

**Wyoming Department of Health**  
**Aging Division, Community Living Section**

**Older Americans Act**

**Title III-C2 Home Delivered Nutrition Program**  
**Policies and Procedures**



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# **I. Nutrition Services**

## **Program Purpose:**

The Wyoming Department of Health, Aging Division, Community Living Section, Nutrition Programs purpose is to reduce food insecurity and hunger, while promoting socialization among Wyoming's older adults. The home delivered meals service includes the provision of at least one hot or other appropriate meal to eligible homebound persons in their own home five or more days per week except in rural areas where such frequency is not feasible, and a lesser frequency is approved the Aging Division (Division).

## **Policy:**

The service providers shall:

- A. Establish and operate a nutrition project five (5) days or more a week (except in a rural area where such frequency is not feasible and the Division approves a lesser frequency), provide at least one (1) home delivered meal per day, which may consist of hot, cold, frozen, canned, dried, fresh, or supplemental foods and any additional meals the service provider may elect to provide;
- B. Assure orientation is provided on the Division Policy and Procedure Manual to home delivered meals service staff;
- C. Submit a written request waiver for any nutrition program, which proposes in the funding request application to provide less than five (5) meals per week at any nutrition site. The request includes documentation of the rural nature of the site or other factors which may justify the waiver of this requirement and is submitted at least 30-days prior to the change in meal frequency; and
- D. Notify the Division of all meal site closures or service delivery disruptions, whether or not due to an emergency, when such disruption will last for two service days or more (i.e. holidays or training closures).

## **II. Change of Status**

### **Policy:**

Any nutrition site that is seeking a change of status in the home delivered meals program is based upon objective, quantifiable, socio-demographic, and needs assessment data. Thirty days prior to the change of status of a nutrition site, the service provider submits to the Division an analysis of data considered by the program in recommending each proposed change.

### **Procedure:**

A. The service providers shall document:

1. The reason for each proposed change;
2. Existing meal services for older adults in the service area, for each change;
3. All potentially eligible areas within the service area with no current services, for opening or relocation;
4. A list and ranking of all unserved areas in the order of their priority for future funding, for opening or relocation;
5. The number and proportion of low-income minority, low income, and older adults in greatest economic or social need for each currently served and currently unserved area, for each change;
6. The total number of persons age 60 years or older in the total service area for each change;
7. A revised grant to include the budget justification for each change;
8. The proposed date for each change;
9. Current health department and fire inspection reports, for opening or relocation;
10. Transportation services available for older adults affected by each change;
11. Governing board recommendations for each change; and
12. Any other information the Division deems necessary to evaluate the proposed expansion.

B. Upon review of the analysis, the Division may disapprove or conditionally approve the request for site change.

### **III. Eligibility**

#### **Policy:**

Eligibility requirements for home delivered meals participants include, at a minimum:

- A. Persons age 60 and older who are homebound or who are geographically isolated;
- B. Disabled persons under age 60 years who reside with eligible participants; and
- C. Spouses of home delivered meals participants, if receipt of the meals are in the best interest of the participants.

#### **Procedure:**

- A. Persons who wish to receive home delivered meals service complete the Division approved evaluation tool (AGNES). A caregiver, case manager, or social services staff may assist with completing the form. Assessments from other service orders may be accepted if the content provides the same information as the evaluation tool.
- B. The requirement for an assessment may be waived if the eligible participant is temporarily incapacitated at home. Receipt of home delivered meals for more than 30 days requires that the service provider assess the eligible participant's status to determine if the individual is homebound.
- C. Eligible participants are evaluated at least annually to determine continued eligibility.
- D. Persons who are no longer homebound are referred to the congregate meals program, if feasible.

## **IV. Consumer Contribution**

### **Policy:**

Each service provider shall ensure that minimum standards and procedures are established for the responsible collection, handling, and safeguarding of consumer contributions and non-eligible recipient fees. Solicitations for voluntary contributions may occur at regular intervals and be clearly communicated. The following standards and procedures shall be adhered to for the facility and/or service providers.

### **Procedure:**

- A. All eligible participants shall be given the opportunity to voluntarily contribute to the cost of selected services received. For example, the solicitation for voluntary contributions may include, but is not limited to: signs at the nutrition program sites; individual letters to the eligible participants; or verbal communication to the eligible participant. The solicitation may include factual information related to the cost of delivering the service, but must be non-coercive with respect to the voluntary nature of the contribution.
- B. Solicitations for voluntary contributions may occur at regular intervals and be clearly communicated.
- C. Voluntary contributions methods are determined through consultation with stakeholders within the service area. The Division will monitor and approve voluntary contribution solicitation practices and materials upon development, implementation, and during the service provider evaluation process. Service providers shall develop and submit their internal policy for voluntary contributions to the Division.
- D. Contribution boxes or receptacles may be placed in an area observable. However, eligible participant's privacy and confidentiality is protected with respect to the eligible participant's contribution or lack of contribution. For example, to facilitate private, confidential contributions, voluntary contributions may be mailed at a later date. Site collection receptacles may be placed away from the reception area. If service providers accept voluntary contributions, they may keep logs of acceptance of tickets, vouchers, or envelopes, regardless of whether or not they contain a contribution. Contribution options shall be made available to accommodate the eligible participant.
- E. The service provider shall not means test for any service for which voluntary contributions are accepted. Assets, savings, other property owned by an eligible participant, or income shall not be considered when identifying potential participants. The service provider shall continue to target and prioritize eligible participants using participant reported eligibility information.
- F. Services shall not be denied to an eligible participant due to the participant's reluctance or inability to contribute toward the cost of the service. With limited funding resources, the service provider shall prioritize target individuals designated in the Older Americans Act (OAA); older adults with greatest economic need and older adults with greatest social need,

including low-income, low-income minority individuals and older adults residing in rural areas. If needs in the service area exceed OAA program resources, targeted individuals may receive priority, regardless of the eligible participants ability to pay.

- G. Frequency of contribution solicitations may be determined by the service providers and stakeholders. For example, this may occur during initial intake, during the delivery of service, by mail or distribution each month or other intervals, or ongoing.
- H. Appropriate procedures are established to safeguard and account for all contributions. Cash handling procedures shall be monitored by the service providers during the service provider evaluation process and ongoing as needed.
- I. Collected contributions are used to expand the service for which the contributions were given. Eligible participants may be notified that their contributions will be used to provide additional services for other eligible participants.
- J. When an eligible participant receives more than one home delivered meal per day, service providers may request a voluntary contribution for the second meal. However, the eligible participant may not be coerced for the contribution.
- K. Written material in languages other than English shall be made available where appropriate.
- L. Eligible participants utilizing the Supplemental Nutrition Assistance Program (SNAP) can use those benefits as a voluntary contribution toward the OAA meal if they wish to do so.

## V. Guest Fees

### **Policy:**

Fees amounting to the full cost of the service are charged to non-eligible recipients. Guest fees are used to expand the service for which the fees were given. Minimum fees for home delivered meals shall be determined using guidelines and procedures established by the Division.

### **Procedure:**

- A. Guests are not required to belong to OAA targeted groups.
- B. When resources cannot accommodate guest and eligible participants, eligible participants take priority and are the first served.
- C. Guest fees are required. They are not voluntary or confidential.
- D. Home delivered meals programs shall complete the ‘Standardized Cost Sheet for Nutrition Programs’ annually. This tool will determine the total meal cost and guest fee to be charged to non-eligible individuals each Federal Fiscal Year beginning October 1<sup>st</sup> through September 30<sup>th</sup>. At a minimum, the required match of 10%, including both in-kind and local cash, shall be included in the calculation.
- E. If the nutrition program has local funding available to offer discounted meals to guests, including staff or other individuals, they may do so as long as the full guest fee amount, as determined by the ‘Standardized Cost Sheet for Nutrition Programs’ is covered by the nutrition program.
- F. The amount of Guest Fees shall not be less than the suggested donation.
- G. Meal sites must notify the Division when the Guest Fee amount has changed and rationale behind the change.
- H. The completed tool shall be available for review by the Division, Federal regulatory agencies, and others needing it for purpose of audit or compliance review.



## **VI. Nutrition Services Incentive Program**

### **Policy:**

Nutrition Services Incentive Program (NSIP) rewards, through cash or commodities, the performance of Title III-C nutrition programs in the efficient delivery of nutritious meals to older adults. The Administration for Community Living (ACL) shall distribute NSIP funds through the Division to the service providers based on the Division determined formula. NSIP rewards are based on performance of Title III-C nutrition programs in the efficient delivery of nutritious meals to older adults.

### **Procedure:**

- A. Programs receive NSIP cash or cash and commodity allocations of food commodities from the State based on the number of eligible meals actually served in the previous year in relationship to the total number of meals actually served by all Title III-C programs reported to ACL.
- B. NSIP funds shall be used to expand meals, expand access to meals, or maintain the number of meals with increases in food costs.
- C. NSIP provides additional funding to States, Territories and eligible Tribal organizations that is used exclusively to purchase food, not meal preparation, and may not be used to pay for other nutrition-related services such as nutrition education or for state or local administrative costs.
- D. NSIP funds shall be used to purchase domestically produced food. Domestically produced foods are defined as: food grown in States/Territories/Tribes or food products processed/produced in States/Territories/Tribes.
- E. Programs develop management procedures pertaining to tracking NSIP purchases on United States produced food products.
- F. Each service provider shall receive NSIP funds based on the prior Federal Fiscal Year National Aging Program Information System (NAPIS) report of meal counts.
- G. If prior Federal Fiscal Year counts are not available, the Division may base initial disbursements on two years prior NAPIS meal counts. Adjustments shall be made to subsequent rounds of NSIP disbursements to reflect prior NAPIS meal counts.
- H. Nutrition programs maintain documentation of NSIP reimbursable meals based on Title III participant eligibility.
- I. Each service provider shall ensure the accuracy and completeness of meal count data reported in the Division approved data system which supplies NAPIS meal counts.
- J. If the Division determines that the NAPIS meal count is inaccurate, the discrepancy must be documented and reported to the Division prior to the NAPIS reporting deadline.

K. If the NAPIS meal count report is significantly lower than budgeted, the Division and service provider shall determine if funding amounts and production levels should be decreased.

L. ACL may distribute NSIP funds in part or in whole to the Division.

M. Means-tested meals or meals that are included as a part of per diems are not eligible for NSIP.

N. Program requirements are as follows:

1. A meal reported for NSIP is required to meet the OAA nutrition requirement of complying with the most recent Dietary Guidelines for Americans and have a nutrient content that meets one third of the Dietary Reference Intakes.
2. A meal reported for NSIP is to be served to individuals who meet the service criteria in the OAA and regulations, including not being means-tested for participation and being provided the opportunity to voluntarily contribute to the cost of service.

## **VII. General Service Provider Responsibilities and Requirements**

### **a. Meal Planning**

#### **Policy:**

The home delivered meals program conducts appropriate meal planning for the home delivered meals service by soliciting the advice and expertise of: a Registered Dietitian; persons competent in the field of nutrition; persons competent in the field of food service; meal participants; and other individuals knowledgeable with regard to the needs of older adults. Participant direction and choice shall be encouraged when providing home delivered meal services.

#### **Procedure:**

- A. Menus are prepared or approved prior to meal service by a Registered Dietitian, Dietetic Technician Registered, or a nutritionist who considers the special needs of older adults and ensure that each meal served contains at least one-third (33 1/3%) of the current daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and also comply with the most recent Dietary Guidelines for Americans.
- B. Nutritional adequacy is documented with computer analysis by the program Registered Dietitian, Dietetic Technician Registered, or nutritionist. Nutrient analysis reports (i.e. Multi-Column Report) must list the food items that make up the nutrient analysis. Maintenance of optimal nutritional status through menu planning is reflected in menus moderate in fat, salt, and simple sugars, and high in fiber. At a minimum, values for the following nutrients must be available upon request: calories, fat, carbohydrates, fiber, and sodium. Nutrient analysis information must be in the form of a handout so eligible participants are able to take the information with them. The full nutrient analysis must be available for those that request this information.
- C. The monthly menu should be made available to eligible participants. Signed, analyzed menus are available for Division review.
- D. Where feasible and appropriate, texture or nutrient modified diets prescribed by a physician are provided to meet the medical needs of eligible participants. Feasibility and appropriateness are determined by the Registered Dietitian and Director. Monitoring of texture or nutrient modified diets is done by the program Registered Dietitian.
- E. Title III funds can be used to purchase liquid supplements but a liquid supplement by itself cannot be counted as an eligible meal. If liquid supplements are served in addition to a meal that meets the OAA nutritional requirements, it can be counted as one meal. NSIP funds can only be used to purchase domestically produced foods and does not include liquid supplements.
- F. Religious, ethnic, cultural, or regional dietary requirements or preferences of a major portion of the group of eligible participants receiving home delivered meals are reflected in some foods in the menus.

- G. All menus are served as planned unless the Registered Dietitian, Dietetic Technician Registered, or the nutritionist reviews and approves an appropriate substitution. A complete menu move from one day to another does not constitute a substitution. When substitutions are made, the program maintains records on-site which document the:
1. Date of substitution;
  2. Original menu item(s); and
  3. Substituted menu item(s).
- H. Home delivered meals service providers shall strive to operate efficiently and effectively. “Efficiently” refers to the relative cost of providing a unit of service (meal); while “effectiveness” refers to the capacity to provide a defined service as intended by the OAA, which includes service quality, quantity, and timeliness.
- I. Production forecasting is conducted as accurately as possible and does not include a margin of oversized portions or second servings. Home delivered meal service providers must establish procedures that forecast or eliminate attendance to keep waste at a minimum.
- J. An eligible participant may be offered a particular food, but the participant may refuse the food and it does not need to be served.
- K. Where feasible, provisions are made for the celebration of special occasions for eligible participants, for example, birthdays and holidays.
- L. Home delivered meals may be hot, cold, frozen, dried, canned, or fresh with a satisfactory storage life.
- M. Home delivered meal service may include the delivery of more than one meal for each day’s consumption provided that proper storage and heating facilities are available in the eligible participant’s home.
- N. Home delivered meal service providers shall establish a method to determine participant satisfaction that will be used to maintain or improve the quality of foods and services.
- O. Nutrition programs *may offer* home delivered meal eligible participants a shelf stable emergency meal package, available for use during inclement weather or other emergency situations, when the program is unable to deliver meals.
1. Emergency meal packages for home delivered meals participants may be offered to eligible participants. Distribution times may vary by region based upon local needs. Meals should be replenished as is deemed necessary for an emergency situation.
  2. Meal sites may count an emergency meal package as an eligible reimbursable meal (through the additional grant funds), so long as the meal package contains 33.33% of the Dietary Reference Intakes and complies with OAA meal requirements.

Reimbursement for emergency meals is not guaranteed without the signed agreement with the Division.

- P. In emergency situations at a meal site when a meal or menu has not been approved by a Registered Dietitian before service, facilities may have the Registered Dietitian approve the menu at a later time. Approval and notification must be given to the Division regarding the emergency and the food that was served. Meals may be considered eligible, so long as the meals meet the OAA nutrient requirements, once approved within 2 weeks of the emergency situation occurrence.

## **General Service Provider Responsibilities and Requirements**

### **b. Monitoring of Facilities**

#### **Policy:**

Each home delivered meals service provider develops and implements procedures to monitor compliance of facilities with all applicable public health and sanitation codes, and, where feasible and appropriate, fire and safety codes.

#### **Procedure:**

- A. The home delivered meals service provider must correct deficiencies under its control in a timely manner.
- B. Outbreaks of suspected foodborne illness shall be reported to the local Health Department and the Division when identified by the home delivered meal service provider. The Division shall be notified within 24 hours once aware of the possible outbreak.
- C. If rented and/or donated facilities, the home delivered meals service provider reports deficiencies to owner and works with the owner to correct them in a timely manner.

# **General Service Provider Responsibilities and Requirements**

## **c. Food Procurement**

### **Policy:**

All food procurement for the nutrition program shall be of good quality and shall be obtained from sources which conform to Federal, State, and local regulatory standards and laws for quality, sanitation, and safety.

### **Procedure:**

- A. All food purchases are through approved commercial vendors;
- B. Nutrition programs will develop a procedure to address food recalls;
- C. Home prepared foods, such as canned, frozen, or potluck dishes shall not be used;
- D. No foods past their expiration or use-by date shall be used or served in the nutrition program;
- E. Programs wishing to accept livestock or wild game donations must adhere to the Wyoming Food Safety Rule and work with their local health department to ensure that slaughter and processing meets requirements;
- F. Documentation of all livestock and wild game donations must include the name of the donor, date of donation, and date and name of the plant where the animal was slaughtered and/or processed. A record of the meals that contain these foods must be maintained;
- G. Nutrition programs receiving numerous livestock donations may submit a waiver request that disregards keeping a record of the meals that contain the donated foods;
- H. If wild game is served, it must be listed on the menu as 'wild game', i.e. elk, venison, etc.;
- I. Programs wishing to accept eggs and other food donations must adhere to the Wyoming Food Safety Rule and work with their local health department to ensure that the nutrition program is in compliance with food safety standards; and
- J. Documentation must be kept at the nutrition program office and be available for review by the Division and local health department staff.

## **General Service Provider Responsibilities and Requirements**

### **d. Locally Grown and Sourced Produce**

#### **Policy:**

Nutrition programs choosing to utilize donated locally grown produce or purchase locally grown produce from suppliers in the nutrition program shall ensure all produce is wholesome and of good quality. A nutrition program may determine and specify with a local policy that they do not wish to incorporate donated or discounted foods into their menus.

#### **Procedure:**

- A. Nutrition programs will develop protocols to address food recalls with the growers and suppliers. All donated locally grown produce shall be donated by the raw agricultural producer.
- B. All donated locally grown produce shall not have undergone any processing prior to donation, including but not limited to washing and/or cutting.
- C. When utilizing donated produce, nutrition programs shall document the following:
  1. Item being donated;
  2. Date of donation;
  3. Agency, supplier, or grower making the donation; and
  4. Date donation was served to eligible participants.

This information shall be kept on file and be available for review by the Division, Federal regulatory agencies, State and Local Public Health Departments, and others needing it for purposes of audit or compliance review.

- D. Nutrition programs may utilize produce grown by the nutrition program in a garden grown on-site and managed by the nutrition program. Gardens grown by the nutrition program must adhere to 'Good Agricultural Practices' (*GAP*) and must develop food safety and handling protocols for garden to nutrition program utilization of produce that address growing, harvesting, and transport of produce. Nutrition programs choosing to utilize a garden to grow produce that will be used in the nutrition program must seek prior approval from the Division and submit their food safety and handling protocols for approval and review.



## **General Service Provider Responsibilities and Requirements**

### **e. Outreach Services**

#### **Policy:**

Each nutrition program provides all supportive services feasible within the programs resources but must include, at a minimum, outreach services and nutrition education for each nutrition site. Other services that may be provided are transportation, health screenings, participant education, benefits counseling, recreation, and similar services. The program refers eligible participants to other community services as appropriate.

#### **Procedure:**

- A. The program provides or arranges ongoing outreach services at each nutrition site, which are sufficient to cover the programs service area.
- B. New eligible participants are assessed using the Division approved evaluation tool for service needs during the initial interview and are offered assistance in obtaining desired services, as appropriate.
- C. The program makes every effort to coordinate with other community services and to offer on-site space for services that benefit the programs participants, such as Low-Income Energy Assistance Program (LIEAP) and Supplemental Nutrition Assistance Program (SNAP) applications, health insurance counseling, participant education presentations, and health screenings.

## **General Service Provider Responsibilities and Requirements**

### **f. Volunteers**

#### **Policy:**

Volunteers, as defined by the Administration on Aging, are “an uncompensated individual who provides services or support on behalf of older individuals”. Volunteers under the age of 60 who provide meal-related services can be offered a meal.

#### **Procedure:**

- A. All personnel, both paid and volunteer, of any nutrition program shall have a written job description.
- B. Nutrition programs have the option of offering a meal on a voluntary contribution basis to non-elderly individuals who provide volunteer services to the nutrition program during meal hours. Volunteers under age 60 who perform nutrition program-related duties as part of their job description may be offered a meal if doing so will not deprive an older individual of a meal. These individuals shall complete the Division approved volunteer form or a volunteer form provided by the nutrition program.
  - 1. Volunteer services for the home delivered meals program may include delivering meals; assembling meals; assisting in meal preparation; etc.
  - 2. Volunteers shall be distinguished between the congregate and the home delivered meals program. If the volunteer is providing meal-related services that directly contribute to either program, this may be left up to the discretion of the service provider. Volunteer drivers designated for home delivered meals should be counted as a home delivered meal volunteer.
  - 3. Meals served to the under age 60 volunteer shall be included in the NSIP meal count.
  - 4. A written policy and procedure shall be developed and implemented which describes how and when (such as hours and duties) non-elderly volunteers are eligible to receive meals on a contribution basis, including details on record-keeping methods.
- C. Nutrition programs shall have an internal policy regarding liability insurance for volunteers.
- D. Volunteer activities should be recorded and quantified into hours and value to the provider agency.
  - 1. Nutrition programs shall have an internal policy regarding monitoring and recording of volunteer hour tracking for in-kind values. For example, nutrition programs may have an internal policy stating that tracking of volunteer time will be kept by daily schedules that the volunteers will sign for approval each month.

## **VIII. Food Safety and Sanitation**

### **a. Wyoming Food Safety Rule**

#### **Policy:**

Nutrition programs shall adhere to the standards in the Wyoming Department of Agriculture most current Wyoming Food Safety Rule document. Additional food safety procedures shall be followed to ensure the health and well-being of the older adults being served.

#### **Procedure:**

- A. Food safety education shall be provided at all meal sites for home delivered meals through the nutrition program each Federal Fiscal Year. The education may include issues such as: proper handling of home delivered meals; time and temperature related to foodborne illness; cooking meats to proper temperature; washing fresh fruits and vegetables; and proper storage of food.
- B. Milk may not be stored at meal sites unless it is in a refrigerator that maintains the temperature at a maximum of 41° Fahrenheit. Kitchen and site staff shall be trained to interpret the expiration date of milk cartons. Milk past the expiration date shall be disposed.
- C. The home delivered meals service provider must correct deficiencies under its control in a timely manner.
- D. Outbreaks of suspected foodborne illness shall be reported to the local Health Department and the Division when identified by the home delivered meal service provider.
- E. In rented and/or donated facilities, the home delivered meals service provider reports deficiencies to the owner and works with the owner to correct them in a timely manner.
- F. Food preparation staff work should be under the supervision of a certified food handler (e.g. ServSafe or another Health Department sponsored food handler's class) who ensures the application of hygienic techniques and practices in food preparation and service. Service providers shall be in compliance with local county or public health regulations.
- G. Food Safety in-service training shall be provided for all paid food service personnel at least annually. All volunteers involved in the preparation, service, or delivery of food for the nutrition program shall be provided food safety information at least annually.
- H. Holding time from the removal of temperature control unit where all meals are served in shall not exceed four hours.
- I. Temperatures of hot and cold foods are taken and documented daily after food is placed on the steam table or immediately before serving. If temperatures fall below or above the recommended level, foods are heated or cooled to the proper temperature. Please refer to the 'Time as a Public Health Control' in the Wyoming Food Safety Rule.

- J. Daily temperatures of hot and cold foods are documented in writing and kept at the nutrition site and made available for review by the Division or Consulting Dietitian in accordance with the requirements of the OAA.

## **Food Safety and Sanitation**

### **b. Food Preparation**

#### **Policy:**

All preparation and serving of food for the nutrition program meet all applicable state and local fire, health, sanitation, and safety regulations. Food preparation and delivery is to be performed in a cost efficient manner.

#### **Procedure:**

- A. Programs with multiple serving sites make every effort to consolidate all meal preparation at one facility. Such consolidation is undertaken only when delivery distances and holding times make it feasible.
- B. A reservation system may be used to prevent overproduction and waste of food. If the eligible participant cannot participate in a meal, they may call the nutrition site or program office to cancel a reservation.
- C. The program director or designee attends appropriate fire, health, and safety and sanitation inspections and responds appropriate to all identified deficiencies.
- D. Tested, quality recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of meals. Uniform, standardized recipes that provide for required amounts per serving are used when feasible.

## **Food Safety and Sanitation**

### **c. Packaging and Delivery**

#### **Policy:**

Home delivered meals are packaged and delivered to ensure temperature control, prevent contamination, control spillage, and to maintain integrity of the meals. Meals shall be delivered to the participant and shall not be left at the door or anywhere unattended. In isolated circumstances the following service delivery exceptions may be granted: 1) the eligible participant is not home due to medical treatment and prior arrangements have been made, meals may be left with a neighbor or alternate person; and 2) in rural areas where there is no congregate meal site and clients are eligible for home delivered meals due to geographic isolation the eligible participant may pick-up their meals at a community focal point.

#### **Procedure:**

This section is implemented by including procedures for:

- A. Packaging and handling up to the point of delivery of the meals;
  - 1. Hot foods begin transport at a minimum of 135° Fahrenheit;
  - 2. Cold foods begin transport at a temperature no higher than 41° Fahrenheit;
  - 3. Frozen foods are maintained frozen and hard; and
  - 4. Following approved procedures utilizing Time as a Public Health Control.
- B. Performing temperature checks on a random basis to ensure food is delivered at appropriate temperatures, that equipment used to hold temperatures when transporting meals is functioning properly, and that the length of the route allows for the integrity of the meals to be maintained. Documentation of these checks is maintained by the provider and is made available for review by the Division;
- C. Packaging and packing cold, hot, and frozen foods separately;
- D. Packaging meals individually and in secondary insulated food carriers to meet established safety and sanitation standards;
- E. Delivering meals within four hours of removal from temperature control;
- F. Dating all disposable containers; and
- G. Requesting a waiver from the Division prior to allow home delivered eligible participants, due to geographic isolation, to pick up their meals in rural areas where there is no congregate meal site.

## **Food Safety and Sanitation**

### **d. Adequate Facilities**

#### **Policy:**

Each home delivered meals service provider secures and maintains adequate facilities for the preparation and delivery of the meals service, nutrition education, and nutrition counseling.

No OAA program site shall allow any person or organization to attempt to influence the outcome of any Federal, State, or local election, referendum, initiative, or similar procedure through in-kind or cash contributions, publicity or similar activity on the premises of the program site.

#### **Procedure:**

- A. The subrecipient requests annual health and sanitation (and, as appropriate, fire and safety) inspections of program offices and kitchens by appropriate local public agencies, using accepted local standards that take into account the use and occupancy of the site by Title III funded programs and are adequate to protect the health and safety of eligible participants.
  1. All inspection reports are on file with the subrecipient agency.
  2. Subrecipient agency responds as directed by the inspecting agency to all cited deficiencies under its control.
- B. The subrecipient agency prohibits smoking in all areas under its control (food preparation, serving, and dining areas) and, where feasible, clearly communicates this policy by posting appropriate signs and removing ashtrays.
- C. The program arranges for the separation of dining and food preparation areas at sites where food is prepared and served in the same facility.
- D. Where feasible, the program provides ample space and time for the provision of supportive services.
- E. The programs post in conspicuous locations information regarding:
  1. The rights of eligible persons to equal opportunity and access to services;
  2. The cost of the meal to be paid by ineligible persons, such as guests under 60 years of age who are served meals;
  3. The suggested contribution for eligible participants toward the cost of the meal. All consumer contributions are for the cost of the meal and are not solicited for other uses;
  4. Menus for a minimum of one week in advance;

5. Grievance procedures for eligible participants;
6. An evacuation plan (where feasible and appropriate);
7. Any information and assistance telephone number; and
8. The current license to operate a retail food establishment.



## **Food Safety and Sanitation**

### **e. Sufficient Staff**

#### **Policy:**

Each nutrition program will maintain sufficient staff to carry out the required service activities.

#### **Procedure:**

- A. Each nutrition program service provider must employ a manager who is empowered with the necessary authority to conduct the overall management, oversight, and administrative functions of the program, and to achieve compliance with all applicable rules and regulations.
- B. Each nutrition program service provider must obtain the services of a Registered Dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutrition services, through contract (letter of agreement) to provide nutrition consultation, including:
  1. Planning and/or certification of menus and nutrition analysis that meet nutrition requirements and are appropriate for the eligible participants;
  2. Approval of the content or resource (i.e. cooperative extension, hospital, nursing home, or home health agency) of nutrition education materials;
  3. Provision of nutrition education to eligible participants; and
  4. Provision of nutrition counseling to eligible participants and the maintenance of appropriate documentation. Nutrition Counseling can only be done by a Registered Dietitian.
- C. Each home delivered meals service provider may assign additional essential program management, oversight and administrative duties to the Registered Dietitian (or individual with comparable expertise), including:
  1. Monitoring food service to include food temperatures and portion sizes, and assessing of food quality and adherence to contract specifications;
  2. Assessing eligible participants satisfaction and preferences;
  3. Training staff and volunteers in areas of food service management, nutrition, and sanitation;
  4. Monitoring of perpetual inventory and commodity utilization;
  5. Documenting site recommendations for improvement; and

6. Technical assistance in any other area of program operations needed to maintain or achieve full compliance with all applicable rules and regulations.

D. Personnel and volunteers who assist with the home delivered meal operations should be instructed in:

1. Portion control;
2. FDA, Food Code practices for sanitary handling of food;
3. Agency safety policies and procedures;
4. Protecting confidentiality and safeguarding collection of voluntary donations; and
5. How to report concerns to appropriate staff for follow-up.

# **Food Safety and Sanitation**

## **f. Use of Dietitian**

### **Policy:**

The OAA requires that meal service providers solicit the advice and expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services.

All Registered Dietitians practicing in Wyoming must be licensed with the Wyoming Dietetics Licensing board. All facilities utilizing the expertise of a Registered Dietitian must have a letter of agreement (contract) including contract term, compensation, and required services to be provided.

The following describes the standards for the required nutrition professional.

### **Procedure:**

A. The Commission of Dietetic Registration defines the standards for the Registered Dietitian as an individual who:

1. Has completed the minimum of baccalaureate degree granted by a United States regionally accredited college or university;
2. Has met current academic requirements (Didactic Program in Dietetics) as approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
3. Completed a minimum of 900 supervised practice hours of pre-professional experience accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of The American Dietetic Association.
4. Successfully completed the Registration Examination for Dietitians; and
5. Accrued 75 hours of approved continuing professional education every five years.

B. A nutritionist is defined as an individual who:

1. Has completed the minimum of a baccalaureate degree granted by a United States accredited college or university in foods and nutrition or home economics; and
2. Has professional, verifiable experience of a minimum of six months in nutrition education, menu design, and menu analysis.

C. A Dietetic Technician, Registered is defined as an individual who:

1. Has completed a minimum of an Associate degree granted by a US accredited college/university;

2. Has completed a Dietetic Technician Program as accredited/approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
3. Has successfully completed the Registration Examination for Dietetic Technicians;
4. Has accrued 50 hours of approved continuing professional education every five years; or
5. Has completed the minimum of a baccalaureate degree granted by a United States regionally accredited college or university, or foreign equivalent;
6. Has met current minimum academic requirements (Didactic Program in Dietetics) as approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
7. Has completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
8. Has fully completed the Registered Examination for Dietetic Technicians; and
9. Has accrued 50 hours of approved continuing professional education within a specific five-year reporting period.

D. An individual with comparable expertise is defined as an individual who:

1. Meets the above defined positions for Dietetic Technician Registered or nutritionist; or
2. Is approved by the Division. Those not likely to receive approval include nurses, dietary managers, dietary supervisors, and cooks, unless they can prove an extensive, well-rounded education and experience in major areas of dietetic practice.

## **IX. Modified and Therapeutic Diets**

### **Policy:**

Modified diets, therapeutic diets, or special menus shall be provided, where feasible, to meet the particular dietary needs arising from health or religious requirements, or ethnic backgrounds of eligible older adults. The nutrition service provider and a Registered Dietitian shall determine feasibility, need, and cost effectiveness of modified diets, therapeutic diets, or special menus. Registered Dietitian's shall be responsible for obtaining written orders for therapeutic diets from each eligible participants physician, maintaining such orders on file and updating them with the physician annually. Modified diets, therapeutic diets and special menus provide choice to participants and allow programs to meet the dietary needs of a diverse aging population. Programs are encouraged to offer as many menu and meal choices as feasible within program service delivery. Modifications of the meal that are not therapeutic shall be referred to as modified diets. Examples of modified diets may include participant preferences, heart healthy meals, vegetarian/vegan meals, or kosher meals. Therapeutic diets shall be individualized and address the corresponding oral nutritional needs that are a result of surgery, disease, or illness. Examples of therapeutic diets may include diabetic diets, renal diets, gluten free or food allergy diets, or pureed diets.

### **Procedure:**

- A. Modified diets shall be requested by the eligible participant and shall not be prescribed by a physician.
- B. Eligible participants shall have the opportunity to direct the services they receive by requesting a modification of the regular meal that is provided in the nutrition program. Nutrition programs shall determine which modifications will be provided based on feasibility, cost, product availability, and sustainability. When determining feasibility, the nutrition program must take into account the number of people needing modifications and whether the modification is practical and the food and skills necessary to prepare the modifications are available in the nutrition program. The nutrition program shall work with the Registered Dietitian when determining which modified diets will be provided to ensure nutritional adequacy of the modifications.
- C. Modified diets shall meet the nutrient requirements governing OAA nutrition programs.
- D. Therapeutic diets shall be prescribed by a physician and monitored and overseen by a Registered Dietitian working with the nutrition program. Only a Registered Dietitian can monitor and approve therapeutic diets; dietetic technicians or other individuals with comparable expertise shall not approve therapeutic diets.
- E. Therapeutic diet prescriptions shall be renewed with the physician at least once a year and be maintained on file at the nutrition program office. All laws governing the protection of personal health information shall be followed, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Prior to the provision of therapeutic diets, there shall be documentation, either written or verbal, of release of medical information by the eligible

participant in order to provide treatment. If verbal release is given, this must be documented in the participants file.

- F. Registered Dietitians monitoring and overseeing therapeutic diets shall have the responsibility to develop an individual diet plan that provides the exact prescription of the physician and is adapted to the individual's food preferences as much as possible. Therapeutic diets require in-depth planning, counseling, and ongoing supervision by a Registered Dietitian.
- G. The National Dysphagia Diet or other evidence-based guidelines for dysphagia shall be followed when providing texture modified meals for therapeutic diets.
- H. Therapeutic diets shall meet the nutrient requirements governing OAA nutrition programs. Every effort shall be made to ensure that therapeutic diets meet the nutrient requirements, though in some circumstances medical conditions may make this impossible. If a therapeutic diet does not meet the nutrient requirements, the Registered Dietitian must indicate and document why the therapeutic diet is not able to meet the requirements. This documentation must be kept on file.
  - 1. Therapeutic diets are eligible for reimbursement so long as they meet the OAA nutrient requirements. If therapeutic diets do not meet OAA nutrient requirements contact the Title III Nutrition Program Manager for additional guidance.

## **X. Medical Nutritional Foods**

### **Policy:**

Medical nutritional foods and food for special dietary use is a modification of a diet and should be available to meet the needs of the eligible participant who may require a modification of a regular diet due to a medical condition.

### **Procedure:**

A. Approval for oral nutrition supplement or meal replacement shall be obtained as follows:

1. Written physician order must be received, kept on file, and contain the following content to be evaluated by a Registered Dietitian:
  - a. Physicians name;
  - b. Participants name;
  - c. Participants diagnosis and/or reason for necessity of oral nutrition supplement or meal replacement;
  - d. Nutrient type or name of oral nutrition supplement or meal replacement;
  - e. Volume of supplement or meal replacement;
  - f. Date of order; and
  - g. Length of duration of order.
2. The Registered Dietitian shall evaluate the physician's order and approve or disapprove based on feasibility and appropriateness.
3. All laws governing the protection of personal health information shall be followed, including HIPAA. Prior to the provision of medical nutritional foods there shall be documentation, either written or verbal, of release of medical information by the participant in order to provide treatment. If verbal release is given, this must be documented in the participants file.
4. The nutrition services director and Registered Dietitian will evaluate each request for oral medical nutritional supplements or meal replacements, to determine if provision of such diets or supplements may decrease the number of meals served to other eligible participants, increase costs of meal production, including Registered Dietitian and staff labor, or decrease program expansion.
5. The Registered Dietitian will evaluate the appropriateness of the oral nutrition supplement or meal replacement based on the Nutrition Screening Initiative (NSI)

screen, anthropometrics, and medical assessment of diagnoses, nutrition-medication interactions, and other factors according to evidence-based standards of nutrition practice.

6. If the Registered Dietitian determines that the oral nutrition supplements or meal replacements are either not feasible or not appropriate, then the physician shall be notified and other alternative resources are referred to the eligible participant. These resources include, but are not limited to: health insurance, nutrient dense food counseling, a food bank, or results of evaluation determining inappropriateness of oral nutrition supplement or meal replacement.
7. The Registered Dietitian shall re-evaluate medical nutritional foods used as a supplement at least every six months. Regardless of the duration indicated in the physician's prescription, the Registered Dietitian will re-evaluate feasibility and appropriateness of oral nutrition supplements provided to participants at least every six months. This shall be documented in the participants file with a brief reason for continuation, e.g., 'Participant continues to be under Ideal Body Weight (IBW) range and has difficulty consuming adequate nutrients due to medical condition'.

B. Monitoring shall be completed as follows:

1. The use of medical nutritional foods as a meal replacement shall be reviewed and documented monthly by the Registered Dietitian.
2. The use of medical nutritional foods as a meal replacement will be a rare and extreme situation requiring close monitoring.
3. The medical conditions associated with the use of medical foods as a meal replacement are usually temporary and compliance with a diet based on medical foods is poor.
4. Evaluations to upgrade diet to solid or texture-modified foods must be ongoing to meet nutrition and quality of life needs.

C. Determination for using medical nutritional food shall be conducted as follows:

1. The nutrition program director and Registered Dietitian will calculate the associated costs with medical nutritional foods, as part of the evaluation of feasibility and appropriateness.
2. The use of Medical Nutritional Food as an oral nutrition supplement or meal replacement may be considered if determined to be necessary for the eligible participant by the Registered Dietitian and Physician. Meal supplementation should only be provided after considering other means for nutrition support; e.g. soft foods, ground foods, or assistance to resources that could treat the medical condition causing a participants inability to tolerate regular texture foods, e.g. dentures.



3. The documented need for Medical Nutritional Foods or a Physician's Prescription does not obligate the service provider or OAA nutrition programs to provide such foods.
4. If a medical condition exists that precludes meeting the 33 1/3% of the Dietary Reference Intakes of each nutrient, then the Registered Dietitian and physician may designate the appropriate amount of medical food to meet the remaining nutrient needs due to the medical condition and qualify for NSIP or Title III reimbursement. This information shall be documented in the participant's record.

D. Payment and reimbursement for Medical Nutritional Foods shall be calculated as follows:

1. Eligible participant donations towards medical nutritional foods are voluntary. If the Registered Dietitian and nutrition service provider determine that oral nutrition supplements and/or medical nutritional meal replacements are feasible and appropriate and other resources have been considered, the eligible participant should be informed of the suggested donation amount and voluntary donation policy. If the eligible participant can only donate a portion of the suggested donation or none of the suggested donation, then the nutrition service provider shall provide the oral nutrition supplement and/or meal replacement to the eligible participant as stipulated in the OAA.
2. Suggested donation amounts for medical nutritional foods shall not exceed the cost of the product from the supplier, plus appropriate fees from the supplier, and documented overhead costs. Any rebates or incentives from the medical nutritional food supplier shall be used to offset the suggested donation rate for eligible participants utilizing medical nutritional foods.
3. The use of medical nutritional foods as a meal supplement in combination with a meal may only count, in total, as one meal if eligible for reimbursement. The oral nutrition supplement in conjunction with a home delivered meal does not qualify as more than one meal for reimbursement purposes. No additional NSIP or Title III-C funds may be reimbursed based on oral nutrition supplements, provided with meals. Regardless of the supplement volume consumed over time, or if the meals and supplements exceed the Dietary Reference Intakes this does not meet the standard of an additional reimbursable meal.
4. Reimbursement for an eligible meal funded by OAA funds is permitted if the volume of the medical nutritional food as a meal replacement meets the 33 1/3% of the Dietary Reference Intakes for one meal. If two meals are provided, the combined amount must meet 66 2/3% of the Dietary Reference Intakes for two meals, and 100% of the Dietary Reference Intakes to qualify as three eligible meals.

E. Participant health insurance should be billed for medical nutritional food when appropriate.

F. Participant resources should be utilized efficiently in order to provide the most feasible and appropriate solution to meet nutritional needs. This includes maximizing health insurance

benefits, county nursing services, county extension services, food banks, and physician and pharmacy benefits. The nutrition service provider and Registered Dietitian should consider these and other resources before using OAA program funding for medical nutritional foods. Waiting lists should be prioritized before using medical nutrition foods.

## **XI. Service Provider Responsibilities/ Requirements**

### **a. Nutrition Counseling**

#### **Policy:**

Nutrition counseling shall be provided by home delivered meals programs. Nutrition Counseling, as defined by the Administration on Aging, is: “Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medications use, or to caregivers. Counseling is provided one-on-one by a Registered Dietitian, and addresses the option and methods for improving nutrition status”.

#### **Procedure:**

- A. Nutrition counseling, if provided, shall be delivered by a Registered Dietitian.
- B. Documentation requirements for nutrition counseling shall include entering units into the Division approved data system. Division approved evaluation tool for eligible participants receiving nutrition counseling shall be completed and documented in the Division approved data system.
- C. Eligible participant files and associated documents shall be kept locked at the nutrition program office. All rules and regulations governing the protection of personal health information shall be followed including HIPAA. If medical information must be obtained from other healthcare providers in order to provide nutrition counseling, there shall be documentation, either written or verbal, of release of medical information by the participants in order to provide treatment. If verbal release is given, this must be documented in the participants file.
- D. Reporting of nutrition counseling: one unit = one session per participant.

## **Service Provider Responsibilities/ Requirements**

### **b. Nutrition Education**

#### **Policy:**

The nutrition program shall provide nutrition education to eligible participants. Nutrition Education, as defined by the Administration on Aging, is: “A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise”.

#### **Procedure:**

- A. Nutrition education is provided to home delivered meals eligible participants at least once per quarter by a Registered Dietitian and shall be based on the needs of the participants.
- B. Nutrition education topics will be based on the needs of the eligible participants and should be culturally appropriate. Teaching methods and instructional materials must accommodate the older adult learners, i.e. large print handouts, demonstrations.
- C. Documentation of provided nutrition education shall be kept on file for the Division prescribed length of record retention in accordance with the requirements of the OAA. Documentation shall include:
  - 1. Tracking of monthly nutrition education units in the Division approved data system;
  - 2. Date of presentation or distribution of nutrition education;
  - 3. Name and title of presenter or topic of nutrition education distributed;
  - 4. Number of eligible participants in attendance if nutrition education is distributed to eligible participants, the number of participants receiving the materials; and
  - 5. If nutrition education is sent to eligible participants a copy of the distributed material should be kept.
- D. Reporting of nutrition education: one unit = one session per participant. If 30 handouts are given to eligible participants, then 30 units must be reported.

## **Service Provider Responsibilities/ Requirements**

### **c. Nutrition Screening**

#### **Policy:**

The nutrition program provides nutrition screening through the Aging Division approved evaluation tool to eligible participants. The DETERMINE checklist (Nutrition Risk Assessment) is used by Older Americans Act nutrition programs to assess risk for poor nutritional status. As defined by the Administration on Aging, high nutritional risk is: “an individual who scores six (6) or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative”.

#### **Procedure:**

- A. The nutrition risk assessment should be completed at the time of intake and an annual update. Each service provider should develop appropriate policies or procedures for review of the nutrition screening checklist and for making appropriate referral for participants scoring a high nutritional risk.
- B. Service providers are not responsible for checking or assessing nutritional scores as described on the nutrition risk assessment. Eligible participants requesting a re-assessment of their nutritional score shall be provided this service.
- C. Service providers will make every effort to obtain data from the Aging Division approved evaluation tool, which includes the nutrition risk assessment, from each eligible participant.
- D. Eligible participants who decline to provide data may not be denied service.

## **XII. Supplemental Nutrition Assistance Program (SNAP)**

### **Policy:**

Each nutrition program offers information to ensure that the maximum number of older adults within the program are benefiting from the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) as members of households certified for such assistance under USDA regulations.

### **Procedure:**

The nutrition program shall:

- A. Offer information in obtaining SNAP benefits to each new eligible participant at the time of intake and at least annually to registered eligible participants;
- B. Follow through upon request by referring eligible participants who desire to apply for SNAP benefits, such as contacting the local county Department of Family Services office for eligibility requirements;
- C. Ensure that nutrition programs accepting SNAP benefits shall follow the provision related to the use and handling of SNAP benefits, as prescribed by the state and local agency authorized to operate the program, are met; and
- D. Not utilize part D or Material Aid funds for grocery vouchers.

## **APPENDIX A: National Aging Program Information System (NAPIS) Reporting**

### **Policy:**

The required NAPIS data should be collected annually on each participant. Service providers collect and report OAA eligible participant information using the Division approved data system, as the federally designated Division is required to submit aggregate OAA eligible participant information annually to NAPIS.

### **Procedure:**

- A. Nutrition Services Incentive Program (NSIP) Meal: An NSIP meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that:
  - 1. It has been served to a participant who is eligible under the OAA and has not be means-tested for participation;
  - 2. It is compliant with the nutrition requirements;
  - 3. It is served by an eligible agency; and
  - 4. It is served to an individual who has an opportunity to contribute.
  
- B. Congregate Meals: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and state/local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the NSIP meals reimbursement, but they are included in the total meal counts.
  
- C. Home-Delivered Meals: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and meets all of the requirements of the OAA and state/local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the NSIP meal reimbursement, but they are included in the total meal counts.

## APPENDIX B: OAA Nutrition Risk Assessment

The OAA Nutrition Screening Survey includes the following questions:

For all YES answers that apply to you or someone you know, circle YES or NO at the end of the question. Total all your circled numbers (YES answers). This is the Total Nutritional Score.

<b>Nutritional Risk Assessment (Please Circle YES or NO)</b>	
I have an illness or condition that made me change the kind and/or amount of food I eat.	Yes <sub>(2)</sub> No <sub>(0)</sub>
I eat fewer than two meals per day.	Yes <sub>(3)</sub> No <sub>(0)</sub>
I eat few fruits, vegetables or milk products.	Yes <sub>(2)</sub> No <sub>(0)</sub>
I have three or more drinks of beer, liquor or wine almost every day.	Yes <sub>(2)</sub> No <sub>(0)</sub>
I have tooth or mouth problems that make it hard for me to eat.	Yes <sub>(2)</sub> No <sub>(0)</sub>
I do not always have enough money to buy the food I need.	Yes <sub>(4)</sub> No <sub>(0)</sub>
I eat alone most of the time.	Yes <sub>(1)</sub> No <sub>(0)</sub>
I take three or more different prescribed or over-the-counter drugs a day.	Yes <sub>(1)</sub> No <sub>(0)</sub>
Without wanting to, I have lost or gained 10 pounds in the last six months.	Yes <sub>(2)</sub> No <sub>(0)</sub>
I am not always physically able to shop, cook and/or feed myself.	Yes <sub>(2)</sub> No <sub>(0)</sub>
<b>Total=</b>	

Total your nutritional score. If it's:

- 0-2- Good! Recheck the nutritional score in six months.
- 3-5- You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, or health department can help. Recheck the nutritional score in three months.
- 6 or more- You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian or other qualified health, or social service professional. Talk with the about any problems you may have. Ask for help to improve your nutritional health.

Note: This is included in the Aging Needs Evaluation and Summary (AGNES) tool provided by the Aging Division. The document can be found on the Aging Division, Community Living Section website: <https://health.wyo.gov/aging/communityliving/providerresources/>



## **APPENDIX C: SAMS Services and Sub-Services**

**Title III-C1 Congregate Meals Program**- All services listed must be offered by a service provider who receives funding. Care Program NAPIS III-C1 has three (3) service categories: *Congregate Meals, Nutrition Education, and Nutrition Counseling.*

### **SERVICES:**

#### ***1. Service Category- Congregate Meals- Service- Congregate Meal***

Required service- One congregate meal counts as one unit and is provided to an eligible participant in a congregate or group setting (with exception given to those who receive a shelf stable meal).

- Unit type- 1 meal
- Data entry- per eligible participant

There are five (4) sub-services under congregate meal:

1. *Sub-service- Breakfast*
2. *Sub-service- Lunch*
3. *Sub-service- Evening*
4. *Sub-service- Volunteers (who receive meals)*

Aggregate count service under congregate meal:

- No AGNES C1 Meal (Unregistered Eligible Participants)

#### ***2. Service Category- Nutrition Education- Service- Nutrition Education***

Required Service- A presentation, given or prepared by a RD or an individual of comparable expertise, to a group of C1 eligible participants pertaining to more general knowledge regarding health or nutrition conducted at least quarterly.

- Unit type- 1 session
- Data entry- per eligible participant

There are no sub-services for nutrition education.

#### ***3. Service Category- Nutrition Counseling- Service- Nutrition Counseling***

Service- A one-on-one session, between a RD and a C1 eligible participant that has a nutrition concern, pertaining to the C1 participant's personal health or diet.

- Unit type- 1 session
- Data entry- per eligible participant

There are no sub-services for nutrition counseling.

**Title III-C2 Home Delivered Meals Program**- All services listed must be offered by a service provider who receives funding. Care Program NAPIS III-C2 has three (3) service categories: *Home Delivered Meals, Nutrition Education, and Nutrition Counseling.*

**SERVICES:**

**1. Service Category- Home Delivered Meals- Service- Home Delivered Meal**

Required service- One home delivered meal counts as one unit to an eligible participant at their home (with exception given to those who receive a shelf stable meal).

- Unit type- 1 meal
- Data entry- per eligible participant

There are five (4) sub-services under home delivered meal:

1. *Sub-service*- Frozen meal
2. *Sub-service*- Hot meal
3. *Sub-service*- Volunteer Driver Meal (who receive meals)
4. *Sub-service*- Volunteers (who receive meals; does not include driver meals)

**2. Service Category- Nutrition Education- Service- Nutrition Education**

Required Service- A presentation, given or prepared by a RD or an individual of comparable expertise, to a group of C2 eligible participants pertaining to more general knowledge regarding health or nutrition conducted at least quarterly.

- Unit type- 1 session
- Data entry- per eligible participant

There are no sub-services for nutrition education.

**3. Service Category- Nutrition Counseling- Service- Nutrition Counseling**

Service- A one-on-one session, between a RD and a C2 eligible participant that has a nutrition concern, pertaining to the C2 eligible participant's personal health or diet.

- Unit type- 1 session
- Data entry- per eligible participant

There are no sub-services for nutrition counseling.

## **APPENDIX D: Letter of Agreement with Registered Dietitians**

Please use this document as a written agreement with Registered Dietitians (RD) contracted at the facility. RD's should at a minimum provide the following services. Quality Assurance audits will review this document during visits to ensure all services listed are being provided.

### **Letter of Agreement**

This letter of agreement describes the roles and expectations between the contracted RD and the [facility]. This letter satisfies the obligations of the Nutrition Program to document its relationship with the RD and establishes a mutual understanding of how the programs will work together.

#### **Responsibilities of the RD:**

- A. Planning and/or certification of menus and nutrition analysis that meet nutrition requirements and are appropriate for the program participants;
- B. Approval of the content or resource (i.e. cooperative extension, hospital, nursing home, or home health agency) of nutrition education materials;
- C. Conducting of nutrition education presentation annually at the congregate meal sites; and
- D. Provision of nutrition counseling to nutrition program participants and the maintenance of appropriate documentation. Nutrition counseling can only be done by a RD.

#### **Responsibilities of the [facility]:**

- A. Provide support and resources needed for the RD to complete responsibilities (i.e. printer paper, computer access, etc.); and
- B. Provide compensation as determined between the RD and facility.

## **APPENDIX E: Local Policies**

### **Policy:**

Local policies are policies that service providers have put into place to govern day to day business. Each service provider may have multiple local policies that they follow. The Division does have some topics that require a service provider to maintain a policy.

### **Procedure:**

The nutrition project follows the required local policies:

- A. Adult Protective Services (APS) policy- Each service provider must have an APS policy in place. This policy must define what abuse, neglect, and exploitation are and provide a process in which employees can follow if they suspect abuse, neglect, or exploitation of a participant.
- B. Tips, Gratuities and Gifts policy- Staff members who are employed with programs are prohibited from accepting any and all individual gratuities, gifts, property, tips or other incentives from the eligible participant or the eligible participants family. Under no circumstances will it be acceptable for any staff to accept cash or cash equivalent as an individual gift, gratuity or additional payment for services. Each funded subrecipient shall develop a written policy and procedure to enforce this policy.
- C. Waiting List policy and procedure- It is the responsibility of each service provider to establish a written policy on waiting list procedures. This policy should include how an eligible participant is put on the waiting list, how an eligible participant comes off the waiting list, and if an eligible participant is not ready to come off the list where that eligible participant goes on the list. The procedure shall give high priority to the following populations:
  1. Individuals who live at or below 100% of the federal poverty level and have a high nutritional risk score.
  2. Individuals who live at or below 100% of the federal poverty level and are of a minority population.
  3. Individuals who live at or below 100% of the federal poverty level.
  4. Individuals who have a high nutritional risk score.
  5. Individuals who live alone.
  6. Individuals who are of a minority population.
  7. Individuals who qualify for the program as being disabled less than 60 years of age who reside in a housing unit attached to the congregate meal site.

- E. Emergency Preparedness Plan- Each service provider shall have an emergency preparedness procedure. A disaster or emergency may be a local, community, regional, or statewide event. Disasters or emergencies may include, but are not limited to: tornadoes, fires, floods, blizzards, power outages, vehicle wrecks, and declared health crises.