

Wyoming Department of Health
Aging Division, Community Living Section

Older Americans Act

Title III-C1 Congregate Meals Nutrition Program
Policies and Procedures



Table of Contents

I.	Nutrition Services.....	3
II.	Change of Status.....	4
III.	Eligibility.....	5
IV.	Consumer Contribution.....	7
V.	Guest Fees	9
VI.	Nutrition Services Incentive Program (NSIP)	10
VII.	General Service Provider Responsibilities and Requirements.....	12
	a. Meal Planning	12
	b. Monitoring of Facilities	16
	c. Food Procurement.....	18
	d. Locally Grown and Sourced Produce.....	19
	e. Outreach Services.....	20
	f. Volunteers	21
VIII.	Food Safety and Sanitation.....	22
	a. Wyoming Food Safety Rule	24
	b. Food Preparation.....	24
	c. Adequate Facilities	25
	d. Sufficient Staff	27
	e. Use of a Dietitian.....	29
IX.	Modified and Therapeutic Diets.....	31
X.	Medical Nutritional Foods	33
XI.	Service Provider Responsibilities/Requirements.....	37
	a. Nutrition Counseling	37
	b. Nutrition Education.....	38
	c. Nutrition Screening	39
XII.	Supplemental Nutrition Assistance Program (SNAP).....	40
	Appendix A. National Aging Program Information System (NAPIS)	41
	Appendix B. OAA Nutrition Risk Assessment	42
	Appendix C. A&D Services and Sub-Services	43
	Appendix D. Letter of Agreement with Registered Dietitians	45
	Appendix E. Local Policies.....	46
	Appendix F. Food Group Component & Serving Sizes.....	47
	Appendix G. Standard Meal Pattern Menu Approval Sheet	49
	Appendix H. Nutrition Analysis Approval Sheet	50

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 congregate setting is designed to provide a welcoming atmosphere where people age 60 and older can gather for a meal. Seniors can enjoy meeting new people, forming friendships and support groups by coming together for meals on a regular basis. A balanced meal and social contact together provide a positive motivation for self-care for seniors who often eat poorly on their own and can become lonely and depressed in isolation.

Policy:

The service providers shall:

- A. Establish and operate nutrition programs five (5) days or more a week provide at least one hot or other appropriate meal per day and any additional meal which the service provider may select to provide, except in a rural area where such frequency is not feasible and the Aging Division (Division) approves a lesser frequency;
- B. Determine, in consultation with the nutrition program manager and the Division, the number of congregate sites to be established within the service area and the days of operation;
- C. Notify the Division of the intent to open a new site or close an existing site 30 days in advance if the opening or the closure is not in the current fiscal year contract. The Division shall have the authority to waive the 30-day prior notification requirement;
- D. Assure orientation is provided on the Division Policy and Procedure Manual to congregate meals service staff;
- E. 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
- F. 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 congregate 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. Upon review of the analysis, the Division may disapprove or conditionally approve the request for site change.

III. Eligibility

Policy:

- A. Persons eligible to participate in the congregate meals program with an opportunity to voluntarily contribute the suggested amount include:
 - 1. Persons 60 years of age or older and their self-declared spouses of any age (the spouse must accompany the eligible participant if under 60);
 - 2. Disabled persons under 60 years of age who reside with persons over 60 years of age, when the care and maintenance of the disabled person otherwise prevents the older adult from participating in the program and when the participation of such individuals does not prevent in the participation of older adults and their spouses. The disabled person must accompany the older eligible participant to the site;
 - 3. Disabled persons under 60 years of age who reside in housing facilities occupied primarily by older adults and at which congregate nutrition services are provided when such participation does not prevent the participation of older adults and their spouses;
 - 4. Persons under 60 years of age who provide meal related volunteer services and individuals providing volunteer services at congregate meal sites during meal hours when the participation of such individuals does not prevent the participation of older adults and their spouses; and
 - 5. Staff members of the nutrition program who are 60 years of age or older when such participation does not prevent the participation of other older adults and their spouses.
- B. If resources are not available to serve all eligible individuals requesting the service, preference shall be given to those of greatest social or economic need as defined by the Older Americans Act §102(23) & (24). The nutrition program will have a process in place to ensure that the target populations are a priority.
- C. Eligible participant cannot be denied service based on citizenship or residency status. Services should be targeted to older adults who are in greatest social and economic need, with no consideration of their citizenship or residency status.
- D. Non-eligible persons who may participate in the program shall pay the full cost of meals (Guest Fee). Non-eligible persons include:
 - 1. Staff members of the nutrition program who are under 60 years of age when such participation does not prevent the participation of older adults and their spouses;

2. Visitors when such participation does not prevent the participation of older adults and their spouses; and
 3. Older adults who are in the care of an agency or organization that is receiving reimbursement for the cost of the eligible participant's meal, such as Adult Day Care programs. In this situation, the agency or organization is billed for the full cost of the eligible participant's meal. The agency or organization is also responsible for making meal reservations and for providing attendant assistance as needed. These meals are not Nutrition Services Incentive Program (NSIP) eligible.
- E. In limited circumstances when an individual refuses to provide their information, please use the following procedure as guidance:
1. Eligible participants who refuse to sign the release of the Division approved evaluation tool but give confirmation (either verbally or written) of their birth date will be treated as an eligible participant. They do not have to pay the cost of the full meal and should not be coerced in any way. These participants can be counted as 'unregistered eligible participants' also known as "No AGNES meal" in the Division approved data system. To include these eligible participants in the data system, meal sites must keep a tracking log of dates and services provided to the eligible participants and submit the log each month with financial reports.
 2. Eligible participants who refuse to give their birth date information (either verbally or written) will be treated as a guest and must pay the full guest fee for the meal. The minimum of a birth date must be given in order for a participant to be considered eligible. These participants can NOT be denied service but these participants will not be entered in the data system.

Procedure:

- A. Persons listed in Subsection A, (1-5) shall complete the Division approved evaluation tool (AGNES) and be documented in the Division approved data system. Congregate meals is a registered service and shall be linked to the individual eligible participant and/or volunteer (1 meal= 1 unit).
- B. Persons listed in Subsection A, (1-5) are informed of the nutrition programs reservation process in order to participate in the meal program. Nutrition program volunteers and staff members 60 years of age or older participate in the meal program during regular meal service hours only after it has been determined that all eligible participants have been served. Staff members under 60 years of age and non-eligible individuals participating in the meal program shall pay the full cost of the meal and may participate only after the site manager has determined that all eligible participants have been served.

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. 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.
- C. Envelopes, tickets, or vouchers may be offered to eligible participants who may wish to make a private voluntary contribution.
- 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. Written material in languages other than English shall be made available where appropriate.
- K. 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 congregate 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. Congregate meals program shall complete a meal cost tool such as 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 1st through September 30th. 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 a meal cost tool such as 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 congregate meals program conducts appropriate meal planning for the congregate meals service by soliciting the advice and expertise of a Registered Dietitian, Dietetic Technician Registered, or a nutritionist. Participant direction and choice shall be encouraged when providing congregate meal services.

Procedure:

Menu Requirements & Meal Components

- 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 Dietary Reference Intakes and also comply with the most recent Dietary Guidelines for Americans.
 - 1. 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.
- B. Each nutrition program is responsible for ensuring that meals planned and offered meet nutrition requirements. Menus will be analyzed and proven to meet the minimum nutrient and meal pattern standards either by: *conformance to the meal pattern; or nutrient analysis*.
 - 1. A menu may be reviewed and approved by a Registered Dietitian using the meal pattern method. For the full meal pattern requirement refer to Appendix G.
 - 2. Nutritional adequacy may be documented with computer analysis by the program Registered Dietitian. Nutrient analysis reports (i.e. Multi-Column Report) must list the food items that make up the nutrient analysis. At a minimum, values for the following nutrients must be available upon request: calories, fat, carbohydrates, fiber, and sodium. The full nutrient analysis must be available for those that request this information. For the full analysis requirement refer to Appendix H.
- C. Approved menus are posted at nutrition sites and made available to eligible participants. Documentation must be maintained on file for a period of no less than 3 years. Required documentation includes:
 - 1. A Menu Approval Form (Appendix G and/or H), checked and signed by a Registered Dietitian, *completed for each monthly menu*; and
 - 2. The respective menu(s) which corresponds to the signed Registered Dietitian approval form.

Temporary Delivered Meals

- A. Temporarily delivered congregate meals, as a regular practice, are not allowed in the congregate nutrition program. Nutrition programs may allow a small number of temporarily delivered congregate meals on rare occasions. The following situations may warrant a temporarily delivered congregate meal:
 - 1. The eligible participant is temporarily ill and is unable to attend the regular congregate meal program; or,
 - 2. The eligible participant is unable to get to their regular congregate site on a particular day.
- B. An eligible participant may receive temporarily delivered congregate meals for no more than two weeks. If the eligible participant is in need of temporarily delivered congregate meals for a longer period of time, they should be referred to the home delivered program.
- C. Temporarily delivered congregate meals must contain the same meal components as the congregate menu for the day it was prepared.
- D. Temporarily delivered congregate meals must be packaged by the nutrition program and be delivered in appropriate containers to ensure temperature control, prevent contamination and spoilage, and to maintain integrity of the meals. Hot foods are packaged at a minimum of 135° Fahrenheit, cold foods are packaged at a temperature no higher than 41° Fahrenheit. All temporarily delivered congregate meals shall leave for delivery as soon as possible and must be delivered within two hours of packaging. Nutrition programs shall advise eligible participants of food safety guidelines of the meal and that they are accepting the meal at their own risk.
- E. All temporarily delivered congregate meals that are provided shall be recorded in the Division approved data system as congregate meals linked to the individual participant. Upon return to the congregate program, each participant that received temporarily delivered congregate meals shall sign next to each meal received as verification of receipt. The signed form must be kept at the nutrition program office and be available for review by the Division upon request.
- F. Each nutrition program providing temporarily delivered congregate meals may develop written procedures for handling temporarily delivered congregate meals to ensure food safety and that the meal delivered will be safe when it reaches the eligible participant. Each nutrition program has the responsibility to not send the meal if they feel it cannot be delivered safely.

Meal Planning Policies

- A. 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.

- B. Title III funds can be used to purchase liquid supplements but a liquid supplement by itself cannot be counted as a 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.
- C. Religious, ethnic, cultural, or regional dietary requirements or preferences of a major portion of the group of eligible participants at a congregate meal site are reflected in some foods in the menus.
- D. 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).
- E. Congregate 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.
- F. Production forecasting is conducted as accurately as possible and does not include a margin of oversized portions or second servings. Congregate meal service providers must establish procedures that forecast or eliminate attendance to keep waste at a minimum.
- G. Intentional preparation of extra food for the purpose of leftovers or second meals is prohibited. Second helpings served to the same individual at the same meal service are not counted as second meals for reporting purposes.
- H. In the case when leftover food is saved as a partial meal, the meal may be sold at a reduced price reasonable to the item and quantity. The collected cost of the meal becomes program income, and is returned to the program. The partial meal is not allowed to be counted in the data system.
- I. Eligible participants may take home their uneaten food which becomes leftovers in take-out containers (e.g. clam shells). Nutrition programs may choose to allow eligible participants to take leftovers. Each eligible participant that chooses to take their leftovers home shall be advised that they are taking the leftovers at their own risk. If the nutrition program is operating Time as Public Health Control for the congregate sites, they must work with their local public health department to ensure that they are in compliance with leftovers leaving the site. Nutrition programs shall have a sign posted at each meal site advising the eligible participants that they are taking the leftovers at their own risk. Nutrition programs shall have labels

available and be offered for eligible participants to put on the leftover containers. The labels shall provide the following information:

1. Date the meal was served;
 2. A use-by date three days from the date of service; and,
 3. The words “refrigerate immediately or consume within 2 hours”.
- 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. Organizations may choose to provide take-out meals. Eligible participants may receive a take-out meal based on the completed AGNES form. The C1 take-out meals shall be recorded for the participant in the state approved data system as a C1 take-out meal. The provider organization is responsible to ensure accounting for these expenses and ensure they do not exceed 25% of the total C1 contract amount. These expenses shall be recorded on the monthly invoices as they occur.
- L. Eligible participants attending the congregate meal sites shall be advised and informed to keep a supply of non-perishable foods and bottled water in case of inclement weather or other emergency that causes a temporary suspension of services. If feasible, emergency meal packages *may* be provided at the discretion of the meal site.
- a. Distribution times may vary by region based upon local needs. Meals should be replenished as is deemed necessary for an emergency situation.
 - b. The provider organization is responsible to track recipients of emergency meals and ensure no more than 25% of the total C1 contract amount is used toward emergency meals in the fiscal year. The organization will report the emergency meals expenses on the C1 federal invoice for the service period when purchased. The meals will be recorded in the division approved data system as C1 Emergency Meals.
 - c. Service providers may serve a second or third shelf-stable meal or deliver a frozen meal to older adults identified through nutrition screening to be at nutritional risk and/or socially or economically in need.
- M. 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 meal meets the OAA nutrient requirements, once approved within 2 weeks of the emergency situation occurrence.

- N. The program shall establish, or use the Division approved method, to determine participant satisfaction that will be used to maintain or improve the quality of foods and services.
- O. Where feasible, provisions are made for the celebration of special occasions for eligible participants, for example, birthdays and holidays.
- P. Salt shakers may be placed on tables at meal sites. Eligible participants should not feel as though they have to sneak salt shakers into the congregate site.
- Q. In the case where organizations are providing both C1 take-out meals and emergency meals, the expenses may not exceed 25% of the total C1 contract amount for the combined expenses of these types of meals. The provider shall establish a process to account for these expenses and provide the expenses for the service period on the monthly C1 invoice as they occur.

General Service Provider Responsibilities and Requirements

b. Monitoring of Facilities

Policy:

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

Procedure:

- A. Each congregate meals service provider develops a meal site safety and sanitation inspection checklist that reflects health and sanitation regulations, and, where feasible and appropriate, fire and safety regulations that each individual service provider can reasonably be expected to monitor at each congregate meal site, and trains appropriate staff in its use for meal site monitoring and inspections.
- B. Safety and sanitation inspections of each congregate meal site must be conducted on a regular basis and shall be performed at least every six months. Congregate meal site safety and sanitation inspection checklist must be dated and kept on file for review by Division staff.
- C. The congregate 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 congregate meal service provider. The Division shall be notified within 24 hours once aware of the possible outbreak.

- E. If rented and/or donated facilities, the congregate 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

b. 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

c. 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

d. 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

e. 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 congregate meals program may include table set up for a meal; signing participants in; carrying trays or beverages during service; help with clean up after services are provided; 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 volunteers under age 60 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/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 congregate meals through the nutrition program each Federal Fiscal Year. The education may include issues such as: taking leftover food from the dining centers; 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. Each congregate meals service provider develops and implements procedures to monitor compliance of facilities housing congregate meal sites with all applicable public health and sanitation codes, and, where feasible and appropriate, fire and safety codes.
- D. Each congregate meals service provider develops a meal site safety and sanitation inspection checklist that reflects health and sanitation regulations, and, where feasible and appropriate, fire and safety regulations that each individual service provider can reasonably be expected to monitor at each congregate meal site, and trains appropriate staff in its use for meal site monitoring and inspections. Safety and sanitation inspections of each congregate meal site must be conducted on a regular basis and shall be performed at least every six months.
- E. The congregate meals service provider must correct deficiencies under its control in a timely manner.
- F. Outbreaks of suspected foodborne illness shall be reported to the local Health Department and the Division when identified by the congregate meal service provider.
- G. In rented and/or donated facilities, the congregate meals service provider reports deficiencies to the owner and works with the owner to correct them in a timely manner.
- H. Congregate meal site safety and sanitation inspection checklist must be dated and kept on file for review by Division staff.
- I. 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.

- J. 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.
- K. Holding time from the removal of temperature control unit all meals are served in shall not exceed four hours.
- L. 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.
- M. 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 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. This procedure may include using the meal site roster to allow eligible participants to reserve their next meal or several meals. 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. Adequate Facilities

Policy:

Each congregate 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 locates congregate meals service sites in areas accessible to the target group of eligible individuals in a community, and, where possible, within walking distance for concentrations of such individuals.
- B. The subrecipient requests annual health and sanitation (and, as appropriate, fire and safety) inspections of program offices and congregate meal sites 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.
- C. 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.
- D. The program arranges for the separation of dining and food preparation areas at sites where food is prepared and served in the same facility.
- E. Where feasible, the program provides ample space and time for the provision of supportive services.
- F. The program assures that there are appropriate furnishings for older adults, including sturdy tables and chairs, and arranges the furnishings to provide adequate aisle space for persons using mobility aids such as walkers and wheelchairs.
- G. 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

d. 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. Conducting of nutrition education presentations at the congregate meal sites;
 - 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 congregate 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 congregate meal site operations should be instructed in:

1. Portion control;
2. FDA, Food Code practices for sanitary handling of food;
3. Organizational 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

e. 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 able to be entered into the data system as meals 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. This information shall be documented in the participant's record.

D. Payment 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. The oral nutrition supplement in conjunction with a congregate meal does not qualify as more than one meal. 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 meal.
4. 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 offered by nutrition 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. Participants who score high risk on the nutrition screening assessment must be offered the service. If the participant accepts counseling, the organization’s policy and procedure is then implemented to provide services. If the organization does not consult with a Registered Dietitian who can provide the service, the participant will be provided a copy of the risk assessment and be guided to share with their healthcare provider.
- 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 at least once per quarter by a Registered Dietitian or an individual with comparable expertise. A nutrition education presentation shall be provided at least one time each Federal Fiscal Year at each congregate meal site.
- B. Nutrition education is provided to congregate meals eligible participants and shall be based on the needs of the participants.
- C. 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.
- D. 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.
- E. Reporting of nutrition education: one unit = one session. If one nutrition class is attended by 40 eligible participants, only one unit would be reported as an aggregate count.

Service Provider Responsibilities/ Requirements

c. Nutrition Screening

Policy:

The nutrition program provides nutrition screening through the 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 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 been 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.
- 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.

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.

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

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: Mon Ami 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 12 services.

SERVICES:

Congregate Meals- One congregate meal counts as one unit and is provided to an eligible participant in a congregate or group setting.

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

1. **Service- Breakfast**
2. **Service- Lunch**
3. **Service- Evening**
4. **Service- Frozen**
5. **Service- C1 Take Out Meals**
6. **C1 Emergency Meals (Shelf-stable meal)**

Aggregate count service under congregate meal:

- Unit type- 1 meal
- Data entry- aggregate count

7. **Service- C1 No AGNES Meal (Unregistered Eligible Participants)**
8. **Service- Volunteer Meal**

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- aggregate count

Example:

☐	SERVICE DATE	ID	STATUS	SERVICE TYPE	# UNITS	UNIT TYPE	UNIT RATE	RECIPIENT	# RECIPIENTS
☐	Dec 18, 2024	32960925	Delivered	Nutrition Education	1.0	Per session		III-C1 Aggregate Recipient	100

9. **Service- Nutrition Education**
10. **C1 Take Out Meals Nutrition Education**

Nutrition Counseling- 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- unduplicated count per eligible participant

11. **Service- Nutrition Counseling**
12. **C1 Take Out Meals 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 10 services.

SERVICES:

Home-Delivered Meals- One home-delivered meal counts as one unit to an eligible participant at their home.

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

1. **Service- HDM Hot Meal**
2. **Service- HDM Frozen Meal**
3. **Service- HDM Emergency Meal**

Aggregate count service under Home-Delivered Meal:

- Unit type- 1 meal
- Data entry- aggregate count

4. **Service- Test Meal**
5. **Service- HDM Volunteer Meal**

Nutrition Education-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- aggregate count

Example:

SERVICE DATE	ID	STATUS	SERVICE TYPE	# UNITS	UNIT TYPE	UNIT RATE	RECIPIENT	# RECIPIENTS
Dec 18, 2024	32960926	Delivered	Nutrition Education	1.0	Per session		III-C2 Aggregate Recipient	40

6. **Service- Nutrition Education**

Nutrition Counseling- 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- unduplicated count per eligible participant

7. **Service- 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.

All provider organizations should be using the state aging and disability database for waitlist management. If a provider organization is unable to provide services to clients for any reason, it is a requirement that the waitlist feature in the state aging and disability database (Mon Ami) is utilized and updated monthly by end users of the database. Local waitlist policies should still be developed by the provider organization. Provider organizations should consider demographics and need scores of the client in the state aging and disability database when determining prioritization of clients on the waitlist.

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.

D. 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.

APPENDIX F: Food Group Components & Serving Sizes

Menu Standards- per meal (Breakfast/Lunch/Dinner) Hot or Frozen

Food Group	Servings per meal	Serving size	Serving size examples
Grains *Whole grains daily	1 serving	1 serving = 1 oz. equivalent	1 slice of bread ½ cup cooked rice
Vegetables & Fruit *Variety of colors	1 serving of fruit 1 serving of vegetables	1 serving = ½ cup- equivalent	½ cup fresh, frozen or canned F/V 1 cup raw leafy greens
Dairy Full fat milk should be available for those who want it	1 serving	1 serving = 1 cup equivalent	1 cup of cow/soy milk 1 cup of low sugar (2.5g) yogurt
Protein Foods	1 serving	1 serving = 3-4 ounce equivalent	Equivalent of protein foods: 1 oz cooked meat/fish 1 egg ½ cup cooked beans/legumes/tofu 2 TBS of peanut butter

Serving Sizes & Examples

1. **Grains:** In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or ½ cup of cook rice, cook pasta, or cooked cereal can be considered as 1 ounce-eq (1 serving) from the Grains group.
 - 3 cups popcorn, popped
 - 2 small pancakes (4 ½" diameter)
 - 1 small corn tortilla (6" diameter)

- 5 whole wheat crackers
2. **Fruits:** In general, ½ cup of fruit or 100% fruit juice, or ¼ cup of dried fruit can be considered as ½ cup-eq (1 serving) from the Fruit group.
 - 1 medium whole fruit (apple, orange, banana)
 - ½ cup dried fruit
 - 6oz 100% fruit or vegetable juice
 3. **Vegetables:** In general, ½ cup of raw or cooked vegetables or vegetable juice, or 1 cup of raw leafy greens can be considered as ½ cup-eq (1 serving) from the Vegetable group.
 - ½ cup chopped, cooked, or canned raw fruits or vegetables
 - 1 cup leafy raw vegetable (lettuce, spinach, etc.)
 - 1 small potato or ½ large potato
 4. **Dairy:** In general, 1 cup of milk, yogurt or soymilk, 1 ½ ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the Dairy group.
 - 1 regular container yogurt (8 fluid ounces)
 - 1½ ounces hard cheese
 - ½ cup ricotta cheese
 - 2 cup cottage cheese
 - 1 cup soymilk
 5. **Protein:** In general, 1 ounce of meat, poultry or fish, 1/2 cup cooked beans, 1 egg, 2 tablespoons peanut butter, or 1 ounce of nuts or seeds is considered as 1 ounce-eq from the Protein group. At least 3oz equivalent of protein foods must be offered as part of each meal.
 - 1-ounce cooked lean beef
 - 1 egg
 - 1/2 cup cooked beans/legumes or tofu
 - 2 Tablespoon peanut butter
 - 1 ounce of sunflowers seeds

APPENDIX G: Standard Meal Pattern Menu Approval Sheet



WDH Aging Division, Community Living Section Standard Meal Pattern Approval Form

Menu Dates (Month/Year): _____ Location menu(s) will be used: _____

Meals reviewed include: Breakfast _____ Lunch _____ Other _____ (please indicate) _____

Additional Instructions:

A food item in one or more food group can only be classified once as meeting the requirement for a meal. For Example: cottage cheese can be counted as a milk/milk alternative or a protein source, not both. Nutrient rich desserts that include fruit, whole grains, and milk can count toward meeting the appropriate food group required servings.

Food Group	Minimum number of servings per meal	Minimum Portions	Does each meal meet the requirement? yes/no	Notes
Fruits	1	1 medium whole fruit; ½ C Canned/frozen fruit (low sugar); ½ C 100% Juice		
Vegetables *Recommended variety of colorful, nutrient dense fruits & vegetables	1	• ½ cup chopped, raw, cooked, or canned/frozen vegetables • 1 cup leafy raw vegetable (lettuce, spinach, etc.) • 1 small potato or ½ large potato		
Lean protein *Recommended Protein goal: 1.2-1.6g/kg (Based on 68 kg average adult 27-36 g/meal)	1	equivalent of protein foods: • 1oz cooked meat/fish • 1 egg • 1/2 cup cooked beans/legumes/tofu • 2 TBS peanut butter <i>3-4 oz of meat or equivalent of protein foods must be offered each meal to meet goal</i>		
Whole Grains *Focus on Fiber-rich whole grains; reduce highly processed refined carbohydrates like white bread, ready-to-eat or packaged breakfast options, flour tortillas, and crackers	1	1 slice of wheat bread, 1 C. cereal/oatmeal, ½ C cooked rice or pasta, 1 small 6" corn tortilla, 2 small pancakes (4 ½" diameter)		
Milk/milk alternatives/dairy *Recommended: make full fat available and no or low added sugars (2.5g/serv.)	1	8- ounce of cow or soy milk; 1 C. cottage cheese, 1 C. yogurt; 1 ½ oz of non-processed cheese (cheddar, mozzarella, swiss); 2 oz American cheese		
Also evaluate the section below:	Average amounts per meal over 1 month:	Requirements met? (yes/no)	Notes	
Energy	600 -660 calories Min.			
Saturated fat	*10% of total calories			
Sodium	*750-1000 mg or less			
Added sugar	*10 g or less		Focus needs to be on limiting desserts/sweets	

*USDA Dietary Guidelines for Americans, 2025-2030

I certify that I have reviewed the Title III-C menu policies and the menu/meals herein meets all nutritional requirements as indicated on this table and within the menu policy specifications.

Registered Dietitian Signature: _____ Date: _____

Updated 3/23/26

APPENDIX H: Nutrition Analysis Approval Sheet



WYOMING DEPARTMENT OF HEALTH, AGING, CLS						
Nutrient Analysis Menu Guidance Approval Sheet (This form will not be accepted without check marks based on meals/day and signature.) (Average amounts per meal over 1 month)						
Nutrient	1 meal/day		2 meals/day		3 meals/day	
	Minimum	Check	Minimum	Check	Minimum	Check
Energy	660 calories		1,320 calories		2000 calories	
Protein	30 grams		60 grams		90 grams	
Fat	35% or less of meal		35% or less of meal		35% or less of meal	
	<10% saturated fat		<10% saturated fat		<10% saturated fat	
	Avoid trans fat		Avoid trans fat		Avoid trans fat	
Fiber	9 grams		18 grams		28 grams	
Calcium	330mg		660mg		1,000mg	
Vitamin A	300mcg		600mcg		900mcg	
Vitamin B6	0.6mg		1.2mg		1.7mg	
Vitamin B12	.8mcg		1.6mcg		2.4mcg	
Vitamin C	30mg		50mg		75mg	
Vitamin D	3ug		6ug		10ug	
Potassium	1,133mg		2,266mg		3,400mg	
Sodium	1,400mg		1,800mg		2,300mg	
Added sugars	No more than 10g per meal		No more than 10g per meal		No more than 10g per meal	

Month and location of Menus: _____

I certify that I have reviewed the Title III-C menu policies and the menu/meals herein meets all nutritional requirements as indicated on this table and within the menu policy specifications.

Registered Dietitian Signature: _____ Date: _____

Updated 3/23/2026