Area Agency on Aging Policies and Procedures Manual

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D8 Type of content:

Handbook

Chapter A, Older Americans Act (OAA)

Revision 21-0; Effective January 15, 2021

A-1000 Older Americans Act

Revision 21-0; Effective January 15, 2021

A-1010 Overview

Revision 21-0; Effective January 15, 2021

The Older Americans Act (OAA), enacted in 1965, focuses on planning and policy related to aging issues. The OAA establishes the “aging network”, consisting of the Administration on Aging (AoA), State Agencies on Aging (more commonly known as State Units on Aging) and Area Agencies on Aging. Later amendments added a variety of services and supports for people age 60 and over and their caregivers.

Legislation authorizes grants to states for community planning and social services, research and development

projects, and personnel training in the field of aging.

The aging network supports a wide range of social services and programs for older people including:

- supportive services;
- congregate meals;
- home-delivered meals;
- family caregiver support, evidence-based health programs;
- the long-term care ombudsman program; and
- services to prevent the abuse, neglect, and exploitation of older persons.

The Administration on Aging, within Administration for Community Living (ACL) in the U.S. Department of Health and Human Services (DHHS), administers all programs.

The aging network helps older people age well and live with dignity when aging brings challenges and is an important part of the support systems which they and their caregivers can access.

A-1020 Declaration of Objectives

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OAA supports older Americans to help them live at home and in the community with dignity and independence for as long as possible.

The Declaration of Objectives of Title I of the OAA ensures equal opportunity to the full and free enjoyment of:

- an adequate income in retirement;
- the best possible physical and mental health services without regard to economic status;
- suitable and affordable housing, selected, designed, and found with reference to special needs of older people;
- restorative services, and a range of community based long-term care services, to sustain older people in their communities and in their homes. This includes support for family members and others giving voluntary care to older people who need long-term care services;
- opportunity for employment without discrimination based on age;
- retirement in health, honor and dignity;

- participation and contribution in civic, cultural, educational and recreational opportunities;
- efficient community services which provide a choice in supported living arrangements and social assistance in a coordinated manner and are readily available, with emphasis on maintaining a variety of care for vulnerable older people;
- immediate benefit from proven research knowledge which can support and improve health and happiness;
- freedom, independence, and the exercise of self-determination, full participation in the planning and operation of community-based services and programs for their benefit; and
- protection against abuse neglect and exploitation.

A-1030 Authority

Revision 21-0; Effective January 15, 2021

Statutory Authority:

- Older Americans Act of 1965, as Amended through P.L. 116-131, enacted March 25, 2020
- Omnibus Budget Reconciliation Act of 1990: Section 4360
- 45 Code of Federal Regulations (CFR) 1321, Subchapter C, The Administration for Community Living, Part 1321
- 42 U.S. Code, Chapter 35, Programs for Older Americans

Governing State Laws and Regulations:

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

A-1100 State Unit on Aging

Revision 21-0; Effective January 15, 2021

A-1110 Overview

Revision 21-0; Effective January 15, 2021

The Texas Health and Humans Services Commission (HHSC) is the agency chosen to serve as the State Unit on Aging for Texas. HHSC serves as the visible advocate for all older people in Texas and oversees OAA programs administered by Area Agencies on Aging.

Funds for aging services include state general revenue under the General Appropriations Act to match federal funds received. Texas also receives housing bond fees and federal awards to administer the State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) programs. Voluntary contributions from people who receive OAA services also support programs throughout Texas.

A-1120 Texas Planning and Service Areas

Revision 21-0; Effective January 15, 2021

The State Unit on Aging under the OAA divides the state into distinct planning and service areas (PSAs). There are PSAs covering all counties in Texas.

A-1130 Designation of Area Agencies on Aging

Revision 21-0; Effective January 15, 2021

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

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

A-1140 Reporting

Revision 21-0; Effective January 15, 2021

ACL collects data from all states and territories about programs provided through the OAA funding. HHSC collects this information from the AAAs and their subrecipients to prepare the annual State Program Report (SPR). Most of the information used to prepare this report comes from the state's information management system.

A-1150 Policy Development

Revision 21-0; Effective January 15, 2021

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

This manual provides the official policies and procedures for the administration of all OAA programs and services, unless specifically excluded in A-1200, Other Older American Act Programs.

Related Policy
Other Older American Act Programs, A-1200

A-1160 Compliance Monitoring

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HHSC, a recipient of federal grants, monitors AAAs for compliance with a variety of federal regulations to ensure programs are financially and programmatically accountable.

Monitoring ensures AAAs and their subrecipients use OAA awards for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward. It also ensures they achieve performance goals.

A-1200 Other Older Americans Act Sections and Programs

Revision 21-0; Effective January 15, 2021

A-1210 Overview

Revision 21-0; Effective January 15, 2021

This section gives general information about each section of the OAA.

A-1220 Title I of the Older Americans Act

Revision 21-0; Effective January 15, 2021

Title I, Declaration of Objectives; Definitions, gives the declaration of Congress in support of the OAA and the definitions for terms used throughout the act.

A-1230 Title II of the Older Americans Act

Revision 21-0; Effective January 15, 2021

Title II, AoA, creates the Office of the Secretary and the AoA. Title II describes the responsibilities and functions of the Assistant Secretary for Aging. The AoA is a division of the U.S. Department of Health and Human Services.

A-1240 Title III of the Older Americans Act

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Title III, Grants for State and Community Programs on Aging, sets up grants to states for programs to support people who are 60 or over and eligible caregivers. Title III includes definitions, appropriations, area and state

plans, and specific program requirements.

This manual includes policy related to Grants for State and Community Programs on Aging.

A-1250 Title IV of the Older Americans Act

Revision 21-0; Effective January 15, 2021

Title IV, Activities for Health, Independence, and Longevity, sets up grants for special projects that can be administered by states, public agencies, private non-profit organizations, institutions of higher education, tribal and other organizations.

This manual does not include policy related to Activities for Health, Independence, and Longevity grants.

A-1260 Title V of the Older Americans Act

Revision 21-0; Effective January 15, 2021

The Department of Labor administers Title V, the Community Service Senior Opportunities Act of the OAA.

The program encourages self-sufficiency for people 55 or older who are low-income and not employed. Grants to states support projects that provide community service and work-based job training with the goal of gainful employment which is no longer subsidized by OAA funds, in both the private and public sectors.

The Texas Workforce Commission administers this grant for Texas.

This manual does not include policy related to the Community Service Senior Opportunities Act administered by the Department of Labor.

A-1270 Title VI of the Older Americans Act

Revision 21-0; Effective January 15, 2021

Title VI, Grants for Native Americans, awards separate appropriations for supportive and nutrition services to American Indians, Alaskan Natives and Native Hawaiians that are comparable to services provided under

Title III of the OAA.

This manual does not include policy related to the Community Service Senior Opportunities Act administered by the Department of Labor.

A-1280 Title VII of the Older Americans Act

Revision 21-0; Effective January 15, 2021

Title VII of the OAA awards separate appropriations for the:

- long-term Care Ombudsman Program;
- program for prevention of elder abuse, neglect and exploitation; and
- elder rights and legal aid programs.

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

A-1300 Other Programs

Revision 21-0; Effective January 15, 2021

A-1310 Overview

Revision 21-0; Effective January 15, 2021

HHSC administers the Medicare Improvement and Patient Protection Act (MIPPA) program and the State Health Insurance Program (SHIP) program funded by ACL. People refer to SHIP as the Health Information, Counseling and Advocacy Program (HICAP) in Texas. HHSC also administers the housing bond program funded by fees collected from housing finance corporations.
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Chapter B, Area Agencies on Aging

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B-1000 Area Agencies on Aging

Revision 21-0; Effective January 15, 2021

B-1010 Overview

Revision 21-0; Effective January 15, 2021

The Older Americans Act (OAA) authorizes the provision of services to support the independence, health, and well-being of eligible people. Area Agencies on Aging (AAAs) decide the type of services to offer to eligible people in their service area through needs assessments and other tools they use to prepare an Area Plan.

AAAs evaluate regional strengths, find local resources and service gaps, and seek input from the people they serve, service providers and other stakeholders about aging issues. AAAs use this information to develop an Area Plan that describes how they will coordinate and provide services during the planning period. They also assess regional characteristics and trends every few years to update the Area Plan. Texas Health and Human Service Commission (HHSC) approves the area plans.

AAAs advocate for people they serve and engage in local and state issues beyond the programs they fund or deliver. AAAs use a variety of approaches to address regional aging issues and collaborate with many organizations to offer comprehensive, broad-based solutions. Those organizations can be:

- local governments;
- state agencies;
- education;
- health care;
- social services;
- faith-based entities;
- business; or
- charitable foundations.

These partnerships support and expand the AAAs' goals.

The AAAs have local decision-making authority to adapt services and supports to the regional circumstances in their Planning and Service Areas (PSAs).

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

AAAs contract with local service providers to offer congregate and home delivered meals, transportation and in-home services.

B-1020 Organization and Staffing

Revision 21-0; Effective January 15, 2021

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

B-1030 Area Plans

Revision 21-0; Effective January 15, 2021

The area plan outlines a comprehensive and coordinated service delivery system for the AAA's region, based upon a needs assessment using a format provided by HHSC. It identifies planning, coordination, evaluation, and service provision activities for the period of the plan as well as funding and other resources available to the AAA. Measurable objectives allow the AAA to use the plan as a roadmap.

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

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

B-1040 Area Agency on Aging Advisory Council

Revision 21-0; Effective January 15, 2021

AAAs and their subrecipients must have an advisory council that includes representatives of the following:

- older people (including people who are minorities and people living in rural areas) who participate or are eligible to participate in OAA programs;
- family caregivers of those older people;
- representatives of older people;
- service providers;
- business community;
- local elected officials;
- providers of veterans' health care (if appropriate); and
- general public.

B-1050 Community Engagement

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

- they meet the needs of older people in its region to the greatest extent possible;
- they maximize availability of services for older people and reduce service duplication; and
- systems are flexible enough to respond to economic, demographic, and social trends.

B-1060 Outreach

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Outreach identifies vulnerable, hard to reach people and their caregivers, and must include information about the aid available to them through the OAA programs. The AAA must conduct outreach to people who may be eligible for OAA services, especially older people:

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

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

D8 Type of content:

Handbook

Chapter C, Area Agency on Aging Administration

Revision 21-0; Effective January 15, 2021

C-1000 Area Agency on Aging Administration

Revision 21-0; Effective January 15, 2021

C-1010 Overview

Revision 21-0; Effective January 15, 2021

Administration of Older Americans Act (OAA) services includes serving as the focal point for aging services, providing advocacy for older people in their service area, developing and implementing an area plan based on

OAA requirements, procurement of services funded with federal and state funds, contract management, reporting, reimbursement, accounting, auditing, monitoring and quality assurance. Documents that are important to successfully administer programs include:

- agreements or contracts and amendments;
- area plans;
- budgets, including adequate proportion, categorical transfers, and minimum expenditures;
- bulletins;
- notifications of funding available;
- performance measure projections;
- State Plan on Aging; and
- State Program Report required data.

C-1020 Targeting

Revision 21-0; Effective January 15, 2021

Services must target people 60 or older. The OAA gives priority to older people with the greatest economic and social need, with preference given to low-income households, including low-income minority older people, older people with limited English, and older people living in rural areas.

The OAA federal regulation requires priority to people 60 or over who are frail, homebound due to illness or incapacitating disability, or otherwise isolated when delivering in home services. To decide if a person is frail, homebound, or otherwise isolated use the Consumer Needs Evaluation (CNE) form.

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

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

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

AAAs and their subrecipients must consider targeting requirements in their objectives and strategies to meet the needs of the target populations.

AAAs and their subrecipients must write policy to ensure they meet targeting and preference requirements. These written policies should identify older people who:

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

The OAA requires that each agreement made with a provider for any service, including congregate and home delivered meals (HDMs), includes a requirement that the provider will:

- provide services to low-income minority, older people with limited English, and older people living in rural areas, following their need for such services, to the greatest extent possible; and
- meet the AAA's specific objectives to provide services to low-income minority, older people with limited English, and older people living in rural areas.

The service provider must also specify in its agreement with the AAA how it will meet the service needs of these individuals.

AAAs must monitor their own progress, and their subrecipients' progress, in meeting targeting requirements.

C-1030 Interest Lists

Revision 21-0; Effective January 15, 2021

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

AAAs and subrecipients must have written policies and procedures that consider targeting requirements for

prioritizing people on interest lists. The policy must show the provider's method to ensure they meet targeting requirements of interest lists. They must also screen people requesting services who they place on an interest list for other services and refer them as needed.

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

Policy for prioritizing services must ensure the use of socioeconomic issues as factors for higher priority does not result in means testing. The OAA does not allow means testing.

The following are examples of indicators used for written policy to find eligible people with a high probability of service need:

- functional impairment or disability resulting in limited mobility;
- inadequate housing and environment;
- homebound;
- living alone;
- minority;
- limited English;
- isolation and lack of access to social and recreational activities;
- caregiver "burn out" found or no caregiver is available;
- high-risk nutritional status;
- the lack of skills or knowledge to select and prepare nourishing and well-balanced meals;
- disabling illness or chronic health condition; and
- recent illness, injury or hospitalization.

AAAs and subrecipients must keep interest lists to give a correct count of people waiting for services to HHSC when asked.

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

- lack of funds;
- the provider cannot produce more meals with its current staffing, building or kitchen;
- type of meal is not available; or
- provider requested is not available.

Related Policy

Targeting, C-1020

C-1040 Voluntary Contributions

Revision 21-0; Effective January 15, 2021

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

Inform all people receiving OAA services that they can make a voluntary contribution to the program. Encourage people whose self-declared income is at or above 185 percent of the poverty line to make a cash contribution to support and expand the nutrition program.

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

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

AAAs must have a process in place to let people know how to make a voluntary contribution to the program. The process must protect the privacy and confidentiality of any person who chooses to contribute or not contribute. AAAs and subrecipients must have written policy and procedures to safeguard and account for all voluntary cash contributions per the OAA and other laws related to cash management:

- encourage people at or above 185 percent of the poverty level to make a voluntary contribution;
- inform people receiving a service they can contribute;
- inform people receiving a service the contribution is voluntary;
- explain how they protect the privacy of a person contributing;
- explain the method used to ensure a contribution is private; and
- inform people the service that they receive will not be denied if a person cannot or does not wish to contribute.

In addition, include procedure in written policy to manage cash contributions that:

- establishes controls for managing the receipt of cash contributions;
- ensures voluntary contributions only expand the programs in which the contributions were generated;
- ensures voluntary contributions do not supplant federal funds;
- accounts for all cash contributions;
- safeguards all cash contributions;
- ensures contributions are not used for match purposes; and
- requires the AAA to report all cash contributions received to HHSC using the Quarterly Performance Report.

Documentation

Documentation must include the name of the AAA or subrecipient, the date the eligible person received the policy and the name of the eligible person.

C-1050 Match

Revision 21-0; Effective January 15, 2021

Each AAA and their subrecipients must secure the required 10 percent non-federal match for supportive and nutrition services and the required 25 percent non-federal match for caregiver services and administration. The match may be cash or in-kind and may attribute fair market value to services and facilities from non-federal sources.

In-kind match is a non-cash contribution of value provided by non-federal or non-state third parties. In-kind match is typically the calculated value of personnel, goods, and services, including direct and indirect costs.

- Count in-kind matches such as donated goods and services.
- Do not count routine activities of partners that would occur regardless if the program existed as in-kind match.

Cash match, such as a cash contribution, can come from the AAA or subrecipient's own funds (general revenue), cash donations from non-federal or non-state third parties (such as partner organizations), or from non-federal grants. Only apply a cash match contribution to the match requirement after it is spent on a budgeted cost or activity. All match contributions must be spent for goods and services necessary for and

specifically identifiable in the approved AAA's area plan.

Countable cash match examples include:

- cash donations;
- non-federal income from products or services;
- local government grants or appropriations;
- state grants or appropriations;
- foundation grants; and
- corporate contributions.

C-1060 Service Recipient Complaints

Revision 21-0; Effective January 15, 2021

Recipients of OAA services may make complaints orally or in writing to the AAA or directly to HHSC. Complaints may cover:

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

C-1070 Responsibilities on Abuse, Neglect and Exploitation

Revision 21-0; Effective January 15, 2021

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

Under Texas law (Texas Human Resources Code, Section 48.052), a person who does not report suspected abuse can be held liable for a misdemeanor or a felony.

AAAs and its subrecipients must:

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

C-1080 Training

Revision 21-0; Effective January 15, 2021

AAAs must train their staff and volunteers. AAAs must ensure subrecipients train their staff and volunteers to be sure they deliver safe and quality services.

C-1081 Nutrition Services Training Requirements

Revision 21-0; Effective January 15, 2021

Meal providers must recruit, hire and train qualified staff and volunteers and must:

- establish and maintain written policies and procedures on training for all paid staff and volunteers.
- document the training per the meal provider's written policy.
- adhere to all training requirements for Certified Food Protection Managers and Food Handlers per the Texas Department of State Health Services (DSHS) rules for:
    - Retail Food, Management and Personnel (25 Texas Administrative Code, Chapter 228, Subchapter B); and
    - Food and Drug, Texas Food Establishments (25 Texas Administrative Code, Chapter 229, Subchapter K).

A qualified dietitian, or a certified food protection manager under the direction of the dietitian, must conduct prevention of foodborne illness training. Train all staff and volunteers who handle food prior to assuming food service assignments. Handling food includes shopping, storing, cooling, freezing, thawing, preparing,

cooking, serving, cleaning, handling leftovers or any other activity when that activity involves direct contact with food.

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

- confidentiality of information about people served;
- managing emergency situations related to a person served;
- the meal provider's role in emergencies and disasters;
- safe and sanitary methods used in serving meals;
- requirements for delivering meals for quality and safety;
- general knowledge and basic techniques of working with people who are 60 years of or older and people with disabilities; and
- personal hygiene.

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

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

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

- procedures for food storage, preparation and service;
- prevention of food-borne illness;
- equipment cleaning before, during, and after meal service;
- choice of proper utensils and equipment for transporting and serving foods;
- automatic and manual dishwashing procedures; and
- accident prevention.

The food protection manager must complete an added six hours of training on the following topics within 30 days of employment to ensure they meet Texas dietary requirements:

- procedures for food preparation, storage and serving;

- OAA nutrition requirements for meals including nutritional needs and meal pattern requirements for people served;
- approved menus;
- use of standardized recipes;
- portion control of food; and
- quality control of flavor, consistency, texture, temperature, and appearance (including the use of garnishes).

AAAs and subrecipients must ensure an adequate number of certified staff are available during the time congregate meals are served. Certified staff must include:

- first aid;
- cardiopulmonary resuscitation; and
- operating an automatic external defibrillator, if one is available.

Documentation

The meal provider must keep documentation of training for food service staff in accordance with the meal provider's written policy and in accordance with DSHS rules (25 Texas Administrative Code, Chapters 228 and 229).

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

- name of the meal provider;
- date completed;
- name of the person trained;
- name of the trainer;
- topics covered; and
- date, time, and length of the training.

C-1090 Records Maintenance

Revision 21-0; Effective January 15, 2021

AAAs and their subrecipients must keep all records related to services according to the AAA's written policies and provider contracts.

AAAs, subrecipients and contractors must keep records of people receiving services in a locked facility when not in use by authorized staff. They must also limit access to records kept in computer information systems through acceptable computer security practices, including password protection.

AAAs, subrecipients and contractors must give access to all program records and reports to representatives of the AAA, HHSC, state of Texas or federal agencies for audit, assessment or evaluation unless specifically prohibited by law. They must retain records for the period stated in the provider contracts.

C-1100 Compliance Monitoring

Revision 21-0; Effective January 15, 2021

C-1110 Overview

Revision 21-0; Effective January 15, 2021

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

C-1120 Subrecipient Monitoring

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AAAs must monitor all subrecipient providers on-site annually. Complete follow-up visits as needed for corrective action or quality improvements, unless the AAA conducts an annual risk assessment. The AAA may monitor subrecipient providers less often based on the results of the risk assessment. If a provider has an agreement with another organization for a portion of its program, it is the responsibility of the AAA to ensure that the provider monitors those organizations.

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

C-1121 Subrecipient Monitoring for Nutrition Services

Revision 21-0; Effective January 15, 2021

AAA staff who conduct monitoring for nutrition services must have demonstrated knowledge of sanitation, food handling, food preparation, and food storage principles. AAA staff conducting monitoring should be a Certified Food Protection Manager.

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

Meal provider monitoring may include, but is not limited to:

- review of all local and state level health department inspections;
- meal and menu-related invoices;
- client intakes and assessments;
- food staff certifications;
- staff training documentation;
- use of standardized recipes to monitor for nutrient compliance;
- approval of recipes and menus by dietitian; and
- observation of kitchen personnel during meal preparation and serving.

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

Related Policy
Intake, D-1020
Caregiver Intake, D-1030

C-1130 Contractor Monitoring

Revision 21-0; Effective January 15, 2021

The AAA must monitor the quality of services through follow-up activities with the person receiving the service. They may use monthly reports from contractors to decide whether the service criteria established in its contract with the AAA are met.

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

The AAA may:

- develop a standard risk assessment process to decide how often services a person received from each contractor are reviewed for quality assurance;
- use a standardized sampling method of all active contractors each month; or
- include all people from all contractors each month in the quality assurance review.

AAAs must conduct an annual satisfaction survey of people receiving OAA services.

C-1131 Contractor Monitoring for Nutrition Services

Revision 21-0; Effective January 15, 2021

The criteria for monitoring nutrition services for quality assurance include the:

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

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

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

Related Policy

Target Nutrient Requirements Computer Analysis of Nutrients, Appendix III

Texas Model for Menu Planning, Appendix IV

C-1200 Disaster Planning

Revision 21-0; Effective January 15, 2021

C-1210 Overview

Revision 21-0; Effective January 15, 2021

AAAs must develop long-range emergency preparedness plans and coordinate disaster activities with local and state emergency response agencies, relief organizations and local and state governments. AAAs must detail coordination activities in area plans and provide information to HHSC as requested during a disaster.

C-1211 Emergency Conditions, Inclement Weather, Disasters and Holidays for Nutrition Services

Revision 21-0; Effective January 15, 2021

The meal provider must ensure there are sanitary and safe conditions for storing, thawing and reheating meals when the provider distributes chilled, frozen, or other meals for emergency conditions, inclement weather, disasters or holidays. The meal provider must also ensure the person can physically manage the meals.

The meal must be labeled and provide the expiration date in large print with instructions for storing, thawing, and reheating, as appropriate.

Meal providers must develop and keep written procedures to address congregate meal site closures and suspension of HDMs for emergency conditions, inclement weather, disasters, and holidays. AAA's meal provider contract must address the provision of congregate and HDM services during meal site closures. AAAs, subrecipients, and their meal providers must define emergency conditions, inclement weather, disasters, and holidays and include those terms in the contract for OAA meals.

Meal providers must ensure people receiving meals are aware of the date, or approximate date, the meal service will resume when they stop meals due to an emergency, inclement weather, disaster or holiday. AAAs must ensure meal providers:

- keep food, facilities, and equipment available for emergencies and disasters according to a plan developed by the meal provider, who gives priority to program participants 60 years or older; and
- adopt written procedures ensuring the availability of food for eligible people during emergencies, inclement weather, disasters, and holidays.

C-1212 Congregate Meal Site Closure

Revision 21-0; Effective January 15, 2021

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

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

Meal providers may provide chilled, frozen or shelf-stable meals to people who participate in the program for consumption at home during the site closure. The meal consumed at home rather than at the congregate site is reimbursed as a HDM.

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

Promotion of socialization is one of the purposes of the nutrition program so meal providers may not set up a regular take out meal service. AAAs must ensure they, and their subrecipients, resume regular congregate meal services upon conclusion of the emergency or other situation.

Related Policy

DETERMINE Your Nutritional Health, D-1060

D8 Type of content:

Handbook

Chapter D, Intake and Assessment for Services

Revision 21-0; Effective January 15, 2021

D-1000 Intake and Assessment for Services

Revision 21-0; Effective January 15, 2021

D-1010 Overview

Revision 21-0; Effective January 15, 2021

Area Agencies on Aging (AAAs) and subrecipients must ensure compliance with eligibility, reporting, and other requirements of the Older American Act (OAA) and the Texas Health and Human Services Commission (HHSC). This section provides information about forms and processes used for intake, and assessments required for specific services.

D-1020 Intake

Revision 21-0; Effective January 15, 2021

Each person requesting services requires an Intake to document eligibility and collect specific data required for the State Program Report (SPR), an annual federal report submitted to Administration for Community Living (ACL).

The intake collects the person's demographics, contact information, and other information needed for the coordination of appropriate services.

The intake documents eligibility for nutrition services provided to a person under 60 years, such as when a spouse of an eligible person receives a meal. AAAs may collect income levels to determine priority populations while considering factors related to targeting services. All levels of income (low, moderate and high) are needed to determine target populations and inform outreach strategies.

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

- care coordination;
- chore maintenance;
- day activity and health services;
- home delivered meals;
- homemaker; and
- personal assistance.

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

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

The intake process is a tool to ensure they give preference to OAA targeted populations without excluding others from participating in a service when possible.

Every intake requires the following information:

- indication that staff clearly explained the Client Rights and Responsibilities and Release of Information to the person;
- date;
- consumer identification number from information management system;
- name (last name, middle initial, first name);
- gender;
- birth date;
- home address:
    - city;
    - state; and
    - ZIP code;
- county;
- phone number;
- ethnicity;

- race;
- indication if the person lives alone;
- indication if the person is in poverty or low income; and
- the reason for eligibility for nutrition services for person under 60.

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

The Intake form is on the HHSC AAA web site. The agency conducting intake may change the form to include additional information to meet their business requirements if the form captures the minimum information.

Information, referral, and assistance services do not require an intake.

Documentation

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

Reporting

Report minimum intake information using the information management system at initial intake and for periodic updates.

Related Policy
Eligibility, F-1120
Eligibility, F-1220

D-1030 Caregiver Intake

Revision 21-0; Effective January 15, 2021

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

- relationship to care recipient for care recipients who are 60 years or older;

- relationship to care recipient if the care recipient is 18 years or less and the caregiver is 55 years or older and is an older relative caregiver;
- care recipient consumer identification number (from SPURS);
- care recipient birth date; and
- the consumer identification number, name, and date of birth for each child cared for by an older relative caregiver.

Documentation

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

Reporting

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

Related Policy

Home Delivered Meals for Caregivers, F-1230

D-1040 Consumer Needs Evaluation

Revision 21-0; Effective January 15, 2021

The Consumer Needs Evaluation (CNE) form documents a person's need for care coordination, caregiver respite, chore maintenance, day activity and health services, home delivered meals (HDMs), homemaker, and personal assistance. Complete the CNE form to determine a person's functional impairments and eligibility to receive services. The CNE also collects necessary Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) information required for the State Program Report.

After the initial assessment, complete CNE reassessments annually, within 30 days of the anniversary of the person's initial assessment date. An earlier reassessment may be needed if circumstances indicate a significant change in the person's condition. Do not alter the content of the required form.

Significant changes requiring a reassessment include a:

- change in functional status such as an accident or illness or hospitalization;
- change in living situation;

- change in the caregiver relationship;
- loss, damage, or deterioration of the home living environment;
- loss of a spouse, family member or close friend; or
- loss of income.

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

- eating;
- dressing;
- bathing;
- toileting;
- transferring in and out of bed or chair; or
- walking.

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

- preparing meals;
- shopping for personal items;
- managing medication;
- managing money;
- using the phone;
- doing light or heavy housework; or
- transportation ability (transportation ability refers to the individual's ability to use available transportation without assistance).

Conduct the CNE assessment and reassessment face-to-face in the person's home or by phone.

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

If a caregiver provides help to an older person, the care recipient must be "frail" to qualify for respite funded by Title III-E. Frail means the care recipient:

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

The CNE form and instructions are available on the HHSC AAA web site. Do not alter this required form.

Documentation

Documentation includes the name of the AAA or subrecipient, the name of the person conducting the CNE assessment, the date completed, and the name of the person assessed. Answer all questions for every person receiving service.

Reporting

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

Related Policy
Eligibility, F-1220

D-1050 Caregiver Assessment Questionnaire

Revision 21-0; Effective January 15, 2021

The Caregiver Assessment Questionnaire (CAQ) documents a caregiver's needs and identifies:

- possible barriers to carrying out caregiver responsibilities;
- existing resources and supports for the caregiver; and
- the level of caregiver stress.

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

Complete the CAQ during a face-to-face interview or by phone. Staff must discuss the questions with the caregiver. The results of the assessment inform the type of services the caregiver needs.

Documentation

Documentation must include the name of the person conducting the CAQ assessment, the date completed, and the name of the person assessed. Answer all questions for every person receiving caregiver support coordination service.

Reporting

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

Related Policy

Caregiver Intake, D-1030

D-1060 DETERMINE Your Nutritional Health

Revision 21-0; Effective January 15, 2021

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

Complete the DETERMINE Your Nutritional Health checklist annually, within 30 days of the anniversary of the person's initial risk assessment date. Do not alter the content of the required form.

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

The person requesting congregate or HDMs can complete the DETERMINE Your Nutritional Health checklist or, when needed, complete the list through an interview with the person. After assessment the person should keep the handout with the date of the screening and the results score.

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

Documentation

Documentation must include the name of the AAA or subrecipient, the name of the person screened, and the date completed. Answer all questions for every person receiving meals.

Reporting

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

Related Policy

Intake, D-1020

Caregiver Intake, D-1030

Eligibility, F-1120

Eligibility, F-1220

D-1070 Determination of Type of Meal – Home Delivered Meals

Revision 21-0; Effective January 15, 2021

The Determination of Type of Meal (DTM) assessment ensures certain meals are appropriate for a person. Meals served daily should be consumed the same day the meal is delivered. The DTM assessment must be conducted by phone or face-to-face, in the eligible person's home. Do this before the person receives multiple meals in one delivery of chilled, shelf-stable, or frozen meals or under any other condition that lets a person eat the meal at a time other than the day of delivery. Do not alter the content of the required form.

Complete a new DTM annually, within 30 days of the anniversary of the person's prior evaluation date. An earlier evaluation may need to occur if circumstances indicate a significant change in the person's condition in accordance with the meal provider's written policy.

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

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

The DTM evaluates areas such as:

- Home equipment: The person who receives the meals has working equipment and utilities in the home. These include:
    - gas;
    - electricity;
    - a stove with an oven that works;

    - a working microwave oven;
    - a working toaster oven; and
    - a working refrigerator or a freezer.
- Ability to follow instructions: Consider a person's ability to follow instructions to safely store and prepare meals or have a caregiver capable of following instructions. The inability to follow instructions can be related to literacy, language, vision or cognition.
- Ability to physically manage meals: Consider a person's ability to physically manage meals or who have a caregiver to physically manage meals for them. Manual dexterity and fine motor skills may impair the ability of a person to open, store and prepare meals and overall strength. Evaluate balance and mobility
- Ability to eat meals: The meal provider should consider a person's ability to consume a specific type of meal before they discontinue hot meals and other meals that are served on a regular basis. A dental or medical condition that makes it difficult to eat certain types of foods such as hard foods (raw vegetables and nuts), nut butters (peanut butter), fibrous proteins (pork chops or steak), or other foods (granola bars, raisins) might compromise the ability of the person to consume meals.
- Identification of caregiver: Identify a caregiver who can and will assist with the management of meals, including receiving and accepting the meals, unpacking and storing the meals, and preparing the meals, as appropriate. Maintain the caregiver's contact information, including the name, address, and telephone number in the eligible person's file.

The AAA or subrecipient may deny or terminate frozen, chilled, or shelf-stable meals based on the results of the DTM. They may also deny or terminate if an eligible person refuses to discuss or allow a visual observation of the intended home environment where they will deliver appropriate meals.

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

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

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

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

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

Documentation

Documentation must include the name of the AAA or subrecipient, the date completed, the name of the person conducting the evaluation, the name of the person requesting HDMs, and the type of meals requested. The AAA or subrecipient must maintain the results of each evaluation to determinate the appropriateness of a meal to an eligible person.

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

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

Reporting

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

Related Policy

Eligibility, F-1220

D8 Type of content:

Handbook

Chapter E, Title III-B, Supportive Services and Senior Centers

Revision 21-0; Effective January 15, 2021

E-1000 Title III-B, Supportive Services and Senior Centers

Revision 21-0; Effective January 15, 2021

E-1010 Overview

Revision 21-0; Effective January 15, 2021

This section establishes the requirements for services provided to eligible people under the "Supportive Services and Senior Centers" section in Title III-B of the Older Americans Act (OAA).

Supportive services provide a variety of services that help older people access help when needed and live independently in their communities. Area Agencies on Aging (AAA's) and their subrecipients provide OAA supportive services based on the characteristics and needs of older people in their Planning and Service Areas (PSAs). The services available through each AAA differs based on factors including:

- other resources and programs available;
- the budget available to the AAA;
- geographic location; and
- population density.

Supportive services help people when needed and seek to sustain health and wellness as people grow older.

AAAs must ensure all supportive services provided to eligible people meet OAA requirements.
D8 Type of content:
Handbook

Chapter F, Title III-C, Nutrition Services

Revision 21-0; Effective January 15, 2021

F-1000 Title III-C, Nutrition Services

Revision 21-0; Effective January 15, 2021

F-1010 Overview

Revision 21-0; Effective January 15, 2021

Older Americans Act (OAA) Title III-C, Nutrition Services includes requirements for congregate meals, home delivered meals, nutrition screening, nutrition education, and nutrition counseling.

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

Area Agencies on Aging (AAAs) must ensure all subrecipients, meal providers, and nutrition services meet the requirements of the OAA, and that they serve only eligible people.

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

F-1100 Congregate Meals

Revision 21-0; Effective January 15, 2021

F-1110 Overview

Revision 21-0; Effective January 15, 2021

Eligible people receive meals and an opportunity for socialization in a congregate setting. This section gives information about eligibility, frequency, serving more than one meal a day, political activity and religious activity.

F-1120 Eligibility

Revision 21-0; Effective January 15, 2021

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

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

The following may also receive a meal, if the provider offers meals on the same basis as meals served to

people 60 and over:

- a person who volunteers during the meal hours; or
- a person with a disability who lives in housing facilities:
    - occupied primarily by people 60 and over; and
    - where they serve congregate meals.

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

Before service initiation and at least every 12 months, complete a *DETERMINE Your Nutritional Health* checklist for each person who receives congregate meals.

Note: There are no citizenship or residency requirements for OAA services. Do not deny nutrition services based on citizenship or residency criteria.

Documentation for Congregate Meals

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

Reporting

Report data for recipients and meals using HHSC's information management system. Reporting of meals requires unduplicated persons and unit counts.

A unit of service = one meal.

Related Policy
DETERMINE Your Nutritional Health, D-1060

F-1130 Frequency of Service

Revision 21-0; Effective January 15, 2021

A meal provider must serve five meals a week at a minimum unless HHSC approves a request to serve less. Providers must serve five meals a week to eligible people for a total of 250 meals a year. Meal providers must serve meals in a congregate setting and must conform to all standards and requirements for nutrition services

in this handbook.

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

Meal providers who serve rural areas may request HHSC permission to serve less than five congregate meals each week per person. For more guidance, please refer to section F-1580, Serving Fewer than Five Meals a Week.

A rural area is any area not considered urban. Urban areas are (1) a central place and its adjacent densely settled territories with a combined minimum population of 50,000; and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Related Policy
Serving Fewer than Five Meals a Week, F-1580

F-1140 Second Meals served by a Congregate Meal Provider

Revision 21-0; Effective January 15, 2021

The following meals are eligible meals counted and reported in the HHSC information management system as Nutrition Services Incentive Program (NSIP) eligible if they meet all the conditions for NSIP eligibility:

- *Second Congregate Meal Provided at a Single Setting for Consumption at Another Time* – A chilled, frozen, or shelf-stable meal sent home with an eligible person for a holiday, inclement weather or for an older person who is identified as “nutritionally high risk". Report and count the meal as a home delivered meal.
- *More than One Congregate Meal per Day* – Congregate meal providers may serve more than one meal per day. Individual meals include the provision of breakfast, lunch or dinner consumed at separate settings during the same day.

The following meals are not eligible meals and not counted or reported in the HHSC information management system. They do not meet NSIP eligibility. Not funded by HHSC, program income or matching funds, other funds must support these meals:

- *Second Congregate Meal Served and Consumed at a Single Setting* – A second meal served and consumed in a congregate setting is an “add-on” and constitutes the provision of a second

Recommended Dietary Allowances (RDA) meal. This applies to any second meal served and consumed at a single setting.

F-1150 Political Activity

Revision 21-0; Effective January 15, 2021

Congregate meal sites must not be used for political campaigning except in those instances where a representative from each political party running in the campaign is given an equal opportunity to take part or distribute political materials.

F-1160 Religious Activities and Prayer

Revision 21-0; Effective January 15, 2021

A congregate site or its staff must not sponsor, lead or organize religious activity and prayer. Do not prohibit a person from praying silently or audibly at a congregate meal site if the person so chooses.

F-1200 Home Delivered Meals

Revision 21-0; Effective January 15, 2021

F-1210 Overview

Revision 21-0; Effective January 15, 2021

Eligible people receive meals delivered to their homes. This section gives information about eligibility, frequency, and flexible meal models for home delivered meals (HDM).

F-1220 Eligibility

Revision 21-0; Effective January 15, 2021

To be eligible for a Title III HDM, a person must be:

- 60 or over;
- frail;
- homebound by reason of illness or incapacitating disability, or otherwise isolated; and
- have a Consumer Needs Evaluation (CNE) form score of at least 20.

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

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

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

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

The AAA must develop procedures to allow meal providers the option to offer home delivered meals to a person with a disability who lives with an older person. Offering a meal to a person with a disability must be on the same basis as meals provided to an eligible person who is 60 or older.

AAAs and their subrecipients complete the following before service initiation and at least every 12 months, for each person receiving HDMs:

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

Complete a *Determination of Type of Meal* before service initiation and at least every 12 months, for each person assessed for meals that are consumed at a time other than the day of delivery.

Note: There are no citizenship or residency requirements for OAA services. Do not deny nutrition services based on citizenship or residency criteria.

Related Policy

Consumer Needs Evaluation, D-1040

DETERMINE Your Nutritional Health, D-1060

F-1230 Home Delivered Meals for Caregivers

Revision 21-0; Effective January 15, 2021

A Title III-E eligible caregiver can receive a HDM as a supplemental service according to AAA written policy.

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

Documentation for Home Delivered Meals

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

Reporting

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

A unit of service = one meal.

F-1240 Frequency of Service

Revision 21-0; Effective January 15, 2021

Providers must make available at least five meals per week to eligible homebound people and are encouraged to provide seven meals per person if feasible.

A HDM may be a hot, chilled, frozen, fresh, or shelf-stable meal and any supplemental foods the provider choses to deliver.

Providers must make available five meals a week for a total of 250 meals a year whether the meals served are hot, chilled, frozen, or other meals, or a combination of meals. If a meal provider is in a rural area, it can request HHSC permission to provide less than five HDMs each week.

The State Program Report (SPR) defines rural as any area not defined as urban. Urban areas are (1) a central place and its adjacent densely settled territories with a combined minimum population of 50,000 and (2) an incorporated place, or a census designated place, with 20,000 or more inhabitants.

F-1250 Flexible Meal Model for Home Delivered Meals

Revision 21-0; Effective January 15, 2021

The flexible meal model gives people and meal providers an alternative option to the hot meal delivered daily model. Providers may offer the flexible meal model based on:

- meal providers not available in the area served;
- meal providers only available on a limited basis;
- interest lists;
- a person’s ability to access nutrition is limited, e.g. cannot be home for a regularly scheduled delivery due to medical issues such as dialysis or outpatient rehabilitation or lives in a rural area;
- meal providers cannot meet a person’s dietary needs; or
- other situations that call for a flexible meal model.

AAAs may purchase meals from a variety of contractors under case management if a provider cannot provide meals to meet special dietary needs.

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

Meal providers must deliver meals at least one time each week, regardless of the type and number of meals delivered. All meals must meet the nutritional requirements in this policy handbook. A meal provider, including a AAA, must complete an assessment for a person who receives meals to consume on a day other than the day of delivery.

F-1300 Nutrition Screening, Nutrition Education and Nutrition Counseling

Revision 21-0; Effective January 15, 2021

F-1310 Overview

Revision 21-0; Effective January 15, 2021

AAAs and their subrecipients must provide nutrition screening and nutrition education to all people receiving congregate and HDMs. If appropriate, people may also receive nutrition counseling.

F-1320 Nutrition Screening

Revision 21-0; Effective January 15, 2021

AAAs and their subrecipients must screen every person receiving congregate, HDMs or nutrition counseling using the DETERMINE Your Nutritional Health checklist (D-1400). This nutrition screening tool results show people at risk of poor nutritional health or with malnutrition.

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

Documentation

Documentation of the nutrition screening must include the:

- name of the meal provider;
- date performed;
- name of the person receiving the screening.

Reporting

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

system.

Related Policy

Intake, D-1020

DETERMINE Your Nutritional Health, D-1060

F-1330 Nutrition Education

Revision 21-0; Effective January 15, 2021

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

Design material to provide participants with the understanding, skills, and motivation necessary to make informed food, activity, and behavioral choices that can improve their health and prevent chronic disease.

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

While educational or informational flyers or handouts are good reinforcements of nutrition education, the distribution of flyers or handouts alone is not nutrition education.

Provide nutrition education to all recipients of nutrition services at least once every 12 months. Participants must receive at least 15 minutes of nutrition education annually.

Provide nutrition education to recipients of congregate meals in group settings or one-on-one.

Provide nutrition education to recipients of HDMs:

- in person;
- by phone; or
- through other electronic means such as webcasts, if such electronic means can give each person an opportunity to ask questions.

Documentation

Document that nutrition education was provided and include the following:

- name of the meal provider;
- date of the session;
- name of the person providing the education;
- lesson plan or curriculum approved by the qualified dietitian; and
- name of each person receiving the service.

Reporting

Report the total units of service and the estimated number of eligible people who received nutrition education using the HHSC information management system.

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

F-1340 Nutrition Counseling

Revision 21-0; Effective January 15, 2021

Nutrition counseling:

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

Nutrition counseling is an optional service to support the best health possible for people who receive other nutrition services.

Documentation

Document the following in the eligible person's case file:

- name of the dietitian providing the counseling;

- date of each counseling session;
- name of person receiving counseling;
- why the person is receiving nutrition counseling;
- name of physician referring person for nutrition counseling;
- measurable goals set up for the person receiving the service; and
- their progress in meeting the specific goals.

Reporting

Report unduplicated persons and units of service using the HHSC information management system.

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

F-1400 Nutrition Services Incentive Program (NSIP)

Revision 21-0; Effective January 15, 2021

F-1410 Overview

Revision 21-0; Effective January 15, 2021

The Nutrition Services Incentive Program (NSIP) provides additional funds for nutrition services programs. The added funds are based on the number of qualified meals served in the previous fiscal year.

Meals reported as NSIP eligible must be:

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

Report eligible meals to receive NSIP cash when the meal is reimbursed through:

- Title III;

- program income;
- general revenue; or
- local cash.

Do not reduce payments for nutrition services (including meals) provided under parts B (supportive) or C (nutrition) of the OAA to reflect an increase in the level of help provided through NSIP funds.

AAAs must ensure meal providers expend NSIP funds solely for the purchase of foods produced in the United States.

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

Documentation

Document NSIP eligible meals in the HHSC information management system using the correct fund identifier to show meals met all requirements in this section. Do not report meals in the information management system using NSIP as a fund identifier. Do not report ineligible meals using an NSIP eligible fund identifier. Documentation of meals must follow a AAA or subrecipient's written policy.

Reporting

Report all meals using the HHSC information management system. A provider must use the correct fund identifier in the system for meals claimed for NSIP cash. A provider must ensure all meals are claimed for NSIP cash are eligible.

F-1500 Administration of Nutrition Programs

Revision 21-0; Effective January 15, 2021

F-1510 Overview

Revision 21-0; Effective January 15, 2021

Selecting, administering, and evaluating a network of meal providers responsible for the provision of nutrition services to older people is a critical function of AAAs.

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

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

F-1520 Planning Nutrition Services

Revision 21-0; Effective January 15, 2021

Determine the extent of need for congregate and HDMs and find resources within the PSA to support the provision of nutrition services to meet the identified need. Evaluate the effectiveness of the use of all resources in meeting the needs of people within the PSA.

Nutrition services funds may be awarded to subrecipients that provide congregate and HDMs. HDMs may also be purchased from contractors to serve people on a case-by-case basis through case management.

In setting up a system of providers, ensure:

- eligible people receive congregate or HDMs;
- service design is based on regional needs;
- facilities and meals meet all requirements for safety and nutritional standards;
- services coordinate with nutrition-related supportive services including nutrition screening and education; and
- nutrition assessment and counseling are available, if appropriate.

Maintain written policy and procedures for procuring services to be provided with OAA funds. Approval and oversight of the service provider application process is the responsibility of the AAA's governing body.

All procurement transactions must comply with applicable laws and regulations, including the CFR, and in compliance with established policy.

Subrecipients must request written approval from the AAA before contracting with another entity for meal

preparation or delivery of meals.

F-1530 Outreach

Revision 21-0; Effective January 15, 2021

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

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

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

F-1540 Budgeting and Monitoring Performance

Revision 21-0; Effective January 15, 2021

Establish and maintain procedures and processes to monitor progress in achieving benchmarks and performance to effectively manage resources.

Consider the following when setting up a system to monitor progress:

- federal funds;
- matching funds;

- program income;
- local cash;
- number of meals served;
- cost per meal;
- number of unduplicated persons served; and
- targeting.

F-1550 Cost Controls for Meals

Revision 21-0; Effective January 15, 2021

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

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

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

The cycle menu allows the food manager to become accustomed to the foods and amounts of food needed for specific menus. This lets the food manager analyze quality of raw food against cost variances based on upcoming menu cycles and find the best sources of food. The purchase history sets up patterns and practices for staff to follow.

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

Consider the following when developing a cycle menu:

- available storage for food;
- purchasing and delivery schedule of food suppliers;

- production limitations based on labor, equipment, or number of meals;
- seasonal foods availability; and
- regional or traditional foods of the people served.

The advantages of using cycle menus include:

- reduction in menu planning time;
- streamlined buying procedures;
- standardized food production;
- simplified staff training; and
- ability to better evaluate food service quality, efficiency and costs.

A standardized recipe is one that is tested for consistency, quality, correct serving size and yield. Use of the same procedures, serving utensil, and ingredients to produce the same serving size produces the same product each time. The history of labor, production time and amount of food needed to produce a menu item using a standardized recipe supports efficient planning for future increases or reductions in the number of meals. The advantages of using standardized recipes include:

- customer satisfaction due to a high-quality product;
- consistent nutrient content because the recipes use the same ingredients and amounts;
- food cost control due to reduced food waste in storage and preparation;
- efficient purchasing by knowing exact amounts of food to buy;
- labor control through efficient use of staff skills; and
- portion control based on information about the serving size, serving utensil and yield.

F-1560 Calculating and Posting the Full Cost of a Meal

Revision 21-0; Effective January 15, 2021

Calculation of the full cost of a meal is an essential food service management practice. The meal cost is the basis to find a suggested donation per meal and to inform ineligible participants of the full cost of the meal.

Calculate the costs of each meal according to the following categories:

- Personnel
    - food service operations should include all expenditures for salaries and wages, for personnel

involved in food preparation, cooking, delivery, serving and cleaning of meal sites, equipment and kitchens, including the valuation of volunteer hours; and
    - project management should include all expenditures for salaries and wages for personnel involved in project management.
- Professional Development should include all costs for conference fees, dues and materials.
- Meals or Raw Food should include all costs of buying foodstuff or purchased, pre-prepared meals to be used in the program.
- Equipment should include all expenditures for items with a useful life of more than one year and an acquisition cost of less than $5,000.
- Occupancy should include all expenditures for rent, gas, electricity, water, sewer, waste disposal, etc.
- Transportation or travel should include all costs for mileage, fuel, vehicle insurance or repairs, etc.
- Administrative or general should include expenditures for all other items that do not belong in any of the above categories (e.g. supplies, printing, communications, etc.).

Do not include capital expenditures in the calculation of a unit rate. Capital expenditures are expenses to buy capital assets (land, buildings, equipment and intellectual property) used in the meal program that have a useful life of more than one year, are capitalized according to with generally accepted accounting principles, and cost $5,000 or more. Capital expenditures can also include expenses which increase the value or useful life of capital assets and exclude routine repairs or maintenance.

Congregate meal sites must post the full cost of a meal. Establish written policy and procedures to ensure:

- all congregate nutrition sites post the full cost of a meal;
- ineligible people pay the full cost of a Title III meal;
- providers develop suggested voluntary contributions per meal;
- providers separate payments for meals served to ineligible people from voluntary contributions made by people eligible for a meal; and
- funds for nutrition services are not spent on meals provided to ineligible people.

F-1570 Reimbursement for Meals

Revision 21-0; Effective January 15, 2021

Establish and maintain written policies and procedures to ensure reimbursement is made to providers only for

meals served to eligible recipients in compliance with the requirements for those meals.

Do not reimbursement providers for meals not delivered or meals delivered but damaged in transit and not edible because of the damage, with the following exception:

- Reimburse an HDM provider for a maximum of two attempted, but unsuccessful meal deliveries per eligible person per month.

F-1580 Serving Fewer than Five Meals a Week

Revision 21-0; Effective January 15, 2021

The provision of congregate or HDMs is based on providing at least five meals a week and allowing 10 days a year for observing holidays.

All meal providers must make at least five meals a week available and congregate meal sites must be open to make meals available at least 250 days a year.

If a provider covers a rural area and it is not possible to meet that minimum requirement, request HHSC approval for the provider to serve fewer than five meals a week. A meal provider can serve less than five meals a week in different parts of their total service area. HHSC approval to serve fewer than five meals a week for those individual sites is not needed if the congregate provider has multiple sites that, in total, make available 250 meals each year.

For provider requests to serve fewer than five meals per week, review the request and:

- verify the information to ensure it is not possible for the provider to make five meals available each week;
- submit the request to HHSC for approval;
- ensure the provider does not implement a reduction in serving days or provide fewer than five meals a week until HHSC approves the request; and
- notify the provider of HHSC's approval or disapproval of the request.

Note: AAAs and meal providers must comply with their disaster plan when an emergency or inclement weather prohibits the provision of regularly scheduled meals.

Related Policy

Emergency Conditions, Inclement Weather, Disasters and Holidays, C-1211

Congregate Meal Site Closure, C-1212

F-1590 Suspension and Termination of Meals

Revision 21-0; Effective January 15, 2021

Establish and maintain written policy for the suspension and termination of meals.

A meal provider may suspend or stop meal service for the following reasons.

The eligible person:

- dies;
- is admitted to a long-term care facility;
- requests the service be stopped;
- threatens the health or safety of a person at the congregate site;
- threatens, or another person living in the home threatens, the health or safety of a person delivering meals;
- racially discriminates against a person at the congregate site;
- racially discriminates against, or another person living in the home racially discriminates against, a person delivering meals;
- sexually harasses a person at the congregate site; or
- sexually harasses, or another person living in the home sexually harasses, a person delivering meals.

A meal provider may also suspend HDMs if the eligible person is not home to accept delivery of a meal for:

- two consecutive service days in a calendar month; or
- three non-consecutive service days in a calendar month.

Meal providers who serve meals under AAA case management must notify the AAA case manager and request permission before suspending the delivery of meals to an eligible person. The meal provider must specify the reason for the request to suspend or stop meal service. The AAA case manager must notify the participant in writing that meals are being suspended and for all documentation of the suspension or termination of service.

Documentation

Document the following in the eligible person's record when the provision of meals is suspended or stopped:

- reason for the suspension or termination;
- date and method the case manager notified the meal provider of the action leading to suspension or termination of service;
- how the action leading to suspension or termination was confirmed;
- if the delivery of meals to the eligible person should be reinstated or stopped; and
- date of reinstatement or termination.

Notify an eligible person in writing when their service is suspended or stopped. Documentation of the notification must be kept in the person's file.

F-1600 Meals

Revision 21-0; Effective January 15, 2021

F-1610 Overview

Revision 21-0; Effective January 15, 2021

Providers establish the types and frequency of meals served based on local needs and characteristics including demographics and geography. Meals must meet the requirements of the Older Americans Act and HHSC policy.

F-1620 Meal Types

Revision 21-0; Effective January 15, 2021

Providers may deliver or serve hot, chilled, frozen, dried, shelf-stable, emergency meals or a combination of meal types. Requirements for the different types of meals are as follows:

- *Hot Meals*: Food items are required to be held at temperatures at or above 135 degrees Fahrenheit until served or packaged for delivery. May include chilled items, fresh fruit, crackers or bread.

- *Chilled Meals*: Food items are required to be held at refrigerated temperatures at or below 41 degrees Fahrenheit until served, packaged for delivery or cooked. They are intended to be consumed on a day other than the day the meals are delivered. Chilled meals may include Modified Atmosphere Packaging or Reduced Oxygen Packaging chilled meals.
- *Frozen Meals*: Food items must remain in a solid frozen state until delivered. Congregate sites may also use frozen meals at congregate sites in rural areas where participation is low and other food service options are not possible. Heated and served daily at the congregate meal site, such meals are reported as hot meals.
- *Shelf-stable Meals*: Food items do not need refrigeration and are non-perishable. Shelf-stable meals are not required by the U.S. Department of Agriculture (USDA) to have a safe handling statement, cooking directions or a "keep refrigerated" statement.
- *Emergency Meals*: Food items are provided on a temporary basis when a regular meal service is not possible. Each meal provider maintains written policy to define when an emergency exists. Emergency meals generally consist of shelf-stable items that do not require refrigeration and can be consumed at room temperature if necessary due to power outages. Defined as "Health Maintenance" other emergency meals may be funded through various sources such as Title III-B and do not need to comply with the meal requirements. Meals are not eligible for Nutrition Services Incentive Program (NSIP) cash when they do not meet the nutrition guidelines

F-1630 General Meal Service and Delivery Requirements

Revision 21-0; Effective January 15, 2021

Meal providers must:

- serve or deliver only meals that are safe and sanitary;
- establish regularly scheduled time of day to serve or deliver meals to maximize participation;
- for meals delivered outside the established schedule, deliver meals on the day of the week and at a time agreed upon by the provider and person receiving the meal;
- deliver HDMs directly to the eligible person or the person's caregiver at the person's home;
- not leave meals unattended at the home of the person receiving HDMs;
- follow-up on the same day with a person receiving HDMs who was not available to receive a meal when a meal delivery was attempted;

- ensure a significant change in a person's physical or mental condition or environment is reported to the provider by people delivering meals;
- act on the same day the person delivering the meals reports the change
- prepare and keep meals at the temperatures required by Texas Department of State Health Services (DSHS), Retail Food rules (25 Texas Administrative Code, Subchapter C, Food) until serving or packaging for delivery; and
- manage all aspects of nutrition programs in compliance with DSHS, Retail Food rules and Food and Drug rules, U.S. Department of Health and Human Services (DHHS), U.S. Food & Drug Administration, Food Code and USDA, Dietary Guidelines.

F-1640 Nutrition Requirements

Revision 21-0; Effective January 15, 2021

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

Include the guidelines in all requests for proposals, bids, contracts, and open solicitations for meals and ensure that all meals served meet the requirements in this section

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

Providers must serve meals that:

- comply with the most recent DGA, published by the U.S. Department of Health and Human Services (DHHS) Secretary and the Secretary of Agriculture;
- provide:
    - a minimum of 33-⅓ percent of the DRI established by the Food and Nutrition Board of the Institute of Medicine of the National Academies of Sciences, Engineering and Medicine, if the program provides one meal per day;
    - a minimum of 66-⅔ percent of the allowances if the program provides two meals per day; and
    - 100 percent of the allowances if the program provides three meals per day; and
- meet any special dietary needs of people participating in the program, to the maximum extent

practicable.

F-1650 Dietary Guidelines for Americans (DGA)

Revision 21-0; Effective January 15, 2021

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

F-1660 Dietary Reference Intakes (DRI)

Revision 21-0; Effective January 15, 2021

DRI is a system of nutrition recommendations from the Institute of Medicine (IOM) of the U.S. National Academies of Sciences, Engineering, and Medicine. The DRI system broadened the existing guidelines known as Recommended Dietary Allowances. The current DRI recommendation is composed of four categories:

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

F-1670 Nutrient Needs of Older Adults

Revision 21-0; Effective January 15, 2021

In addition to the Target Nutrient Requirements provided in this policy, menus and meals should include rich

sources of vitamins B6, B12, E, folate, magnesium and zinc. Include foods fortified with vitamin D in the meals when possible through sources such as milk products or juice fortified with vitamin D. In addition to the meal, nutrition education should reinforce the message that diets for older adults should include nutrient dense foods.

Related Policy

Target Nutrient Requirements Computer Analysis of Nutrients, Appendix III

F-1680 Standardized Recipes

Revision 21-0; Effective January 15, 2021

Meal providers must use standardized recipes in the planning and preparation of menu items. This ensures menu items include nutrients documented by the Target Nutrient Requirements Computer Analysis of Nutrients or the Texas Model for Menu Planning. Food production using standardized recipes adjusted to yield the number of servings needed gives consistency in quality and documented nutrient content of food prepared.

Related Policy

Target Nutrient Requirements Computer Analysis of Nutrients, Appendix III
Texas Model for Menu Planning, Appendix IV

F-1700 Menus

Revision 21-0; Effective January 15, 2021

F-1710 Overview

Revision 21-0; Effective January 15, 2021

AAAs and subrecipients must plan and offer approved menus that meet dietary requirements of the Older Americans Act and HHSC.

F-1720 Menus and Menu Approval

Revision 21-0; Effective January 15, 2021

For each meal on the menu, and any allowable substitutions, a meal provider must obtain written approval from a dietitian before the meal is served, that the meal meets one-third of the Recommended Dietary Allowances (RDA) as referenced in the Dietary Reference Intakes (DRIs) for a person 60 years or older and the current Dietary Guidelines for Americans (DGA).

The dietitian must:

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

Texas Department of Licensing and Regulation licenses and regulates dietitians in Texas. A license is required to use the titles "licensed dietitian" and "provisionally licensed dietitian." A license is not required to use the titles "dietitian" or "nutritionist."

Meal providers must obtain service recipient input when planning menus. Obtain this input through menu committees, food preference surveys, focus group, or other methods to ask for input. Culturally or ethnically appropriate, high quality, and tasty meals can be an effective outreach to the target population.

F-1730 Menu Documentation

Revision 21-0; Effective January 15, 2021

Keep documentation of menu review and approval on file and include:

- approved menus and service dates for menus;
- signature of dietitian with Texas license or CDR registration number;
- date of menu approval by the dietitian;
- Computer Nutrient Analysis or compliance with the Texas Model for Menu Planning, as applicable; and

- approved allowable substitutions.

Related Policy

Texas Model for Menu Planning, Appendix IV

F-1740 Menu Substitutions

Revision 21-0; Effective January 15, 2021

Any substitutions on an approved menu must be comparable in nutrient content to the original menu. Document and record all menu substitutions with the menu as served. A dietitian must approve the substitution prior to meal service. A provider can also select from a dietitian-approved list of food substitutes for each food group.

F-1750 Menu Choice

Revision 21-0; Effective January 15, 2021

To increase satisfaction of participants in the nutrition program, the meal provider may offer the choice of entrée, choice of food items within the meal or choice of two or more distinct and complete menus. All menu choices must comply with the meal requirements provided in this policy. If more than one menu item is offered, the food item with the lowest nutrient value is counted toward meeting the meal requirement.

F-1760 Menu Evaluation

Revision 21-0; Effective January 15, 2021

An evaluation of the menu and meal service can include:

- compliance with program requirements using the Menu Monitoring for Compliance Tool included in Attachment B of AAA – TA 305, Nutrition Programs Guidelines – Compliance with the Dietary

Reference Intakes (DRIs) and Dietary Guidelines for Americans (DGA) Requirements;
- analysis of the actual cost per meal against budget costs;
- customer satisfaction surveys; and
- survey of plate waste (congregate setting).

F-1770 Menus and Special Dietary Needs

Revision 21-0; Effective January 15, 2021

Whenever possible, meal providers must meet any special dietary needs of participants including adjusting meals for cultural considerations and preferences and medical needs.

- Culturally or ethnic meals and menus are adjusted for the cultural, religious, or ethnic preference of the population served, when possible and appropriate.
- The meal provider decides the extent to which it can provide therapeutic medical diets.
- Modified meals alter the regular menu but must meet the menu planning guidelines as provided in this policy.
- The types and amounts of all food items must conform to the regular menu pattern. Modifications may include consistency or texture, reduced sodium, fat, cholesterol, carbohydrate or calories.
- The eligible person, along with their physician, decides whether the regular or modified menu would meet and not jeopardize their health needs.
- Therapeutic meals change the meal pattern significantly by either limiting or eliminating one or more menu items, or by limiting the types of foods allowed, often resulting in a meal that does not meet the meal requirements of this policy. Provide therapeutic meals only under the direction and supervision of a dietitian with a written diet order from a participant's physician. Keep the written diet order in the participant's file.
- Medical Nutritional Supplements are foods for special dietary uses that appropriately address a person's individual nutrition needs. Nutritional supplements (e.g., canned formulas, powdered mixes, food bars or puddings) may be available to service participants based on a documented, assessed need and funding sources available. Medical Nutritional Supplements are products defined as health maintenance and are funded through Title III-B.

F-1780 Menus and Methods of Compliance

Revision 21-0; Effective January 15, 2021

Demonstrate and document compliance with the DGA and DRI requirements for Texas using one of the following methods:

- Target Nutrient Requirements Computer Analysis of Nutrients; or
- Texas Model for Menu Planning.

Plan menus and evaluate meals for meeting nutritional requirements using either of these two methods. Use of a computerized nutrient analysis rather than Texas Model for Menu Planning helps to ensure nutritional adequacy of meals and increases menu planning flexibility.

Plan menus to provide variety in flavor, consistency, texture and temperature. Plan meals to provide a variety of food and preparation methods, including color combinations, texture, size, shape, taste, and appearance.

Adjust menus to yield the number of servings needed, give consistency in quality of the food prepared, and maintain documented nutrient content of the food prepared.

Related Policy
Target Nutrient Requirements Computer Analysis of Nutrients, Appendix III

F-1781 Computer Analysis of Nutrients

Revision 21-0; Effective January 15, 2021

Computer Analysis of Nutrients evaluates a menu through analyzing the nutrient content of all foods offered. This ensures that meals meet the specific standards as specified in the Target Nutrient Requirements Computer Analysis of Nutrients chart.

The Target Nutrient Requirements Computer Analysis of Nutrients chart shows key nutrients to track for maintenance and improvement of long-term health among older people served by the nutrition program. The chart gives the Compliance Range per meal based on one-third of the DRI. Meals are planned to reach these values, but the provider should also consider other nutrients essential for good health. Track the nutrients in the Target Nutrient Requirements Computer Analysis of Nutrients chart for compliance purposes. Calories

and protein values must be attained on a daily average. Vitamin A, vitamin C, calcium, sodium, potassium, and fiber must be averaged over the number of serving days per week by each nutrition site.

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

The Compliance Range column in the chart supports approval and monitoring of the nutritional adequacy of menus. The range is one meal for one day. When two meals a day are served, the Target Values and Compliance Ranges are doubled for a combined total; when three meals are served the Target Values and Compliance Ranges are tripled for a combined total. The computer nutrient analysis software program used to document nutritional adequacy should include the U.S. Department of Agriculture (USDA) National Nutrient Database for Standard Reference, standardized recipes, and correct nutrition data from food suppliers and manufacturers.

Related Policy

Target Nutrient Requirements Computer Analysis of Nutrients, Appendix III

F-1782 Texas Model for Menu Planning

Revision 21-0; Effective January 15, 2021

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

All planned meals using the Texas Model for Menu Planning must also incorporate the instructions provided within the chart.

Do not classify foods twice when using the Texas Model for Menu Planning. For example, a food item included in one or more food group type is used only once in the meal to meet a requirement under the Texas Model for Menu Planning.

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

Provide foods high in vitamin A three times per week if the meal provider or nutrition site serves five or more

days per week. Provide foods high in vitamin A two times per week for meal providers or nutrition sites serving fewer than five days per week.

Related Policy

Texas Model for Menu Planning, Appendix IV

F-1800 Food Service Requirements

Revision 21-0; Effective January 15, 2021

F-1810 Overview

Revision 21-0; Effective January 15, 2021

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

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

F-1820 Facilities and Food Service

Revision 21-0; Effective January 15, 2021

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

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

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

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

F-1830 Food Preparation and Safety Standards

Revision 21-0; Effective January 15, 2021

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

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

F-1840 Food Purchasing and Use of Donated Food

Revision 21-0; Effective January 15, 2021

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

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

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

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

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

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

F-1850 Leftover Food

Revision 21-0; Effective January 15, 2021

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

- Do not transport leftover food from a congregate meal site or from a HDM route back to the preparation site.
- Store leftover food properly or discard leftover food at the congregate nutrition meal site.
- Do not freeze leftover food to be served as meals later.

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

The risk of foodborne illness should be stressed through nutrition education to people who are eligible for congregate meals to discourage taking home leftover foods from the nutrition site. People may take home only leftovers that are safe at room temperature, such as packaged crackers, cakes, breads and fresh fruit.

F-1860 Food Packaging and Transporting Meals

Revision 21-0; Effective January 15, 2021

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

Do not leave meals unattended. Deliver meals directly to an eligible person or the person's caregiver. If the eligible person or the caregiver as documented in the eligible person's file is not present to accept the meal, the provider cannot leave the meal.

The meal provider must document the meal as undelivered and the reason the meal is undelivered.

Discard hot or chilled meals not served or delivered within the four-hour period after removal from temperature control.

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

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

F-1861 Meal Packaging

Revision 21-0; Effective January 15, 2021

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

- use supplies and carriers to package and transport hot foods separately from chilled foods;
- use enclosed meal carriers to transport easily damaged trays or containers of hot or cold foods to protect them from contamination, crushing, or spillage;
- ensure the meal carrying equipment or vehicle is equipped with insulation or supplemental hot or chilled sources as is necessary to maintain temperatures;
- clean and sanitize food carriers, or use containers with inner liners that can be sanitized;
- seal individual meal containers to prevent moisture loss or spillage to the outside of the container throughout transport (Styrofoam “clam shells” are not acceptable as they do not seal);
- completely wrap or package food utensils to protect them from contamination;
- use a container designed with compartments to separate food items for visual appeal and to minimize spillage between compartments;
- use a container an eligible person can easily open;
- ensure meals delivered in bulk maintain temperature throughout the delivery period;
- help people in taking meals delivered in bulk inside the home, as needed;
- help people in opening a bulk container and storing meals inside a proper appliance (refrigerator or freezer), as needed;
- notify the AAA within one day of planned delivery if meals delivered in bulk cannot be left with an eligible person due to damage;
- replace unconsumable damaged meals in compliance with AAA policy; and
- not request reimbursement for unconsumable meals damaged in transit.

F-1862 Holding Time and Temperatures

Revision 21-0; Effective January 15, 2021

Serve or deliver hot or cold foods within four hours from the point in time when the food is removed from temperature control:

- hot foods must have an initial internal temperature of 135º F. or above when removed from temperature

control; and
- cold foods must have an initial internal temperature of 41º F. or below when removed from temperature control.

Meal providers must have written processes in place to:

- record temperatures for all menu items when the food is ready to leave production area temperature control for serving on site or packaging for home delivery;
- take meal temperatures each day a meal is prepared;
- document meal temperatures;
- record the time the staff takes the temperature of each menu item;
- mark hot and chilled foods to show four hours past the point in time when the food is removed from temperature control;
- deliver hot and chilled foods to an eligible person within four hours from the point the food is removed from temperature control; and
- be sure food transport is safe and sanitary when a central kitchen is preparing food and transporting food to other nutrition sites.

F-1863 Frozen Food

Revision 21-0; Effective January 15, 2021

Foods frozen for later consumption must meet applicable local, state, and federal standards. Equipment and methods for freezing must also meet these standards. A meal must still be frozen when delivered to an eligible person.

F-1864 Reduced Oxygen Packaging Food

Revision 21-0; Effective January 15, 2021

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

F-1870 Suspected Foodborne Illness Outbreak

Revision 21-0; Effective January 15, 2021

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

F-1880 Socialization for People Receiving Multiple Meals

Revision 21-0; Effective January 15, 2021

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

- Socialization contacts must occur at least three times a week for people who receive fewer than three meal deliveries each week, regardless of the type of meal or meals delivered:
    - count one contact when meals are delivered; and
    - make two additional contacts by phone, email, text or another method agreed upon by the meal service recipient and the meal provider.
- A person receiving meals may choose to opt out of receiving socialization contacts other than the meal delivery day.
- A person making a socialization contact must report any significant changes in the person's physical or mental condition or environment to the proper person or entity.

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

Acceptable forms of contact with the eligible person include:

- phone;
- email;

- text messages;
- skype; or
- any method that lets the eligible person to ask questions or request help if needed.

Documentation

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

If a person opts out of socialization contacts other than the meal delivery day, document the person's choice in their file. Update information annually.

D8 Type of content:

Handbook

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

Revision 21-0; Effective January 15, 2021

G-1000 Title III-D, Evidence-Based Disease Prevention and Health Promotion Services

Revision 21-0; Effective January 15, 2021

G-1010 Overview

Revision 21-0; Effective January 15, 2021

Older Americans Act (OAA) Title III-D, Evidence-Based Disease Prevention and Health Promotion Services, includes the requirements for disease prevention and health promotion services at multi-purpose senior centers, congregate meal sites, and through home delivered meals programs or at other appropriate places.

D8 Type of content:

Handbook

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

Revision 21-0; Effective January 15, 2021

H-1000 Title III-E, National Family Caregiver Support Program Services

Revision 21-0; Effective January 15, 2021

H-1010 Overview

Revision 21-0; Effective January 15, 2021

Older Americans Act (OAA) Title III-E, National Family Caregiver Support Program, includes the requirements for services provided to informal family caregivers and older relative caregivers.

D8 Type of content:

Handbook

Appendices

D8 Type of content:

Handbook

Appendix I, Abbreviations and Acronyms

Revision 21-0; Effective January 15, 2021

AAA	Area Agency on Aging
ACL	Administration for Community Living
ADL	Activities of Daily Living
AI	Adequate Intake
AoA	Administration on Aging
CAQ	Caregiver Assessment Questionnaire
CDR	Commission on Dietetic Registration
CFR	Code of Federal Regulations

CNE	Consumer Needs Evaluation
DGA	Dietary Guidelines for Americans
DHHS	U.S. Department of Health and Human Services
DSHS	Texas Department of State Health Services
DTM	Determination of Type of Meal
EAR	Estimated Average Requirements
HDM	Home Delivered Meals
HHSC	Texas Health and Human Services Commission
IADL	Instrumental Activities of Daily Living
MIPPA	Medicare Improvements for Patients and Providers Act of 2008
NSIP	Nutrition Services Incentive Program
OAA	Older Americans Act
PSA	Planning and Service Area
RDA	Recommended Dietary Allowances
RDI	Recommended Dietary Intake
SHIP	State Health Insurance Assistance Program
SPR	State Program Report
SPURS	State Unit on Aging Programs Uniform Reporting System
SUA	State Unit on Aging
TAC	Texas Administrative Code
UL	Tolerable Upper Intake Levels
USDA	U.S. Department of Agriculture

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Appendix II, Service Definitions for Area Agencies on Aging

Revision 21-0; Effective January 15, 2021

Service definitions include services that may be provided through an Area Agency on Aging (AAA). Because resources vary across the state, not every service will be available from every AAA in Texas.

FFY 2021 Service Definitions

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Appendix III, Target Nutrient Requirements Computer Analysis of Nutrients

Revision 21-0; Effective January 15, 2021

Part I – Daily Averaged

Nutrient	DRI Target Values Per Meal	Compliance Range One Meal
calories	600 to 750 calories	600 to 1000 calories
protein	20 grams or higher	20 grams or higher

Part II – Averaged Over the Number of Days of Meal Service Per Week

Nutrient	DRI Target Values Per Meal	Compliance Range One Meal
fat (percent of Total Calories)	25 to 30% of total calories or less	30% of total calories or less
vitamin A	250 to 300 micrograms	250 micrograms or higher
vitamin C	25 to 30 milligrams	25 milligrams or higher
calcium	400 milligrams or higher	400 milligrams or higher
sodium	800 to 1,000 milligrams	1,200 milligrams or less
potassium	1,500 milligrams or higher	1,200 milligrams or higher

Nutrient	DRI Target Values Per Meal	Compliance Range One Meal
fiber	seven grams or higher	seven grams or higher

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Appendix IV, Texas Model for Menu Planning

Revision 21-0; Effective January 15, 2021

Minimum Requirements Model to meet one-third of Dietary Reference Intakes (DRI) and U.S. Dietary Guidelines for America based on combination of the U.S. Department of Agriculture (USDA) Food Guide and Dietary Approaches to Stop Hypertension (DASH) Eating Plan.

Minimum Number of Servings for Meat

Food Group Type	Total servings per day if one meal is provided.	Total servings per day if two meals are provided.	Total servings per day if three meals are provided.
Lean Meat and Meat Alternatives	three ounce equivalents	four to six ounce equivalents	six to eight ounce equivalents

Serving Information

One Ounce Meat and Meat Alternate Equivalents:

- One-ounce cooked lean beef, veal, pork, lamb, chicken, turkey or fish
- One egg
- One-half cup cooked legumes (legumes or beans can be counted as a meat alternate or as a vegetable but cannot be counted as both in meeting the meal pattern requirement)
- One-ounce low-fat natural cheese (such as swiss, cheddar, muenster, parmesan, mozzarella) and processed American cheese (cheese can be counted towards milk or milk alternative but cannot be counted as both in meeting the meal pattern requirement)
- One-half cup tofu (bean curd)
- One-fourth cup low-fat cottage cheese
- One-ounce canned tuna or salmon (packed in water)

Instructions

Provide:

- Meats low in fat. Meats should be oven baked, broiled, grilled or roasted.
- Fish as frequently as feasible. Fish is a good source of protein and omega-3 fatty acids.

Limit:

- Processed, smoked, cured meat, or a high sodium content meat or meat alternate to no more than **one three-ounce serving per week**.
- **Examples**: cold cuts, ham, hot dogs, canned tuna or salmon and sausage.
- Cheese to no more than three ounces per week because of high sodium content.

Minimum Number of Servings for Fruits and Vegetables

Food Group Type	Total servings per day if one meal is provided.	Total servings per day if two meals are provided.	Total servings per day if three meals are provided.
Fruits and Vegetables	Two to Three servings	Six servings	Eight servings

Serving Information

- One-half cup cooked, canned, or chopped raw vegetables and fruits
- One cup-leafy raw vegetable such as lettuce or spinach
- Three-fourths cup 100% fruit or vegetable juice
- One whole fruit such as medium apple, banana or orange
- One-eighth melon
- One-half grapefruit
- One-fourth cup dried fruit
- Starchy Vegetables:
    - One small potato or one-half large potato
    - One-half cup sweet potatoes or yams
    - One-half cup corn kernels, winter squash, peas or lima beans

Instructions

Provide:

- Foods Sources High in Vitamin A – A minimum of three times per week if serving meals on five or more days per week or two times per week if serving meals fewer than five days per week.
- **Examples**: apricots, beet greens, broccoli, cantaloupe, cherries (red, sour), chili peppers (red), greens, asparagus, nectarines, peaches, peas, peppers (sweet red), purple plums (canned), prunes, winter squash, spinach, sweet potatoes, tomatoes, pumpkin, dark green or orange vegetables and mixed vegetables
- Foods Sources High in Vitamin C – Daily.
- **Examples**: asparagus, broccoli, brussel sprouts, cabbage, cantaloupe, cauliflower, grapefruit or juice, greens, honeydew melon, okra, orange juice, sweet red and green peppers, pineapple or juice, potatoes (baked, broiled, steamed), instant potatoes fortified with vitamin C, spinach, sweet potatoes, strawberries, sweet potatoes, tangerines, tomatoes, turnip greens, and low sodium vegetable juice
- Foods Sources High in Potassium – Daily.
- **Examples**: apricots, bananas, beans, broccoli, cantaloupe, carrots, cucumber, lima beans, oranges, potatoes, raisins, spinach, sweet potatoes, tomatoes and watermelon
- Foods Sources High in Fiber – Daily.
- **Examples**: beans or legumes, berries, fruits with skin, green peas, potatoes with skin, squash with skin

Limit:

- Juice to one serving per meal.
- Starchy vegetables to no more than one serving per meal.
- Canned vegetables with sodium or salt to one serving per meal.
- Canned soups or bouillon with sodium.

Minimum Number of Servings for Grains

Food Group Type	Total servings per day if one meal is provided.	Total servings per day if two meals are provided.	Total servings per day if three meals are provided.
Grains	two servings	four servings	six servings

Serving Information

- One or one ounce equivalent bread or grain product

- One-half cup cooked cereal, pasta, noodles
- One-half cup cooked rice
- Three-fourths cup dry cereal
- One slice of bread
- One-half English muffin, bun, small bagel, or pita bread
- One six-inch tortilla
- One one-quarter inch square cornbread
- One two-inch diameter biscuit or muffin
- Four-six crackers
- Three-fourths cup ready-to-eat cereal

Instructions

Provide:

- Whole grain products as much as possible. At least one-third of the grain servings provided under this food group type should be from a whole grains fiber rich source.
- **Examples**: brown rice, bran or bran enriched food, or whole grain bread or product

Limit:

- Quick breads such as cornbread, biscuits, and muffins to once per week due to a higher fat and sodium content.

Minimum Number of Servings for Milk or Milk Alternate

Food Group Type	Total servings per day if one meal is provided.	Total servings per day if two meals are provided.	Total servings per day if three meals are provided.
Grains	one servings	two servings	three servings

Serving Information

- One cup vitamin D fortified skim, 1% or 2% low fat
- Eight ounces low fat yogurt (vitamin D fortified preferred)
- One cup soy beverage fortified with vitamin D and calcium
- One one-half ounce natural cheese

- Two ounces processed cheese
- One cup pudding made with fortified milk
- One cup juice fortified with vitamin D and calcium

Instructions

Provide:

- Food with the lowest fat content when possible.

Limit:

- Natural and processed cheese and unfortified yogurt as an alternate since these products are not vitamin D fortified.

Optional Number of Servings for Desserts

Food Group Type	Total servings per day if one meal is provided.	Total servings per day if two meals are provided.	Total servings per day if three meals are provided.
Desserts	See instructions below	See instructions below	See instructions below

Serving Information

- Desserts are optional and serving is based on type of dessert served

Instructions

Provide:

- Nutrient rich desserts that include fruit, whole grains, low-fat milk products, or products with limited sugar to count toward meeting the appropriate food group required servings. (e.g., apple crisp with oatmeal topping, low-fat pudding, canned fruit, gelatin with fruit, ice cream, or frozen yogurt).

Limit:

- Desserts such as cakes, pies, cookies to once per week if one meal per day is served.

Optional Number of Servings for Oils or Fat

Food Group Type	Total servings per day if one meal is provided.	Total servings per day if two meals are provided.	Total servings per day if three meals are provided.
Oils or Fat	No more than one serving	No more than two servings	No more than three servings

Serving Information

- One teaspoon soft margarine made from unsaturated oils
- One teaspoon oil (olive, peanut, canola, safflower, corn, sunflower, soy and cottonseed)
- One tablespoons mayonnaise
- Two tablespoons salad dressing

Instructions

Provide:

- Oils or fats infrequently.

Limit:

- Total fat to no more than 30% of total calories. Provide an oil or fat serving only to enhance the flavor or presentation of the meal. Eliminate all sources of trans fat from the meal planning.

Optional Number of Servings for Other Foods

Food Group Type	No specified recommendations per meal	No specified recommendations per meal	No specified recommendations per meal
Other Foods			

Serving Information

- Low fat gravies, sauces, condiments, mustard and catsup

Instructions

Provide:

- Optional foods to make up more calories as needed, enhance the flavor of the meal or help maintain

holding temperatures.

- Low or lower sodium and lower fat products when selecting optional foods.

Limit:

- Foods high in sodium (canned soup or bouillon, prepared cooking sauces, pickles, olives, processed foods, salter foods, soy sauce).

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Glossary

Revision Notice 21-0; Effective January 15, 2021

A B C D E F G H I K L M N O P Q R S T U V W

Administration on Aging (AoA): The agency that administers Older Americans Act programs, except for Title V which is administered by the U.S. Department of Labor. It is within the Administration for Community Living of the U.S. Department of Health and Human Services. The principal official of AoA is the assistant secretary for aging.

American Indian or Alaska Native: People maintaining tribal affiliation or community attachment with any of the original peoples of North America.

Area Agency on Aging (AAA): The entity designated by HHSC under authority of the Older Americans Act, to develop and administer a plan for comprehensive and coordinated systems of services for older people.

Area Plan: A plan developed by the AAA for comprehensive and coordinated systems of services for older people that complies with the Older Americans Act and 45 CFR 1321. It follows the format provided by HHSC and must be approved by HHSC before the AAA receives an award for funding.

A B C D E F G H I K L M N O P Q R S T U V W

Contract: A legal instrument by which a non-federal entity purchases property or services needed to carry out the project or program under a federal award. The term does not include a legal instrument, even if the non-federal entity considers it a contract, when the substance of the transaction meets the definition of a

federal award or subaward.

Contractor: An entity that receives a contract.

A B C D E F G H I K L M N O P Q R S T U V W

Evidence-Based Program: A program recognized by the U.S. Department of Health and Human Services to meet the following criteria:

- demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability, or injury among older adults;
- proven effective with older adult population, using experimental or quasi-experimental design*;
- research results published in a peer-review journal;
- fully translated** in one or more community site(s); and
- includes developed dissemination products that are available to the public.

  *Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.

  **For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs shown to be effective within a real-world community setting.

A B C D E F G H I K L M N O P Q R S T U V W

Family Caregiver: An adult family member, or another person, who is an informal provider of in-home and community care to an older person or to someone with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction regardless of age.

Federal Poverty Level (FPL): Having income below the amount annually established by the federal government as the poverty level.

Federal Regulations: Non-statutory policies, procedures or requirements adopted by government agencies to fulfill and implement a statutory purpose. Regulations are published in the Federal Register and codified in the Code of Federal Regulations. Regulations have the force and effect of law and are binding on agencies or persons to which they apply.

Fiscal Year: A specific 12-month period during which funds are expended. Specific fiscal years are listed below:

- Federal Fiscal Year (FFY) – Oct. 1 through Sept. 30
- State Fiscal Year (SFY) – Sept. 1 through Aug. 31

Flexible Meal Model: Home delivered meals model of service delivery that give people and meal providers an alternative option to the hot meal delivered daily model.

Focal Point: A facility established under the Older Americans Act to encourage the maximum collocation and coordination of services for older people in a community.

Frail: Having a physical or mental disability, including having Alzheimer's disease or a related disorder with neurological or organic brain dysfunction, that restricts the ability of a person to perform normal daily tasks or threatens the capacity of a person to live independently.

A B C D E F G H I K L M N O P Q R S T U V W

Greatest Economic Need: The need resulting from an income level at or below the poverty line.

Greatest Social Need: The need resulting from noneconomic factors that restricts the ability of a person to perform normal daily tasks or threatens the capacity of a person to live independently. Non-economic factors include:

- physical or mental disabilities;
- language barriers; and
- cultural, social or geographical isolation, including isolation caused by racial or ethnic status.

A B C D E F G H I K L M N O P Q R S T U V W

Homebound: Not able to leave the home without the assistance from another person.

A B C D E F G H I K L M N O P Q R S T U V W

In-Home Service: A supportive service that supports the ability of an eligible person to remain in the home including:

- chore maintenance;
- day activity and health services;
- homemaker;
- personal care;
- residential repair;
- respite (in-home) care for families;
- social reassurance; and
- visiting;

A B C D E F G H I K L M N O P Q R S T U V W

Means Test: The use of an older person's income or resources to deny or limit that person's receipt of Older Americans Act services.

Monitoring: Collection and analysis of an entity's performance data related to current and past activities to determine whether the entity complied with its agreement, contract and state and federal requirements.

Multi-Purpose Senior Center: A community facility that provides a broad array of services including health, mental and behavioral health, and social, nutritional, recreational, and educational services for older people.

A B C D E F G H I K L M N O P Q R S T U V W

Non-federal Entity: A state, local government, Indian tribe, institution of higher education, or nonprofit organization that carries out a federal award as a recipient or subrecipient.

Nutrition Consultant: A dietitian or other person with equivalent education and training in nutrition science who provides services to a AAA or subrecipient provider to ensure required Older Americans Act requirements are met.

Nutrition Services: Congregate meals, home delivered meals, and a range of services including nutrition screening, assessment, education and counseling.

Nutrition Services Incentive Program (NSIP): A program that provides cash or commodities to supplement congregate and home delivered meals provided under the authority of the Older Americans Act. Texas elected to receive cash only.
Older Person: A person who is 60 years or older.

A B C D E F G H I K L M N O P Q R S T U V W

Older Person: A person who is 60 years or older.

A B C D E F G H I K L M N O P Q R S T U V W

Pass-through Entity: A non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program.

Planning and Service Area (PSA): A geographic area of Texas designated by HHSC, under authority of the Older Americans Act, to establish boundaries in which an Area Agency on Aging will be located.

Program Income: Gross income earned by a program that is directly generated by the grant-supported project or activity or earned because of the award.

A B C D E F G H I K L M N O P Q R S T U V W

Recipient: A person receiving services from a AAA or a service provider.

Rural: Any area that is not defined as urban (State Program Report). Urban areas comprise of (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. Geographic Distribution is defined using Categorization C of the Rural-Urban Commuting Area (RUCA) codes (http://depts.washington.edu/uwruca/ruca-uses.php). For more information and background on the ZIP code based RUCA please refer to the WWAMI Rural Health Research Center's RUCA website (http://depts.washington.edu/uwruca/ruca-data.php) and for development of the county-based RUCA please visit the RUCA Codes page (https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/). ZIP code files are available on the Resource page of the OAAPS.

A B C D E F G H I K L M N O P Q R S T U V W

Service Provider: An entity that receives a sub-award or contract from an AAA to provide direct services.

Severe Disability: A disability due to a mental or physical impairment that:

- is likely to continue indefinitely; and

- results in substantial functional limitation in three or more of the following major life activities:
    - self-care;
    - receptive and expressive language;
    - learning;
    - mobility;
    - self-direction;
    - capacity for independent living; and
    - economic self-sufficiency.

Significant Change:

- a difference in a person's health status after an accident, illness or hospitalization;
- an actual or anticipated change in person's living situation;
- a change in the caregiver relationship;
- loss, damage or deterioration of the home living environment;
- loss of a spouse, family member, caregiver or close friend; or
- loss of income.

State: The state of Texas.

State Unit on Aging: The single state agency designated by the Administration on Aging to develop and administer the State Plan on Aging. In Texas, this is the Texas Health and Human Services Commission.

Subaward: An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor. A sub-award may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Subrecipient: A non-federal entity that receives a subaward from a pass-through entity to carry out a part of a federal program. Subrecipients typically determine program eligibility, are responsible for program decision-making, and adhere to program compliance requirements. Performance is measured against state and federal goals.

A B C D E F G H I K L M N O P Q R S T U V W

U.S. Department of Health and Human Services: The federal agency which includes the Administration for Community Living and the Administration on Aging, responsible for administering Older Americans Act

programs.

Urban: Urban areas comprise of (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. Geographic Distribution is defined using Categorization C of the Rural-Urban Commuting Area (RUCA) codes (http://depts.washington.edu/uwruca/ruca-uses.php). For additional information and background on the ZIP code based RUCA please refer to the WWAMI Rural Health Research Center's RUCA website (http://depts.washington.edu/uwruca/ruca-data.php) and visit the RUCA Codes page (https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/) for development of the county-based RUCA. ZIP code files are available on the Resource page of the OAAPS.

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Voluntary Contribution: A donation by a person participating in a Title III program made to a AAA or a subrecipient.

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Forms

ES = Spanish version available.

Form	Title
2027	Home Delivered Meals (HDM) Waiver
2278	Determination of Type of Meal

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Revisions

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21-0, New Handbook

Revision Notice 21-0; Effective January 15, 2021

The *Area Agencies on Aging Policies and Procedures Manual* supports AAA. AAA is the entity designated by the Texas Health and Human Services Commission, under authority of the Older Americans Act, to develop and administer a plan for comprehensive and coordinated systems of services for older people and caregivers.

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Contact Us

Revision 21-0; Effective January 15, 2021

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