

REGION IV



**Area Agency on Aging, Inc.**

**SPECIALISTS IN AGING**

# **FY2027 – 2029 ANNUAL CONTRACTS**

## **PART IIIB**

# **NUTRITION PROGRAM STANDARDS**

Effective October 1, 2026

**GENERAL REQUIREMENTS FOR NUTRITION SERVICE PROGRAMS**

**OVERVIEW**

The ACLS Bureau 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 increasing food security, lessening chronic disease risk and improving the overall health of older Michiganders.

**BUSINESS PRACTICES**

1. Requests for Proposals: 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 shall be incorporated into all requests for proposals/bids, contracts, and open solicitations for meals.
2. Inventory Management: 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.
3. Nutrition Education: Monthly nutrition education opportunities shall be made available at each meal site and congregate and HDM participants per program requirements. The emphasis should focus on providing participants with the information and tools they need to make healthy food choices that will help prevent and manage chronic disease. Educational sessions may be provided as presentations, videos, handouts, newsletters, or other person-centered approach.

Topics shall include, but not be limited to, food, nutrition, and wellness. Nutrition education materials must come from reputable sources. Questions pertaining to the appropriateness of materials and presenters are to be directed to the staff Registered Dietician (RD)/Registered Dietitian Nutritionist (RDN), an individual

who registration is eligible, or a Registered Nutrition and Dietetic Technician (NDTR). Program materials must consider the literacy level, household status, and caregiver support of the participant. Translation of materials for participants with limited English proficiency should be available.

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. Healthy eating at home
  - d. Emergency preparedness- what to have on hand
4. Assessment of Providers: Compliance with these standards will be assessed during the annual nutrition assessment of contracted nutrition providers performed by Region IV Area Agency on Aging (AAA).
  5. In-service Training: Staff 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 the service. Volunteers of each program shall be trained as appropriate for the volunteer role. Records shall be maintained which identify the dates of training, topics covered, and persons attending.
  6. Background Checks: Each contractor shall employ competent and qualified personnel sufficient to provide services pursuant to the contractual agreement. Each contractor shall be able to demonstrate an organizational structure including established lines of authority. Each contractor must conduct, prior to employment or engagement, a criminal background check that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, subcontractor, subcontractor employee, and volunteer who has in-person client contact, in-home client contact, access to a client's personal property, or access to confidential client information. All contractors are required to update criminal background checks for all employees and volunteers every three years. An individual with a record of a felony conviction may be considered for employment at the discretion of the contractor. The safety and security of program clients must be paramount in such considerations.
    - ICHAT: <http://apps.michigan.gov/ichat>
    - Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
    - National Sex Offender Registry: <http://www.nsopw.gov>

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.

7. Michigan Food Code: The nutrition program must operate according to current provisions of the Michigan Food Code.
  - a. A copy of the most recent Michigan Food Code, including updates, should be available for reference.
  - b. Minimum food safety standards are established by the respective local Health Department.
  - c. Programs are encouraged to monitor food safety alerts pertaining to older adults.
8. Food Protection Manager Certification Training: Each program that operates a food production kitchen shall have at least one manager, cook, or lead food handler complete a Food Protection 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. Refer to your local Health Department for local regulations.

9. Food Safety: Food shall be prepared, held, and served at safe temperatures in accordance with the Michigan Food Code.
  - a. Documentation requirements for food safety procedures shall be developed in conjunction with, and be acceptable to, the respective local Health Department.
  - b. The safety of food after it has been served to a participant, removed from the meal site, or left in the control of a congregate or HDM participant, is the responsibility of that participant.
10. Purchased Foodstuffs: The program must purchase foodstuff from commercial sources that comply with the Michigan Food Code.
  - a. Unacceptable items include:
    - Home canned or preserved foods
    - Foods cooked or prepared in an individual's home kitchen, including those covered under the Cottage Food Law
    - Meat or wild game that is NOT processed by a licensed facility
    - Fresh or frozen fish donated by sport fishers
    - Raw seafood or eggs
    - Any unpasteurized products including dairy, juice, and honey
11. Contributed Foodstuffs: Fresh fruits, vegetables, and wild game from a licensed processor are acceptable contributions.
  - a. A list of licensed processors can be found on the MDARD's website:  
<http://www.michigan.gov/MDARDacceptable>
  - b. Acceptable donated products must be handled and prepared in the same manner as products that are purchased from commercial sources.
12. Standardized Portions: 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 to serve less than the standard serving size. A participant may refuse one or more of the food items. At the discretion of the meal site, portions may be increased if supply and budget allow for this consideration.
13. Food Waste: Each program shall implement procedures designed to minimize food waste, including leftovers and uneaten meals.
14. Grantees: The AAA may adjust the number of nutrition grantees to meet the needs of the region.
15. Volunteers: Each meal program may use volunteers, as feasible, in program operations.
16. Nutrition Services Registration: Each program shall implement a registration process for each program participant that collects required National Aging Program Information System (NAPIS) data as defined by the ACLS Bureau for the purposes of OAA and Nutrition Services Incentive Program (NSIP) data reporting to the specified federal agency.
  - a. The initial registration process shall be completed within ten working days after an individual becomes active in the program and reviewed and updated each fiscal year thereafter.
  - b. Participant information may be collected in a variety of ways that includes but is not limited to in-person, by phone, online, paper, electronic means, via kiosk, scan systems, or by proxy. Written procedures should be in place for consistency, confidentiality, and accuracy of data collection.
  - c. Nutrition services for which individual participant information is not collected, as defined by the ACLS Bureau, will require reporting of aggregate counts of unduplicated participants by service type.
  - d. The completion of a NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement. However, programs should inform participants: that the

collected information is voluntary and confidential, of the purpose and value of collecting information, how the information will be transmitted and stored, and who will have access to the information.

17. Nutrition Service Unit Documentation: Each program shall develop a process for documenting participant nutrition service provision that includes, at a minimum, standardized service types and unit measurements, and whether reporting of service units is to be maintained at the individual participant level and/or aggregate service level, as defined by the ACLS Bureau.
  - a. Meals eligible to be included in NAPIS meal counts reported to the respective AAA are those served to eligible individuals, as described under respective COM and HDM program eligibility criteria, and which meet the specified OAA meal and NSIP eligibility requirements.
  - b. Mechanisms for tracking nutrition service provision includes but is not limited to, paper, electronic mesa, via kiosk, scan systems, and by proxy. Written procedures should be in place for consistency, confidentiality, and accuracy of data collection.
  
18. Nutrition Services Incentive Program (NSIP): The NSIP is authorized by Section 311 of the OAA. The purpose of the NSIP is to provide incentives that encourage and reward effective performance in the efficient delivery of nutritious meals, that meet OAA requirements, to older individuals.
  - a. AAAs and their nutrition program service providers are eligible to participate in NSIP. The NSIP provides an allotment of cash to the state for their nutrition programs based on the number of eligible Title III-C served by the state in the prior federal 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.
  - b. NSIP allocations may only be used to purchase domestically produced food that is used in a meal.
  - c. Meals counted for purposes of NSIP reporting are those served that meet the Title III-C requirements, including congregate, home-delivered, carry-out, restaurant voucher meals, and other innovative delivery models.
  - d. NSIP funds should not be used to pay for administration indirect costs, other nutrition services such as education, counseling, oral nutrition supplements, groceries, or food boxes as these do not constitute a meal.
  - e. Meals that do not count toward NSIP funding include:
    - Medicaid (MI-CHOICE Waiver) adult day care meals
    - Adult day care meals for which Child and Adult Care Food Program funds have been claimed
    - Meals funded by Title III-E served to caregivers under the age of 60
    - Meals served to individuals under age 60 who pay full price for the meals
    - Any meal that does not meet OAA nutritional requirements, including but not limited to special or holiday meals
  
19. Liability Insurance: Each nutrition program shall carry product liability insurance sufficient to cover its operation.
  
20. Voluntary Contributions: Each program shall be allowed to accept donations for the program per the Code of Federal Regulations (CFR) 45 CFR Part 1321.
  - a. Each program, with input from program participants, shall establish a suggested donation amount that is posted at each congregate 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.
  - b. Eligible participants and volunteers under the age of 60 who receive meals shall be afforded the opportunity to donate toward the costs of the meal received.
  - c. The method of solicitation for the donations is non-coercive.
  - d. No eligible person is denied services for not contributing.
  - e. The privacy of each person, with respect to donations, is protected.
  - f. There are written procedures in place for handling all donations which include the following at a minimum:

- Daily counting and recording of all receipts by two individuals
  - Provisions for sealing, written acknowledgment, and transporting daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged
  - Reconciliation of deposit receipts and daily collection records by someone rather than the depositor or counter
21. Program Income: Program income from participant donations must be used in accordance with the additive alternative, as described in the 45 CFR Part 1321. 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.
22. Adult Foster Care (AFC) Residential Care, and Adult Day Services (ADS) Programs and Providers: Programs may serve Title III-C funded meals if they align with OAA and ACLS Bureau program requirements. OAA funds cannot be used to pay for meals that are paid for with other funding streams or when the participant's meal cost is included in the daily rate for service charged by the AFC, Residential Care or ADS program or provider.
23. Referrals: Each program shall take steps to inform participants about local, state, and federal food assistance programs and provide information and referrals to assist the individual with obtaining benefits. When requested, programs shall assist participants in utilizing Supplemental Nutrition Assistance Program (SNAP) benefits, as participant donations to the program.
24. Supplements: Programs shall not use federal or state funds from the ACLS Bureau to purchase vitamins, herbal supplements, or other dietary supplements excluding oral nutrition supplements. The purchase of oral nutrition supplements is allowed under specified program requirements.
25. Oral Nutrition Supplements (ONS): ONS are high calorie, liquid dietary oral supplements that some participants may need to enhance their nutrient intake, including but not limited to, Ensure, Glucerna, and Boost.
- a. The program RD/RDN or NDTR must approve all ONS products to be used by the program.
  - b. There are multiple ways ONS may be served:
    - ONS may be served *within* the meal, as an optional part of the meal that replaces another meal component and meets the OAA requirements of 1/3 of the DRI.
    - ONS may be served *outside* of a meal, including ONS being served *in addition to* or *separately from* a meal.
  - c. ONS Reporting:
    - ONS may only be counted as a meal in NAPIS and as an NSIP-eligible meal if it is served within a meal that meets OAA nutrition requirements and follows the ACLS Bureau's policy regarding declining meals for no more than five consecutive days.
  - d. The following is required when serving an ONS to any participant:
    - A physician order is required annually. The RD/RDN will review the participant medical record every six months for medical necessity and verification that the ONS nutrition prescription remains appropriate.
    - A person-centered care plan is developed, monitored, and updated in coordination with the physician, the appropriate nutrition staff, and the participant.
    - Care plans are kept in the participant's file. The care plans must document, at a minimum, nutritional status; dietary considerations; food preferences and preferred substitutions; requested changes to food preferences and/or dates of change in service; and a signed participant acknowledgement of the requested changes and that the full meal service can resume at any time.
26. Participant Feedback Process: Each provider must employ a mechanism for obtaining and evaluating the views of

service recipients to inform program development and provide feedback about the quality of services received. The mechanism may include but not be limited to feedback from a project council, program assessments, client surveys, satisfaction surveys, comment cards, etc. The Participant Feedback Process is encouraged to be ongoing and must be offered at least annually.

27. **Complaints:** Complaints from participants should be referred to the nutrition provider that manages the congregate, or HDM program. 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 should be referred to the AAA.
28. **Emergency Preparedness:** Nutrition providers shall work with the respective AAA to develop a written emergency plan that addresses nutrition preparedness. The plan shall be reviewed and approved at the beginning of each multi-year cycle by the respective AAA and then submitted electronically to the ACLS Bureau for review prior to the Annual Implementation Plan approval.

The emergency plan shall address, but not be limited to:

- a. Uninterrupted delivery of meals to HDM participants, including, but not limited to the involvement of families and friends, volunteers, informal support systems, and the use of shelf-stable meals.
  - b. The provision of at least two, and preferably more, shelf-stable meals and instructions on how and when to use them for HDM participants. Every effort should be made to ensure 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. However, meals that do not meet the DRI requirements do not qualify as NSIP-eligible meals.
  - c. A back-up plan for food preparation if the 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 change in meal site/delivery.
  - f. The plan shall cover all sites and HDM participants for each nutrition provider, including subcontractors of the AAA nutrition provider.
  - g. Appropriate infection control measures, including contactless delivery, social distancing practices and use of personal protective equipment as necessary.
29. **Coordination of Meal Services:** Person-centered planning involves participant choice. Eligible participants are allowed to participate in HDM and congregate services interchangeably. Coordination of services is requirement. An agreement between programs is strongly recommended to ensure policies and procedures are in place to ensure proper documentation, including, but not limited to participant registration, reporting of meal units, separation of funding streams, HDM meal cancellation policies, and meal service schedules of participants.
  30. **Staff, Volunteer, and Participant Safety:** Nutrition program staff, volunteers, and participants are not expected to be placed in situations where they feel unsafe or threatened. Each program has a responsibility to report any such instances. Nutrition providers shall work with their AAA to create a "Safety Policy" that addresses verbal and physical threats, including but not limited to bullying, discrimination, aggressive behaviors, abuse, and neglect directed toward any individuals from program persons, participants, family members, or pets in a home or congregate setting.

This policy should include, but is not limited to:

- a. Definition of a verbal or physical threat
- b. Situations requiring the intervention of multiple staff or volunteers
- c. Who investigates the report
- d. What actions should be taken by the individual if they are threatened

- e. What warnings should be given to the offender
- f. What actions should be taken for repeated behaviors, up to and including being removed from the program
- g. How to complete a report and what information should be documented
- h. When and how to elevate the incident to local authorities

**MEAL PLANNING AND MENU DEVELOPMENT**

1. Nutrition providers must demonstrate compliance with the required United States Department of Agriculture’s (USDA) Dietary Guidelines for Americans (DGA) and Dietary Reference Intakes (DRI) by using one of the following methods:
  - a. Computer Nutrient Analysis Software – Computer Nutrient Analysis Software is the preferred menu approval method. This method provides a detailed nutrient profile and allows for increased menu planning flexibility. The nutrition analysis is not required to be listed on the menu but should be made available for reference. 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.
  - b. ACLS Bureau Guide for Meal Patterns – Meals are designed to follow pattern guidelines by focusing on inclusion of nutrient dense food groups, number of servings, portion sizes, and choosing foods and beverages that limit sugar, fat, and sodium. A nutrient analysis is not required when following the approved ACLS Bureau Guide for Meal Patterns. However, nutrition providers are encouraged to provide a nutrient analysis for any meal if requested by the ACLS Bureau, the AAA, a participant, or a participant’s family member or medical provider.
2. 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 and the ACLS Bureau Nutrition Standards.
3. Each program shall utilize a menu development process and approval process, which includes, but is not limited to, the following components:
  - a. Use of written or electronic standardized recipes
  - b. The provision for review and approval of all menus by an RD/RDN or an individual who is registration eligible, or a NDTR prior to implementation
  - c. Menus should be reviewed, at minimum, when modifications are made and when new guidance is issued by the ACLS Bureau or when the USDA Dietary Guidelines for Americans is updated
  - d. Current menus should be posted in a conspicuous place at each meal site and in each location where food is prepared
  - e. The program shall maintain records of RD/RDN menu review and approval, and corresponding menus for each fiscal year period
4. Nutrition providers must consider person-centered principles when menu planning, including but not limited to:
  - a. Offer versus Serve: The nutrition program must offer participants all menu items and provide nutrition information about the menu/meal that meets their requirements and maximizes health. However, participants may decline to accept any element of the planned meal.
  - b. Choice Menu: Menu choice is encouraged to allow for consumer choice and increase participant satisfaction. Choice Menus will comply with menu planning requirements. If more than one menu item is offered, the food item that has lower nutrient value will be counted towards the weekly nutrient average in computer analysis. If using the ACLS Bureau Guide to Meal Patterns, then both meals must meet the guidelines.
  - c. Ethnic and Religious Preferences: Nutrition providers are encouraged to provide culturally appropriate meals for an ethnically diverse population. These meals must meet the most recent

- DGA's and provide a minimum of one third of the DRI's per meal.
- d. Menu Substitutions: Any menu substitutions made to an approved menu must be comparable in nutrient content and serving size to the original menu. All menu substitutions must be documented and reviewed by a dietitian with technical assistance provided as needed or selected from a pre-approved list of food substitutes made by the dietitian.
  - e. Alternative Menu Items: Where feasible and appropriate, tailored meals or alternatives should be offered for individuals with food allergies, digestive issues, chewing issues, and other known medical conditions. The meals offered must meet the minimum nutrition requirements.
5. The most current edition of the USDA Dietary Guidelines for Americans should be incorporated into menu development which emphasizes nutrition and health across the lifespan.
- a. Follow a healthy eating pattern across the lifespan. 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. Customize and enjoy nutrient-dense food and beverage choices to reflect persona preference, cultural traditions, and budgetary considerations.
  - c. Focus on meeting food group needs with a variety of nutrient dense foods and beverages, within recommended amounts and calorie limits.
    - i. Use preparation and delivery methods that preserve the nutritional value of foods.
    - ii. Include a variety of vegetables from all the sub-groups: dark green, red and orange, legumes, beans, peas, starchy, and others.
    - iii. Include a variety of fruits, especially whole fruits.
    - iv. Consume a variety of grains, at least half ow which are fiber-rich whole grains.
    - v. Choose fat-free, or low-fat dairy, including milk, yogurt, and cheese.
    - vi. Incorporate a variety of both animal and plan protein foods into meals, including seafood, lean meats and poultry, eggs, legumes, nuts, and seeds.
    - vii. Include healthy versions of oil in dietary patterns to provide essential fatty acids. Shift incorporating unsaturated varieties of vegetable oils more often varieties that are higher in saturated fat.
  - d. Limit foods and beverages higher in added sugars, saturated fat, and sodium.
    - i. Consume less than 10% of calories per day from added sugar.
    - ii. Consume less than 10% of calories per day from saturated fats.
    - iii. Consume less than 2300 milligrams of sodium per day. Additional sodium reduction may be beneficial for individuals with high blood pressure, kidney disease, and other chronic health conditions.
6. The target nutrient requirements are based on the characteristics of the predominant older adult population and the Dietary Components of Public Health concern from the most recent DGA's.
7. Other Considerations
- a. Desserts: Serving dessert is optional. Fruit for dessert is recommended to decrease added sugar consumption. Nutrient-rich desserts that contain fruit, whole grains, and/or low fat milk products are encouraged. The use of commercial desserts should be limited to once per week.
  - b. Salad and Soup Bar Option: Congregate meal sites may include a salad bar as part, or all of their meal service. (See chart below)

Soup/Salad bar as main meal	Must meet all nutrition standard requirements
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Soup/Salad bar as a part of a meal, i.e. vegetable or carb. (pasta choices)	Must meet nutrition requirement for the specified meal component(s) included as part of the meal
Soup/Salad bar is an addition to, or add on, to a regular meal.	Does not have to meet nutrition standard requirements

c. Beverages:

- i. Milk, or a milk substitute, must be offered with every meal. Low sugar and low-fat milk choices are recommended. Considerations for lactose intolerance, shelf life, meal pattern preference, and religious and ethnic preferences should be made, choosing alternatives that most closely align with the nutrient profile of milk. See substitution chart in the ACLS Bureau Guide to Meal Patterns.
- ii. Water must be offered at congregate sites and made available to HDM participants, as requested.
- iii. Other beverages such as coffee and tea are optional and can be made available at self-serve at congregate sites.
- iv. Participants may bring beverages from home, if desired.
- v. State and federal funds can be used to purchase beverages and maintain equipment.
- vi. Milk may be skim, 1%, 2%, full-fat or chocolate. It should be available to participants but is not required.

8. Special occasion, holiday, or celebratory meals are allowed on a periodic basis. The RD/RDN, an individual who is registration eligible or a NDTR, must review and approve the meal. If these meals do not follow the 1/3 DRI rule, they are not NSIP eligible.

**MEAL PATTERNS**

- 1. Meal patterns are designed to meet nutrient needs while not exceeding calorie requirements and staying within limits of overconsumed dietary components such as added sugars, saturated fat, and sodium. The USDA has used current food composition data to develop a methodology based on a mix and proportions of nutrient dense foods that will meet the nutrient needs based on age-sex groups.
- 2. The following meal patterns, as outlined in the most current version of the USDA Dietary Guidelines for Americans are acceptable meal patterns. Meal patterns offer the opportunity to emphasize unique combinations of food groups, a variety of color, texture, and flavors, and educate participants on the benefits of seasoning meals with herbs and spices to limit fat, sodium, and calories that can negatively impact health. Meal pattern requirements for the following meal patterns will be met when following the ACLS Bureau Guide to Meal Patterns.
  - a. The USDA MyPlate Method (<http://www.choosemyplate.gov>) uses the Healthy US-Style Dietary Pattern to provide a visual guide, referred to as MyPlate, that ensures all food groups are being served in appropriate portion sizes to meet the USDA dietary requirements.
  - b. The Healthy US-Style Dietary Pattern is based on types and proportions of foods that Americans typically consume but in nutrient-dense forms and appropriate amounts.
  - c. The Healthy Mediterranean-Style Dietary Pattern is centered around cultural foods in regions that border the Mediterranean Sea and focuses on minimally processed plant-based foods. This dietary pattern is rich in fruits, vegetables, grains, potatoes, beans, legumes, nuts, seeds, olive oil, dairy products, eggs, fish, and some poultry.

- d. The Healthy Vegetarian Dietary Pattern is a good opportunity to incorporate variety into menus, feature Michigan produce, and highlight the many ethnic, cultural, or religious food traditions that center meals around plant-based foods. Plant-based meal patterns can be served as part of the menu cycle or as an optional meal choice based on participant choice.

**HOME-DELIVERED MEALS MINIMUM STANDARDS**

Unit of Service: One meal served to an eligible participant

1. Eligibility: 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. Homebound persons should be prioritized above all others. This includes individuals who are normally unable to leave the home unassisted, and for whom leaving home takes a considerable and taxing effort. These persons may leave home for medical treatment, or short, infrequent absences, such as a trip to the barber or to attend religious services.
  - c. Prioritized older persons include those who may 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 consume meals independently or with the assistance of a caregiver.
  - 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 extended eligibility based on meal availability, funding, and if it would benefit the participant to provide a meal to another person in the home that does not meet the criteria in #1. Those determined to be eligible for HDMs must complete the necessary NAPIS documentation. Extended eligibility may apply to the following persons:
  - a. A spouse of any age, living full-time in the home, if the HDM assessment finds that it is in the best interest of the HDM-eligible person.
  - b. Family members of an HDM-eligible adult who are living with a disability and permanent live with the eligible adult in a non-institutional setting.
3. Ineligibility Considerations: 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. Program Assessment: Each program shall conduct an assessment of need for each participant, making the best effort to do so within 10 working days of the participant entering the program. 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 180 days and 365 days after entering the program. In-person assessment is best practice and recommended. The initial assessment, yearly reassessments, and the 180-day reassessment may be conducted in person, virtually or via telephone. A virtual or 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 program should avoid duplicating assessment of individual participants to the greatest 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, if external assessments/reassessments encompass the required components and appropriate data sharing agreements are in place, as needed. Participants with multiple needs should be referred to case management programs, as appropriate.
  - e. Multiple attempts to arrange reassessments should be made and documented, including those with approved family members or caregivers, when appropriate. If a participant refuses a reassessment, per the guidelines listed above, the program shall provide a written notification that meals may be discontinued until the reassessment is performed. 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 (per NAPIS criteria)
      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. Coordination of Meal Services: Each HDM program shall be prepared to coordinate with Congregate Meal programs and shall maintain linkages within community resources, as available, within the Planning and Service Area (PSA).

6. Person-Centered Meal Planning: 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 that acknowledge the participant's cultural, religious, and medical needs. All meals must meet the ACLS Bureau Nutrition Standards.
7. Food Safety Verification: The program shall verify and maintain records that indicate that each participant can provide safe conditions for the storage, thawing, and reheating of frozen foods, if applicable. Each nutrition provider shall develop a system by which to verify and maintain these records. Specific food safety guidelines can be referenced in the current Michigan Food Code. At a minimum, safe food storage conditions in the home should be verified at the initial assessment, reassessment, and when emergency meals are delivered. Frozen foods should be kept frozen until such time as it is to be thawed for use.
8. Nutrition Education: Guidelines for nutrition education can be found in the *General Requirements for Nutrition Service Programs*. In addition, food safety education shall be provided to home-delivered meal participants biannually, at assessment and reassessment, that addressed participant instructions for safe storage and reheating of meals. Food safety education shall address hot, cold, frozen, and shelf-stable meals, as appropriate. Education may be provided in-person, virtually, or through written materials.
9. Emergency Meals: All nutrition providers shall provide HDM program participants shelf-stable meals to be used in an emergency.
  - a. Each HDM participant shall have a minimum of two shelf stable meals.
  - b. Providers shall replenish meals at regular intervals or directly following an emergency resulting in meal delivery cancellations.
  - c. Instructional materials must be distributed along with the shelf-stable meals to inform participants when to consume meals, along with a list of recommended emergency food and equipment (i.e., manual can opener) that should be kept in the home.
  - d. This process should be documented in the annual Emergency Management Nutrition Plan. For more information on developing an Emergency Management Plan, please review the *General Requirements for Nutrition Service Programs*.
10. Waiting List: The following shall be considered when an agency has a waiting list:
  - a. Each program must develop a prioritization system which should include a screening tool and monitoring plan.
  - b. The screening tool may include ADLs, IADLs, malnutrition, food security, chronic health conditions, transportation access, and existing supports and services.
  - c. All participants placed on a waitlist must be screened to assess waitlist prioritization.
11. Meal Requirements: Each HDM provider shall have the capacity to plan menus and provide meals which meet the ACLS Bureau nutrition requirements as outlined in the *General Requirements for Nutrition Service Programs*.
  - a. Meals shall be available at least five days per week.
12. Home Visit Safety: Refer to the *General Requirements for Nutrition Service Programs* for safety policies related to participants, staff, and volunteers.

**CONGREGATE MEALS MINIMUM STANDARDS**

Unit of Service: Each meal served to an eligible participant

1. Eligibility: 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. An individual age 60 or older.
  - b. A spouse of any age.
  - 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. A volunteer under the age of 60 who directly supports the meal site and/or food service operations may be provided a meal if all eligible participants can be served, and meals are available.
    - i. 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 NAPIS meal counts.
  - e. Individuals with disabilities who are under the age of 60 and reside in housing facilities occupied primarily by older individuals where congregate nutrition services are provided may participate in the meal.
  - f. To be eligible for a donation-based meal, persons described in items b-d must accompany the eligible adult to the meal site and eat the meal at the meal site.
  
2. Ineligibility Considerations: At the provider's discretion, persons not otherwise eligible under #1 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.
  - a. Ineligible persons include adults, 18-59 years of age, and children under the age of 18. Children must accompany a meal participant who is age 60 and older.
  - b. The provider must document and maintain a record that the full cost of the ineligible meal has been paid.
  - c. At the provider's discretion, reservations may be required.
  
3. Coordination of Meal Services: Each Congregate program shall be prepared to coordinate with HDM meal programs and shall maintain linkages with community resources, as available within the Planning and Service Area.
  
4. Meal Site Compliance: Each congregate meal site shall be able to document:
  - a. It is operating within an accessible facility.
    - i. Accessibility is defined as a participant living with a disability being able to enter the facility, use the restroom, and receive that is at least equal in quality to that received by a participant not living with a disability.
    - ii. Documentation from a local building official or licensed architect is preferred.
    - iii. When a local official is unavailable after a formal written request, a program may conduct accessibility assessments of its meal sites using written guidelines that follow the *ADA Standards for Accessible Design*. Specific requirements are based on when the facility was constructed.
    - iv. Considerations must include accessible route, doors, entrances, parking, signage, assembly areas, dining spaces, and bathroom facilities.
    - v. These requirements can be found at <https://www.ada.gov/law-and-regs/design-standards>.
    - vi. The master checklist template outlining building accessibility requirements shall be reviewed and updated by the respective AAA and approved by the ACLS Bureau no less than every three years.
    - vii. The Disability Network of Michigan is a valuable resource for addressing accessibility and inclusion within organizational settings, offering training, technical assistance, and Accessibility ADA Site Reviews.
  - b. Compliance with local fire safety standards
    - i. Each meal site must be inspected by a local fire official every three years, at a minimum. Inspection reports shall be uploaded into the Congregate Meal Site Database each time a new one is received.
    - ii. When local fire official is unavailable after a formal written request, a program may conduct fire safety assessments of its meal sites using written guidelines developed from National Fire Protection Association (NFPA) *Life Safety Code, 2012 edition*, or newer.
    - iii. The master checklist template shall be reviewed and updated by the respective AAA and approved by

- the ACLS Bureau no less than every three years.
- iv. These requirements can be found at <https://www.nfpa.org>.
  - c. Compliance with Michigan Food Code and local public health codes regulating food service establishments.
    - i. Each meal site and kitchen operated by a congregate meal provider shall be licensed, as appropriate, by the local health department.
    - ii. 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.
    - iii. The local health department rulings supersede any state rules/mandates concerning licensing of food service establishments, including congregate meal sites and off-site meals.
    - iv. 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. Minimum Service Requirements: Special attention should be paid to the number of days open, meals per day, and number of participants.
- a. Each program, through a combination of meal sites, must provide meals at least five days per week.
  - b. Each meal site must offer at least one meal per day.
  - c. The AAA, in coordination with the nutrition provider, may determine the minimum number of participants served.
  - d. The integrity of OAA nutrition programming should be maintained and ensure the following:
    - i. Coordination with other meal sites
    - ii. Individuals in greatest social and economic need, and minority and ethnically diverse populations are being served
    - iii. Ensuring the quality of meal service is maintained
    - iv. The cost efficiency of meal programming is considered
    - v. Innovative practices are engaged to ensure congregate meal sites are attracting and retaining participants
6. Waivers: Waivers to the requirements listed in #5 may be granted by the ACLS Bureau when a written request is submitted that includes the following rationale:
- a. The barriers to meeting the minimum requirements
  - b. The justification of the waiver request, including, but not limited to, high poverty regions, underserved populations, and rural or isolated regions
  - c. A plan for the coordination of meal sites or meal service types to effectively serve a defined area to the maximum extent possible to ensure food security
7. Meal Site Requests: The ACLS Bureau must approve all meal site openings, relocations,, and closure requests through the Congregate Meal Site Database, located at: <https://www.osapartner.net/congmeal>. AAAs should contact the Nutrition Specialist for database access. Requests must be submitted and approved prior to any site change status.
8. Priority Regions: Congregate meal sites currently in operation by the program may continue to operate unless the respective AAA determines relocation is necessary to serve social or economically disadvantaged older persons more effectively. Locations of new and/or relocated meal sites should consider prioritizing areas with the following:
- a. High concentration of older adults
  - b. High concentration of older adults in poverty
  - c. High concentration of underserved populations
9. Opening/Relocation Procedures: When a meal site is to be opened/relocated, the following procedures shall be followed:
- a. The program shall notify the respective AAA in writing of the desire to open/relocate a meal site.
  - b. The program shall present a rationale for opening/relocating the meal site.
  - c. The respective AAA shall review and submit the opening/relocation request into the Congregate Meal Site Database. The online application should be fully completed before submitting a written request to the ACLS Bureau. Documents required to be uploaded into the database include:

- i. Fire Safety Inspection within the last three years
    - ii. Accessibility documentation
    - iii. Local Health Department License
    - iv. Local Health Department Inspection report
    - v. Food Safety Certifications of employees, as appropriate
    - vi. Approved waivers
    - vii. Date of occupancy
    - viii. Proposed date of service
  - d. Meal sites must be approved by the ACLS Bureau prior to the provision of any meals at that site.
  - e. The ACLS Bureau will review documents and the request to open/relocate the site. If approved, the ACLS Bureau will notify the requestor, the respective AAA, and the field representative.
10. Permanent Closure Procedure: 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, e.g. lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources (funding, personnel, etc.), 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 site and/or assist participants with attending another exiting meal site.
  - d. The program shall notify participants 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 Congregate Meal Site Database. Written notification shall include the following and be uploaded into the database:
    - i. Location name and address
    - ii. Rationale for closing the site
    - iii. How participants will be notified
    - iv. Closest meal site to the closed site, and transportation options to get participants to the different site
    - v. Proposed date of closure
  - f. The ACLS Bureau will review the documents and request to close the site. If approved, the ACLS Bureau will notify the requestor, the respective AAA, and the field representative.
11. Temporary Meal Site Closures: If a meal site must be closed or moved temporarily, the following procedures shall be followed:
- a. The nutrition provider must notify the respective AAA, and the ACLS Bureau, by using the on-line Temporary Meal Site Closure form.
  - b. This form must be completed and submitted prior to the closing, or as soon as possible after the closing, depending on the circumstance.
  - c. A link to the form is located on the business partner site: <https://www.osapartner.net>.
  - d. Instances in which meal sites must be temporarily closed or relocated may include weather related closures, power outages, etc.
12. Emergency Preparedness: Each program shall document that appropriate preparation has taken place at each meal site for procedures to be following in case of an emergency, including:
- a. Copies of emergency plans must be made available for reference. This includes the AAA's Emergency Management Plan that addresses nutrition preparedness, as outlined in the *General Requirements for Nutrition Service Programs*.
  - b. The training of staff and volunteers on policies and procedures to be following in the event of a severe weather storm, natural disaster, medical emergency, or any other crisis.
  - c. An annual fire drill.
13. Facility Agreements: Each program shall have written agreements with the owners of all leased facilities used as

meal sites. Written agreements are strongly recommended for donated facilities. If agreements are not in place, the AAA must provide documentation outlining who is responsible for the terms below. The agreements shall address, at a minimum:

- a. Agreement on utility costs
  - b. Responsibility for care and maintenance of facility, specifically including restrooms, equipment, kitchen, storage areas, and areas of common use
  - c. Responsibility for snow removal
  - d. Responsibility for safety inspections, including fire and handicap accessibility
  - e. Responsibility for appropriate licensing by the local health department
  - f. Responsibility for insurance coverage
  - g. Responsibility for approval of outside programs, activities, ad speakers
  - h. Other issues as desired or required
14. NSIP-only Meal Sites: Upon approval of the respective AAA, a program may enter into an agreement with an organization operating a congregate meal site that is not receiving federal or state funding so that the organization shall receive Nutrition Services Incentive Program (NSIP) funding for meals served to persons age 60 and over.
- a. Any meal site receiving NSIP-only funding must operate in compliance with all federal requirements and ACLS Bureau Nutrition 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.
  - b. The program shall have a written agreement with each organization operating NSIP-only meal sites. It shall include a statement indicating that the provider allows anyone eligible for a congregate meal to participate in the NSIP-only meal program.
15. Congregate Posters: Each program shall display, at a prominent location in each meal site, the ACLS Bureau Community Nutrition Services poster. The program may create their own poster provided that all the required information is included and clearly presented. The poster shall contain the following information for each program:
- a. The name and contact information of the nutrition project director
  - b. The AAA's name and contact information
  - c. The suggested donation for eligible participants
  - d. The guest fee to be charged for non-eligible participants
  - e. A non-discrimination statement identical to the language on the ACLS Bureau poster which is Health and Human Service language.
  - f. No additional information should be included on the poster
16. Adaptive Eating Equipment: Each program shall make available, upon request, specialized adaptive eating tableware (assistive plates, bowls, cups, and utensils) for participants.
17. Potlucks: Congregate meal programs receiving funds through the ACLS Bureau may not contribute towards, provide staff time, or otherwise support potluck activities, or allow program food stuff to be combined with foods brought in by participants.
18. Prayer: Older adults may pray before a meal that is at a site that is funded through ACL 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.
19. Leftovers: Leftovers are considered any residual food from a complete meal not eaten by the participants. Leftovers may be taken out of the meal site if the following conditions are met, and the local health department has no restrictions against it.
- a. A sign shall be posted informing the meal participants that all food removed from the site becomes the responsibility of the individual.
  - b. All new congregate participants shall be informed that they are responsible for food taken out fo the meal site and shall receive written participant instructions for safe storage and reheating of leftovers annually.

- c. Nutrition providers are not required to provide containers with federal or state funds.
20. Off-site Meals: Meals consumed off-site are considered congregate dining if:
- a. Participants engage in a social activity organized by the meal site, nutrition provider, AAA, or an aging network agency. Social activities may be conducted in person or virtually and must be open to all eligible participants.
    - i. In-person social activities may include, but are not limited to parks, festivals, events, picnics, and tailgates, and may occur indoors or outdoors.
    - ii. Virtual social activities may include one-to-one interaction with a program volunteers or group interaction via a virtual web application such as Google Meet, Zoom, or FaceTime.
  - b. Participant attendance for any virtual interaction should be documented by the nutrition provider.
  - c. Only one meal is offered per person at an off-site social activity, and the meal is consumed at the event.
  - d. Meals meet ACLS Bureau nutrition standards. At a minimum, the preparation and service of off-site meals must follow the food safety requirements as outlined in the Michigan Food Code. In addition, local health department rules and regulations may offer more stringent guidance and must be followed.
  - e. A process for approval and reporting should be determined by the AAA and the nutrition provider including, but not limited to:
    - i. The frequency of reporting information
    - ii. The sponsoring agency
    - iii. The date and type of event
    - iv. The number of participants in attendance
  - f. This information shall be made available to the ACLS Bureau, as requested.
21. Complimentary Programming and Demonstration Projects: AAAs and nutrition providers are encouraged to work together to provide innovative and person-centered activities and programs at congregate meal sites during mealtimes. Suggestions for special events include, but are not limited to:
- a. Entertainment, informational presentations, educational opportunities, and guest speakers
  - b. Mobile congregate sites or food trucks
  - c. Cooking demonstrations could include smoothies, vegetarian cuisine, non-traditional food choices and other trending food concepts
  - d. Refer to process in 20 (3) and (f) for reporting meals with complementary programming or demonstration projects
22. Voucher Meals: Nutrition providers may develop a program using vouchers for meals to be eaten at a restaurant, café, or other food service establishment. This program must meet the following standards:
- a. Nutrition providers must allow older adults to use congregate meal sites and voucher programs interchangeably.
  - b. The restaurant, café, or other food service establishment must be licensed, follow the Michigan Food Code, and be inspected regularly by the local health department.
  - c. The restaurant, café, or other food service establishment agrees to provide at least one meal that meets the ACLS Bureau nutrition standards for meals.
  - d. The restaurant, café, or other food service establishment must be barrier-free and Americans with Disabilities Act (ADA) compliant and meet local fire safety code requirements for restaurant establishments.
  - e. 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 holders
    - iii. How billing will be handled, including whether a tip will be included in the unit price
    - iv. How reporting will take place, including the frequency and what is reported
    - v. Evaluation procedures
    - vi. A statement that meals must be consumed at the food establishment, leftovers may be taken home, and that participants may purchase additional food and beverages with their own money
  - f. A copy of all current documents shall be provided to the AAA nutrition program coordinated for upload into the Congregate Meal Site Database, including recent health department inspection, food service license,

fire safety inspection, ADA inspection, and the food safety certification of at least one employee.

- g. 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, including how restaurants, cafés, or other food service establishments are selected to participate and how new establishments can apply to participate
    - iii. How older adults qualify for and where to obtain their vouchers, i.e. at senior centers, nutrition provider's office, or meeting with a nutrition program representative at the restaurant, café, or other food service establishment to obtain vouchers and give donations
    - iv. How frequently menu choices will be reviewed and revised by the AAA Registered Dietitian (RD)/Registration Dietitian Nutrition (RDN), an individual who is registration eligible, or a Registered Nutrition and Dietetic Technician (NDTR)
    - v. The procedure for participants to dine at congregate meal sites and restaurant meal voucher programs interchangeably
23. Adult Foster Care (AFC) and Residential Care Participants: Congregate meal providers may request that an AFC home/Residential Care program provide staff to assist the residents they bring with meals and other activities in which they wish to participate. If residents and staff of AFC or other residential providers regularly attend a congregate meal site, the nutrition provider may request the facility enter into an agreement regarding donations and payments for meals.
24. Adult Day Services (ADS): An ADS program may serve congregate meals to participants if a senior nutrition provider is available and has service capacity. Funding for ADS meals shall be determined by the AAA.