



FY2020– 2022 ANNUAL CONTRACTS

PART IIIB

MINIMUM SERVICE STANDARDS

NUTRITION PROGRAMS

Effective October 1, 2019

GENERAL MINIMUM STANDARDS FOR NUTRITION SERVICE PROGRAMS

OVERVIEW

The Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA) encourages nutrition providers to operate nutrition programs for older adults that allow for choice and flexibility, while maintaining federal and state standards and requirements. The meals should include key nutrients and follow dietary recommendations that relate to lessening chronic disease and improving the health of older Michiganders.

Diabetes, hypertension, and obesity are three of the most prevalent chronic conditions among all adults in Michigan. Special attention should be paid to nutritional factors that can help prevent and manage these and other chronic conditions.

BUSINESS PRACTICES

1. Nutrition providers must be able to produce a nutrient analysis for a meal when requested by AASA, the area agency on aging (AAA), a participant, or a participant's family member or medical provider. Nutrition analysis does not have to be listed on the menu. All nutrition providers should purchase, or have access to, an electronic nutritional analysis program. Providers may use up to \$1,000 in state or federal nutrition funds to purchase or maintain such a program. Local funds may be used if the costs exceed \$1,000.
2. A record of the menu actually served each day shall be maintained for each fiscal year's operation.
3. Each program shall use an adequate food cost and inventory system at each food preparation site facility. The inventory control shall be based on the first-in/first-out method and conform to generally accepted accounting principles. The system shall be able to provide food costs, inventory control records, and other cumulative reports on food and meal costs as requested.

For programs operating under annual cost-reimbursement contracts, the value of the inventory on hand at the end of the fiscal year shall be deducted from the total amount expended during that year. For programs operating under a unit-rate reimbursement contract, the value of the inventory on hand at the end of the fiscal year does not have to be considered. Each program shall be able to calculate the component cost of each meal provided according to the following categories:

- a. Raw food: All costs of acquiring foodstuff to be used in the program.
- b. Labor: 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; all expenses for salary and wages for persons involved in project management.
- c. Equipment: All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than \$5,000.
- d. Supplies: All expenditures for items with a useful life of less than one year and an acquisition cost of less than \$5,000.
- e. Utilities: All expenditures for gas, electricity, water, sewer, waste disposal, etc.
- f. Other: Expenditures for all other items that do not belong in any of the above categories (e.g. rent, insurance, fuel, etc.) are to be identified and itemized. Where a provider operates more than one meal/feeding program (congregate, home-delivered meal (HDM), waiver, catering, etc.), costs shall be accurately distributed among the respective meal programs. Only costs directly related to a specific program shall be charged to that program.

4. Each program shall provide or arrange for monthly nutrition education sessions at each meal site and as appropriate to HDM participants. Emphasis should focus on giving the participant the information and tools to make food choices in relation to health and wellness, and to any chronic diseases they may have, including making choices at the meal site, at home, and when they eat out. Educational sessions should be encouraging and informative, as well as encourage participants to take responsibility for the food choices they make throughout the day.

Topics shall include, but not be limited to, food, nutrition, and wellness issues. Nutrition education materials must come from reputable sources. Questions pertaining to appropriateness of materials and presenters are to be directed to the staff dietitian, regional dietitian or Dietetic Technician, Registered (DTR). Program materials distributed must take into consideration the level of literacy, living alone status, caregiver support and translation of materials as appropriate for older adults with limited English proficiency. At least once per year, the following topics must be covered:

- a. How food choices affect chronic illnesses
 - b. Food safety at home and when dining out
 - c. Food choices at home
 - d. Emergency preparedness- what to have on hand
5. Compliance with these standards will be part of the nutrition assessment done by the AAA.
 6. Staff and volunteers of each program shall receive in-service training at least twice each fiscal year, which is specifically designed to increase their knowledge and understanding of the program, and to improve their skills at tasks performed in the provision of service. Records shall be maintained which identify the dates of training, topics covered, and persons attending.
 7. All staff and volunteers must undergo a background check (Operating Standards for Area Agencies on Aging AAA Indicator #7, Standard B-3, and Transmittal Letter #2012-253). This includes persons who are delivering meals at a special event, or fund-raiser, or any other occasion whereas they would only be delivering a few times. If a group of volunteers from a business or agency participates in the meal delivery representing that business or agency, arrangements may be made for the business or agency to certify that background checks have been completed for their employees, and only no/low risk employees have been cleared to participate.

Nutrition providers may waive the background check requirement for volunteers who are under the age of 18 and/or those who are packing meals or doing other activities that do not involve direct contact with a meal program participant and are under the supervision of nutrition provider staff and/or adult leaders.

MENU DEVELOPMENT

1. Meals may be presented hot, cold, frozen or shelf-stable and shall conform to the most current edition of the USDA Dietary Guidelines for Americans (DGA) and the AASA Nutrition Standards.
2. Each program shall utilize a menu development process, which places priority on healthy choices and creativity, and includes, at a minimum:
 - a. Use of written or electronic standardized recipes;
 - b. Provision for review and approval of all menus by one of the following: a registered dietitian (R.D.) or an individual who is dietitian registration eligible, or a DTR;
 - c. Posting of menu to be served in a conspicuous place at each meal site, and at each place food is prepared. The program must be able to provide information on the nutrition content of menus upon request; and
 - d. Modified diet menus may be provided, where feasible and appropriate, which take into

consideration participant choice, health, religious and ethnic diet preferences.

3. The nutrition program must operate according to current provisions of the Michigan Food Code. Minimum food safety standards are established by the respective local Health Department. Each program must have a copy of the most recent Michigan Food Code and all updates available for reference. Programs are encouraged to monitor food safety alerts pertaining to older adults.

Each program, which operates a kitchen for food production, shall have at least one key staff person (manager, cook or lead food handler) complete a Food Service Manager Certification Training Program that has been approved by the Michigan Department of Agriculture and Rural Development (MDARD). A trained and certified staff member may be required at satellite serving and packing sites. Please refer to your local Health Department for local regulations on this issue.

The time period between preparation of food and the beginning of serving shall be as minimal as feasible. Food shall be prepared, held and served at safe temperatures. Documentation requirements for food safety procedures shall be developed in conjunction with, and be acceptable to, the respective local Health Department.

The safety of food after it has been served to a participant and when it has been removed from the meal site or left in the control of a HDM participant, is the responsibility of that participant.

Purchased Foodstuffs- The program must purchase foodstuff from commercial sources which comply with the Michigan Food Code. Unacceptable items include: home canned or preserved foods; foods cooked or prepared in an individual's home kitchen (this includes those covered under the Cottage Food Law); meat or wild game NOT processed by a licensed facility; fresh or frozen fish donated by sport fishers; raw seafood or eggs; and any un-pasteurized products (i.e., dairy, juices and honey).

Acceptable contributed foodstuff include: fresh fruits and vegetables and wild game from a licensed processor. A list of licensed processors can be found on the Michigan Department of Agriculture and Rural Development website (<http://www.michigan.gov/MDARD>).

Acceptable donated products must be handled and prepared just like products that are purchased from commercial sources.

4. Each program shall use standardized portion control procedures to ensure that each meal served is uniform. At the request of a participant, standard portions may be altered or less may be served than the standard serving size. A participant may refuse one or more items. Less than standard portions shall not be served to 'stretch' available food to serve additional persons.
5. Each program shall implement procedures designed to minimize waste of food (leftovers/uneaten meals).
6. The Area Agency on Aging (AAA) may adjust the number of nutrition grantees to meet the needs of the region.
7. Each meal program is encouraged to use volunteers, as feasible, in program operations.
8. Each program shall develop and utilize a system for documenting meals served for purposes of the National Aging Program Information System (NAPIS). Meals eligible to be included in NAPIS meal counts reported to the respective AAA, are those served to eligible individuals (as described under respective program eligibility criteria) and which meet the specified meal requirements. The most acceptable method of documenting meals is by obtaining signatures daily from participants receiving meals. Other acceptable methods may include, but not limited to, HDMs maintaining a

daily or weekly route sheet signed by the driver which identifies the participant's name, address, and number of meals served to them each day.

9. Each program shall use a uniform intake process and maintain a NAPIS registration for each program participant. The intake process shall be initiated within one week after an individual becomes active in the program. Completion of NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement.
10. Nutrition Services Incentive Program (NSIP) – AAAs and their nutrition program service providers are eligible to participate in NSIP. The purpose of the NSIP is to provide incentives to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. The NSIP provides an allotment of cash to the state for their nutrition programs based on the number of **eligible** Title IIIC meals served by the state that year, as reported in NAPIS. The State of Michigan has elected to receive cash in lieu of commodities. NSIP cash is allocated to AAAs based on the number of NSIP-eligible meals served by all AAAs as reported through NAPIS. NSIP cash may only be used for meals served to individuals through the congregate meal program or HDM program. The program must make a reasonable attempt to purchase foods of U.S. origin with NSIP funding. Meals counted for purposes of NSIP reporting are those served that meet the Title IIIC requirements and are served at a congregate or HDM setting.

Meals that do not count toward NSIP funding include:

- a. Medicaid (MI-CHOICE Waiver) adult day care meals;
- b. Adult day care meals for which Child and Adult Care Food Program (7 CFR Part 226) funds have been claimed;
- c. Meals funded by Title IIIE served to caregivers under the age of 60; and
- d. Meals served to individuals under age 60 who pay the full price for the meal.

Each AAA that has NSIP-only (non-AAA funded) sites must have:

- a. A signed contract or Memorandum of Agreement in place detailing the nutrition requirements for the meal;
- b. The mechanism for distributing NSIP only funds; e.g. per meal rate, percentage of total; and
- c. Written plan for assessment of site based on Title IIIC requirements.

11. Each nutrition program shall carry product liability insurance sufficient to cover its operation.
12. Each program, with input from program participants, shall establish a suggested donation amount that is to be posted at each meal site and provided to HDM participants. The program may establish a suggested donation scale based on income ranges, if approved by the respective AAA. Volunteers under the age of 60 who receive meals shall be afforded the opportunity to donate toward the costs of the meal received.
13. Program income from participant donations must be used in accordance with the additive alternative, as described in the Code of Federal Regulations (CFR). Under this alternative, the income is used in addition to the grant funds awarded to the provider and used for the purposes and under the conditions of the contract. Use of program income is approved by the respective AAA as part of the budget process.
14. Each program shall be allowed to accept donations for the program as long as the following apply:
 - a. The method of solicitation for the donations is non-coercive;
 - b. No qualified person is turned away for not contributing;
 - c. The privacy of each person with respect to donations is protected;
 - d. There are written procedures in place for handling all donations which includes the following at a minimum;
 - i. Daily counting and recording of all receipts by two individuals;

- ii. Provisions for sealing, written acknowledgement and transporting of daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged; and
 - iii. Reconciliation of deposit receipts and daily collection records by someone other than the depositor or counter.
- 15. Each program shall take steps to inform participants about local, State and Federal food assistance programs and provide information and referral to assist the individual with obtaining benefits. When requested, programs shall assist participants in utilizing Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as “food stamps,” as participant donations to the program.
- 16. Programs shall not use funds from AASA (federal and state) to purchase vitamins or other dietary supplements.
- 17. Complaints from participants should be referred to the nutrition provider that hosts the site or manages the HDMs. Each nutrition provider shall have a written procedure for handling complaints. The nutrition provider and AAA nutrition staff shall develop a plan for what type of complaints need to be referred to the AAA.
- 18. Nutrition providers shall work with the respective AAA to develop a written emergency plan. The emergency plan shall address, but not be limited to:
 - a. Uninterrupted delivery of meals to HDM participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems;
 - b. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for HDM participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.
 - MI-CHOICE participants may receive two emergency meals that are billed to MI-CHOICE. Additional emergency meals may be billed to Title III-C2.
 - c. Back-up plan for food preparation if usual kitchen facility is unavailable;
 - d. Agreements in place with volunteer agencies, individual volunteers; hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery;
 - e. Communications system to alert congregate and HDM participants of changes in meal site/delivery;
 - f. The plan shall cover all the sites and HDM participants for each nutrition provider, including sub-contractors of the AAA nutrition provider; and
 - g. The plan shall be reviewed and approved by the respective AAA and then submitted electronically to AASA for review.

MEAL COMPONENTS

1. Salad and Soup Bar Option: Congregate meal sites may include a salad bar as part, ***or all*** of their meal service. (See below chart)

Soup/Salad bar as main meal	Must meet all nutrition standard requirements
Soup/Salad bar as a part of a meal, i.e. vegetable or carb. (pasta choices)	Must meet nutrition requirement for the element it is used for

Soup/Salad bar is an addition to, or add on, to a regular meal.	Does not have to meet nutrition standards or criteria
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2. Beverages: Milk and water must be offered with every meal. Coffee and/or tea, or other beverages, are optional.
 - a. Milk may be skim, 1%, 2%, full-fat or chocolate. It should be available to participants but is not required.
 - b. Water can be available as self-serve, in a pitcher, or at a drinking fountain that has a special attachment for filling cups. You do not need to purchase water in bottles, or pre-fill cups with water.
 - c. If you choose to offer coffee and/or tea, this may also be self-serve. You may provide hot water for instant coffee and tea, or you may brew coffee. Individuals may also bring in their own tea bags and instant coffee if they choose to.
 - d. You may use your state and federal congregate meal funds to purchase these products, as well as to keep equipment such as coffee makers, in good repair.

MEAL PLANNING

1. Menu standards are developed to sustain and improve a participant's health through the provision of safe and nutritious meals using specific guidelines. These guidelines should be incorporated into all requests for proposals/bids, contracts and open solicitations for meals.
2. The Older Americans Act requires that meal components meeting the 33 1/3 percent of the DRI must be offered if one meal is served per day. If two meals are served, meal components with 66 2/3 percent of the DRI must be offered.
3. Nutrition providers must use person-centered planning principles when doing menu planning. Food should be offered, not served. Choices should be offered as often as possible. This is for both congregate and HDM participants. If possible, this should include offering alternatives for food allergies, digestive issues and chewing issues.
4. Follow the five guidelines from the most current edition of the USDA Dietary Guidelines for Americans.
 - a. Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
 - b. Focus on variety, nutrient density, and amount. To meet nutrient needs with calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
 - c. Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
 - d. Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

- e. Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide from home, to school to work to communities.
5. Key recommendations from the DGA to consider when planning meals.
 - a. Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.
 - i. A variety of vegetables from all of the sub-groups- dark green, red and orange, legumes (beans and peas), starchy, and other
 - ii. Fruits, especially whole fruits
 - iii. Grains, at least half of which are whole grains
 - iv. Fat-free, or low-fat dairy, including milk, yogurt, and cheese
 - v. A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes, nuts and seeds
 - vi. Oils
 - b. Nutrient-dense meals shall be planned using preparation and delivery methods that preserve the nutritional value of foods.
 - i. Consume less than 10% of calories per day from added sugars.
 - ii. Consume less than 10% of calories per day from saturated fats.
 - iii. Consume less than 2300 grams of sodium per day (this may be averaged in your meal plans).
 - c. The target for carbohydrate per meal is 75 grams. If the nutrition provider is following one of the suggested meal patterns from the Dietary Guidelines for Americans, listed below, the CHO grams should follow that pattern.
 - d. See "Suggested Meal Patterns" below for more information.
 6. Other Considerations:
 - a. Desserts: Serving of dessert is optional. Suggested, but not limited to, desserts are: fruit, fruit crisps with whole grain toppings, pudding with double milk, gelatin with fruit, low-fat frozen yogurt, Italian ices. Use of baked, commercial desserts should be limited to once per week.
 - b. Beverages:

Congregate:	Milk and water must be offered with every meal. Coffee and/or tea, or other beverages, are optional.
Home Delivered:	Milk, or a milk substitute, must be offered with every meal. If requested, water shall be provided.

Milk may be skim, 1%, 2%, full-fat or chocolate. It should be available to participants but is not required.
 7. Special occasion or celebratory meals are allowed on a periodic basis. These meals do not have to follow the 1/3 DRI rule. The registered dietician, or DTR, must have knowledge of the meal and grant approval of it.
 8. Breakfast may include any combination of foods that meet the AASA Meal Planning Guidelines.
 9. Special Menus. To the extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference and provide flexibility in designing meals that are appealing to program participants.

SUGGESTED MEAL PATTERNS

1. The Plate Method (<http://www.choosemyplate.gov>) may be used as the meal pattern.
2. The Healthy U.S.-Style Eating pattern may be used as the meal pattern (Dietary Guidelines for Americans, 2015-2020, Appendix 3, Table A3-1, page 80).
3. The Healthy Mediterranean-Style eating pattern may be used as the meal pattern (Dietary Guidelines for Americans, 2015-2020, Appendix 4, Table A4-1, page 84).
4. Vegetarian meals can be served as part of the menu cycle or as an optional meal choice based on participant choice, cultural and/or religious needs and should follow the MDHHS Aging and Adult Services Agency Meal Planning Guidelines to include a variety of flavors, textures, seasonings, colors, and food groups at the same meal. (Dietary Guidelines for Americans, 2015-2020, Appendix 5, Table A5-1, page 87).

Vegetarian meals are a good opportunity to provide variety to menus, feature Michigan produce and highlight the many ethnic, cultural, or religious food traditions that use vegetables and grains in greater amounts at the center of the plate and in different combinations with fruits, vegetables, grains, herbs and spices for added flavor, calories and key nutrients.

CONGREGATE MEALS

1. Each program shall have written eligibility criteria that places emphasis on serving older individuals in greatest need and includes the following, at a minimum:
 - a. Age 60 or older.
 - b. A spouse under the age of 60 who accompanies an eligible adult to the meal site.
 - c. Family members of an eligible adult who are living with a disability and permanently live with the eligible adult in a non-institutional setting.
 - d. An unpaid caregiver who is under the age of 60 and is registered in the National Aging Programs Information System (NAPIS) and accompanies person being cared for to meal site.
 - e. To be eligible for a donation-based meal, persons described in items b.-d. must, on most days, accompany the eligible adult to the meal site and eat the meal at the meal site.
 - f. A volunteer under the age of 60 who directly supports meal site and/or food service operations may be provided a meal:
 - i. After all eligible participants have been served and meals are available; and
 - ii. A fee is not required for volunteers under the age of 60, but contributions should be encouraged and accepted. These meals are to be included in the National Aging Programs Information System (NAPIS) meal counts.
 - g. Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided may participate in the meal.
2. At the provider's discretion, persons not otherwise eligible may be served, if meals are available, and they pay the full cost of the meal. The full cost includes raw food, preparation costs, and any administrative and/or supporting services costs. Documentation that full payment has been made shall be maintained. Persons not eligible under item #1 who pay the full price for a meal, and are 18 and over, must wait until all eligible persons have been served, unless the meal has been reserved in advance.

Children (under the age of 18) who accompany a meal participant who is over the age of 60, must pay full price, but may go through the line with the adult they are with.

3. Each congregate nutrition provider shall be able to provide information relative to eligibility for HDMs and be

prepared to make referrals for persons unable to participate in the congregate program and who appear eligible for a HDM program.

4. Each congregate meal site shall be able to document the following.
 - a. That it is operated within an accessible facility. Accessibility is defined as a participant living with a disability being able to enter the facility, use the restroom, and receive service that is at least equal in quality to that received by a participant not living with a disability. Documentation from a local building official or licensed architect is preferred. A program may also conduct accessibility assessments of its meal sites when utilizing written guidelines approved by the respective AAA.
 - b. That it complies with local fire safety standards. Each meal site must be inspected by a local fire official no less frequently than every three years. For circumstances where a local fire official is unavailable after a formal (written) request, a program may conduct fire safety assessments of its meal sites when using written guidelines approved by the respective AAA.
 - c. Compliance with Michigan Food Code and local public health codes regulating food service establishments. Each meal site and kitchen operated by a congregate meal provider shall be licensed, as appropriate, by the local health department. The local health department is responsible for periodic inspections and for determining when a facility is to be closed for failure to meet Michigan Food Code standards. The local health department rulings supersede any state rules/mandates concerning licensing of food service establishments, including congregate meal sites and off-site meals. The program shall submit copies of inspection reports on all facilities to the respective AAA within ten days of receipt. It is the responsibility of the program to address noted violations promptly.
5. Each program, through a combination of its meal sites, must provide meals at least once a day, five or more days a week. Programs may serve up to three meals per day at each meal site.
6. Each site shall serve meals at least three days per week with a minimum annual average of **10 eligible participants** per serving day. If the service provider also operates a HDM program, HDMs sent from a site may be counted toward the 10 meals per day service level. Waivers to this requirement may be granted by the respective AAA only when the following can be demonstrated.
 - a. Two facilities must be utilized to effectively serve a defined geographic area for three days per week.
 - b. Due to a rural or isolated location, it is not possible to operate a meal site three days per week.
 - c. Seventy-five percent or more of participants at a meal site with less than 10 participants per day are in great economic or social need. Such meal sites must operate at least three days per week.
7. Congregate meal sites currently in operation by the program may continue to operate unless the respective AAA determines relocation is necessary to serve socially or economically disadvantaged older persons more effectively. New and/or relocated meal sites shall be located in an area which has a significant concentration of the 60 and over population living at or below the poverty level or with an older minority or ethnic population comprising a significant concentration of the total over-60 aged population. AASA must approve, through the Congregate Meal Site Database, the opening of any new and/or relocated meal site prior to the provision of any meals at that site.
8. When a meal site is to be permanently closed, the following procedures shall be followed.
 - a. The program shall notify the respective AAA in writing of the intent to close a meal site.
 - b. The program shall present a rationale for closing the meal site which is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources, or other justifiable reason.
 - c. The respective AAA shall review the rationale and determine that all the options for keeping the site open or being relocated have been exhausted. If there remains a need for service in the area that was served by the meal site, efforts should be made to develop a new meal site and/or assist participants to

- attend another existing meal site.
 - d. The program shall notify participants at a meal site to be closed of the intent to close the site at least 30 days prior to the last day of the meal service.
 - e. The respective AAA shall complete the steps for closure in the AASA on-line database. The following information is needed to close a site and should be entered into the database.
 - i. Rationale for closing the site.
 - ii. How participants will be notified.
 - iii. Closest meal site to the closed site, and transportation options to get participants to the different site.
 - f. AASA will review the documents and the request to close the site. If approved, AASA will notify the requestor, the respective AAA and field representative.
 - g. The site can be found at: <https://www.osapartner.net/congmeal/>.
9. Each program shall document that appropriate preparation has taken place at each meal site for procedures to be followed in case of an emergency, including:
- a. An annual fire drill;
 - b. Staff and volunteers shall be trained on procedures to be followed in the event of a severe weather storm or natural disaster and the county emergency plan; and
 - c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency.
10. Each program shall have written agreements with the owners of all leased facilities used as meal sites. Written agreements are recommended for donated facilities, but not required. The agreements shall address at a minimum:
- a. Responsibility for care and maintenance of facility, specifically including restrooms, equipment, kitchen, storage areas and areas of common use.
 - b. Responsibility for snow removal;
 - c. Agreement on utility costs;
 - d. Responsibility for safety inspections;
 - e. Responsibility for appropriate licensing by the local health department;
 - f. Responsibility for insurance coverage;
 - g. Responsibility for approval of outside programs, activities and speakers; and
 - h. Other issues as desired or required.
11. A program may enter into an agreement with an organization operating a congregate meal site in order for that organization to receive Nutrition Services Incentive Program (NSIP) funding for meals served to persons aged 60 and over, upon approval of the respective AAA. Any meal site receiving NSIP-only funding must operate in compliance with all federal requirements and state operating standards pertaining to the congregate meal program and assure the availability of adequate resources to finance the operation of the meal site without charge to program participants. The program shall have a written agreement with each organization operating NSIP-only meal sites, which shall include a statement indicating the provider allows anyone that meets the eligibility for a congregate meal indicated in these standards, is permitted to participate in the NSIP-only meal program.
12. Each program shall display, at a prominent location in each meal site, the AASA Community Nutrition Services poster. The program may use its own poster as long as all the required information is included and clearly presented. The poster shall contain the following information for each program: the name of the nutrition project director, the nutrition project director's telephone number, the suggested donation for eligible participants, the guest fee to be charged non-eligible participants, and, a statement of non-discrimination identical to the language on the AASA poster (this is the USDA- required language). Additional information pertaining to the program shall not be displayed so as to avoid any misunderstanding or confusion with information presented on the poster.

13. Each program shall make available, upon request, food containers (assistive plates, bowls, cups) and utensils for participants who are living with disabilities.
14. Congregate meal programs receiving funds through AASA may not contribute towards, provide staff time, or otherwise support potluck dinner activities, or allow program foodstuff to be combined with foods brought in by participants.
15. Each program shall have a project council comprised of program participants, to advise program administrators about services being provided. Program staff shall not be members of the project council. The project council shall meet at least once per year, in person, and notes from all meetings shall be shared with the respective AAA nutrition program, as well as saved for future reference.
16. Temporary Meal Site Closings. If a meal site must be closed or moved temporarily, the nutrition provider must notify the AAA, and AASA by using the on-line Temporary Meal Site Closure form. This form must be completed and submitted prior to the closing, or as soon as possible after the closing. A link to the form is located on the business partner site: <https://www.osapartner.net>
17. Prayer. Older adults may pray before a meal that is at a site that is funded through AoA or the State of Michigan. It is recommended that each nutrition program adopt a policy that ensures that each individual participant has a free choice whether to pray either silently or audibly, and that prayer is not officially sponsored, led, or organized by persons administering the Nutrition Program or the meal site.
18. Leftovers from the meal (items not eaten by the participant) may be taken out of the meal site if the following conditions are met.
 - a. The local health department has no restrictions against it;
 - b. A sign shall be posted near the congregate meal sign informing the meal participants that all food removed from the site becomes the responsibility of the individual that is removing the food;
 - c. All new congregate participants receive written material about food safety and preventing food-borne illness when they sign up;
 - d. All participants receive written material about food safety and preventing food-borne illness annually;
 - e. The individual is required to sign a waiver statement that states that they understand that they are responsible for food taken out of the site; and
 - f. Containers may not be provided through federal or state funds by the nutrition provider for the leftovers.
19. If a regular congregate meal participant is unable to come to the site due to illness, the meal may be taken out of the site to the individual for no more than seven days. If needed for more than seven days, the participant should be evaluated for HDMs. If the person taking out the meal for the ill participant is also a regular congregate participant, they may also take their meal out.
20. Off-site meals. Off-site meals that are part of an organized older adult activity are allowed if the following conditions are met.
 - a. The activity must be sponsored by an aging network agency/group, for example, Council/Commission on Aging, senior center, etc.
 - b. The sponsoring agency has worked with the nutrition provider to meet the meal standards.
 - c. The activity, including the meal, must be open to all eligible participants.
 - d. The take away meal must meet all the requirements of food safety and be foods that are low-risk for food-borne illness.
 - e. Local health department rules and regulations, if any, supersede this standard and must be followed.
 - f. The meal site must provide written notification to the AAA nutrition program staff person prior to the event.

- g. The AAA nutrition program staff person must inform AASA Nutrition Program Coordinator of the date, time, and sponsoring agency of the activity prior to the event, via fax or email.

21. Second Meal. Nutrition providers may elect to offer second meals at any dining site. A second meal is defined as a shelf-stable meal, a frozen meal, or a meal that is low-risk for food borne illness. A congregate meal participant may qualify for a second meal if:

- a. The participant eats the regularly scheduled meal at the meal site; and
- b. The participant has requested a second meal following the nutrition provider's process (i.e. phone request).

The second meal must meet the AASA nutrition standards. Donations may be accepted for second meals. The second meal is given to the participant when they leave the congregate site. It must be stored properly until the participant is ready to leave for the day. The second meal is to be counted as a congregate meal in all record keeping. The second meal option does not apply to NSIP-only sites.

22. Weekend Meal(s). Nutrition providers may elect to offer weekend meals at any dining site. A weekend meal is defined as a shelf-stable meal, a frozen meal, or a meal that is low-risk for food borne illness. A congregate meal participant may qualify for a weekend meal if:

- a. The participant is registered at the meal site and eats meals at the regularly scheduled time during the week; and
- b. The participant has requested weekend meal(s) following the nutrition provider's process. (i.e. phone request).

The weekend meal must meet the AASA nutrition standards. Donations may be accepted for weekend meals. Arrangements for weekend meal pick up should be made with the nutrition provider/site manager in advance. The weekend meal is to be counted as a congregate meal in all record keeping. The weekend meal option does not apply to NSIP-only sites.

23. Participant Choice. Person-centered planning involves participant choice. Participants in this program are allowed to participate in both the HDM and congregate program at the same time. For example, an HDM participant may have a friend or family member that can take them to a congregate site one day per week, or on a random basis. Proper documentation must be kept as to the HDM schedule and the congregate meal schedule. An agreement between programs is encouraged. Participants using this option should be reminded to contact the HDM office to cancel their meal for the days they are at the congregate site.

24. Voucher Meals. Nutrition providers may develop a program using vouchers for meals to be eaten at a restaurant, café, or other food service establishment. The program must meet the following standards.

- a. The restaurant, café, or other food service establishment must be licensed, and follow the Michigan Food Code, and is inspected regularly by the local health department.
- b. The restaurant, café, or other food service establishment agrees to provide at least one meal that meets AASA nutrition standards for meals.
- c. The restaurant, café, or other food service establishment must be barrier-free and Americans with Disabilities Act (ADA) compliant.
- d. The nutrition provider and restaurant, café or other food service establishment must have a written agreement that includes:
 - i. How food choices will be determined;
 - ii. How food choices will be advertised/offered to voucher holder;
 - iii. How billing will be handled (will a tip be included in the unit price, i.e. if the meal reimbursement is \$6.25, will \$.25 be used toward the tip?);
 - iv. How reporting takes place (frequency and what is reported);
 - v. Evaluation procedures;
 - vi. A statement that voucher holders may take leftovers home; and that they may purchase

additional beverages and food with their own money.

- e. A copy of the written agreement shall be given to the AAA nutrition program coordinator.
 - f. A written plan must be developed and kept on file that includes consideration of the following items.
 - i. Location of the restaurant, café, or other food service establishment in relation to congregate meal site locations;
 - ii. Establishment of criteria for program participation- how restaurants, café, or other food service establishments are selected to participate and how new establishments can apply to participate;
 - iii. How older adults qualify for and obtain their vouchers, i.e. senior centers, nutrition provider office, nutrition program representative meets with older adults at the restaurant, café, or other food service establishment to issue vouchers and collect donations; and
 - iv. How frequently menu choices will be reviewed and revised by the AAA Dietitian or DTR.
 - g. Nutrition providers must allow older adults to use congregate meal sites and voucher programs interchangeably. If a nutrition provider chooses to do so, the plan described in item f. above must detail how this will be done.
25. Adult Foster Care (AFC) and other Residential Care Participants. AFC or other residential providers that bring their residents to congregate meal sites shall be requested to pay the suggested donation amount for meals provided to residents and staff 60 years of age or older. For those AFC residents and staff under the age of 60, the guest charge must be paid as posted at each meal site. The congregate meal provider may request the AFC program to provide staff to assist the residents they bring with meals and other activities that they wish to attend. AFCs, adult day programs, or other residential providers may enter into a contractual agreement regarding donations and payment for meals if the practice occurs regularly or is long- term.
26. Complimentary Programs/Demonstration Projects. AAAs and nutrition providers are encouraged to work together to provide programming at the congregate meal sites that include activities and meals. Suggestions for demonstration projects include, but are not limited to:
- a. Offering a take-out meal upon completion of an activity at the meal site that does not occur immediately before or after the meal;
 - b. Mobile congregate sites that move to different locations to serve, also known as 'pop-up' sites; and
 - c. New meal options such as smoothies, vegetarian choices, and other non- traditional foods.

All demonstration projects must be approved by the AAA and AASA and must follow the nutrition standards.

HOME-DELIVERED MEALS

- 1. Each program shall have written eligibility criteria which places emphasis on serving older persons in greatest need and includes the following, at a minimum:
 - a. Participant must be 60 years of age or older.
 - b. Participant must be homebound, i.e., normally is unable to leave the home unassisted, and for whom leaving takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences, such as a trip to the barber or to attend religious services.
 - c. Participant must be unable to participate in the congregate meal nutrition program because of physical, mental or emotional difficulties, such as:
 - i. A disabling condition, such as limited physical mobility, cognitive or psychological impairment;
 - ii. Lack of knowledge or skill to select and prepare nourishing and well- balanced meals;
 - iii. Lack of means to obtain or prepare nourishing meals;
 - iv. Lack of incentive to prepare and eat a meal alone; or

- v. Lack of an informal support system: has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be supplemented.
 - d. The person's special dietary needs can be appropriately met by the program, as defined by the most current edition of the USDA Dietary Guidelines for Americans.
 - e. Participant must be able to feed him/herself.
 - f. Participant must agree to be home when meals are delivered, to contact the program when absences are unavoidable, and to work with the program staff if participating in both HDM and congregate programs.
2. Extended Eligibility.
- The nutrition provider and the AAA should work together to determine if it would benefit the participant to provide a meal to another person in the home that does not meet the criteria in #1. These include the following.
- a. An individual, between the ages of 18-59, living with a disability who resides in a non-institutional household with a person who is an HDM participant may receive a meal.
 - b. A spouse, or other individual 18 or older, living full-time in the home may receive a meal if the HDM assessment finds that it is in the best interest of the HDM-eligible person.
 - c. An unpaid caregiver 18 or older, may receive a meal if the HDM assessment finds that it is in the best interest of the HDM-eligible person.
3. At the provider's discretion, persons not otherwise eligible may be provided meals if they pay the full cost of the meal. The full cost of the meal includes raw food, preparation costs, and any administrative and/or support services costs. Documentation that full payment has been made shall be maintained. Eligibility criteria shall be distributed to all potential referring agencies or organizations and be available to the general public upon request.
4. Each program shall conduct an assessment of need for each participant making the best effort to do so within 14 days of initiating service. At a minimum, each participant shall receive two assessments per year, a yearly assessment and a six-month reassessment, making the best effort possible to conduct them at 6 months and 12 months. The initial assessment and yearly reassessment must be conducted in person. The six-month reassessment may be either in person or a telephone assessment. A telephone assessment may be used if the participant meets the following criteria.
- a. Is able to complete a telephone assessment by themselves, or with the assistance of a family member, caregiver or friend.
 - b. Has no significant HDM delivery issues.
 - c. The HDM driver, delivery person, family, and/or caregivers have no significant concerns for the participants' well-being.
 - d. The nutrition provider may deem a participant not eligible for the telephone reassessment at any time during their participation in the program. In-person assessment will then replace the telephone reassessment.
 - e. The program should avoid duplicating assessment of individual participants to the extent possible. HDM programs may accept assessments and reassessments of the participants conducted by case coordination and support programs, care management programs, other in-home service providers, home and community-based Medicaid programs, other aging network home care programs, and Medicare certified home health providers. Participants with multiple needs should be referred to case management programs as may be appropriate.
 - f. If the HDM program is the only program the participant will be currently enrolled in, the assessments and reassessments must, at a minimum, include the following.
 - i. Basic Information
 - 1. Individual's name, address and phone number

2. Source of referral
 3. Name and phone number of emergency contact
 4. Names and phone numbers of caregivers
 5. Gender
 6. Age, date of birth
 7. Living arrangements
 8. Whether or not the individual's income is below the poverty level, and/or sources of income (particularly Supplemental Security Income).
 - ii. Functional Status
 1. Vision
 2. Hearing
 3. Speech
 4. Changes in oral health
 5. Prostheses
 6. Current chronic illnesses or recent (within the past six months) hospitalizations.
 - iii. Support Resources
 1. Services currently receiving
 2. Extent of family and/or informal support network.
 - iv. Participant Satisfaction (Reassessment only)
 1. Participant's satisfaction with services received
 2. Participant's satisfaction with program staff performance
5. Each HDM program shall demonstrate cooperation with other meal programs and providers and other community resources.
 6. Each program may provide up to three meals per day to an eligible participant based on need as determined by the assessment. Providers are expected to set the level of meal service for an individual with consideration given to the availability of support from family and friends and changes in the participant's status or condition. This process must include person-centered planning, which may include allowing the participant to attend congregate meals when they have transportation and/or assistance to attend. It may also include meal choices such as vegetarian, as long as they meet the AASA Nutrition Standards.
 7. The program shall verify and maintain records that indicate each participant can provide safe conditions for the storage, thawing, and reheating of frozen foods, if applicable. Frozen foods should be kept frozen until such time as it is to be thawed for use. Frozen food storage should be maintained at 0 degrees Fahrenheit. Each nutrition provider shall develop a system by which to verify and maintain these records.
 8. All nutrition providers shall provide to HDM program participants shelf-stable meals to be used in an emergency. Educational materials must be distributed along with the shelf-stable meals to instruct the participant when to use the meal, along with a list of recommended emergency food and equipment (i.e. manual can opener) that should be kept in the home. HDM volunteers, drivers, and staff should create a plan to regularly check with participants to assure they still have their shelf-stable meal. If the participant no longer has the shelf-stable meal, another must be delivered as soon as possible. Shelf-stable meals should be replaced at regular intervals. Each HDM participant shall have a minimum of two shelf-stable meals. Please see General Guidelines #18 for more information.
 9. All nutrition providers shall provide to HDM program participants shelf-stable meals to be used in an emergency. Educational materials must be distributed along with the shelf-stable meals to instruct the participant when to use the meal, along with a list of recommended emergency food and equipment (i.e. manual can opener) that should be kept in the home. HDM volunteers, drivers, and staff should create a plan to

regularly check with participants to assure they still have their shelf-stable meal. If the participant no longer has the shelf-stable meal, another must be delivered as soon as possible. Shelf-stable meals should be replaced at regular intervals. Each HDM participant shall have a minimum of two shelf-stable meals. Please see General Guidelines #18 for more information.

10. Each program must complete a prioritizing pre-screen for each individual placed on a waiting list for HDMs.
11. Each program must be able to document their criteria for prioritizing individuals being placed on a waiting list.
12. Each HDM provider shall have the capacity to provide meals which meet the nutrition guidelines in the most current edition of the USDA Dietary Guidelines for Americans, which calls for each meal to be 1/3 of the Dietary Reference Intakes (DRI). Meals shall be available at least five days per week.
13. Liquid Supplements. Liquid supplements may be purchased with OAA Title III-C funds; however, liquid supplements may not be counted as a meal in NAPIS. Liquid supplements are a component of a meal, and may be requested by a participant, under the following conditions.
 - a. A physician order, renewed every six months, stating the need for the additional supplement.
 - b. A care plan for participants receiving liquid supplements with their meal shall be developed in consultation with the participant's physician.
 - c. A signed form, kept in the participant file, indicating what parts of the meal the participant chooses to receive: beverage, main entrée, fruit, dessert, liquid supplement. The form must also include a statement acknowledging that the participant can reinstate any part of the meal at any time, upon request.
 - d. The regional dietician or DTR must approve all liquid supplement products to be used by the program.
14. Person-centered planning and choice. HDM participants may elect to have all, or part, of the HDM delivered to them. Each nutrition provider should have a form that is updated every six months during the reassessment indicating if the participant has chosen to receive only part of the meal. The form should have the following, at a minimum:
 - e. A statement that indicates the participant is choosing to opt out of the full meal, and then indicating which parts of the meal they would like.
 - f. A statement that the participant can opt back into the full meal at any time, by notifying the HDM office, or telling the delivery people.
 - g. A signature, initials, or mark of the participant.
 - h. The form should be kept in the participant's file.
15. Home Visit Safety. Assessors, HDM drivers, delivery people and other nutrition program staff are not expected to be placed in situations that they feel unsafe or threatened. Nutrition providers shall work with their AAA to create a "Home Visit Safety Policy" that addresses verbal and physical threats made to the assessor(s), drivers or other program persons, by participants, family members, pets (animals) or others in the home during the assessment.

This policy should include, but is not limited to:

- i. Definition of a verbal or physical threat;
- j. How a report should be made/who investigates the report;
- k. What actions should be taken by the assessor or driver if they are threatened;
- l. What warnings should be given to the participant;
- m. What actions should be taken for repeated behaviors;
- n. What information gets recorded in the chart; and
- o. Situations requiring multiple staff/volunteers.

HOME DELIVERED MEALS MINIMUM STANDARDS

1. Each program shall have a written policy/procedure that covers integrating person- centered planning into the home-delivered meals program. This may include, but is not limited to:
 - a. Allowing HDM clients to attend congregate meals sites when they have transportation and/or help to the site; and,
 - b. Providing diet modifications, as requested by the client, when nutrition provider is able to do so while following Older Americans Act guidelines.
2. Each program shall have written eligibility criteria which places emphasis on serving older persons in greatest need and includes, at a minimum:
 - a. That to be eligible a person must be 60 years of age or older, or if indicated in the HDM assessment, that it is in the best interest of the eligible person, the following persons may also receive a meal:
 - The spouse or partner of an HDM-eligible person, regardless of age.
 - The unpaid caregiver of an HDM-eligible person, including a family member under the age of 60 who provides full-time care for an eligible person.
 - An individual living with a disability who resides in a non-institutional household with a person who is eligible to receive home-delivered meals.
 - b. That to be eligible a person must be homebound; i.e., normally is unable to leave the home unassisted, and for whom leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious services.
 - c. That to be eligible a person must be unable to participate in the congregate nutrition program because of physical or emotional difficulties.
 - d. A person may also be eligible if they are unable to obtain food or prepare meals for themselves because of:
 - A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, or
 - Lack of knowledge or skill to select and prepare nourishing and well-balanced meals, or
 - Lack of means to obtain or prepare nourishing meals, or
 - Lack of incentive to prepare and eat a meal alone, or
 - Lack of an informal support system: has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be supplemented.
 - e. That the person's special dietary needs can be appropriately met by the program, as defined by the most current version of the US Department of Agriculture "Dietary Guidelines for Healthy Americans."
 - f. That to be eligible a person must be able to feed himself/herself.
 - g. That to be eligible a person must agree to be home when meals are delivered and to contact the program when absence is unavoidable.

At the provider's discretion, persons not otherwise eligible may be provided meals if they pay the full cost of the meal. The full cost of the meal includes raw food, preparation costs, and any administrative and/or supportive services costs. Documentation that full payment has been made shall be maintained. Eligibility criteria shall be distributed to all potential referring agencies or organizations and be available to the general public upon request.

3. Each program shall conduct an assessment of need for each participant within 14 days of initiating service. At a minimum, each participant shall receive two assessments per year, a yearly assessment and a six-month re-assessment. The initial assessment and yearly assessment must be conducted in-person. The six-month re-

assessment may be either in-person or a telephone assessment.

A telephone re-assessment may be used if the participant meets the following criteria:

(1) is able to complete a telephone assessment by themselves, or with the assistance of a family member, caregiver or friend; (2) has no significant HDM delivery issues; and, (3) the HDM driver, delivery person, and family and/or caregivers have no significant concerns for the participant's well-being. The nutrition provider may deem a participant not eligible for the telephone re-assessment at any time during their participation in the program. In-person assessments will then replace the telephone re-assessment.

The program should avoid duplicating assessments of individual participants to the extent possible. HDM programs may accept assessments and re-assessments of the participant conducted by case coordination and support programs, care management programs, other in-home service providers, home and community-based Medicaid programs, other aging network home-care programs, and Medicare certified home health providers. Participants with multiple needs should be referred to case management programs as may be appropriate.

If the HDM program is the only program the participant will be currently enrolled in, the assessment and re-assessments must, at a minimum, include:

a. Basic Information

1. Individual's name, address and phone number
2. Source of referral
3. Name and phone number of emergency contact
4. Name and phone numbers of caregivers
5. Gender
6. Age, date of birth
7. Living arrangements
8. Whether or not the individual's income is below the poverty level and/or sources of income (particularly Supplemental Security Income).

b. Functional Status

1. Vision
2. Hearing
3. Speech
4. Changes in oral health
5. Prostheses
6. Current chronic illnesses or recent (within past 6 months) hospitalizations.

c. Support Resources

1. Services currently receiving
2. Extent of family and/or informal support network.

d. Participant Satisfaction (re-assessment only)

1. Participant's satisfaction with services received
2. Participant's satisfaction with program staff performance.

4. Each home delivered meal program shall demonstrate cooperation with other meal programs and providers and other community resources.

5. Each program may provide up to three meals per day to an eligible client based on need as determined by the assessment. Providers are expected to set the level of meal service for an individual with consideration given to the availability of support from family and friends and changes in the participant's status or condition. This process must include person-centered planning, which may include allowing the client to attend congregate meals when they have transportation and/or assistance to attend. It may also include meal choices such as vegetarian, as long as they meet the Michigan Aging and Adult Services Agency Meal Planning Guidelines.
6. Each home-delivered meals provider shall have the capacity to provide three meals per day, which together meet the Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Meals shall be available at least five days per week.
7. Nutrition providers may also make liquid meals available to program participants when ordered by a physician. The regional dietitian must approve all liquid meals products to be used by the program. The program shall provide instruction to the participant, and/or the participant's caregiver and participant's family in the proper care and handling of liquid meals. When liquid meals are used to supplement a participant's diet, the physician's order must be renewed every six months.

When liquid meals are the participant's sole source of nutrition, the following requirements must also be met:

- a. Diet orders shall include client weight and be explicit as to required nutritional content;
 - b. Diet orders must be renewed, by a physician, every three months; and,
 - c. The care plan for participants receiving liquid meals shall be developed in consultation with the participant's physician.
8. The program shall verify and maintain records that indicate each client can provide safe conditions for the storage, thawing, and reheating of frozen foods. Frozen foods should be kept frozen until such time as it is to be thawed for use. Frozen food storage should be maintained at 0 degrees Fahrenheit. Each nutrition provider shall develop a system by which to verify and maintain these records.
 9. Each program shall develop and have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow and/or ice storms), loss of power, physical plant malfunctions, etc. Staff and volunteers shall be trained on procedures to be followed in the event of severe weather or natural disasters and the county emergency plan.
 10. Each program must complete a prioritizing pre-screen for each individual placed on a waiting list for home delivered meals.
 11. Each program must be able to document their criteria for prioritizing individuals being placed on a waiting list.

CONGREGATE MEALS MINIMUM STANDARDS

1. Each program shall have written eligibility criteria that places emphasis on serving older individuals in greatest need and includes, at a minimum:
 - a. That the eligible person must be 60 years of age or older, or be the spouse or partner of a person 60 years of age or older.
 - b. That individuals living with disabilities who have not attained 60 years of age but who reside in housing facilities occupied primarily by older adults at which congregate nutrition services are provided, may receive such services.
 - c. That non-older adult individuals living with disabilities who reside in a non-institutional household may accompany an eligible older individual and may participate on the same basis as the elderly participants.
 - d. Whether, at the provider's discretion, a non-senior volunteer who directly supports meal site and/or food service operations may be provided a meal. Such meals may be provided only after all eligible participants have been served and meals are available. A fee is not required for non-senior volunteer meals and such meals are to be included in National Aging Programs Information System (NAPIS) meal counts.
2. At the provider's discretion, persons not otherwise eligible may be served, if meals are available, and they pay the full cost of the meal. The full cost includes raw food, preparation costs, and any administrative and/or supporting services costs. Documentation that full payment has been made shall be maintained.
3. Each congregate nutrition provider shall be able to provide information relative to eligibility for home delivered meals and be prepared to make referrals for persons unable to participate in the congregate program and who appear eligible for a home delivered meals program.
4. Each congregate meal site shall be able to document:
 - a. That it is operated within an accessible facility. Accessibility is defined as a participant living with a disability being able to enter the facility, use the rest room, and receive service that is at least equal in quality to that received by a participant not living with a disability. Documentation from a local building official or licensed architect is preferred. A program may also conduct accessibility assessments of its meal sites when utilizing written guidelines approved by the respective Area Agency on Aging (AAA).
 - b. That it complies with local fire safety standards. Each meal site must be inspected, by a local fire official, no less frequently than every three years. For circumstances where a local fire official is unavailable after a formal (written) request, a program may conduct fire safety assessments of its meal sites when utilizing written guidelines approved by the respective AAA.
 - c. Compliance with Michigan Food Code and local public health codes regulating food service establishments. Each meal site and kitchen operated by a congregate meal provider shall be licensed, as appropriate, by the local health department. The local health department is responsible for periodic inspections and for determining when a facility is to be closed for failure to meet Michigan Food Code standards. The program shall submit copies of inspection reports on all facilities to the respective AAA within ten days of receipt. It is the responsibility of the program to address noted violations promptly.
5. Each program, through a combination of its meal sites, must provide meals at least once a day, five or more days per week. Programs may serve up to three meals per day at each meal site.
6. Each site shall serve meals at least three days per week with a minimum annual average of 10 eligible participants per serving day. If the service provider also operates a home delivered meals program, home delivered meals sent from a site may be counted towards the 10 meals per day service level. Waivers to this requirement may be granted by the respective AAA only when the following can be demonstrated:
 - a. Two facilities must be utilized to effectively serve a defined geographic area for three days per week.
 - b. Due to a rural or isolated location, it is not possible to operate a meal site three days per week.

- c. Seventy-five percent or more of participants at a meal site with less than 10 participants per day are in great economic or social need. Such meal sites must operate at least three days per week.
7. Congregate meal sites currently in operation by the program may continue to operate unless the respective AAA determines relocation is necessary in order to more effectively serve socially or economically disadvantaged older persons. New and/or relocated meal sites shall be located in an area which has a significant concentration of the over aged 60 population living at or below the poverty level or with an older minority or ethnic population comprising a significant concentration of the total over-60 population. The Michigan Aging and Adult Services Agency (AASA) must approve, in writing, the opening of any new and/or relocated meal site prior to the provision of any meals at that site.
8. When a meal site is to be permanently closed, the following procedures shall be followed:
 - a. The program shall notify the respective AAA in writing of the intent to close a meal site.
 - b. The program shall present a rationale for closing the meal site which is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources, or other justifiable reason.
 - c. The respective AAA shall review the rationale and determine that all options for keeping the site open or being relocated have been exhausted. If there remains a need for service in the area that was served by the meal site, efforts should be made to develop a new meal site and/or assist participants to attend another existing meal site.
 - d. The respective AAA shall approve in writing the closing of all meal sites operating with funds awarded from AASA and notify AASA of all meal site closings. If a meal site to be closed is located in an area where low-income and/or minority persons constitute 25% or more of the population, or if low-income and/or minority persons constituted more than 25% of meal participants served over the past 12 months, AASA must also approve in writing the closing of the meal site.
 - e. The program shall notify participants at a meal site to be closed of the intent to close the site at least 30 days prior to the last day of meal service.
9. Each program shall document that appropriate preparation has taken place at each meal site for procedures to be followed in case of an emergency including:
 - a. An annual fire drill.
 - b. Staff and volunteers shall be trained on procedures to be followed in the event of a severe weather storm or natural disaster and the county emergency plan.
 - c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency.
10. Each program shall have written agreements with the owners of all leased facilities used as meal sites. Written agreements are recommended for donated facilities, but not required. The agreements shall address at a minimum:
 - a. Responsibility for care and maintenance of facility, specifically including restrooms, equipment, kitchen, storage areas and areas of common use.
 - b. Responsibility for snow removal.
 - c. Agreement on utility costs.
 - d. Responsibility for safety inspections.
 - e. Responsibility for appropriate licensing by the Public Health Department.
 - f. Responsibility for insurance coverage.
 - g. Security procedures.
 - h. Responsibility for approval of outside programs, activities and speakers.
 - i. Other issues as desired or required.

11. A program may enter into an agreement with an organization operating a congregate meal site in order for that organization to receive Nutrition Services Incentive Program (NSIP) funding for meals served to persons aged 60 and over, upon approval of the respective AAA. Any meal site receiving NSIP-only funding must operate in compliance with all federal requirements and state operating standards pertaining to the congregate meal program and assure the availability of adequate resources to finance the operation of the meal site without charge to program participants. The program shall have a written agreement with each organization operating NSIP-only meal sites. This agreement shall be either AASA's standardized "Agreement for Receipt of Supplemental NSIP Cash Payment" or one that contains the same components.
12. Each program shall display, at a prominent location in each meal site, the AASA Community Nutrition Services poster. The program may use its own poster as long as all required information is included and clearly presented. The poster shall contain the following information for each program: the name of the nutrition project director; the nutrition project director's telephone number; the suggested donation for eligible participants; the guest fee to be charged non-eligible participants; and, a statement of non-discrimination identical to the language on the AASA poster. Additional information pertaining to the program shall not be displayed so as to avoid any misunderstanding or confusion with information presented on the poster.
13. Each program shall make available, upon request, food containers and utensils for participants who are living with disabilities.
14. Congregate meal programs receiving funds through AASA may not contribute towards, provide staff time, or otherwise support potluck dining activities.
15. Each program shall have a project council, comprised of program participants, to advise program administrators about services being provided. Program staff shall not be members of the project council.
16. Temporary Meal Site Closings. If a meal site must be closed, or moved temporarily, the nutrition provider must notify the AAA and in turn, the AAA must notify the AASA field representative via facsimile or email, including information on why the closing occurred, how long it will last, how participants will be notified. Refer to Transmittal Letter #2009- 175.
17. Food Taken Out of Meal Site (leftovers). Nutrition providers may allow leftovers (food served to participants and not eaten) to be taken out of the site if the following conditions are met:
 - a. A sign shall be posted near the congregate meal sign informing the meal participants that all food removed from the site becomes the responsibility of the individual.
 - b. All new congregate participants receive written material about food safety and preventing food-borne illness when they sign up.
 - c. All participants receive written material about food safety and preventing food-borne illness annually.
 - d. The individual is required to sign a waiver statement that should be added to the National Aging Program Information System form that states the individual understands that they are responsible for food taken out of the site.
 - e. Containers are not provided for the leftovers.
18. If a regular congregate meal participant is unable to come to the site due to illness, the meal may be taken out of the site to the individual for no more than seven days. If needed for more than seven days, the participant should be evaluated for home delivered meals. If the person taking out the meal is also a regular congregate participant, they may also take their meal out.
19. Off-Site Meals. Off-site meals that are part of an organized older adult activity are allowed if the following conditions are met:
 - a. The activity must be sponsored by an aging network agency/group. (For example, Council/Commission on Aging, senior center, etc.)

- b. The sponsoring agency has worked with the nutrition provider to meet the standards.
- c. The activity, including the meal, must be open to all eligible participants.
- d. The take away meal must meet all the requirements of food safety, and be foods that are low-risk for food borne illness.
- e. Local health department rules and regulations, if any, supersede this standard and must be followed.
- f. The meal site must provide written notification to the AAA nutrition program staff person prior to the event.
- g. AAA nutrition program staff person must inform their AASA field representative of the date, time, and sponsoring agency of the activity prior to the event.
- h. Covered under Transmittal Letter #2008-167.

20. Second Meal Option. Nutrition providers may elect to offer second meals at specified dining sites. A second meal is defined as a shelf-stable meal, a frozen meal, or a meal that is low- risk for food borne illness. A congregate meal participant may qualify for a second meal if:

- a. The participant eats a regularly scheduled meal at the meal site;
- b. The participant has requested a second meal following the nutrition provider's process; (i.e. phone request)

The second meal must meet the AASA nutrition standards. Donations may be accepted for second meals. The second meal is given to the participant when they leave the congregate site. It must be stored properly until the participant is ready to leave for the day. The second meal is to be counted as a congregate meal in all record keeping. The second meal option does not apply to NSIP-only sites. Refer to Transmittal Letter #2009-191.

21. Voucher Meals. Nutrition providers may develop a program using vouchers for meals to be eaten at a restaurant, café, or other food service establishment. The program must meet the following standards:

- a. The restaurant, café, or other food service establishment must be licensed, and follow the Michigan Food Code, and is inspected regularly by the local health jurisdiction.
- b. The restaurant, café, or other food service establishment agrees to provide at least one meal that meets Association on Aging and AASA nutrition standards for meals.
- c. The restaurant, café, or other food establishment must be barrier-free and Americans with Disabilities Act (ADA) compliant.
- d. The nutrition provider and restaurant, café, or other food establishment must have a written agreement that includes: 1) how food choices will be determined: 2) how food choices will be advertised/offered to voucher holder: 3) how billing will be handled (will a tip be included in the unit price, i.e. if the meal reimbursement is \$6.25, will \$.25 be used toward the tip?); 4) How reporting takes place (frequency and what is reported): 5) evaluation procedures: and 6) a statement that voucher holders may take leftovers home, and that they may purchase additional beverages and food with their own money.
- e. A copy of the written agreement shall be given to the AAA nutrition program coordinator.
- f. A written plan must be developed and kept on file that includes consideration of the following items: 1) location of the restaurant, café, or other food service establishment in regard to congregate meal site locations; 2) establishment of criteria for program participation – how restaurant, café, or other food service establishments are selected to participate and how new establishments can apply to participate; 3) how older adults qualify for and obtain their vouchers, i.e. senior centers, nutrition provider office, nutrition program representative meets with older adults and the restaurant, café, or other food service establishment to issue vouchers and collect donations; and, 4) how frequently menu choices will be reviewed and revised by the AAA Dietitian or equivalent.
- g. Nutrition providers must allow older adults to use congregate meal sites and voucher programs interchangeably. If a nutrition provider chooses to do so, the plan described in item f. above must detail how this will be done.

22. Adult Foster Care/other Residential Care. Adult Foster Care (AFC) or other residential providers that bring their

residents to congregate meal sites shall be requested to pay the suggested donation amount for meals provided to residents and staff 60 years of age or older. For those AFC residents and staff under the age of 60, the guest charge must be paid as posted at each meal site. The congregate meal provider may request the AFC program to provide staff to assist the residents they bring with meals and other activities attended.

23. Complimentary Programs/Demonstration Projects. AAAs and nutrition providers are encouraged to work together to provide programming at the congregate meal sites that include activities and meals. AAAs and nutrition providers may conduct a demonstration project to assess the feasibility of alternate delivery systems for congregate meals, such as but not limited to, providing a sack meal for persons that participate in an activity at the site that is not immediately before or after a scheduled meal time. Demonstration projects must be approved by AASA prior to implementation.
24. Participant Choice. Person-Centered Planning involves participant choice. Participants in this program are allowed to participate in both home delivered and congregate programs at the same time. Proper documentation must be kept as to the home-delivered meal schedule and the congregate schedule. An agreement between the AAA and the nutrition provider regarding participants who may be in both programs is encouraged.