4.1 Nutrition Services

4.1.1 Purposes

A. The purposes of Nutrition Services administered by the Kansas Department for Aging and Disability Services are as follows:
   1. To reduce hunger ~~and~~, food insecurity and malnutrition;
   2. To promote socialization of older individuals; and
   3. To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. (OAA, Section 330)

4.1.2 Target Population

A. Nutrition services are targeted to people 60 years of age or older in greatest social and economic need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. An additional target criterion of the home delivered nutrition services program is that program resources are targeted to those most in need of meals and at greatest nutritional risk. (OAA, Section 305 A1E)

4.1.3 Program Definitions

A. **Caretaker -** An individual 60 years of age or older who is a non-spousal family member or other individual, and is providing a service(s) free of charge to an eligible participant of home delivered nutrition services.

B. **Congregate Meal -** A meal provided to an eligible participant in a congregate setting.

C. **Congregate Setting -** A congregate nutrition center, non-traditional setting, or satellite meal site that complies with the Americans with Disabilities Act (ADA) and where two (2) or more people gather.

   1. **Congregate Nutrition Center -** This is a meal site, or facility licensed by the Kansas Department of Agriculture (KDA), in which a congregate nutrition service provider supplies a service.

   2. **Non-Traditional Setting -** This is a congregate setting such as a church or apartment building where pre-packaged meals are delivered and served. No licensure by KDA is required.

   3. **Satellite Meal Site -** A location licensed by KDA for the service of congregate or home delivered nutrition services. The food is prepared in a central kitchen and delivered in bulk to this location.

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D. **Cost of the Meal -** The total projected cost of the congregate or home delivered meal program, less applicable costs for nutrition education and nutrition counseling, divided by the total projected number of meals to be served.

E. **Customer -** See General Program Definitions, Section 1.1.

F. **Department -** The Kansas Department for Aging and Disability Services (KDADS), created by KSA 75-5903 *et seq.* and any amendments thereto.

G. **Dietary Reference Intakes (DRI) -** A set of nutrient-based reference values established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences that include: Estimated Average Requirements (EARs), Recommended Dietary Allowances (RDAs), Adequate Intakes (AIs), and Tolerable Upper Intake Levels (ULs). They are based on scientifically grounded relationships between nutrient intakes and indicators of adequacy, as well as the prevention of chronic diseases, in apparently healthy populations.

H. **Dietary Supplement -** A product (other than tobacco) intended to supplement the diet that bears or contains one or more of the following ingredients: a vitamin; a mineral; an herb or other botanical; an amino acid; a dietary substance for use by man to supplement the diet by increasing the total dietary intake; or a concentrate, metabolite, constituent, extract, or combination of any of these ingredients. (FD&C 321.ff.1)

I. **Dietitian -** A professional who is registered with the Academy of Nutrition and Dietetics and/or licensed in the State of Kansas as a Dietitian.

J. **Eligible Participants -** Individuals who meet the eligibility criteria for the program.

K. **Food Code** – Food safety regulations that govern licensed food service establishments, retail food stores, and food vending companies. A copy of the current KDA Food Code (KAR 4-28-8 as amended) can be obtained from the KDA website.

L. **Food for Special Dietary Uses -** Means particular (as distinguished from general) uses of food, as follows:

1. Uses for supplying particular dietary needs which exist by reason of a physical, physiological, pathological or other condition, including but not limited to the conditions of diseases, convalescence, pregnancy, lactation, allergic hypersensitivity to food, underweight, and overweight; and

2. Uses for supplying particular dietary needs which exist by reason of age, including but not limited to the ages of infancy and childhood; and

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3. Uses for supplementing or fortifying the ordinary or usual diet with any vitamin, mineral, or other dietary property. Any such particular use of a food is a special dietary use, regardless of whether such food also purports to be or is represented for general use.

4. The use of an artificial sweetener in a food, except when specifically and solely used for achieving a physical characteristic in the food which cannot be achieved with sugar or other nutritive sweetener, shall be considered a use for regulation of the intake of calories and available carbohydrate, or for use in the diets of diabetics and is therefore a special dietary use (21CFR105.3)

~~4.~~M. **Grab and Go Meal –** A meal provided to an eligible customer or other eligible participant in their place of residence via pick-up, carry-out or drive-through.

~~M.~~N. **High Nutritional Risk -** An individual who scores six (6) or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative, which is reflected on the Department's UAI and AUAI as the Nutrition Risk Screen.

~~N.~~O. **Home Delivered Meal -** A meal provided to an eligible participant who resides in a non- institutional setting.

~~O.~~P. **Homebound -** The status of an individual that:

1. Is physically homebound and/or socially homebound; and

2. Is unable to prepare meals for himself or herself because of:

   a. Limited physical mobility; or

   b. A cognitive impairment; or

   c. Lacks the knowledge or skills to select and prepare nourishing and well-balanced meals; and

3. Lacks an informal support system such as family, friends, neighbors, or others who are willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.

~~P.~~Q. **Isolated -** Geographic isolation due primarily to an individual residing in a rural location that does not afford access to a congregate setting because:

1. A congregate setting is not located in the community; and

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2. No transportation is available to a neighboring community with a congregate setting; or

3. The older individual is not able, or chooses not, to drive to a neighboring community with a congregate setting.

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a. The intent of this definition of isolated is to allow Area Agencies on Aging (AAAs) to serve those few older individuals who live in a rural setting and are not able to access congregate meals in a neighboring community. The definition is not intended to permit services in a community where a large number of older individuals choose, for whatever reason, not to participate in a nearby congregate setting.

b. NOTE: AAAs are encouraged to place greater emphasis on services to those older individuals who are homebound due to functional impairment (two or more Activities of Daily Living or Instrumental Activities of Daily Living) than on those who only meet the "isolation" eligibility criterion.

~~Q.~~R. **Mechanically Altered Diet** - A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids. A mechanically altered diet should not automatically be considered a therapeutic diet.

~~R.~~S. **Medical Food** - Food which is formulated to be consumed or administered enterally under supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.

~~S.~~T. **Medical Nutrition Therapy (MNT)** - Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional. MNT is a specific application of the Nutrition Care Process and Model in clinical settings that is focused on the management of disease. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.

~~T.~~U. **Non-Eligible Participants** - Individuals who do not meet the eligibility criteria for the program.

~~U.~~V. **Nutrition Counseling** - Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian to address the options and methods for improving nutrition status.

~~V.~~W. **Nutrition Service Provider** - An agency or entity that is awarded Older Americans Act (OAA) Title III C to provide at least one hot or other appropriate meal per day, five or more days a week, and any additional meals that the recipient of an OAA grant or contract may elect to provide.

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~~W.~~X. **Person in Charge -** The individual in charge of the licensed food establishment and present during all hours of operation. This person must demonstrate knowledge of food-borne disease prevention, application of the Hazard Analysis Critical Control Point (HACCP) principles, and the requirements of the Food Code. This knowledge must be demonstrated by compliance with the Food Code, or by having passed an approved food protection program (such as Serv-Safe), or by responding correctly to the KDA inspector's questions.

~~X.~~Y. **Physically Homebound -** An individual who cannot leave his or her house under normal circumstances (i.e., without assistance) due to illness and/or incapacitating disability and is unable to participate in the congregate nutrition program.

~~Y.~~Z. **Potentially Hazardous Food -** A food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation.

~~Z.~~AA. **Pre-Packaged -** A program meal that is pre-portioned on plates, trays, or other single service containers at a KDA licensed facility for delivery to a non-traditional setting for immediate consumption.

AA. **Socially Homebound -** An individual who chooses not to receive meals at a congregate setting and, in the assessor's professional judgment, the individual is psychologically, emotionally, or socially impaired.

1. This category is for those few, isolated cases where the individual, due to one of the impairments listed above, is uncomfortable in the congregate setting and chooses not to receive nutrition services unless they are home delivered.

~~BB. **Take-out Meal** - A congregate meal the eligible participant removes from the congregate setting prior to consumption.~~

BB~~CC~~. **Therapeutic Diet -** A diet ordered by a physician to manage problematic health conditions of a specific individual. Therapeutic refers to the nutritional content of the food. Examples include calorie-specific, low-salt, low-fat, lactose free, and no added sugar.

CC~~DD~~. **Voucher -** A payment method for services provided under an agreement with appropriate eating establishments in the community, i.e., cafes and hospitals, grocery stores with in-store dining.

4.1.4 Nutrition Services Incentive Program (NSIP)

A. A meal is eligible for NSIP support if it:

1. Is served to an eligible participant;

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4.1.4.A (cont.)

2. Meets the nutrition requirements prescribed by KDADS; and

3. Meets all remaining standards established for meals served under OAA Title III C.

B. Within 90 days of the last day of the report month, nutrition service providers that receive NSIP support must report adjustments that increase the number of meals served. However, adjustments that reflect decreases in NSIP support will be accepted beyond the 90-day period.

4.1.5 Nutrition Service Provider Requirements

A. AAAs must establish written procedures and assign staff to annually assess central nutrition project operations and individual congregate settings to determine whether nutrition service providers are meeting policies applicable to their programs. A copy of the assessment report including findings, recommendations, and corrective actions is to be sent to the provider within 60 calendar days after the assessment visit. KDADS has the right to access each provider and center, and the AAA assessment of the nutrition services provider, when it deems necessary.

B. Nutrition service providers must complete the appropriate form (see Sections 2.5 and 2.6) to determine eligibility, ensuring that individuals requesting services are eligible. KDADS will not reimburse for meals served to non-eligible participants.

C. Nutrition service providers must operate efficiently and effectively. “Efficiently” refers to the relative total cost of providing a unit of service. “Effectively” refers to the capacity to provide a defined service as intended by the OAA, which includes service quality, quantity, and timeliness that meet the intent of the OAA.

D. Nutrition service providers must utilize appropriate paid and/or volunteer staff to assure satisfactory fiscal and administrative management and food service systems are in place for the program.

E. Nutrition service providers must provide for the training of all staff engaged in the administration of the program, whether the staff person is paid or not. Training must be related to the specific job responsibilities of each staff member.

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F. Nutrition service providers must maintain insurance coverage with a company authorized to do business in Kansas and maintain at least $200,000 per occurrence and $600,000 annual aggregate liability insurance to indemnify and recompense participants and their families for physical, emotional, monetary, and property damages caused by the provider's, their trustee's, employees' or agents' negligent or reckless acts or omissions. Upon written request, the provider shall provide the AAA with written verification of the existence of the required insurance coverage, including copies of the policy's declaration sheets. The AAA shall include in any agreement with a provider the requirement that the provider obtain and maintain insurance coverage, as specified herein.

G. Nutrition service providers must establish general accounting procedures and follow Generally Accepted Accounting Principles. Accounting records must be supported by source documents.

H. Nutrition service providers must maintain control and accountability for all contract funds, real and personal property, and other assets. Nutrition service providers must adequately safeguard all such property and assure that only authorized persons use the property for approved program specific purposes.

I. Nutrition service providers must comply with the auditing requirements in KAR 26-2-9, as amended. The provider must participate in timely and appropriate resolution of audit findings and recommendations.

J. Nutrition service providers must solicit the expertise of a licensed or registered dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services (OAA 339.1) to:

1. Oversee the following functions:

   a. Serve as a resource in nutrition program planning and implementation;

   b. Plan, coordinate, and/or provide nutrition education at congregate settings and for home delivered eligible participants; and

   c. Monitor and provide technical assistance and training as needed in the areas of food purchasing, preparation, and service.

2. Perform the following functions:

   a. Certify that all menus used by the nutrition provider meet policy set by KDADS, and assist in planning menus as needed;

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4.1.5.J.2 (cont.)

b. Provide nutrition counseling to participants relative to their special dietary needs, as necessary and if funding is available; and

c. Plan and assure proper preparation and service of modified and therapeutic diets when provided.

K. The dietitian whose services are utilized by the provider to fulfill the requirements listed in paragraphs J and K above must fully disclose any relationship with the food service contractor utilized by the provider to prevent conflict of interest.

L. Nutrition service providers must develop written procedures that assure the availability of meals during an emergency.

M. Certified menus of meals served must be retained for a minimum of three (3) years after the date on which the grant period ends.

4.1.6 Food Management

A. There must be a Person in Charge at every licensed food establishment pursuant to KDA regulations.

B. Food-Borne Illness Prevention and Identification

1. Nutrition service providers must immediately report, in writing, all suspected occurrences of food-borne illness to the appropriate AAA and KDADS.

2. Nutrition service providers must have written procedures for handling suspected cases of food-borne illness.

3. The Person in Charge must be present during food preparation and service of meals that are not pre-packaged.

4. The Person in Charge must know when to restrict or exclude food handlers and when to report illnesses to the food regulatory authority. Food handlers must be free of any communicable disease and comply with the current Food Code published by KDA, including food preparation and service policies and procedures, and health, cleanliness, and hygienic practices.

C. Purchase or Procurement

1. Nutrition service providers must use table settings that are appropriate for older individuals. The nutrition service providers must make appropriate food containers and utensils for individuals with disabilities available, upon request.

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4.1.6.C (cont.)

2. All foods contributed to the nutrition service provider must meet the standards of quality, sanitation, and safety that apply to foods that are purchased commercially by the provider. Foods processed, prepared, or canned in the home may not be used in Title III C meals.

3. Nutrition service providers must maintain food inventory records and cost records.

D. Preparation and Service

1. Current menus must be posted at each congregate site, and upon request, must be provided to home delivered meal participant.

2. Standardized recipes must be used in food preparation to assure consistent quality and quantity.

3. The meal service period must be adequate for all participants. Flexible service time may be offered as long as food safety procedures are established.

4. Temperature or "time only" must be used as food safety control during holding, delivery, and service of potentially hazardous food and must comply with the current Food Code.

E. Nutrition service providers that have central kitchens with satellite meal sites, non-traditional settings, home delivered, or catered meals must deliver the meals in a safe and sanitary manner. Food transporting equipment must be cleaned and sanitized daily.

F. Cost Control

1. Nutrition service providers must establish procedures that forecast or estimate attendance. Every effort must be used to keep waste at a minimum.

2. Excess food must not be ordered or prepared for the purpose of having leftovers. Food preparation kitchens with proper storage facilities may freeze food that has not been heated more than once, for future use or use in individual frozen meals.

3. If second helpings are available, they may be offered to participants for immediate consumption.

4. Nutrition service providers, at their discretion and per written food safety policy in accordance with state and local food code, may allow participants to take out food and milk remaining from their own served meal as leftovers.

5. When food has been removed from the premises, its safety is the sole responsibility of the participant.

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4.1.6.F (cont.)

6. Extra or unserved food not served must not be given or sold to an employee or volunteer.

4.1.7 Menu Certification Criteria

A. The menu must consider the special needs of older adults.

B. The meals must comply with federal nutrition policy in the most recent Dietary Guidelines for Americans published by the Secretary of Health and Human Services and the Secretary of Agriculture.

1. A minimum of 33 1/3% of the DRIs when one (1) meal a day is provided and

2. A minimum of 66 2/3% of the DRIs when two (2) meals a day are provided.

C. The menus must be appealing and demonstrate good menu planning techniques. Offering choices of foods on a daily basis is strongly encouraged.

D. The menu must incorporate input solicited from older adults, including their food preferences and needs.

E. Menus must be made available for review two (2) weeks prior to meal preparation.

F. A Registered or Licensed Dietitian must certify, in writing, that the menu conforms to menu certification criteria in Sections 4.1.8 and 4.1.9.

1. The recommended approach to meal planning is food based.

2. A food based planning approach that exemplifies the most recent Dietary Guidelines for Americans using the recommended servings for the food groups as well as fats and oils, and sweets and added sugars may be used (see Section 4.1.8 for details).

3. A nutrient-based planning approach using computer analysis leading to meals that are consistent with the most recent Dietary Guidelines for Americans may be used (see Section 4.1.9 for details).

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4.1.7 (cont.)

G. Nutrient intake recommendations for meals provided to each participant are shown on Table 1, Dietary Reference Intakes (DRIs) for Older Adults. Meals planned using the food based approach are considered to meet nutrient intake recommendations when the serving sizes and guidelines regarding food components are followed. When using a food-based planning approach, computerized nutrient analysis may be helpful, but is not essential, as long as nutrition projects use an accepted method to control the calorie, saturated fat, added sugars, and sodium content of the meals. Meals planned using a nutrient-based planning approach are considered to meet nutrient intake recommendations when menus are appropriate in calorie content and meet the recommended dietary allowance (RDA) or adequate intake (AI) values. All nutrients are important.

H. Menus will show a reduction in sodium over time as low sodium products are commercially available. The sodium amount in Table 3 is the starting point. Providers should strive to be below this recommendation. The goal is 33 1/3 percent of the Dietary Guidelines for Americans 2010 recommendation, or 500 mg per meal.

I. OAA funding does not cover the cost of dietary supplements, including vitamin or mineral supplements. Fortified foods must be used to meet nutrient intake recommendations for Vitamins B12 and D.

J. Table 1. Dietary Reference Intakes (DRIs): Recommended Dietary Allowances and Adequate Intakes, Vitamins, Minerals and Macronutrients – Food and Nutrition Board, Institute of Medicine, National Academies

	Vitamin A (μ/d)[a]	Vitamin C (mg/d)	Vitamin D (μ/d)[b,c]	Vitamin E (mg/d)[d]	Vitamin K (μ/d)	Thiamin (mg/d)	Riboflavin (mg/d)	Niacin (mg/d) [e]	Vitamin B_6 (mg/d)
Males 51-70 y	**900**	**90**	**15**	**15**	120*	**1.2**	**1.3**	**16**	**1.7**
>70 y	**900**	**90**	**20**	**15**	120*	**1.2**	**1.3**	**16**	**1.7**

	Folate (μ/d)[f]	Vitamin B_{12} (μ/d)[g]	Calcium (mg/d)	Iron (mg/d)	Magnesium (mg/d)	Sodium (g/d)	Carbohydrate (g/d)	Fiber (g/d)	Protein[h] (g/d)
Males 51-70 y	**400**	**2.4**	**1000**	**8**	**420**	**1.3***	**130**	30	**56**
>70 y	**400**	**2.4**	**1200**	**8**	**420**	**1.2***	**130**	30	**56**

Note: This table (taken from the DRI reports, see www.nap.edu) presents Recommended Dietary Allowances (RDAs) in bold type and Adequate Intakes (AIs) in ordinary type followed by an asterisk (*).
An RDA is the average daily dietary intake level; sufficient to meet the nutrient requirements of nearly all (97-98 percent) healthy individuals in a group. It is calculated from an Estimated Average Requirement.
If sufficient scientific evidence is not available to establish an EAR, and thus calculate an RDA, an AI is usually developed.

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The AI is believed to cover the needs of all healthy individuals in the groups, but lack of data or uncertainty in the data prevent being able to specify with confidence the percentage of individuals covered by this intake.
[a] As retinol activity equivalents (RAEs). 1 RAE = 1 µg retinol, 12 µg β-carotene, 24 µg α-carotene, or 24 µg β-cryptoxanthin. The RAE for dietary provitamin A carotenoids is two-fold greater than retinol equivalents (RE), whereas the RAE for preformed vitamin A is the same as RE.
[b] As cholecalciferol. 1 µg cholecalciferol = 40 IU vitamin D.
[c] Under the assumption of minimal sunlight.
[d] As α-tocopherol. α -tocopherol includes RRR-α-tocopherol, the only form of α-tocopherol that occurs naturally in foods, and the 2R-stereoisomeric forms of α-tocopherol (RRR-, RSR-, RRS, and RSS-α-tocopherol) that occur in fortified foods and supplements. It does not include the 25-stereoisomeric forms of α-tocopherol (SRR-, SSR-, SRS-, and SSS- α-tocopherol), also found in fortified foods and supplements.
[e] As niacin equivalents (NE). 1 mg of niacin = 60 mg of tryptophan.
[f] As dietary folate equivalents (DFE). 1 DFE = 1 µg food folate = 0.6 µg of folic acid from fortified food or as a supplement consumed with food = 0.5 µg of a supplement taken on an empty stomach.
[g] Because 10 to 30 percent of older people may malabsorb food-bound B12, it is advisable for those older than 50 years to meet their RDA mainly by consuming foods fortified with B12 or a supplement containing B12.
[h] Based on g protein per kg of body weight for the reference body weight, e.g., for adults 0.8 g/kg body weight for the reference body weight

4.1.8 Food Based Meal Pattern

A. The food based meal pattern, Table 2, provides approximately 1/3 of the food group recommendations of the 2010 Dietary Guidelines at the level of 2000 calories /day.

B. The 2010 Dietary Guidelines meal pattern provides at least 33 1/3% of the nutrients needed by older (ages 51-70 years) adults with the exception of potassium and vitamins D and E. The meal pattern, when using representative foods that are in nutrient-dense forms, is adequate in the following nutrients: protein, total lipid (approx. 32% of calories, with approx. 8% of calories as saturated fats), carbohydrate (approx. 51% of calories), total dietary fiber, vitamins A, B-6, B-12, C and K; thiamin, riboflavin, niacin, folate, calcium, iron, magnesium, phosphorus, zinc, copper and selenium. (Source: www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/DGAC/Report/AppendixE-3-1-adequacy.pdf)

C. Almost all foods selected for the weekly meal pattern should be lean or low-fat, and should be prepared with minimal, if any, added fats, oils, sugars or salt.

D. Food Components

1. **Protein**: Various types of protein foods should be served each week.

   a. For programs serving 5 meals/week, it is recommended to serve chicken or turkey twice a week; and seafood, pork and beef each once a week.

   b. For programs serving 7 meals/week, it is recommended to serve chicken or turkey ten times every four weeks; and seafood, pork and beef each six times every four weeks.

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c. For programs serving 1 meal/week, it is recommended to vary types of protein served.

d. One-half to one egg, and nuts, seeds and soy foods may also be served weekly, if desired, in addition to the protein foods.

e. Lean meat/poultry offerings include ground beef and pork with 10 percent fat, processed poultry products with less skin and fat, 97 percent fat free ham, 95 percent fat free turkey ham.

f. Processed, smoked, or cured meat or a high-sodium-content protein should be limited to no more than one serving per week (for example, cold cuts, ham, hot dogs, sausage, canned fish). Also limit canned soups, sauces, gravies and bouillon with sodium.

2. **Grains**:

a. At least half of grains served each week should be whole grains. It is acceptable to serve one ounce-equivalent each of whole grain and enriched grains at a meal. One ounce-equivalent is: 1 ounce or 1 slice of bread; ½ cup cooked pasta or rice, 1 ounce or ½ to 1 ¼ cups, depending on cereal type, of dry cereal. Refer to the Nutrition Facts of specific products.

b. Whole grain examples include: whole-wheat breads/rolls/bagels/English muffins, whole grain pastas, whole-grain cereals, oats, whole grain cracker, brown rice.

c. Enriched grain examples include: white breads/rolls/bagels/English muffins, enriched pastas, stuffing made from white breads, 6-inch enriched corn or wheat tortillas, enriched grain cereals, enriched crackers, white rice.

d. Limit use of quick breads such as cornbread, biscuits, and muffins as well as salted crackers to reduce sodium content.

e. Use trans-fat free products.

3. **Fruit**:

a. Includes all fresh; canned fruit packed in water, light syrup and 100% juice packed; frozen without added sugars; dried without added sugars; and 100% fruit juice. Very little fruit should be served as juice. Examples of fruits include: apples, apricots, bananas, berries, cherries, grapes, kiwi, mangoes, melons, mixed fruit, nectarines, oranges, peaches, pears, pineapple, plums, raisins, and tangerines.

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4.1.8.D (cont.)

4. **Vegetables**:

   a. Includes all cooked and raw fresh, frozen, canned and 100% vegetable juice. Various types of vegetables should be served each week. Most should be prepared with no added salt or fats.

   b. To limit sodium content, serve canned vegetables with no more than 480 mg sodium/serving, low sodium, reduced sodium, no added salt, and frozen salt free. Also limit pickled or brined vegetables and canned soups, sauces, gravies and bouillon with sodium.

   c. For 5 meals/week, it is recommended to serve:

      1. Red/Orange: Twice a week, ½ cup raw/cooked/juice red or orange vegetables (examples: carrots, pumpkin, red and orange peppers, sweet potatoes, tomatoes, winter squash)

      2. Starchy: Twice a week, ½ cup cooked starchy vegetables (examples: corn, green peas, hominy, lima beans, water chestnuts, white potatoes)

      3. Legumes: Once a week, ½ cup cooked dry beans and peas (examples: black, black-eyed peas, chickpeas/garbanzos, kidney, lentils, navy, pintos, split peas, soy)

      4. Dark Green: Twice a week, 1 cup raw leafy or ½ cup raw cooked dark green vegetables (examples: bok choy, broccoli, butterhead or bibb lettuce, chard, collard greens, kale, romaine lettuce, spinach, turnip greens)

      5. Other Vegetables: Three times a week, 1 cup raw leafy or ½ cup raw/cooked "other" vegetables (examples: asparagus, avocado, beets, Brussels sprouts, cabbage, cauliflower, celery, cucumbers, eggplant, green beans, green peppers, iceberg lettuce, mushrooms, okra, olives, onions, parsnips, radishes, snow peas, summer squash, turnips, wax beans)

5. **Dairy**:

   a. Most dairy servings should be fat-free or low-fat (1%) and without added sugars. One serving is 1 cup milk, fortified soy beverage, or yogurt; or 1 ½ ounces natural cheese (such as cheddar); or 2 ounces processed cheese (such as American). Dairy food examples include: all milk, including lactose-free/reduced; cheeses; fortified soy beverages; yogurts and frozen yogurts; and dairy desserts. Not included are: cream, sour cream or cream cheese.

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4.1.8.D.5 (cont.)

b. Low-fat, reduced fat and light cheeses and cheeses made from skim or fat free milk are recommended when serving cheese.

c. Cheese should be limited to no more than 3 ounces per week because of high sodium content.

E. Table 2. Food Based Meal Pattern

Food Group (See text that accompanies this meal pattern for guidelines in making serving selections.)	**Weekly Average Serving Size per Meal** (See text that accompanies this meal pattern for guidelines in serving sizes.)	**Frequency**
Protein	2 ½ ounces of cooked edible portion	Every meal
Whole and Enriched Grains	2 ounce equivalents	Every meal. At least half of grains must be whole grains.
Fruit	2/3 cup (or 1/3 cup if dried)	Every meal
Vegetables	1 cup equivalent	Every meal
Dairy	1 cup fat free or low fat (1%) fluid milk or yogurt; or 1 ½ ounces natural cheese; or 2 ounces processed cheese	Every meal
Fats and Oils	1 teaspoon soft margarine/vegetable oil; or 1 tablespoon regular salad dressing; or 2 tablespoons low fat salad dressing. This category is met when higher fat, dairy, protein and baked goods are part of the meal.	Every meal
Sweets and Added Sugars	1 ½ tablespoons jam/jelly; or ½ cup regular gelatin/pudding/ice cream; or fruits with added sugar; or baked desserts	Weekly

4.1.9 Computer Nutrient Analysis Requirements

A. When using a nutrient-based planning approach, the nutrient analysis software must be reliable and contain a current nutrient database. The most reliable nutrient analysis software uses a large nutrient database, like the USDA Nutrient Database for Standard Reference (SR), which is updated annually.

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4.1.9 (cont.)

B. The nutrition service provider must utilize standardized recipes at each of its production facilities that prepare certified menus. Standardized recipes are required to ensure an accurate and valid nutrient analysis. Therefore, nutrient analysis software must be customized to integrate the most current, accurate nutrient data from vendors, standardized recipes, the U.S. Department of Agriculture (USDA), and other relevant resources.

C. The nutrition service provider or the entity that conducts the nutrient analysis must have the technical capacity to complete the entire nutrient analysis.

D. Table 3 represents the nutrient targets required to be met on a daily basis and/or as a weekly average.

Nutrient	DRI Target Values Per Meal	Compliance Range One Meal
Daily Averaged		
Calories (Kcal)	650-750 calories (Kcal)	600-1000 calories (Kcal)
Protein	25 grams or higher	20 grams or higher
Averaged Over The Number of Days of Meal Service Per Week		
Fat (% of Total Calories)	20-30% of total calories	20-35% of total calories
Saturated fat	10% of total calories or less	10% of total calories or less
Trans fat	0 grams per serving, per Nutrition Facts food labels	0 grams per serving, per Nutrition Facts food labels
Vitamin A	300 micrograms (µg) RAE (990 IU) or higher	250 µg RAE (825 IU) or higher
Vitamin C	30 milligrams (mg) or higher	25 mg or higher
Nutrient	**DRI Target Values Per Meal**	**Compliance Range One Meal**
Averaged Over The Number of Days of Meal Service Per Week (Continued)		
Calcium	400 milligrams (mg) or higher	300 mg or higher
Sodium***	800-1,000 milligrams (mg) or less	1,200 mg or less
Fiber	9 grams (gm) or higher	7 gm or higher

***See 4.1.7.I for recommendation

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4.1.10 Special Menus

A. Criteria

1. To the maximum extent practical, nutrition service providers may provide special menus to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible participants. To determine feasibility, the provider must use the following criteria:

   a. There are sufficient numbers of individuals who need the special menus to make the provision practical;

   b. The food and skills necessary to prepare the special menus are available in the planning and service area;

   c. Proper preparation and service of special menus is assured by thorough training of personnel.

2. The provision of special menus must be appropriate.

   a. Special menus are an appropriate intervention to meet needs arising from health requirements (including being at High Nutritional Risk based on a Nutrition Risk Score) when based on a recommendation by an appropriate health professional, such as a physician or registered/licensed dietitian, as part of an overall medical nutrition therapy plan.

   b. The first (and least costly) approach in the provision of special menus as an intervention/treatment to meet needs arising from health requirements is modifying or enhancing the nutrient content and density and/or texture of conventional foods. Every effort should be made to continue to provide nutrients via culturally acceptable food, texture modified if necessary, before making the decision to use medical foods and food for special dietary uses as replacements for all or part of meals.

B. Carbohydrate Controlled

1. Use sugar substitutes and sugar free food items.

2. Limit breading, gravies and sauces.

3. May substitute dark green, red/orange, or “other” vegetables for one ounce of grains.

4. May substitute dark green, red/orange, or “other” vegetables for the starchy vegetables and cooked dried beans and peas.

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4.1.10.B (cont.)

5. Use fresh fruits; frozen without added sugar; dried without added sugar; light syrup, juice packed or water packed fruits.

6. May substitute 1 ½ ounces low fat natural cheese or 2 ounces low fat processed cheese for one cup milk.

C. Mechanically Altered Diet

1. A mechanically altered diet may be provided to facilitate oral intake by altering the texture or consistency of food, i.e., chopping, pureeing, thickening, or blending.

2. Mechanically altered diets must comply with the menu certification criteria (Section 4.1.7)

3. The eligible participant is responsible for determining whether the mechanically altered diet would meet his/her own health needs.

D. Therapeutic Diets

1. Nutrition service providers are not required to offer therapeutic diets. A therapeutic diet may be developed to meet the specific health needs of an eligible participant, at the discretion of the meal provider.

2. A written diet order or nutrition prescription from the participant's physician must be on record in the participant's file at the nutrition provider's office prior to an eligible participant's receipt of a therapeutic diet.

3. A Licensed or Registered Dietitian must provide nutrition counseling for eligible participants served a therapeutic diet.

4. A diet manual recognized by the Kansas Dietetic Association or the Academy of Nutrition and Dietetics must be used to plan the modifications or enhancements.

5. The Licensed or Registered Dietitian, through training of personnel, must assure proper preparation and service of therapeutic diets.

6. The written diet order or nutrition prescription must be reviewed at least annually by the Dietitian working with the provider and by the eligible participant's physician.

E. Medical Foods and Foods for Special Dietary Uses

1. Nutrition service providers are not required to offer medical foods and foods for special dietary uses.

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4.1.10.E (cont.)

2. The OAA, including NSIP, will pay for medical foods and foods for special dietary uses when all of the following conditions are met:

   a. It is indicated for some older individuals who are malnourished, at risk of malnutrition, or with disease-related special nutritional needs. These include older individuals who, because of anatomical, physiological, or mental problems, cannot meet their nutritional needs by eating a nutritionally balanced diet of solid or texture-modified foods, or for those who have increased or altered metabolic needs due to illness, surgery, or other special conditions.

   b. There is a recommendation by an appropriate health professional, such as a physician or registered/licensed dietitian, as part of an overall medical nutrition therapy plan for the individual, and the plan is re-evaluated and updated at least semi-annually. The decision to use medical foods or foods for special dietary uses should only come after a comprehensive, interdisciplinary evaluation has been completed that includes client/caregiver input and an in-depth nutrition assessment justifying it as the appropriate choice.

   c. The individual must be provided with a minimum of 33 1/3% of the DRI except in cases where the individual's specific medical nutrition therapy plan dictates otherwise; and

   d. If the medical food or food for special dietary uses is used as

      i. a substitution for part of the conventional meal components, the combination of the medical food or foods for special dietary uses and conventional foods must meet the criteria in Section 4.1.7; or

      ii. replacement of a conventional meal, the medical food or food for special dietary uses must meet the criteria in Section 4.1.7 and be used as a replacement because a conventional meal, even with modifications, is contraindicated.

3. When a medical food or food for special use is provided in addition to a conventional meal, KDADS views the meal and medical food or food for special dietary uses together as constituting a single meal and will not reimburse separately.

4.1.11 Program Income

A. Nutrition service providers must develop written procedures that safeguard and account for all program income.

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4.1.11 (cont.)

B. The cost of the meal must be updated at a minimum at the beginning of each fiscal year (October 1). The cost of the meal may be rounded up to the next 25 cents for ease of collection.

C. The provider agency must recover the cost of the meal from individuals not meeting the eligibility criteria for funding sources in Sections 4.2.1 and/or 4.3.1.

D. Contributions

1. The provider must inform each participant of the opportunity to voluntarily contribute to the cost of the service.

   a. The privacy of the participant with respect to the contribution must be protected.

   b. A suggested contribution must take into consideration the income ranges of eligible participants in local communities and other provider sources of income.

   c. An eligible participant will not be denied service if unable to contribute to the cost of the meal. Voluntary contributions will be considered program income and will be used only to expand nutrition services.

2. Each provider must establish a suggested flat or sliding contribution schedule for eligible participants.

   a. The suggested contribution schedule for eligible participants and the cost of the meal must be posted in the congregate meal site. The posted notice must indicate that non-eligible participants must pay the cost of the meal.

   b. For home delivered meal participants, a notice containing the same information posted at the congregate meal site must be provided to each home delivered participant at the time the meal service is initiated and at least annually thereafter.

E. Vision Card Program: Nutrition service providers must establish procedures to assist participants in utilizing benefits available to them under the Vision Card Program by:

1. Providing current information about the Kansas Vision Card program to participants in all nutrition programs;

2. Coordinating activities with agencies responsible for administering the Vision Card program; and

3. Becoming certified to accept the Vision Card for meal contributions.

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4.1.11 (cont.)

F. Disposition of Program Income (45 CFR 92.25)

1. The AAAs may only use the addition alternative to spend program income earned under Title III of the OAA.

2. Program income must be used for "current cost"; that is, the income must be expended for costs incurred during the same budget period in which the income is earned.

3. The following are alternatives grantees and subgrantees may use to comply with above polices if it can be shown that meals will be increased:

   a. Maintenance of existing meal levels above levels that can be maintained on OAA funds;

   b. Establishment of central kitchens;

   c. Alterations and/or renovations to comply with Section 504 of the Rehabilitation Act, as amended, and the Americans with Disabilities Act of 1990;

   d. Match for other federal funds; and

   e. Other uses documenting an increase in meals.

G. KDADS and the AAA must approve all plans for use of program income by an OAA Title III C grantee and/or subgrantee.

4.1.12 Catering

A. Nutrition service providers may enter into contracts to provide meals for other functions if those proposed contracts will not compromise their obligation to provide meals under the OAA Title III C program.

B. At a minimum, the price per meal charged by the program must include all the appropriate costs incurred in the provision of the meal, including:

1. Primary meal costs – purchased food, labor, supplies, NSIP commodities and cash, and other costs (e.g., bulk food transportation if this service is provided);

2. Associate meal costs – building space and utilities, maintenance and repair of equipment, depreciation of capital equipment, and renovation;

3. Site operation costs – site manager salary if the site manager supervised food preparation staff; and

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4.1.12.B (cont.)

4. Project management – appropriate management costs.

C. All costs must be allocated to the appropriate program or contract utilizing generally acceptable accounting principles.

D. For financial reporting purposes, resources earned from the sale of these meals must be reported as a reduction in the total cost of the project. The OAA Title III C budget must include the cost of production for all meals, less the cost of meals to be sold, but not the revenue derived from the sale of those meals. When the meals are billed, a receivable must be set up for the amount of the billing and the total expenses reduced by this amount. Contractual agreements must ensure that payment is received within thirty (30) days of billing. Records of the number of meals sold, costs for the production of those meals, and revenues to purchase those meals under each contract must be maintained by the project.

4.1.13 Vouchers

A. Nutrition service providers, both congregate and home delivered, may enter into contracts to purchase meals using vouchers as the method of payment.

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4.2 Congregate Nutrition Services

4.2.1 Eligibility Criteria

A. Individual 60 years of age or older and the spouse of that individual regardless of his or her age; or

B. Volunteer less than 60 years of age who provides volunteer services during meal hours, as long as his or her meal will not deprive an eligible participant of a meal; or

C. Individual less than 60 years of age with disability who resides in a housing facility occupied primarily by individuals 60 years of age or older where congregate nutrition services are provided; or

D. Individual less than 60 years of age with disability who resides in a home with and accompanies an individual 60 years of age or older.

4.2.2 Congregate Nutrition Service Provider Requirement

A. Congregate nutrition service providers must do the following:

1. Provide meals five (5) or more days a week (except in rural areas where such frequency is not feasible and a lesser frequency is approved by KDADS);

2. Provide at least one hot or appropriate meal per day and any additional meals that the provider may elect to provide;

3. Provide the meals in a congregate setting; (Nutrition service providers, at their own discretion and per written policy, may allow participants to take out their own served meal as a grab and go meal funded with OAA Title III C2); and

4. Provide nutrition education, nutrition counseling, nutrition assessment, and nutrition screening services, as appropriate, based on the needs of eligible participants.

B. The service area and meals served by a congregate nutrition service provider must be of sufficient size and number for the economical and efficient delivery of nutrition services.

C. Congregate nutrition service providers must establish an advisory group, which will include eligible participants of the program and individuals who are knowledgeable of the needs of older adults. The group must meet at least quarterly to advise Area Agency on Aging (AAA) and/or provider staff on topics such as the meal program, including administration, budget, activities, and menus.

D. Congregate settings must be located in areas where the greatest need is evident and where other services are accessible to the participants. If in a residential area, it should be within walking distance of the majority of eligible participants.

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4.2.2 (cont.)

E. Congregate nutrition centers and satellite meal sites must comply with local and state health, fire, safety, building, zoning, and sanitation laws, ordinances, codes and the Americans with Disabilities Act (ADA) requirements. The service provider must maintain appropriate documentation.

F. Congregate settings must be neat and clean, and have appropriate lighting, ventilation, and furnishings for eligible participants.

4.2.3 Establishing, Relocating, or Closing of Congregate Settings

A. Establishment of congregate settings must be approved by KDADS through approval of the Area Plan or revisions thereto.

B. New and relocated congregate settings should be located in areas of greatest social and economic need.

C. The AAA must document, for each new center, the development for comprehensive and coordinated service delivery system, i.e., focal point or multipurpose center. In those cases in which a congregate setting is located within a multipurpose senior center, a written agreement detailing the responsibilities of all providers concerned must be made prior to establishment of the congregate setting.

D. The AAA must develop and maintain written procedures and policies concerning the closing and relocation of congregate settings.

E. Once the decision has been made to close or relocate a setting, KDADS shall be notified, in writing, and the notification shall include the following:

1. The rationale for the closure or relocation;
2. A statement describing the impact of the setting closure upon surrounding congregate settings; and
3. A description of the convenience the eligible participants will have to another congregate setting and/or nutrition services

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4.3 Home Delivered Nutrition Services

4.3.1 Eligibility Criteria

A. Eligibility requirements for home delivered nutrition services:

1. Individual 60 years of age or older who is homebound (see definition of "homebound" in Section 4.1.3); or

2. Individual 60 years of age or older who is isolated (see definition of "isolated" in Section 4.1.3); or

3. Individual 60 years of age or older who is a caretaker, as long as it is in the participant's best interest (see definition of "caretaker" in Section 4.1.3; OAA Title III B only);

4. Spouse of an eligible participant as long as it is in the participant's best interest; or

5. Individual with disability or dependent individual who resides in a non-institutional setting with an eligible participant, and it is in the participant's best interest; or

6. Registered congregate meal participant who needs home delivered meals due to an illness or health condition (i.e., congregate meal- illness related home delivered or CMELH). The participant may only receive CMELH meals for up to 30 consecutive days per calendar year.

B. An eligible participant may only receive a home delivered meal if his or her special dietary needs can be appropriately met by the program through a meal which conforms with the established standards, i.e., the meal available would not jeopardize the health of the individual.

4.3.2 Home Delivered Nutrition Services Provider Requirements

A. Area Agencies on Aging must ensure that each home delivered nutrition service provider makes provisions for nutrition education, nutrition counseling, nutrition assessment, and nutrition screening services, as appropriate, based on the needs of eligible participants.

B. Home delivered nutrition service providers must do the following:

1. Provide meals five (5) or more days a week (except in rural areas where such frequency is not feasible and a lesser frequency is approved by KDADS); and

2. Provide at least one hot, cold, frozen, dried, canned, fresh or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the nutrition service provider may elect to provide.

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4.3.2 (cont.)

C. Home delivered nutrition service providers must coordinate with other in-home service providers to implement a coordinated system of comprehensive in-home care.

D. Home delivered nutrition service providers must establish a procedure for securing input on the quality of the services from eligible participants.

E. Home delivered nutrition service providers must develop and implement procedures for routinely encouraging those eligible participants whose conditions improve to participate in the Congregate Nutrition program.

4.4 Grab and Go Nutrition Services

4.4.1 Eligibility Criteria

A. Eligibility requirements for grab and go nutrition services:

1. Individual 60 years of age or older; and

   a. Is unable to prepare nourishing and well-balanced meals for themselves; and

      - Is psychologically, emotionally or socially impaired and chooses not to receive meals in a congregate setting; or

      - Lacks a formal or informal support system that is willing and able to provide needed nutrition services, or the support system needs to be temporarily or permanently supplemented.

B. In an emergency, grab and go meals may be provided to individuals aged 60 years and older. Written policy and procedure are required for provision of meals during an emergency.

4.4.2 Grab and Go Nutrition Services Provider Requirements

A. The AAA must ensure that a grab and go nutrition provider meets the requirements of a congregate (4.2.2) or home-delivered (4.3.2) nutrition services provider.

B. Nutrition services providers must have written grab and go nutrition service policy approved by KDADS.

~~E.~~**C.** To prevent social isolation and loneliness, grab and go meal providers are strongly encouraged to facilitate programming that allows meal customers to eat their meal with another person (in-person or virtual), such as coordinating a buddy system or virtual congregate site via Zoom, FaceTime, GoToMeeting, etc. where people dine together. Please refer to the service taxonomy for additional guidance on this socialization component.

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