate count of people waiting for services to HHSC when requested. Interest lists include only those people who may be eligible for a service but do not receive the requested service from any source or provider.

AAAs and subrecipients must be able to identify the reason people are on an interest list such as:

- Lack of funds;
- Provider cannot produce more meals with its current staffing, building or kitchen capacity;
- Type of meal not available; or
- Provider requested not available.

C-3000 Voluntary Contributions

Voluntary contributions are a way for recipients of Title III services to choose to share in the cost of services. Voluntary contributions are to be used to expand the service for which the contributions were given and provide a way for AAAs and subrecipients to expand their programs to serve more people.

All people receiving OAA services must be informed that they can make a voluntary contribution to the program, and people whose self-declared income is at or above 185 percent of the poverty line should be encouraged to make a cash contribution to support and expand the nutrition program.

AAAs and subrecipients must set moderate and high income levels to assist them in setting sliding scales for voluntary contributions. AAAs and subrecipients may develop suggested contribution schedules for services provided. In developing the contribution schedule, the income ranges of older people in the region or community and the other resources available to the AAA or subrecipient should be considered.

AAAs and subrecipients may not consider income or resources (“means testing”) as a condition for eligibility for any service provided with OAA funds.

A process must be in place to let people know how to make a voluntary contribution to the program. The process must protect the privacy and confidentiality of any person who chooses to, or does not choose to, contribute.

People eligible for a service cannot be denied the service if they are unable or do not want to contribute.

AAAs and subrecipients must have written policy and procedures to safeguard and account for all voluntary cash contributions in accordance with the OAA and other laws related to cash management:

- People at or above 185 percent of the poverty level are encouraged to make a voluntary contribution;
- People receiving a meal are informed they can contribute;
- People receiving a meal are informed the contribution is voluntary;
- How the privacy of a person contributing is protected;
- The method used to ensure a contribution is private; and
- How people are informed the meal will not be denied if a person cannot or does not wish to contribute.

In addition, written policy to manage cash contributions must include procedures that:

- Establish controls for managing the receipt of cash contributions;
- Ensure voluntary contributions are used only to expand the program in which the contributions were generated;
- Ensure voluntary contributions do not supplant federal funds;
- Account for all cash contributions;
- Safeguard all cash contributions;
- Ensure contributions are not used for match purposes; and
- Require the AAA to report all cash contributions received to HHSC using the Quarterly Performance Report.

Documentation

Documentation of providing each person with the AAA or subrecipient's policy describing how a person can make a private contribution must include the name of the AAA or subrecipient, the date the policy was provided to an eligible person and the name of the eligible person.

C-4000 Match

Each AAA and its subrecipients must secure the required 10 percent non-federal match for supportive and nutrition services and the required 25 percent non-federal match for

caregiver services and administration. Match may be cash or in-kind and fair market value may be attributed to services and facilities contributed from non-federal sources. In-kind match is a non-cash contribution of value provided by non-federal or non-state third parties. In-kind match is typically the calculated value of personnel, goods, and services, including direct and indirect costs.

In-kind match examples that can be counted include:

- Donated goods; and
- Donated services.

Do not count as in-kind match routine activities of partners that would occur regardless of if this program existed.

Cash match, such as a cash contribution, can come from the contractor's own funds (general revenue), cash donations from non-federal or non-state third parties (such as partner organizations), or from non-federal grants. A cash match contribution can only be applied to the match requirement once it is expended on a cost or activity identified in a work plan. All match contributions must be expended for goods and services necessary for and specifically identifiable in the approved AAA's area plan.

Cash match examples that can be counted include:

- Cash donations;
- Non-federal income from products or services;
- Local government grants or appropriations;
- State grants or appropriations;
- Foundation grants; and
- Corporate contributions.

C-5000 Recipient Complaints

People who receive OAA services may submit complaints about specific actions or activities that affect their personal participation in OAA programs or the conduct of the program as it relates to all people who receive services generally or at a specific site or location.

C-6000 Responsibilities on Abuse, Neglect and Exploitation

Any person (18 years or older) who suspects that an adult with a disability or who is age 65 or older in Texas is in a state of abuse, neglect, or exploitation must immediately report the information to Adult Protective Services of the Texas Department of Protective Services (DFPS) by calling 1-800-252-5400 or by following the instructions available at www.txabusehotline.org.

Under the Texas Human Resources Code, Section 48.052, a person commits a Class 'A' Misdemeanor if that person has cause to believe that an adult with a disability or who is age 65 or older living in a community setting has been abused, neglected, or exploited and fails to report the information.

AAAs and its subrecipients must:

- Instruct all staff and representatives, other than a representative of the Office of the Ombudsman, to report allegations of abuse, neglect, or exploitation of a program participant to DFPS;
- Take appropriate corrective action if DFPS confirms abuse, neglect, or exploitation by meal provider staff of a person receiving OAA services; and
- Instruct all staff to call 911 or another local emergency hotline for fire-fighting, police, medical, or other emergency services, as appropriate, in the event of an emergency involving a person receiving OAA services.

Chapter D Intake and Assessment for Services

AAAs and subrecipients must ensure eligibility, reporting and other requirements of the OAA and HHSC are met. This section provides information about forms and processes used for intake, and assessments required for specific services.

D-1000 Intake

An intake is required for each person requesting services to document eligibility and collect specific data required for the State Program Report, an annual federal report submitted to ACL.

The intake is used to collect the person's demographics, contact information, and other information needed for the coordination of appropriate services.

The intake is also used to document eligibility for nutrition services provided to a person under 60 years of age, such as when a spouse of an eligible person receives a meal.

A AAA may collect income levels to determine priority populations while considering factors related to targeting services. Taken as a whole, all levels of income (low, moderate and high) are needed when determining target populations and to inform outreach strategies.

Income levels on the intake also allow HHSC to report on the number of people with “income below poverty level” receiving specific services, such as:

- Care Coordination;
- Chore Maintenance;
- Day Activity and Health Services;
- Home Delivered Meals;
- Homemaker; and
- Personal Assistance.

The intake process must be flexible and provide the ability to adapt to the needs of:

- A homebound person;
- A patient awaiting hospital discharge;
- People of widely varying ethnic and cultural characteristics;
- People who speak languages other than English; and
- People with widely varying disabilities.

The process is a tool to ensure OAA targeted populations are given preference without excluding others from participating in a service to the extent possible.

The following information is required for every intake:

- Indication that the Client Rights and Responsibilities and Release of Information have been clearly explained to the person
- Date
- Consumer ID (from SPURS)
- Name (Last name, Middle initial, First name)
- Gender
- Birth date
- Home address
 - City
 - State
 - Zip Code
- County

- Phone Number
- Ethnicity
- Race
- Lives Alone
- In poverty/low income
- Reason for eligibility for Nutrition Services for person under age 60

The intake process does not require a face-to-face contact with the person requesting a service and can be conducted with a caregiver or authorized representative.

The Intake form is available on the HHSC AAA web site. The form may be changed to include additional information to meet the business requirements of the agency conducting intake if the minimum information is captured on the form.

An intake is not required for information, referral and assistance services.

Documentation

Documentation of the intake must include the name of the AAA or service provider, date the intake was completed, and the name of the person completing the intake. All required information must be completed for every person receiving a service.

Reporting

Minimum intake information must be reported using the information management system at initial intake and for periodic updates.

D-2000 Caregiver Intake

The caregiver intake is required for each person requesting services to document eligibility for services under the OAA Title III-E National Family Caregiver Support Program and collect specific data required for the State Program Report. The caregiver intake includes the same fields as the standard intake plus additional required information:

- Relationship to care recipient for care recipients who are 60 years of age or older;
- Relationship to care recipient if the care recipient is 18 years of age or less and the caregiver is 55 years or older and is an older relative caregiver;
- Care recipient consumer identification number (from SPURS);
- Care recipient birth date; and

- The consumer identification number, name and date of birth for each child cared for by an older relative caregiver.

Documentation

Documentation of the caregiver intake must include the name of the AAA or subrecipient, date the intake was completed, and the name of the person completing the intake. All required information must be completed for every person receiving a service.

Reporting

AAAs and subrecipients must report minimum intake information using HHSC's information management system at initial intake and for periodic updates.

D-3000 Consumer Needs Evaluation

The Consumer Needs Evaluation (CNE) form is used to document a person's need for care coordination, caregiver respite, chore maintenance, day activity and health services, home delivered meals, homemaker, and personal assistance. The initial CNE assessment must be completed before a person receives a service requiring the completion of the CNE form.

After the initial assessment, CNE reassessments must be completed annually, within 30 days of the anniversary of the person's initial assessment date. An earlier reassessment may also need to occur under circumstances indicating a significant change in the person's condition. The content of the form is required and may not be altered.

Significant changes requiring a reassessment include a:

- Change in functional status such as an accident or illness or hospitalization;
- Change in living situation;
- Change in the caregiver relationship;
- Loss, damage or deterioration of the home living environment;
- Loss of a spouse, family member or close friend; or
- Loss of income.

The CNE form is used to:

- Collect and document essential information related to service planning for people requesting care coordination, caregiver respite, chore maintenance, day activity and health services, HDMs, homemaker or personal assistance;
- Determine if a person meets the eligibility requirement or has the need for HDMs;
- Assess a person's needs, functional impairments and ability to perform activities of daily living; and
- Collect data for the State Program Report.

An impairment in Activities of Daily Living is the inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues:

- Eating;
- Dressing;
- Bathing;
- Toileting;
- Transferring in and out of bed/chair; or
- Walking.

An impairment in Instrumental Activities of Daily Living is the inability to perform one or more of the following seven instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues:

- Preparing meals;
- Shopping for personal items;
- Managing medication;
- Managing money;
- Using the telephone;
- Doing light/heavy housework; or
- Transportation ability (transportation ability refers to the individual's ability to use available transportation without assistance).

The CNE assessment and reassessment must be conducted face-to-face in the person's home or by telephone.

To qualify for a HDM a person must have a minimum score of 20 on the CNE form. People who do not meet a score of 20 on the CNE form should be referred to the congregate nutrition programs, when such programs are available.

To qualify for respite funded by Title III-E, if a caregiver is providing help to an older person, the care recipient must be frail. Frail means the care recipient:

- Is unable to perform a minimum of two activities of daily living; or
- Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to self or to another individual.

The CNE form and instructions are available on the HHSC web site. This form is required and may not be altered.

Documentation

Documentation of the assessment must include the name of the AAA or subrecipient, the name of the person conducting the CNE assessment, date the CNE was completed, and the name of the person being assessed. All questions must be answered for every person receiving service.

Reporting

AAAs and subrecipients must report responses for the CNE form using the HHSC information management system for the initial assessment and all reassessments.

D-4000 Caregiver Assessment

The Caregiver Assessment Questionnaire (CAQ) is used to document a caregiver's needs and to identify:

- Possible barriers to carrying out caregiver responsibilities;
- Existing resources and supports for the caregiver; and
- Level of caregiver stress.

The initial assessment must be completed at intake for all caregivers receiving caregiver support coordination funded through Title III-E of the OAA. A new assessment must be completed if more than 12 months have elapsed since the date of the previous assessment.

The CAQ may be completed during a face-to-face interview or by telephone. The staff must discuss the questions with the caregiver. Results of the assessment are used to inform the type of services the caregiver needs.

Documentation

Documentation of the assessment must include the name of the person conducting the CAQ assessment, date the CAQ was completed, and the name of the person being assessed. All questions must be answered for every person receiving caregiver support coordination service.

Reporting

AAAs and subrecipients must report responses for the CAQ form using the HHSC information management system for the initial assessment and all subsequent assessments.

D-5000 DETERMINE Your Nutritional Health

The DETERMINE Your Nutritional Health checklist is a nutrition screening tool used to identify people at risk of poor nutritional health or with malnutrition. The DETERMINE Your Nutritional Health checklist must be completed at intake for all people receiving congregate meals, HDMs or nutrition counseling.

The DETERMINE Your Nutritional Health checklist must be completed annually, within 30 days of the anniversary of the person's initial risk assessment date. The content of the form is required and may not be altered.

People at high nutritional risk are those who score six or higher on the DETERMINE Your Nutritional Health checklist. The checklist is used to measure a person's change in level of nutritional risk over time and to assess the need for nutrition counseling. Overall nutritional scores help evaluate the effectiveness of the nutrition program, and trends can be used to inform topics for future nutrition education events.

The DETERMINE Your Nutritional Health checklist may be completed by the person requesting congregate or HDMs or, when needed, it can be completed through an interview with the person. The handout with the date of the screening and the results score is kept by the person being assessed.

The DETERMINE Your Nutritional Health checklist and instructions and the handout are available on the HHSC web site.

Documentation

Documentation must include the name of the AAA or subrecipient, the name of the person being screened, and the date the checklist was completed. All questions must be answered for every person receiving meals.

Reporting

AAAs and subrecipients must report responses for the DETERMINE Your Nutritional Health checklist using the HHSC information management system for the initial assessment and all reassessments.

D-6000 Determination of Type of Meal

Determination of Type of Meal (DTM) assessment is used to ensure certain meals are appropriate for a person. Meals served daily are expected to be consumed the same day the meal is delivered. The DTM assessment must be conducted face-to-face in the eligible person's home before the person receives multiple meals in one delivery of chilled, shelf-stable, or frozen meals or under any other condition that permits a meal to be consumed at a time other than the day of delivery. The content of the form is required and may not be altered.

A new DTM assessment must be completed annually, within 30 days of the anniversary of the person's prior evaluation date. An earlier evaluation may also need to occur under circumstances indicating a significant change in the person's condition in accordance with the meal provider's written policy.

The person receiving multiple meals to be consumed after the day of delivery must be able to consume meals independently or with available assistance. In the case of multiple or bulk meals being delivered, the person must be able to handle, store, prepare and otherwise manage the meal delivery, as well as manage the daily meal.

The person's capability, home environment, literacy, cognition, language, caregiver support and other factors need to be considered to ensure the person's health and safety. If the evaluation indicates a barrier exists and that barrier cannot be remedied, the person may not receive multiple meals in one delivery.

The DTM evaluates areas such as:

- Home Equipment: The needed equipment and utilities are available in the home of the person receiving the meals such as gas, electricity, a stove with an oven that works, a working microwave oven, a working toaster oven, a working refrigerator or a freezer.
- Ability to Follow Instructions: A person's ability to follow the instructions to safely store and prepare meals or have a caregiver capable of following instructions is considered. The inability to follow instructions could be related to literacy, language, vision or cognition.
- Ability to Physically Manage Meals: A person's ability to physically manage meals or who have a caregiver to physically manage meals is considered. Manual dexterity and fine motor skills may impair the ability of a person to open, store and prepare meals and overall strength, balance and other factors need to be evaluated.
- Ability to Eat Meals: A person's ability to consume a specific type of meal is considered by the meal provider before hot meals are discontinued and other meals are served on a regular basis. The ability to consume meals might be compromised by a dental or medical condition that makes it difficult to eat certain types of foods such as hard foods (raw vegetables and nuts), nut butters (peanut butter), fibrous proteins (pork chops or steak), or other foods (granola bars, raisins).
- Identification of Caregiver: A caregiver who can and will assist with the management of meals, including receiving and accepting the meals, unpacking and storing the meals, and preparing the meals, as appropriate, is identified. The caregiver's contact information, including the name, address and telephone number must be maintained in the eligible person's file.

The AAA or subrecipient must try to remedy barriers to service including referrals to local community resources to coordinate resources such as residential repair, health maintenance, or other services.

A AAA or subrecipient may not terminate nutrition services to an eligible person, including hot meals, because a person cannot manage other types of meals based on the results of the DTM assessment. If a person cannot manage frozen, chilled or shelf-stable meals, and does not have another person to help, it may be an indicator that the person is frail or isolated, which are targeted populations under the OAA.

If a AAA or subrecipient is considering discontinuing hot meals for an entire area or route and replacing them with chilled, frozen, shelf-stable or multiple meals, the impact to the people served must be determined using the DTM assessment. If it is determined a person is too frail or cannot manage the type of replacement meal being considered, the AAA or subrecipient must:

- Continue hot meals;
- Identify whether the person has someone available who can manage the meals for them; or
- Assist the person in accessing other in-home services before discontinuing daily hot meals.

Federal law mandates providers must target in-home services to frail, homebound or isolated people. HDMs are considered an in-home service.

Documentation

Documentation must include the name of the AAA or subrecipient, the date the form was completed, the name of the person conducting the evaluation, the name of the person requesting HDMs, and the type of meals requested.

Results of each evaluation to determinate the appropriateness of a meal must be maintained in an eligible person's file by the AAA or subrecipient.

When a person is not eligible to receive a meal based on the DTM, the meal provider must document the date of denial, the reason for the denial and how the person was notified of the denial.

Efforts by the meal provider to remedy barriers to service, including referrals to local community resources to coordinate resources such as residential repair, health maintenance, or other services, must be documented in the eligible person's file.

Reporting

AAAs and subrecipients must report responses for the DTM using the HHSC information management system for the initial assessment and all reassessments.

Chapter E Title III-B Supportive Services and Senior Centers

This section establishes the requirements for services which may be provided to eligible people under the “Supportive Services and Senior Centers” section in Title III, Part B (Title III-B), of the OAA.

Supportive services are intended to provide a variety of services that help older people access help when needed and live independently in their communities. OAA supportive services are provided by AAAs based on the characteristics and needs of older people in their planning and service areas. The services available through each AAA differs based on factors such as other resources and programs available, the budget available to the AAA, geographic location or population density. Supportive services not only help people when a need is identified, but also seek to sustain health and wellness as people grow older.

The AAA must ensure all supportive services provided directly by the AAA or through a subrecipient meet OAA requirements and are provided to eligible people.

Chapter F Title III-C Nutrition Services

OAA Title III, Part C Nutrition Services establishes the requirements for congregate meals, home delivered meals, nutrition screening, nutrition education, and nutrition counseling.

OAA Title III-C funds are for nutrition services that help older Texans live independently. The purposes of the OAA nutrition program are to reduce hunger, food insecurity and malnutrition; promote socialization of older people; and promote health and well-being of older people by providing access to nutrition and other disease prevention and health promotion services.

The AAA must ensure all subrecipients, meal providers and nutrition services meet the requirements of the OAA, and that nutrition services are provided to eligible people.

In this section, a meal provider may be a AAA, a subrecipient of the AAA or a contractor of the AAA that provides congregate or HDMs. AAAs and subrecipients must maintain written policies and procedures to comply with all federal and state requirements and the policies contained in this handbook.

F-1000 Congregate Meals

F-1100 Eligibility

To be eligible for a Title III congregate meal, a person must be:

- Age 60 or over; or
- The spouse of a person age 60 and over who participates in the program.

Meals may also be provided to the following, if the provider offers meals on the same basis as a meal provided to people age 60 and over:

- A person who provides volunteer services during the meal hours; or
- A person with a disability who resides in housing facilities;
- Occupied primarily by people 60 and over; and
- Where congregate meals are served.

The AAA must establish procedures to allow meal providers the option to offer congregate meals to a person with a disability or a person who provides volunteer services during the meal hours on the same basis as meals provided to an eligible person who is 60 or older.

Before service initiation and at least every 12 months, a *DETERMINE Your Nutritional Health* checklist must be completed for each person receiving congregate meals:

The OAA has no citizenship or residency requirement, and a nutrition provider may not deny the provision of a meal based on these criteria only.

Documentation for Congregate Meals

Documentation of meals must include the name of the meal provider, date the meal was provided and the name of the person receiving the meal.

Reporting

AAAs and subrecipients must report data for people and meals using HHSC's information management system. Reporting of meals requires unduplicated persons and unit counts.

A unit of service = one meal.

F-1200 **Frequency of Service**

At a minimum, each provider must make available five meals weekly to eligible people for a total of 250 meals a year. Meals must be served in a congregate setting and must conform to all standards and requirements for nutrition services in this handbook.

A congregate meal may be a hot or other appropriate meal per day, and any additional meals the provider chooses to serve at the congregate site.

If a meal provider is in a rural area, it can request HHSC waive the OAA requirement to provide a minimum of five congregate meals each week per person.

Rural is defined in the State Program Report as any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

F-1300 **Second Meals served by a Congregate Meal Provider**

- *Second Congregate Meal Provided at a Single Setting for Consumption at Another Time* – A chilled, frozen or shelf-stable meal sent home with an eligible person for a holiday, inclement weather or for an older person who is identified as "nutritionally high risk" is an allowable meal. The meal must be reported and counted in the HHSC information management system as a home delivered meal and counted as NSIP eligible if all the conditions for NSIP eligibility are met.
- *Second Congregate Meal Served and Consumed at a Single Setting* – A second meal served and consumed in a congregate setting is considered an "add-on" and constitutes the provision of a second Recommended Dietary Allowances

(RDA) meal. The meal is not an eligible meal and cannot be counted or reported as a meal funded by HHSC, program income or matching funds; the meal must be supported with other funds. The meal must not be reported in the HHSC information management system as an eligible meal. This applies to any second meal provided and consumed at a single setting.

- *Provider Serving More than One Congregate Meal per Day* – Some congregate meal providers serve more than one meal per day. The provision of breakfast, lunch or dinner consumed at separate settings during the same day are considered individual meals. These are eligible meals and may be counted and reported in the HHSC information management system and counted as NSIP eligible if all the conditions for NSIP eligibility are met.

F-1400 Congregate Meal Site Closure

The decision to close a meal facility or modify meal service is the responsibility of a meal provider's executive management, and HHSC does not have the authority to insist a nutrition provider remain open or close due to a health emergency or natural weather situation.

When a congregate site must temporarily close, the site must activate its emergency preparedness plan or business continuity plan. Meal providers must detail how they will provide meals for people at high nutritional risk in their plans. High nutritional risk is indicated by a score a six or higher on the DETERMINE Your Nutritional Risk Checklist.

Chilled, frozen or shelf-stable meals may be provided to people who participate in the program for consumption at home during the site closure. Since the meal is consumed at home rather than at the congregate site, the meal is reimbursed as an HDM.

The congregate meal provider's executive management must notify the AAA of the closure. If the temporary site closure exceeds the length of time outlined in the site's plans, the AAA and the meal provider must work together to determine how people will continue to be served.

Promotion of socialization is one of the purposes of the nutrition program so meal providers may not establish a regular take out meal service. AAAs must ensure regular congregate meal services are resumed upon conclusion of the emergency or other situation.

F-1500 Political Activity

A AAA must ensure a congregate meal site is not used for political campaigning except in those instances where a representative from each political party running in the campaign is given an equal opportunity to participate, or distribute political materials at a congregate meal site.

F-1600 Religious Activities and Prayer

A AAA must ensure that a meal provider does not allow a prayer or other religious activity to be officially sponsored, led, or organized by a nutrition-site staff person; or prohibit a person from praying silently or audibly at a congregate meal site if the person so chooses.

F-2000 Home Delivered Meals

F-2100 Eligibility

To be eligible for a Title III home delivered meal (HDM), a person must be:

- Age 60 or over;
- Frail;
- Homebound by reason of illness or incapacitating disability, or otherwise isolated; and
- Have a CNE form score of at least 20.

Homebound means a person cannot leave their home without the assistance of another person. People receiving HDMs must be physically, mentally, or medically unable to attend a congregate nutrition program as indicated on the CNE form. This includes people at nutritional risk who:

- Have physical, emotional, or behavioral conditions that would make their service at a congregate nutrition site inappropriate; or
- Are socially or otherwise isolated and unable to attend a congregate nutrition site.

Meals may also be provided to the following, if the provision of the meal supports maintaining the person at home and is in the best interest of the eligible older person:

- The spouse of an eligible person 60 years or older, regardless of the spouse's age or condition; or
- A person with a disability, regardless of age, who resides at home with an eligible person. The AAA must establish procedures to allow meal providers the option to offer HDMs to a person with a disability on the same basis as meals provided to an eligible person who is 60 or older.

Before service initiation and at least every 12 months, the following must be completed for each person receiving HDMs:

- A *DETERMINE Your Nutritional Health* checklist; and
- A CNE functional assessment.

Before service initiation and at least every 12 months, a *Determination of Type of Meal* must be completed for each person being assessed for meals to be consumed at a time other than the day of delivery:

The OAA has no citizenship or residency requirement, and a nutrition provider may not deny the provision of a meal based on these criteria only.

F-2200 Home Delivered Meals for Caregivers

An OAA Title III-E eligible caregiver can receive a HDM as a supplemental service in accordance with AAA written policy.

To be counted for Nutrition Services Incentive Program (NSIP) cash, a HDM purchased through Title III-E as a supplemental service must be served to a person aged 60 and over who is either a care recipient (as well as their spouses of any age) or a caregiver.

Documentation for Home Delivered Meals

Documentation of meals must include the name of the meal provider, date the meal was provided and the name of the person receiving the meal.

Reporting

Meals must be reported by all meal providers using the State's information management system. Reporting of meals requires unduplicated persons and unit counts.

A unit of service = one meal.

F-2300 Frequency of Service

At a minimum, each provider must make available five meals weekly to eligible homebound people. Providers are encouraged to provide seven meals per person if feasible.

HDM may be a hot, chilled, frozen, fresh, or shelf-stable meal and, as appropriate, supplemental foods, and any additional meals the provider chooses to deliver.

Providers must make available five meals a week for a total of 250 meals a year whether the meals served are hot, chilled, frozen or other meals, or a combination of meals. If a meal provider is in a rural area, it can request HHSC waive the OAA requirement to provide a minimum of five congregate or home delivered meals each week.

Rural is defined in the State Program Report as any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

F-2400 Flexible Meal Model for Home Delivered Meals

The flexible meal model for home delivered meals gives people and meal providers an alternative option to the hot meal delivered daily model. AAA policy for offering the flexible meal model can be based on:

- No meal providers are available in the area served;
- Meal providers are available on a limited basis;
- Interest lists;
- A person's ability to access nutrition is limited, e.g. cannot be home for a regularly scheduled delivery due to medical issues such as dialysis or outpatient rehabilitation or lives in a rural area;
- Meal providers cannot meet a person's dietary needs; or
- Other situations that warrant a flexible meal model.

A flexible meal model can range from delivering four hot meals and one chilled or frozen meal to delivering a combination of five or more meals once a week.

Meal providers must deliver meals at least one time each week, regardless of the type and number of meals delivered. All meals must meet the nutritional requirements in this

policy handbook. A meal provider, including a AAA, must complete an assessment for a person who receives meals to be consumed on a day other than the day of delivery.

F-3000 Nutrition Screening

Every person receiving congregate, HDMs or nutrition counseling must be screened using the *DETERMINE Your Nutritional Health* checklist (D-5000). This nutrition screening tool is used to identify people at risk of poor nutritional health or with malnutrition.

The *DETERMINE Your Nutritional Health* checklist must be completed at intake and then annually, within 30 days of the anniversary of the person's initial risk assessment date. The content of the form is required and may not be altered.

Documentation

Documentation that the nutrition screening was provided must include the:

- Name of the meal provider;
- Date the screening was performed;
- Name of the person receiving the screening.

Reporting

AAAs and subrecipients must report nutrition screening results using the HHSC information management system.

F-4000 Nutrition Education

Nutrition education is a requirement of the OAA and must be provided to all recipients of nutrition services (congregate and home delivered meals) at least annually.

Nutrition education is intended to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior by providing accurate and culturally sensitive information and instruction on nutrition, physical fitness, or health (as it relates to nutrition).

The process should be designed so participants gain the understanding, skills, and motivation necessary to make informed food, activity, and behavioral choices that can improve their health and prevent chronic disease.

The material must be developed and approved by a qualified dietitian or a person with equivalent education and training in nutrition science. After the qualified dietitian or other qualified person provides appropriate training and guidance on using the materials, a nurse, social worker, therapist, congregate meal site director, wellness coordinator or other person may provide the nutrition education session.

Participants in congregate and HDM programs must receive at least 15 minutes of nutrition education annually. While nutrition education information flyers or handouts are good reinforcements of nutrition education, the distribution of flyers or handouts alone does not constitute nutrition education.

Nutrition education can be provided to people receiving congregate meals in group settings or one-on-one.

Nutrition education can be provided to recipients of home delivered meals:

- In person;
- By telephone; or
- Through other electronic means such as webcasts, if such electronic means can provide each person an opportunity to ask questions.

Documentation

Documentation that nutrition education was provided must include the:

- Name of the meal provider;
- Date the session was held;
- Name of the person providing the education;
- Lesson plan or curriculum approved by the qualified dietitian; and
- Name of each person receiving the service.

Reporting

AAAs and subrecipients must report total units of service and estimated number of people provided nutrition education using the HHSC information management system.

A unit of service = one session per participant. A session is counted for every person attending a nutrition education session.

F-5000 Nutrition Counseling

Nutrition counseling:

- Provides one-on-one individualized advice and guidance to people or the caregivers of people who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use;
- Provides information on the options and methods for improving nutrition status with a measurable goal;
- Differs from nutrition education as nutrition counseling is specific to the person receiving the help; and
- Must be provided by a registered dietitian.

Nutrition counseling is an optional service but is encouraged by OAA to support the best health possible to people who receive other nutrition services.

Documentation

Documentation must include the name of the dietitian providing the counseling, date each counseling session was provided, name of person receiving counseling, why the person is receiving nutrition counseling, name of physician referring person for nutrition counseling, measurable goals established for the person receiving the service and their progress in meeting specific goals.

Reporting

AAAs and subrecipients must report unduplicated persons and units of service using the HHSC information management system.

A unit of service = one session per participant. A session is counted for each session provided to an eligible person.

F-6000 Administration of Nutrition Programs

F-6100 Planning Nutrition Services

AAAs coordinate local community resources to increase capacity for an effective and comprehensive local system for nutrition and supportive services. Local resources include:

- Agencies that administer home and community care programs;
- Tribal organizations;
- Providers (including voluntary organizations or other private sector organizations) of supportive services, nutrition services and multipurpose senior centers;
- Organizations representing or employing older persons; and
- Organizations that have experience providing training, placing and providing stipends for volunteers.

Each AAA must determine the extent of need for congregate and HDMs and identify resources within each community to support the provision of services to meet the identified need. The AAA must evaluate the effectiveness of the use of all resources in meeting the needs identified within its region.

The AAA is responsible for awarding nutrition services funds to subrecipients who provide congregate and HDMs. The AAA may also purchase HDMs from contractors to serve people on a case-by-case basis through case management.

Selecting, administering, and evaluating a network of meal providers which is responsible for the provision of nutrition services to older people is a critical function of AAAs. In establishing its system of providers, the AAA is responsible for ensuring congregate and HDMs:

- Are provided to eligible people;
- Are provided based on regional needs;
- Meet all requirements for safety and nutritional standards; and
- Are coordinated with nutrition-related supportive services including nutrition screening and education; and if appropriate, nutrition assessment and counseling.

Designated AAAs (i.e., Councils of Governments, local governments, non-profit organizations) must maintain written policy and procedures for procuring services to be provided with OAA funds. Approval and oversight of the AAA's service provider application process is the responsibility of its governing body.

Each AAA must conduct all procurement transactions in compliance with applicable laws and regulations, including the Code of Federal Regulations (CFR), and in compliance with its established policy.

AAAs must require subrecipients to request written approval before the subrecipient contracts with another entity for meal preparation or delivery of meals.

F-6200 Outreach

AAAs must ensure nutrition subrecipients develop and maintain a written outreach plan that gives priority to older people:

- Residing in rural areas;
- With the greatest economic or social need (particularly low-income older people, low-income minority older people, older people with limited English proficiency, and older people who live in rural areas);
- With severe disabilities;
- With limited English proficiency;
- With Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such people);
- At risk for institutional placement, specifically including survivors of the Holocaust; and
- Who are Native Americans, if there is a significant population of older people who are Native Americans in the AAA's region.

A Native American is a person who is a member of a tribe that is federally recognized by the Bureau of Indian Affairs.

Outreach to these populations and their caregivers must include information about the help available to them through the nutrition program.

F-6300 Voluntary Contributions

Voluntary contributions are a way for recipients of Title III services to choose to share in the cost of services. Voluntary contributions are to be used to expand the nutrition service for which the contributions were given and provide a way for AAAs and subrecipients to expand their programs to serve more people.

AAAs and nutrition subrecipients must comply with Section 5230, Voluntary Contributions, of this handbook.

F-6400 Budgeting and Monitoring Performance

Meal providers should establish and maintain procedures and processes to monitor progress in achieving benchmarks and performance to effectively manage resources.

Following are areas meal providers may consider in establishing a system to monitor progress:

- Federal funds;
- Match;
- Program income;
- Local cash;
- Number of meals served;
- Cost per meal;
- Number of unduplicated persons served; and
- Targeting.

F-6410 Cost Controls for Meals

Planning is essential for meals to stay within budgeted costs, be appealing to the consumer, and comply with the nutrition program guidelines. To control meal cost, consideration should be given to the following:

- Use of raw foods vs. frozen, canned or other prepared food items;
- Food availability or seasonal foods;
- Purchasing practices that provide the correct quantity and the best quality at the right price;
- Food storage procedures and equipment to minimize loss or waste;
- Labor, skill and number of employees to maximize efficiency; and
- Packaging and food containers to support food safety and temperature control.

A key to cost control in menu planning is the use of cycle menus and standardized recipes.

A cycle menu is a menu set providing a different menu every day that repeats itself after a set number of weeks. A cycle menu set for the nutrition program is usually four to six weeks in length with four cycle menu sets provided per year (spring, summer, fall, and winter cycles). Development of a cycle menu should consider:

- Available storage for food;
- Purchasing and delivery schedule of vendors;
- Production limitations based on labor, equipment, or number of meals;

- Seasonal foods availability; and
- Regional or traditional foods of the people served.

The advantages of using cycle menus are:

- Reduces menu planning time;
- Streamlines purchasing procedures;
- Standardizes food production;
- Serves as a training tool; and
- Aids in evaluating food service quality, efficiency, and costs.

A standardized recipe is one that has been repeatedly tested for consistency, quality and yield. Using the same procedures, equipment, and ingredients will produce the same product each time the recipe is used. The advantages of using standardized recipes include:

- Customer satisfaction due to a high-quality product;
- Consistent nutrient content because the same ingredients and amounts are used;
- Food cost control due to reduced food waste in storage and preparation;
- Efficient purchasing by knowing exact amounts of food to purchase;
- Labor control through efficient use of staff skills; and
- Portion control by providing detailed information about the serving size, serving utensil and yield.

F-6420 Calculating the Full Cost of a Meal

Calculation of the full cost of a meal is an essential food service management practice. The meal cost is the basis for determining a suggested donation per meal and for informing ineligible participants of the full cost of the meal.

Meal providers must calculate the costs of each meal provided according to the following categories:

- Personnel –
 - Food service operations: All expenditures for salaries and wages, including valuation of volunteer hours, for personnel involved in food preparation, cooking, delivery, serving and cleaning of meal sites, equipment and kitchens; and

- Project management: All expenses for salary wages for persons involved in project management.
- Professional Development – All costs for conference fees, dues and materials.
- Meals/Raw Food – All costs of acquiring foodstuff or purchased meals to be used in the program.
- Equipment – All expenditures for items with a useful life of more than one year and an acquisition cost of less than \$5,000.
- Occupancy – All expenditures for rent, gas, electricity, water, sewer, waste disposal, etc.
- Transportation/Travel – All costs for mileage, fuel, vehicle insurance or repairs, etc.
- Administrative/General – Expenditures for all other items that do not belong in any of the above categories (e.g. supplies, printing, communications, etc.) to be identified and itemized.

Capital expenditures are not included in the calculation of a unit rate. Capital expenditures are made to acquire capital assets (land, buildings, equipment and intellectual property) used in the meal program having a useful life of more than one year that are capitalized in accordance with generally accepted accounting principles and cost \$5,000 or more. Capital expenditures can also increase the value or useful life of capital assets and are not routine repairs or maintenance.

F-6430 Posting the Full Cost of a Meal

AAAs and subrecipients must establish written policy and procedures to ensure:

- The full cost of a meal is posted at all congregate nutrition sites;
- The full cost of a meal is recovered from all ineligible people receiving a Title III meal;
- Suggested voluntary contributions per meal are established;
- Payments for meals served to ineligible people are kept separate from voluntary contributions made by people eligible for a meal; and
- Funds awarded by HHSC to AAAs for nutrition services are not expended on meals provided to ineligible people.

F-6440 Reimbursement for Meals

AAAs must establish and maintain written policy and procedures to ensure reimbursement is made to providers only for meals served to eligible individuals in compliance with requirements for those meals.

Reimbursement for meals must not be made for meals that were not delivered or meals that were delivered but were damaged in transit and not edible because of the damage, with the following exception:

- AAAs may reimburse a meal provider for a maximum of two attempted, but unsuccessful, HDM deliveries per eligible person per month.

F-6500 Serving Fewer than Five Meals a Week

The OAA requires all meal providers to make available five meals a week at a minimum unless the provider covers a rural area and it is not feasible for the provider to meet that minimum requirement.

The provision of congregate or home delivered meals is based on providing at least five meals a week and allowing 10 days a year for observing holidays. Congregate meal sites must be open to make meals available at least 250 days a year. Approval is not needed if a congregate provider has multiple sites that, in total, make available 250 meals each year.

The AAA may request approval for a meal provider to serve fewer meals a week. By requesting approval from HHSC, the AAA verifies a meal provider cannot serve five meals a week based on the information submitted by the provider.

AAAs must:

- Request approval from HHSC for congregate or home delivered meal providers to serve fewer than five meals a week;
- Verify information submitted in a subrecipient request to ensure it is not feasible to make five meals available each week;
- Review and approve a subrecipient's request prior to submitting the request to HHSC for final approval;
- Notify a subrecipient of HHSC's approval or disapproval of the request; and
- Ensure a subrecipient does not implement a reduction in serving days or provides fewer than five meals a week until a request is approved by HHSC

AAAs and subrecipients must comply with its disaster plan if an emergency or inclement weather prohibits the provision of regularly scheduled meals.

F-6600 Suspension and Termination of Meals

AAAs and subrecipients must establish and maintain written policy for suspension and termination of meals.

AAAs and subrecipients may suspend the delivery of HDMs to an eligible person if the eligible person is not home to accept delivery of a meal for:

- Two consecutive service days in a calendar month; or
- Three non-consecutive service days in a calendar month.

AAAs and subrecipients may suspend service of congregate meals to an eligible person for the reasons for termination or suspension appearing in this section.

A contractor serving meals under AAA case management must notify the AAA case manager and request AAA permission before suspending the delivery of meals to an eligible person. The contractor's request must specify the reason for the request to suspend or terminate meals. The AAA case manager is responsible for notifying the person in writing that meals are being suspended and is responsible for all documentation of the suspension and termination of service.

Documentation

When a AAA or subrecipient suspends the provision of meals to an eligible person, documentation must be maintained in the eligible person's record that includes:

- The reason for the suspension;
- Date and how the meal provider was notified of an action leading to suspension or termination of service;
- How the action leading to suspension or termination was validated;
- Whether the delivery of meals to the eligible person should be reinstated or terminated; and
- The date of reinstatement or termination.

Reasons for termination or suspension include the person:

- Dies;
- Is admitted to a long-term care facility;
- Requests the service be terminated;

- Threatens the health or safety of a person at the congregate site;
- Threatens, or another person living in the home threatens, the health or safety of a person delivering meals;
- Racially discriminates against a person at the congregate site;
- Racially discriminates against, or another person living in the home racially discriminates against, a person delivering meals; or
- Sexually harasses a person at the congregate site; or
- Sexually harasses, or another person living in the home sexually harasses, a person delivering meals.

The AAA or subrecipient must notify an eligible person the service is being terminated in writing. Documentation of the notification must be maintained in the person's file.

F-7000 Nutrition Services Incentive Program (NSIP)

The NSIP is authorized under the OAA to provide additional funds for nutrition services programs. Funds are based on the number of qualified meals served in the previous fiscal year. NSIP eligible meals must meet the OAA requirements and must be served to an eligible person.

Meal providers can report eligible meals to receive NSIP cash when reimbursement for the meal is through:

- Title III;
- Program income;
- General revenue; or
- Local cash.

Meals reported as NSIP eligible must be:

- Served to a person eligible to receive a meal;
- Served to an eligible person who has not been means-tested (checked for income or assets to determine eligibility) for participation;
- Compliant with the OAA nutrition requirements;
- Served by an eligible agency (i.e. has a grant or contract with a SUA or AAA); and
- Served to a person who has an opportunity to make a voluntary contribution.

Payments made by AAAs for nutrition services (including meals) provided under parts B (supportive) or C (nutrition) of the OAA must not be reduced to reflect an increase in the level of help provided through NSIP funds.

AAAs must ensure NSIP funds paid to meal providers are used solely for the purchase of foods produced in the United States.

Meals furnished under contractual arrangements with food service management companies, caterers, restaurants, or institutions, must contain foods produced in the United States at least equal in value to the per meal cash payment received by the meal providers.

Documentation

Documentation of NSIP eligible meals must demonstrate meals met all requirements in this section. Do not report meals in the information management system using NSIP as a funding source.

Documentation to verify the food was produced in the United States must also be maintained by the meal provider.

Reporting

Meals must be reported by all meal providers using the HHSC information management system. The information management system identifies meals eligible for NSIP cash.

F-8000 Training

Meal providers are responsible for recruiting, hiring, training and retaining qualified staff and volunteers and must:

- Establish and maintain written policies and procedures on training for all paid staff and volunteers.
- Document the training in accordance with the meal provider's written policy.
- Adhere to all training requirements for Certified Food Protection Managers and Food Handlers in accordance with the Department of State Health Services (DSHS) rules for:
 - Retail Food, Management and Personnel at 25 Texas Administrative Code, Chapter 228, Subchapter B; and

- Food and Drug, Texas Food Establishments at 25 Texas Administrative Code, Chapter 229, Subchapter K.

Prevention of foodborne illness training must be conducted by a qualified Dietitian or a Certified Food Protection Manager under the direction of the dietitian. Staff and volunteers who handle food must be trained prior to assuming food service assignments. Handling food includes shopping, storing, cooling, freezing, thawing, preparing, cooking, serving, cleaning, handling leftovers or any other activity when that activity requires direct contact with food.

All staff and volunteers involved in the administration or provision of nutrition services must complete one hour of training on the following topics before assuming duties:

- Confidentiality of information about people served;
- Managing emergency situations related to a person served;
- The meal provider's role in emergencies and disasters;
- Safe and sanitary methods used in serving meals;
- Requirements for delivering meals for quality and safety;
- General knowledge and basic techniques of working with people who are 60 years of age or older and people with disabilities; and
- Personal hygiene.

All staff and volunteers supporting advanced administrative functions must complete an additional one hour of training on the following topics before assuming duties:

- Meal provider forms and procedures;
- HHSC forms and requirements;
- Nutrition services rules; and
- Policies of the meal provider and HHSC related to nutrition services.

The food protection manager and all food handlers must complete an additional two hours of training on the following topics before assuming duties:

- Procedures for food storage, preparation and service;
- Prevention of food-borne illness;
- Equipment cleaning before, during, and after meal service;
- Selection of proper utensils and equipment for transporting and serving foods;
- Automatic and manual dishwashing procedures; and

- Accident prevention.

The food protection manager must complete an additional six hours of training on the following topics within 30 days of employment to ensure dietary requirements developed for Texas are met:

- Procedures for food preparation, storage and serving;
- OAA nutrition requirements for meals including nutritional needs and meal pattern requirements for people served;
- Approved menus;
- Use of standardized recipes;
- Portion control of food in appropriate dishes; and
- Quality control of flavor, consistency, texture, temperature and appearance (including the use of garnishes).

AAAs and subrecipients must ensure an adequate number of staff who are certified in the following are available during the time congregate meals are served:

- First aid;
- Cardiopulmonary resuscitation; and
- Operating an automatic external defibrillator, if one is available.

Documentation

Documentation of training must be maintained by the meal provider for food service staff in accordance with the meal provider's written policy and in accordance with 25 Texas Administrative Code, Chapters 228 and 229.

Documentation of training provided by the meal provider must include the following:

- Name of the meal provider;
- Date the training was completed;
- Name of the person trained;
- Name of the trainer;
- Topics covered; and
- Date, time and length of the training.

F-9000 Records

All records related to nutrition services must be maintained in accordance with the meal provider's contract.

Meal providers must keep records of people receiving services in a locked facility when not in use by authorized staff. Access to records maintained in computer information systems must be limited through acceptable computer security practices, including password protection.

Access to all records and reports for audit, assessment or evaluation must be provided to representatives of the AAA, HHSC, State of Texas or federal agencies unless specifically prohibited by law. Records must be maintained for the period stated in the meal provider's contract.

F-10000 Monitoring

AAAs must monitor meal providers on a regular and systematic basis through desk reviews, on-site reviews and quality assurance reviews. All phases of monitoring must occur in compliance with the AAA's written policy and HHSC rules and policies.

F-10100 Subrecipient Monitoring

All subrecipient meal providers must be monitored on-site annually, with follow-up visits as needed for corrective action or quality improvements, unless the AAA conducts an annual risk assessment. The AAA may monitor subrecipient meal providers less frequently based on the results of the risk assessment. If a meal provider subcontracts for meals, it is the responsibility of the AAA to ensure that the meal provider monitors their subcontractors.

AAA staff conducting the monitoring must have demonstrated knowledge of sanitation, food handling, food preparation, and food storage principles. AAA staff conducting monitoring should preferably be a Certified Food Protection Manager.

Monitoring of the nutrition service provider must ensure compliance with the DSHS food safety and food sanitation requirements, and the service standards in this handbook.

The monitoring of a meal provider may include, but is not limited to:

- Review of all local and state level health department inspections;

- Meal and menu-related invoices;
- Client intakes and assessments;
- Food staff certifications;
- Staff training documentation;
- Use of standardized recipes to monitor for nutrient compliance;
- Approval of recipes and menus by dietitian; and
- Observation of kitchen personnel during meal preparation and serving.

AAAs must issue a written corrective action plan to the meal provider for any high priority or significant findings resulting from subrecipient monitoring. The AAA must continue to issue written reports to the meal provider until all identified issues are remedied.

AAAs must ensure DSHS or the local health authority, as applicable, monitors a food preparation site for food safety and sanitation compliance at least once every 12 months. The meal provider must submit a written report of such monitoring to the AAA.

F-10200 Contractor Monitoring

The AAA must monitor the quality assurance of nutrition services through follow-up activities with the person receiving the meals. Monthly reports from the contractor may be used to determine the service criteria established in its contract with the AAA are met. The criteria for quality assurance include:

- The contractor provides the type and frequency of meals as authorized for the eligible person by the AAA;
- The contractor has a valid permit, license, or certificate issued by the appropriate regulatory authority, including requirements for Certified Food Protection Managers and Food Handlers;
- The contractor complies with all federal, state, and local laws, ordinances, and codes for establishments that are preparing, handling, and serving food as evidenced through current sanitation inspection reports submitted timely to the AAA;
- The eligible person receiving meals indicates the services are satisfactory; and
- The meals meet or exceed the Texas nutrient requirements.

Through a reassessment, customer satisfaction survey, or other follow-up activities with people receiving meals, the AAA must conduct a quality assurance review to confirm the satisfaction with the services provided by the contractor. The AAA may:

- Develop a standard risk assessment process to determine the frequency in which a person received services from each contractor is reviewed for quality assurance;
- Use a standardized sampling method of all active contractors each month; or
- Include all clients from all contractors each month in the quality assurance review.

An annual satisfaction survey of people receiving nutrition services must be conducted by the AAA. This survey may be included as a component of the requirement of AAAs to conduct an annual satisfaction survey of people receiving any OAA service.

An annual random sampling of menus as served must demonstrate compliance with Texas nutrient requirements as evidenced by computer nutrient analysis or the Texas Model for Menu Planning and approval by a dietitian.

AAAs must maintain documentation and menu approval by a dietitian for compliance with Texas nutrient requirements for all meals authorized by a AAA case manager for direct delivery to an eligible person.

F-11000 Meals

All hot, frozen, chilled and shelf stable meals must meet the nutrition requirements of the OAA.

F-11100 Meal Types

- Hot Meals: Food items included must be held at temperatures at or above 135 degrees Fahrenheit until served or packaged for delivery. May include chilled items, fresh fruit, crackers or bread.
- Chilled Meals: A chilled meal means food items must be required to be held at refrigerated temperatures at or below 41 degrees Fahrenheit until served, packaged for delivery or cooked and are intended to be consumed on a day other than the day the meals are delivered. Chilled meals may include Modified Atmosphere Packaging or Reduced Oxygen Packaging chilled meals.
- Frozen Meals: A frozen meal must remain in a solid frozen state until and upon delivery. Frozen meals may also be used at congregate sites in rural areas where participation is low and other food service options are not feasible. Such meals are heated and served at the congregate meal site. Frozen meals that are heated and served daily at a congregate site are reported as hot meals.

- Shelf-stable Meals: Shelf-stable meals do not require refrigeration and are non-perishable. Shelf-stable meals are not required by the U.S. Department of Agriculture to have a safe handling statement, cooking directions or a “keep refrigerated” statement.
- Emergency Meals: Emergency meals are provided on a temporary basis when a regular meal service is not an option. Each meal provider must maintain written policy to define when an emergency exists. Emergency meals generally consist of shelf-stable items that do not require refrigeration and can be consumed at room temperature if necessary due to power outages. Defined as “Health Maintenance” other emergency meals may be funded through various sources such as Title III-B and do not need to comply with the meal requirements. Meals are not eligible for NSIP cash when they do not meet the nutrition guidelines.

F-11200 General Meal Service and Delivery Requirements

Meal providers must:

- Serve or deliver only meals that are safe and sanitary;
- Establish regularly scheduled time of day to serve or deliver meals to maximize participation;
- For meals delivered outside the established schedule, deliver meals on the day of the week and at a time agreed upon by the provider and person receiving the meal;
- Deliver HDMs directly to the eligible person or the person’s caregiver at the person’s home;
- Not leave meals unattended at the home of the person receiving HDMs;
- Follow-up on the same day with a person receiving HDMs who was not available to receive a meal when a meal delivery was attempted;
- Ensure a significant change in a person’s physical or mental condition or environment is reported to the provider by people delivering meals;
- Act on the same day the person delivering the meals reports the change;
- Prepare and keep meals at the temperatures required by DSHS, Retail Food rules (25 Texas Administrative Code, Subchapter C, Food) until serving or packaging for delivery; and
- Manage all aspects of nutrition programs in compliance with DSHS, Retail Food rules and Food and Drug rules; DHHS, U.S. Food & Drug Administration, Food Code; and U.S. Department of Agriculture, Dietary Guidelines.

F-11300 Nutrition Requirements

AAAs must ensure all meals served to eligible people through the nutrition program comply with the OAA nutrition requirements. These guidelines must be incorporated into all requests for proposals, bids, contracts, and open solicitations for meals.

The nutrition program guidelines seek to update and align with the most recent Dietary Guidelines for Americans (DGA) and dietary reference intakes (DRIs) to support more fruit, vegetable, and whole grains consumption; reduce the sodium content of the meals substantially over time; and control fat and calorie levels. The guidelines have been established specifically to address prevalent disease conditions for the aging population in Texas.

Programs must serve meals that:

- Comply with the most recent DGA, published by the Secretary and the Secretary of Agriculture, and
- Provide to each person participating in the program:
 - a minimum of 33-1/3 percent of the DRI established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the program provides one meal per day,
 - a minimum of 66-2/3 percent of the allowances if the program provides two meals per day, and
 - 100 percent of the allowances if the program provides three meals per day; and
- To the maximum extent practicable, are adjusted to meet any special dietary needs of people participating in the program.

AAAs are responsible for ensuring that meals served by meal providers meet these requirements.

F-11400 Dietary Guidelines for Americans (DGA)

DHHS and the United States Department of Agriculture (USDA) publish the Dietary Guidelines for Americans (DGA) jointly every five years. The DGA provide authoritative advice about how good dietary habits can promote health and reduce risk for major chronic diseases. The guidelines serve as the basis for federal food and nutrition education programs, and encourage people to consume more healthy foods with emphasis on certain food groups. The DGA is available at www.dietaryguidelines.gov.

F-11500 Dietary Reference Intakes (DRI)

DRI is a system of nutrition recommendations from the Institute of Medicine (IOM) of the U.S. National Academy of Sciences. The DRI system was introduced to broaden the existing guidelines known as Recommended Dietary Allowances. The current DRI recommendation is composed of four categories:

- Estimated Average Requirements (EAR);
- Recommended Dietary Allowances (RDA);
- Adequate Intake (AI); and
- Tolerable Upper Intake Levels (UL).

F-11600 Nutrient Needs of Older Adults

In addition to the Target Nutrient Requirements provided in this policy, menus/meals should include rich sources of vitamins B6, B12, E, folate, magnesium, and zinc. When possible, foods fortified with vitamin D should be included into the meals through sources such as milk products or juice fortified with vitamin D. Nutrition education in addition to the meal should reinforce the message that nutrient dense foods should be included in the diets of older adults.

F-11700 Standardized Recipes

Standardized recipes must be used in the planning and preparation of menu items to ensure that nutrients documented by the Computer Nutrient Analysis or the Texas Model for Menu Planning are met. Food production using standardized recipes adjusted to yield the number of servings needed provides consistency in quality and documented nutrient content of food prepared.

F-12000 Menus and Menu Approval

For each meal on the menu, and any allowable substitutions, a meal provider must obtain written approval from a dietitian before the meal is served, that the meal meets one third of the RDA as referenced in the DRIs for a person 60 years of age or older and the current DGA.

The dietitian must:

- Be a dietitian licensed by the State of Texas in accordance with Texas Occupations Code, Chapter 701; or
- Be a registered dietitian with the Commission on Dietetic Registration, Academy of Nutrition and Dietetics; or
- Have a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management.

The Dietitians program of the Texas Department of Licensing and Regulation licenses and regulates dietitians in Texas. A license is required to use the titles "Licensed Dietitian" and "Provisionally Licensed Dietitian." A license is not required to use the titles "Dietitian" or "Nutritionist."

Meal providers must obtain recipient input when planning menus. This input can be obtained through menu committees, food preference surveys, focus group, or other methods to solicit input. Providing culturally or ethnically appropriate, high quality, and tasty meals can be an effective outreach to the target population.

F-12100 Menu Documentation

Documentation of menu review and approval must be kept on file to include:

- Approved menus and dates menus are served;
- Signature of dietitian with Texas license or CDR registration number;
- Date of menu approval by the dietitian;
- Computer Nutrient Analysis or compliance with the Texas Model for Menu Planning, as applicable; and
- Approved allowable substitutions.

F-12200 Menu Substitutions

Any menu substitutions made to an approved menu must be comparable in nutrient content to the original menu. All menu substitutions must be documented and recorded with the menu as served. Approval of the substitution must be made by a dietitian prior to meal service or selected from a list of food substitutes for each food group that has been approved by a dietitian.

F-12300 Menu Choice

To increase satisfaction of participants in the nutrition program, the meal provider may offer the choice of entrée, choice of food items within the meal or choice of two or more distinct and complete menus. All menu choices must comply with the meal

requirements provided in this policy. If more than one menu item is offered, the food item with the lowest nutrient value is counted toward meeting the meal requirement.

F-12400 Menu Evaluation

An evaluation of the menu and meal service can include:

- Compliance with program requirements using the Menu Monitoring for Compliance Tool;
- Analysis of the actual cost per meal against budget costs;
- Customer satisfaction surveys; and
- Survey of plate waste (congregate setting).

F-12500 Special Dietary Needs

Meal providers should, to the maximum extent practicable, meet any special dietary needs of people participating in the program including meals adjusted for cultural considerations and preferences and medically tailored meals.

- Culturally or ethnic appropriate meals will be available to the extent possible to accommodate the cultural, religious, or ethnic preference of the population served, when feasible and appropriate.
- The meal provider must determine the extent to which it can provide therapeutic medical diets. Meals must meet the menu planning guidelines as provided in this policy.
- Modified meals alter the regular menu and still meet the menu planning guidelines as provided in this policy. The types and amounts of all food items must conform to the regular menu pattern. Modifications may include consistency and/or texture, reduced sodium, fat, cholesterol, carbohydrate and/or calories.
- The eligible person, along with their physician, is responsible for determining whether the regular or modified menu would meet and not jeopardize their health needs. A meal provider must keep documentation from a person's physician of the need for a therapeutic medical diet.
- Therapeutic Meals change the meal pattern significantly by either limiting or eliminating one or more menu items, or by limiting the types of foods allowed, often resulting in a meal that does not meet the meal requirements of this policy. Therapeutic meals may be provided only under the direction and supervision of a

dietitian with a written diet order from a person's physician and on record in the person's file.

- Medical Nutritional Supplements are foods for special dietary uses that appropriately address individual nutrition needs. Nutritional supplements (e.g., canned formulas, powdered mixes, food bars or puddings) may be available to recipients based on documented, assessed need and funding sources available. Medical Nutritional Supplements are products defined as Health Maintenance and may be funded through Title III-B.

F-12600 Menus and Methods of Compliance

Meal providers must demonstrate and document compliance with the DGA and DRI requirements for Texas using one of the following methods:

- Computer Nutrient Analysis Software; or
- Texas Model for Menu Planning.

Menus must be planned, and meals evaluated for meeting nutritional requirements using either of these two methods. Use of a computerized nutrient analysis rather than Texas Model for Menu Planning helps to ensure nutritional adequacy of meals and increases menu planning flexibility.

Planned menus must also provide for variety in flavor, consistency, texture, and temperature. A variety of food and preparation methods, including color combinations, texture, size, shape, taste, and appearance must be included in meal planning. Menus must be adjusted to yield the number of servings needed, provide consistency in quality of the food prepared, and maintain documented nutrient content of the food prepared.

F-12610 Computer Nutrient Analysis

Computer Nutrient Analysis is the process by which the menu is evaluated through analyzing the nutrient content of all foods offered to ensure that meals meet the specific standards as specified in the Target Nutrient Requirements chart.

The Target Nutrient Requirements chart identifies key nutrients that must be tracked for maintenance and improvement of long-term health among older adults served by the Nutrition Program. The Target Nutrient Requirements chart provides the Compliance Range per meal based on one-third of the DRI. Although meals must be planned to

attain these values, other nutrients essential for good health should also be considered. The nutrients in the Target Nutrient Requirements chart must be tracked for compliance purposes. Calories and protein values must be attained on a daily average. Vitamin A, vitamin C, calcium, sodium, potassium, and fiber must be averaged over the number of serving days per week by each nutrition site.

For a meal provider or a nutrition site serving less than five days per week the vitamin A, vitamin C, calcium, sodium, potassium and fiber will be averaged over the number of serving days per week by each nutrition site. For example: if a meal provider or a nutrition site serves meals three days during a week, the required target nutrients will be averaged over the three days of meal service. For two-day meal service, the required target nutrients will be averaged over the two days of service.

The Compliance Range column in the chart is provided for approval and monitoring of the nutritional adequacy of menus. This range is for one meal for one day. When two meals are served to a nutrition consumer, the Target Nutrient Requirements and Compliance Ranges are doubled for a combined total; when three meals are served the Target Nutrient Requirements and Compliance Ranges are tripled for a combined total. The Computer Nutrient Analysis software program used to document nutritional adequacy should include the USDA National Nutrient Database for Standard Reference, standardized recipes, and accurate nutrition data from vendors and manufacturers.

F-12620 Texas Model for Menu Planning

The Texas Model for Menu Planning chart is a tool that must be used to identify the types and amounts of foods that are recommended to meet specific nutritional requirements when Computer Nutrient Analysis software is not used.

All meals that are planned and use the Texas Model for Menu Planning must also incorporate the instructions provided within the chart.

Foods must not be classified twice when using the Texas Model for Menu Planning. For example, a food item that is included in one or more food group types may only be used once in the meal to meet a requirement under the Texas Model for Menu Planning.

Limit foods high in sodium and include foods high in potassium, vitamin C, and fiber daily.

Provide foods high in vitamin A three times per week if the meal provider or nutrition site serves five or more days per week. Provide foods high in vitamin A two times per week for meal providers or nutrition sites serving fewer than five days per week.

F-13000 Food Service Requirements

In all phases of a food service operation meal providers must adhere to federal, state and local fire, health, sanitation and safety regulations related to facilities, storage, preparation, handling, cooking, serving, delivery or any other provision for food service. AAAs providing nutrition services directly and subrecipients must have written policy and procedures to ensure meals are safe for consumption by a recipient.

AAAs must ensure meal providers comply with 25 Texas Administrative Code, Chapter 228, Retail Food, for all meals served through OAA programs, and applicable local or federal (USDA or Food and Drug Administration) regulations.

F-13100 Facilities and Food Service

Meals can be prepared in a kitchen that serves one meal site or a central kitchen which serves multiple meal sites; or through a written contractual agreement with a contractor (e.g., nearby schools, restaurants or hospitals) or a food service management company (an organization under contract by the meal provider to manage any aspect of the food service).

A meal provider must obtain written approval from the AAA before contracting with any entity for meal preparation or service delivery to ensure appropriate monitoring or quality assurance activities occur.

Results from facility and food inspections required by state law must be maintained by AAAs for all meal providers, including meal provider contractors.

A Certified Food Protection Manager who ensures the application of hygienic techniques and practices in food preparation and service must be present during the food service operation. Programs that do not prepare their own food must have a Certified Food Protection Manager responsible for the storage, display, and serving of food for meal sites. A Certified Food Protection Manager is an individual who has successfully completed a DSHS-approved food safety and sanitation course and maintains a current certificate of completion.

F-13200 Food Preparation and Safety Standards

All kitchens producing meals for a nutrition program must maintain a written, formal sanitation and food preparation program that meets or exceeds the minimum requirements of applicable local, state (25 Texas Administrative Code, Chapter 228, Retail Food), and federal (USDA or Food and Drug Administration) regulations.

- **Cleaning and Sanitizing:** Effective methods for cleaning and sanitizing dishes, equipment, food contact surfaces, work areas, serving and dining areas must be written, and posted or readily available to staff and volunteers.
- **Poisonous or Toxic Materials:** The use and storage of toxic materials, such as cleaners and sanitizers, must be written, and posted or readily available to staff and volunteers.
- **Quality and Quantity of Meals:** Standardized written quantity recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of all meals.
- **Food Palatability:** All foods must be prepared and served in a manner to preserve optimum flavor and appearance, while retaining nutrients and food value.
- **Portion Control:** Nutrition programs must use standardized portion control procedures, equipment and utensils to ensure that each served meal is uniform, meets the Texas guidelines for nutrition, and reduces plate waste.

F-13300 Food Purchasing and Use of Donated Food

Food used in the nutrition program must be obtained from sources that comply with requirements in 25 Texas Administrative Code, Chapter 228, Retail Food, Subchapter C, Food; USDA; and all other applicable local, state or federal requirements relating to food quality, labeling, sanitation and safety.

All ready-to-eat, or drink, foods must have an expiration date, use-by date, sell-by date, or best-by date. All food and drinks must be received prior to the expiration date, use-by date, sell-by date, and/or best-by date.

Meal providers must purchase and use foods that meet the standards of quality, sanitation and safety applying to commercially processed foods.

All foods the provider purchases and uses in a nutrition program must meet standards of quality for sanitation and safety applying to commercially processed foods.

Nutrition programs may use contributed and discounted foods only if they meet the same standards of quality, sanitation, and safety that apply to foods purchased from commercial sources. Unacceptable food items include:

- Foods from sources not approved by DSHS;
- Foods previously served to another person;
- Time/temperature-controlled for safety foods not kept at temperature at time of receipt by the meal provider;
- Unlabeled foods;
- Time/temperature-controlled foods exceeding their shelf life (expiration date, use-by date, sell-by date or best-by date);
- Damaged foods such as heavily rim or seam-dented canned foods, or packaged foods without the manufacturer's complete labeling; and
- Distressed foods such as those subjected to fire, flooding, excessive heat, smoke, radiation, other environmental contamination or prolonged storage.

F-13400 Leftover Food

Meal providers should observe trends of foods typically left over and if due to participant refusal, consider revising the menu to accommodate the preferences of most of the participants.

- Leftover food from a congregate meal site or from a HDM route may not be transported back to the preparation site.
- Leftover food must be stored properly or discarded at the congregate nutrition meal site.
- Leftover food may not be frozen to be served as meals later.

Staff, volunteers or others must not take food from kitchens or nutrition sites, except when packaged, taken and counted as a home-delivered meal to an eligible person.

The risk of foodborne illness should be stressed through nutrition education to people who are eligible for congregate meals to discourage taking home leftover foods from the nutrition site. Taking home leftover foods from the nutrition site is not allowed, except food that is safe at room temperature such as packaged crackers, cakes, breads, and fresh fruit. Taking food from the congregate site that is time/temperature controlled for safety (formerly "potentially hazardous food") is prohibited.

F-13500 Food Packaging and Transporting Meals

All meal providers must have processes, supplies and equipment that maintain the safe and sanitary handling of all menu items from the time the cooking process is complete through the end of the delivery period.

Meals may not be left unattended and must be delivered directly to an eligible person or the person's caregiver. If the eligible person or the caregiver as documented in the eligible person's file is not present to accept the meal, the provider may not leave the meal.

The meal provider must document the meal as undelivered and document the reason the meal could not be delivered.

Hot or chilled meals not served or delivered within the four-hour period after removal from temperature control must be discarded.

Meals prepared using reduced oxygen packaging method must comply with 25 Texas Administrative Code, Chapter 228, Retail Food, Subchapter C, Food.

Chilled, frozen, or other meals delivered for consumption at a time later than the time of delivery must be clearly labeled, including an expiration date. Instructions for storage and cooking must be in large print. Meals must be delivered and scheduled to be consumed prior to the expiration date.

F-13510 Meal Packaging

Meal providers must use appropriate packaging for transporting meals. A meal provider must:

- Use supplies and carriers to package and transport hot foods separately from chilled foods;
- Use enclosed meal carriers to transport easily damaged trays or containers of hot or cold foods to protect them from contamination, crushing, or spillage;
- Ensure the meal carrying equipment/vehicle is equipped with insulation or supplemental hot or chilled sources as is necessary to maintain temperatures;
- Clean and sanitize food carriers, or use containers with inner liners that can be sanitized;

- Seal individual meal containers to prevent moisture loss or spillage to the outside of the container throughout transport (Styrofoam “clam shells” are not acceptable as they cannot be sealed);
- Completely wrap or package food utensils to protect them from contamination;
- Use a container designed with compartments to separate food items for visual appeal and to minimize spillage between compartments;
- Use a container an eligible person can easily open;
- Ensure meals delivered in bulk maintain temperature throughout the delivery period;
- Assist people in taking meals delivered in bulk inside the home, as needed;
- Assist people in opening a bulk container and storing meals inside an appropriate appliance (refrigerator or freezer), as needed;
- Notify the AAA within one day of planned delivery if meals delivered in bulk have been damaged and cannot be left with an eligible individual;
- Replace damaged meals in compliance with AAA policy for damaged meals that cannot be consumed; and
- Not request reimbursement for meals damaged in transit that cannot be consumed by an eligible individual.

F-13520 Holding Time and Temperatures

Hot or cold foods must be served or delivered within 4 hours from the point in time when the food is removed from temperature control.

- Hot foods must have an initial internal temperature of 135° F. or above when removed from temperature control; and
- Cold foods must have an initial internal temperature of 41° F. or below when removed from temperature control.

Meal providers must have written processes in place to ensure:

- Temperatures for all menu items are recorded when the food is ready to leave production area temperature control to be served on site or packaged for home delivery;
- Meal temperatures are taken each day a meal is prepared;
- Meal temperatures are documented;
- The time the temperature of each menu item is recorded;

- Hot and chilled foods are marked or otherwise identified to indicate the time that is 4 hours past the point in time when the food is removed from temperature control;
- Hot and chilled foods are delivered to an eligible person within 4 hours from the point the food is removed from temperature control; and
- When a central kitchen is preparing food and transporting food to other nutrition sites, the central kitchen has processes in place to be sure food transport is safe and sanitary.

F-13530 Frozen Food

Foods which are frozen for later consumption must meet applicable local, state, and federal standards. Equipment and methods for freezing must also meet these standards. When frozen meals are delivered, the meal must be in a frozen state upon delivery.

F-13540 Reduced Oxygen Packaging Food

Foods which are prepared by a food establishment that packages time/temperature-controlled food for safety using a reduced oxygen packaging method must comply with 25 Texas Administrative Code, Chapter 228, Retail Food, Subchapter C, Food.

F-14000 Suspected Foodborne Illness Outbreak

AAAs must ensure meal providers promptly notify DSHS and the AAA of a foodborne disease outbreak. A foodborne disease outbreak may have occurred when two or more persons experience a similar illness resulting from the ingestion of a common food.

F-15000 Emergency Conditions, Inclement Weather, Disasters and Holidays

When a meal provider distributes chilled, frozen, or other meals for emergency conditions, inclement weather, disasters or holidays the provider must ensure sanitary and safe conditions for storing, thawing and reheating the meals exist and a person can physically manage the meal.

At a minimum, a meal provider must serve five meals a week to comply with OAA requirements unless a waiver is approved by HHSC to serve fewer than five meals a week. Providers must serve or deliver five meals a week for a total of 250 meals served a year whether the meals served are hot, chilled, frozen or other meals, or a combination

of meals. All meals must meet the requirements of the OAA if the meal provider is requesting reimbursement through HHSC funds.

Meal providers must develop and maintain written procedures to address congregate meal site closures and suspension of HDMs for emergency conditions, inclement weather, disasters and holidays. The provision of congregate and HDM services during meal site closures must be addressed in the AAA/meal provider contract. The AAA and meal provider are responsible for defining emergency conditions, inclement weather, disasters and holidays and including those terms in the contract for OAA meals.

Meals distributed for emergency conditions, inclement weather, disasters and holidays must be clearly labeled and include an expiration date in large print. Instructions for storing, thawing and reheating the meal, as appropriate, must also accompany the meal.

When meals served at the congregate site or HDMs will be discontinued for a period due to an emergency, inclement weather, disaster or holidays, people receiving meals must be made aware of the date, or approximate date, the meal service will resume.

AAAs must ensure meal providers:

- Keep food, facilities and equipment available for emergencies and disasters, in accordance with a plan developed by the meal provider, that gives priority to program participants 60 years of age or older; and
- Adopt written procedures ensuring the availability of food for eligible people during emergencies, inclement weather, disasters and holidays.

F-16000 Socialization for People Receiving Multiple Meals

Meal providers must maintain written procedures to provide socialization contacts for people who receive fewer than five home delivered meals a week.

- Socialization contacts must occur at least three times a week to people who receive fewer than three meal deliveries each week, regardless of the type of meal or meals delivered.
 - One contact is made when meals are delivered; and
 - Two additional contacts are made by telephone, email, text or other method agreed upon by the meal recipient and the meal provider.
- A person receiving meals may choose to opt out of receiving socialization contacts other than the day the meals are delivered.

- A person making a socialization contact must report any significant changes in the person's physical or mental condition or environment to the appropriate person or entity.

AAAs that authorize meals through a contracted meal provider must maintain written procedures on socialization for people receiving multiple meals in accordance with this handbook.

Acceptable forms of contact with the eligible person include:

- Telephone;
- Email;
- Text messages;
- Skype; or
- Any method that permits the eligible person to ask questions or request help if needed.

Documentation

Documentation of socialization contacts must include the name of the meal provider, date of contact, type of contact, and name of person being contacted.

If a person opts out of socialization contacts other than the day the meals are delivered, the person's choice must be documented in the person's file. This information must be updated annually.

Chapter G Title III-D Disease Prevention and Health Promotion Services

Chapter H Title III-E National Family Caregiver Support Program Services

Chapter I Financial Policies and Procedures

Glossary

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Appendices

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Appendix II	Service Definitions
Appendix III	Target Nutrient Requirements Chart
Appendix IV	Texas Model for Menu Planning
Appendix V	Menu Monitoring for Compliance Tool

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