



**DELAWARE HEALTH AND SOCIAL
SERVICES**

Division of Services for Aging and Adults
with Physical Disabilities

Nutrition Program

1.0 SERVICE GOAL

1.1 To promote the general health and well-being of aging adults by:

1.1.1 reducing hunger, food insecurity, and malnutrition;

1.1.2 promoting socialization;

1.1.3 providing at least one hot or other appropriate meal per day to participants, at least five days per week, to the maximum extent possible;

1.1.3.1 congregate or grab-and-go participants are limited to 1 meal per mealtime per day (i.e. a grab-and-go participant may not pick up 3 bulk lunches to go, but may pick up 1 lunch and return that same day to pick up 1 dinner).

1.1.4 delaying the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior; and

1.1.5 assisting in gaining access to nutrition and other disease prevention and health promotion services via the Division of Aging and Adults with Physical Disabilities (DSAAPD)'s Aging and Disability Resource Center (ADRC).

2.0 SERVICE AREA

2.1 Services are to be made available to all eligible residents of the State of Delaware.

2.1.1 Eligibility requirements can be found in Section 7.0.

3.0 SERVICE LOCATION

3.1 Congregate Nutrition.

3.1.1 Services are to be made available at Provider Nutrition Sites which include but are not limited to senior centers, faith-based locations, schools, community centers, and other private facilities under the supervision of the Provider.

3.1.1.1 Provider Nutrition Sites will be open at least five (5) days a week unless otherwise approved by DSAAPD.

3.2 Home-Delivered Nutrition.

3.2.1 Services are to be made available at the home(s) of eligible homebound persons residing in the State of Delaware.

4.0 SERVICE CONFLICT OF INTEREST

4.1 To eliminate any potential conflicts of interest, Providers are required to abide by the "Nutrition Program Service Specifications" and all of its contents, including the exclusive utilization of its attachments for eligibility screening and data collection/reporting purposes.

4.1.1 DSAAPD reserves the right to request access to any Nutrition Program-related documentation for purposes of compliance auditing and monitoring to ensure successful service delivery in accordance with relative state and federal standards and requirements.

5.0 SERVICE DEFINITIONS

5.1 Congregate Meal.

5.1.1 A meal served in communal, group setting at Provider Sites such as senior centers, faith-based facilities, restaurants, etc. to promote socialization and keep older adults healthy and living independently.

5.1.1.1 Congregate Meals must "meet the [Dietary Guidelines for Americans](#) and [Dietary Reference Intakes](#) (DRI) as set forth in section 339 of the Older Americans Act ([42 USC 3030g-21](#))



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provided under Title III, part C-1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person ([45 CFR 1321.87 \(a\)\(1\)](#))” except as specified under [45 CFR 1321.87 \(a\)\(1\)\(i-iii\)](#).

5.1.1.2 Congregate Meals must also meet the requirements of the “Senior Nutrition Provider Manual” established by DSAAPD found in Attachment D.

5.2 Grab-And-Go Meal.

5.2.1 A meal also referred to as carry-out, drive-through, or pick-up meals, which must provide the *opportunity* for in-person, phone, or virtual socialization and interaction by requiring said meal to be picked up by the participant from the Provider Site, or a site facilitated elsewhere to later be eaten elsewhere.

5.2.1.1 Grab-and-Go Meals are *not* delivered.

5.2.1.2 Grab-And-Go Meals must “meet the [Dietary Guidelines for Americans](#) and [Dietary Reference Intakes](#) (DRI) as set forth in section 339 of the Act ([42 USC 3030g-21](#)) provided under Title III, part C-1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person ([45 CFR 1321.87 \(a\)\(1\)\(i-iii\)](#)).”

5.2.1.3 Grab-And-Go Meals must also meet the requirements of the “Senior Nutrition Provider Manual” established by DSAAPD found in Attachment D.

5.3 Home-Delivered Meal.

5.3.1 A meal delivered to a participant at their place of residence directly from the Provider Site to help combat malnutrition and social isolation, while promoting independence to allow participants to age in place.

5.3.1.1 Home-Delivered Meals must “meet the [Dietary Guidelines for Americans](#) and [Dietary Reference Intakes](#) (DRI) as set forth in section 339 of the Act ([42 USC 3030g-21](#)) provided under Title III, part C-2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a service provider under the Act ([45 CFR 1321.87 \(a\)\(2\)](#)).”

5.3.1.2 Home-Delivered Meals must also meet the requirements of the “Senior Nutrition Provider Manual” established by DSAAPD found in Attachment D.

5.4 Nutrition Counseling.

5.4.1 Personalized guidance characterized by a collaborative counselor-patient relationship to establish food/nutrition/physical activity priorities, goals, and individualized action plans that acknowledge and foster responsibility for self-care to treat an existing condition and promote health to individuals who are at nutritional risk.

5.4.1.1 Nutrition Counseling must be provided by a state-licensed, Registered Dietitian.

5.5 Nutrition Screening and Intervention Services.

5.5.1 [Nutrition Screening](#) identifies participants that will benefit from nutrition assessment and intervention.

5.5.2 Nutrition Intervention Services include practices such as Nutrition Education, Nutrition Counseling and/or coordination of nutrition care provided as appropriate, based on the needs of meal participants and as outlined by the Academy of Nutrition and Dietetics in the “[Snapshot of Nutrition Intervention](#).”

5.5.2.1 Nutrition Education is information which provides individuals with the knowledge and skills to make healthy food and beverage choices based upon the needs of meal participants.



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5.5.2.2 Other Nutrition Services may be provided to meet nutritional needs or preferences of eligible participants, such as weighted utensils, supplemental foods, oral nutrition supplements, or groceries.

6.0 SERVICE UNIT

6.1 Meal Unit.

6.1.1 The Meal Unit is one complete meal provided to one eligible participant.

6.1.1.1 A complete meal is defined as that which meets one-third of the daily DRI of nutrients of concern in Older Americans, as established by the Food and Nutrition Board (FNB) of the Institute of Medicine (IOM), and the most recent Dietary Guidelines for Americans, published by the Secretaries of the United States Department of Health and Human Services (DHHS) and the United States Department of Agriculture (USDA), and nutrition program guidelines established by DSAAPD via the "Senior Nutrition Provider Manual" found in Attachment D.

6.1.1.2 A Meal Unit should be planned and prepared under the advice and recommendations of a Registered Dietitian.

6.1.1.3 A Meal Unit, to the maximum extent practicable, is encouraged to be adjusted to meet any special dietary needs of program participants, including meals adjusted for cultural considerations and preferences and medically tailored meals.

6.1.2 The following are approved Meal Unit types:

6.1.2.1 Meal.

6.1.2.1.1 A meal that meets Subsection 6.1.1 as defined above.

6.1.2.2 Emergency Meal.

6.1.2.2.1 A meal that consists of shelf-stable items which are provided to the participant for use when the Nutrition Program is unable to deliver meals due to weather related and/or other unforeseen emergencies.

6.1.2.2.1.1 Shelf-stable foods that do not require refrigeration for safe consumption can be kept at room temperature until their "use-by" date.

6.2 Nutrition Screening and Intervention Services.

6.2.1 Nutrition Screening and Intervention Services will be incorporated into the meal budget but will be tracked according to federal and/or state reporting requirements.

6.2.1.1 There are no separate line items (reimbursement) on invoices for these services.

6.2.2 Outreach and Intake are performed to ensure eligible participants are identified and screened for eligibility (eligibility requirements found in Section 7.0).

6.2.3 Nutrition Screenings are conducted as a part of the initial Nutrition Program eligibility enrollment process and annually thereafter, to ensure the continued, appropriate level(s) of Nutrition programming, for each meal participant using DSAAPD's "Congregate Nutrition Screening Tool" found in Attachment A, or "Home-Delivered Nutrition Screening Tool" found in Attachment B, and detailed under Section 7.0.

6.2.3.1 Participants identified as "high nutritional risk" must be referred for further malnutrition risk screening and counseling by the Provider's Registered Dietitian.

6.2.3.1.1 Service units for nutrition counseling will be reported as hours. Partial hours may be reported to two decimal places (i.e. 0.25 hours).



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6.2.3.2 Nutrition Education is to be provided at minimum, on a quarterly basis and can be delivered in-person, via video, online, or through the distribution of hard-copy materials, and should be reported by total audience size.

6.2.3.2.1 Nutrition Education must be overseen by a Registered Dietitian or an individual with comparable expertise per the Older Americans Act (OAA) [Nutrition Reporting Guidelines](#).

6.3 Other Units of Service.

6.3.1 Other units of service, or activities, that support Home-Delivered Nutrition Services include but are not limited to, staff training and development, site monitoring, and menu development.

6.3.2 These costs should be absorbed into the allowable meal unit cost as previously mentioned in Subsections 6.2.1 and 6.2.1.1.

7.0 ELIGIBILITY

7.1 Congregate Nutrition.

7.1.1 Providers are required to utilize DSAAPD's "Congregate Nutrition Screening Tool," found in Attachment A, to determine service eligibility for all Nutrition Services.

7.1.1.1 The screening criteria and data collection points of the "Congregate Nutrition Screening Tool" is a compilation of national, federal, and state requirements and standards which include but are not limited to:

7.1.1.1.1 the Federal Code of Regulations;

7.1.1.1.2 the Delaware State Code of Regulations;

7.1.1.1.3 the Older Americans Act;

7.1.1.1.4 the Older Americans Act Performance System;

7.1.1.1.5 the "DETERMINE Your Health" nutrition checklist; and

7.1.1.1.6 the "Hunger Vital Sign" food insecurity screening tool.

7.1.1.2 The purpose of the "Congregate Nutrition Screening Tool" is to implement comprehensive compliance monitoring measures to ensure effective service delivery, connect Nutrition Program participants to additional DSAAPD services and supports, ensure accurate data collection and reporting, enforce responsible spending of approved budgets, and strengthen Provider relationships via open communication and collaboration.

7.1.1.3 The "Congregate Nutrition Screening Tool" is to be completed at first engagement with potential participants to determine Nutrition program eligibility and enrollment, and annually assess thereafter to ensure the continued, appropriate level(s) of Nutrition programming, for each meal participant.

7.1.1.4 The "Congregate Nutrition Screening Tool" is to be completed in its entirety with accuracy to the best of the Provider Personnel's ability to ensure the appropriate recommendation(s) and referral(s) for Nutrition and/or additional services and programming as identified by said tool.

7.1.1.4.1 Participants may fill out the "Congregate Nutrition Screening Tool" themselves, however, the Provider Personnel must be present to provide guidance and answer any questions, as well as to ensure the tool is filled out in its entirety.

7.1.1.4.2 The Provider Personnel must complete the "Provider Personnel Collection" portion of the tool (section VIII) to certify the complete and accurate completion of the tool and to make recommendation(s) and/or referral(s) as appropriate based upon the scoring criteria.



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- 7.3.1.2** The purpose of the “Home-Delivered Nutrition Screening Tool” is to implement comprehensive compliance monitoring measures to ensure effective service delivery, connect Nutrition Program participants to additional DSAAPD services and supports, ensure accurate data collection and reporting, enforce responsible spending of approved budgets, and strengthen Provider relationships via open communication and collaboration.
- 7.3.1.3** The “Home-Delivered Nutrition Screening Tool” is to be completed at first engagement with potential participants to determine Nutrition program eligibility and enrollment, and annually assess thereafter to ensure the continued, appropriate level(s) of Nutrition programming, for each meal participant.
- 7.3.1.4** The “Home-Delivered Nutrition Screening Tool” is to be completed in its entirety with accuracy to the best of the Provider Personnel’s ability to ensure the appropriate recommendation(s) and referral(s) for Nutrition and/or additional services and programming as identified by said tool.
- 7.3.1.5** Additional referrals and/or recommendations such as referrals for additional DSAAPD services, recommendations for Nutrition Counseling, and/or other Nutrition Intervention Services are to be made as appropriate as determined by the “Home-Delivered Nutrition Screening Tool.”
- 7.3.1.6** Additional instructions on how to properly utilize the “Home-Delivered Nutrition Screening Tool” can be found in Attachment B.
- 7.4** Providers specifically facilitating Home-Delivered Nutrition Services funded by the [OAA under Title III-C](#) are required to adhere to the service eligibility standards and requirements as outlined by the OAA.
 - 7.4.1** Home-Delivered Nutrition Services will be made available to persons aged sixty (60) or over who are homebound by reason of illness, incapacitating disability, or are otherwise isolated, in addition to the requirements of Attachment B.
 - 7.4.2** The spouse of an older adult may also receive a Home-Delivered meal if it is in the best interest of the homebound older adult and the provision of the meal will not prevent service delivery to more higher priority individuals.
 - 7.4.3** Meals may be made available to individuals with disabilities under age sixty (60) who reside in housing facilities occupied primarily by older adults at which Home-Delivered nutrition services are provided. This provision is only applicable to public housing facilities in which nutrition sites are located.
 - 7.4.3.1** The person with the disability must be a resident of this same housing facility.
 - 7.4.3.2** Spouses of individuals with disabilities are not eligible unless they too have disabilities.
 - 7.4.4** Meals may also be made available to persons under the age of sixty (60) with a disability who are a member of the household of an older adult who is eligible for Home-Delivered Nutrition Services.
 - 7.4.5** Program applicants who are determined ineligible to receive Home-Delivered meals should be directed to their nearest congregate nutrition site or other appropriate community service.
 - 7.4.6** Services are not intended to reach every individual in the community. Targeted populations include those in the community with the greatest social and economic need.
 - 7.4.7** Priority will be given to the following: older adults, persons with disabilities, older individuals at risk for institutional placement, minorities, those with limited English proficiency, older individuals residing in rural areas and underserved populations. Underserved populations include male caregivers, older adults in the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender) community, individuals with limited English proficiency, and Hispanic/Latinx older Delawareans.



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7.4.8 Income shall not be criteria for eligibility.

7.5 Providers specifically facilitating Home-Delivered Nutrition Services funded by the [Social Service Block Grant \(SSBG\)](#) are required to adhere to the service eligibility standards and requirements as outlined by the SSBG.

7.5.1 Home-Delivered Nutrition Services will be made available to persons between the ages of eighteen (18) and fifty-nine (59) who are homebound by reason of physical disability.

7.5.2 For the purposes of Home-Delivered Nutrition, physical disability would be defined as a disability that is anticipated to last twelve (12) months or longer and that includes at least one Activity of Daily Living (ADL) deficit that impacts the individual's ability to live independently. ADLs include bathing, dressing, toileting, bowel/bladder control, transferring, and eating.

7.5.3 The potential participant must be a U.S. citizen or legal alien.

7.5.3.1 Immigration status will be verified from original documents or certified copies from the issuing agency. Once documentation of citizenship and identity has been provided, it is not necessary to obtain documentation again. There are four levels of verification listed in order of preference. If a higher-level document is not available, a lower level may be used.

7.5.3.2 First level documentation of both citizenship AND identity:

7.5.3.2.1 A U.S. passport. A U.S. passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation. Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity. Note: Spouses and children were sometimes included on one passport through 1980. The citizenship and identity of the included person can be established when one of these passports is presented. U.S. passports issued after 1980 show only one person.

7.5.3.2.2 A Certificate of Naturalization (DHS Forms N-550 or N-570).

7.5.3.2.3 A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).

7.5.3.3 Second level documentation of citizenship:

7.5.3.3.1 A U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam (on or after April 10, 1899), the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986 (NMI local time)).

7.5.3.3.2 A Certification of Report of Birth (DS-1350) .

7.5.3.3.3 A Report of Birth Abroad of a U.S. Citizen (Form FS-240).

7.5.3.3.4 A Certification of birth issued by the Department of State (Form FS-545) .

7.5.3.3.5 A U.S. Citizen I.D. card (I-197 or I-179)

7.5.3.3.6 A Northern Mariana Identification Card (I-873).

7.5.3.3.7 An American Indian Card (I-872) .

7.5.3.3.8 A final adoption decree showing the child's name and U.S. place of birth. In situations where an adoption is not finalized and the State in which the child was born will not release a birth certificate prior to final adoption, a statement from a State approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state



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in the certification that the source of the place of birth information is an original birth certificate.

7.5.3.3.9 Evidence of U.S. Civil Service employment before June 1, 1976.

7.5.3.3.10 U.S. Military Record showing a U.S. place of birth. (DD-214 or similar official document showing a U.S. place of birth).

7.5.3.3.11 A data verification with the Systematic Alien Verification for Entitlements (SAVE) Program for naturalized citizens.

7.5.3.4 Third level documentation of citizenship:

7.5.3.4.1 Extract of a hospital record on hospital letterhead established at the time of the person's birth that was created five (5) years before the initial application date and that indicates a U.S. place of birth. Do not accept a souvenir "birth certificate" issued by the hospital.

7.5.3.4.2 Life, health, or other insurance record showing a U.S. place of birth that was created at least five (5) years before the initial application date and that indicates a U.S. place of birth. Life or health insurance records may show biographical information for the person including place of birth and can be used to establish U.S. citizenship when it shows a U.S. place of birth.

7.5.3.4.3 Religious record recorded in the U.S. within three (3) months of birth showing the birth occurred in the U.S. and showing either the date of the birth or the individual's age at the time the record was made. The record must be an official record recorded with the religious organization.

7.5.3.4.4 Early school record showing a U.S. place of birth. The school record must show the name of the child, the date of admission to the school, the date of birth, a U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents.

7.5.3.5 Fourth level documentation of citizenship:

7.5.3.5.1 Federal or State census record showing U.S. citizenship or a U.S. place of birth. Census records from 1900 through 1950 contain certain citizenship information. The census record must also show the applicant's age.

7.5.3.5.2 One of the documents listed that shows a U.S. place of birth and was created at least 5 years before the application for Medicaid. This document must be one of the following and show a U.S. place of birth:

7.5.3.5.2.1 Seneca Indian tribal census record.

7.5.3.5.2.2 Bureau of Indian Affairs tribal census records of the Navajo Indians.

7.5.3.5.2.3 U.S. State Vital Statistics official notification of birth registration.

7.5.3.5.2.4 A delayed U.S. public birth record that is recorded more than 5 years after the person's birth.

7.5.3.5.2.5 Statement signed by the physician or midwife who was in attendance at the time of birth.

7.5.3.5.2.6 The Roll of Alaska Natives maintained by the Bureau of Indian Affairs.

7.5.3.5.3 Institutional admission papers from a nursing facility, skilled care facility, or other institution created at least five (5) years before the initial application date that indicates a U.S. place of birth. Admission papers generally show



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biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth.

- 7.5.3.5.4** Medical (clinic, doctor, or hospital) record created at least five (5) years before the initial application date that indicates a U.S. place of birth. Medical records generally show biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth. (Note: An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.)
- 7.5.3.5.5** Written affidavit.
- 7.5.3.5.5.1** Affidavits should only be used in rare circumstances. If the documentation requirement needs to be met through affidavits, the following rules apply:
- 7.5.3.5.5.1.1** There must be at least two affidavits by two individuals who have personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship.
- 7.5.3.5.5.1.2** At least one of the individuals making the affidavit cannot be related to the applicant or recipient. Neither of the two individuals can be the applicant or recipient.
- 7.5.3.5.5.1.3** The persons making the affidavits must be able to provide proof of their own citizenship and identity.
- 7.5.3.5.5.1.4** If the individual making the affidavit has information which explains why documentary evidence establishing the applicant's claim of citizenship does not exist or cannot be readily obtained, the affidavit should contain this information as well.
- 7.5.3.5.5.1.5** The applicant or representative must make a separate affidavit explaining why the evidence does not exist or cannot be obtained.
- 7.5.3.5.5.1.6** The affidavits must be signed under penalty of perjury and need not be notarized.
- 7.5.3.5.6** Documentation of identity.
- 7.5.3.5.6.1** Identity documents described in 8 CFR 274a.2(b)(1)(v)(B)(1). Exception: Do not accept a voter's registration card or Canadian driver's license as listed in 8 CFR 274a.2(b)(1)(v)(B)(1).
- 7.5.3.5.6.2** Driver's license issued by a State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight, or eye color.
- 7.5.3.5.6.3** School identification card with a photograph of the individual.
- 7.5.3.5.6.4** U.S. military card or draft record.



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- 7.5.3.5.6.5** Identification card issued by the Federal, State, or local government with the same information included on drivers' licenses.
- 7.5.3.5.6.6** Military dependent's identification card.
- 7.5.3.5.6.7** Certificate of Degree of Indian Blood, or other American Indian/Alaska Native Tribal document with a photograph or other personal identifying information relating to the individual such as age, weight, height, race, sex, and eye color.
- 7.5.3.5.6.8** U.S. Coast Guard Merchant Mariner card.
- 7.5.3.5.7** A crossmatch with Office of Vital Statistics.
- 7.5.3.5.8** Three or more documents that together reasonably corroborate the identity of an individual provided such documents have not been used to establish the individual's citizenship and the individual submitted second or third level evidence of citizenship. Such documents must at a minimum contain the individual's name, plus any additional information establishing the individual's identity. All documents used must contain consistent identifying information. These documents include employer identification cards, high school and college diplomas from accredited institutions (including general education and high school equivalency diplomas), marriage certificates, divorce decrees, and property deeds/titles.

8.0 SERVICE STANDARDS

8.1 Providers facilitating any Nutrition Services funded by the [OAA under Title III-C](#) and/or the [SSBG](#) are required to adhere to the service standards and requirements as outlined by the OAA and SSBG.

8.1.1 General Requirements.

- 8.1.1.1** Outreach must be conducted as necessary to reach the target population as detailed in Section 5.2.2.
- 8.1.1.2** Efforts must be made to recruit volunteers to assist in service delivery.
- 8.1.1.3** Providers must develop and implement a system to be conducted annually to solicit feedback from participants related to the quality of the service, including the acceptability of the meals provided.
 - 8.1.1.3.1** Participant feedback and menu modifications must be kept on file for all active participants, as well as discontinued participants for a period of (3) three years, to be reviewed by DSAAPD's Registered Dietitian annually.
- 8.1.1.4** Federal funds must not be used to supplant existing resources, including funds from nonfederal sources and volunteer support.
- 8.1.1.5** In the event that a program participant is unable to receive services due to a hospitalization or other issue, the Provider may allow the participant to stay active up to forty-five (45) days. After forty-five (45) days, the participant must be terminated from the program and may be re-enrolled in the program once they are able to accept services.
 - 8.1.1.5.1** Relative documentation is to be maintained for minimum period of three (3) years upon discontinuation of services.
 - 8.1.1.5.2** DSAAPD may request a copy of participant records at any time for purposes of compliance monitoring and auditing.

8.1.2 Subcontracting Requirements.



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- 8.1.2.1** When meal service is subcontracted, the Provider must follow formal procedures for procuring a cost-effective, sanitary, quality meal service and maintain a system for monitoring the service subcontractor on a quarterly basis.
- 8.1.2.2** For subcontracted services over \$25,000, the Provider must follow competitive bid procedures.
- 8.1.2.3** A signed copy of the contract between the Provider and subcontractor must be made available to DSAAPD within sixty days (60) of the beginning of the contract year.
- 8.1.2.4** If the Provider coordinates with another organization to perform Nutrition Counseling, a written agreement between the Provider and the outside organization must be developed within the current established budget.
- 8.1.2.5** Providers must adhere to the most recent State of Delaware Food Code guidelines. A copy of the current State of Delaware Food Code can be found online from the [Delaware Division of Public Health](#) (DPH).
- 8.1.2.6** Providers must document the cost of food items per menu item and per meal, including the cost of USDA commodities utilized.
- 8.1.2.7** Excess food can be served only as a frozen meal to participants.
 - 8.1.2.7.1** The meal must be assembled and frozen as soon as possible from the date of initial preparation to [maintain its quality](#). The date of meal assembly and freezing may not take place more than seventy-two (72) hours from the initial date of preparation.
 - 8.1.2.7.2** All meals must be marked with the dates of preparation, assembly, and freezing.
 - 8.1.2.7.3** All meals must be assembled and frozen in compliance with the most recent State of Delaware Food Code.
 - 8.1.2.7.4** All meals must be delivered frozen to the participant.
 - 8.1.2.7.5** The meal composition, as served, must meet DSAAPD guidelines for nutrient adequacy.
 - 8.1.2.7.6** No other use of excess food can be incorporated into a reimbursable meal.
- 8.1.2.8** Providers must develop policies and procedures surrounding the use of planned frozen meals. All steps in food preparation, freezing and serving must adhere to the most recent State of Delaware Food Code.
- 8.1.2.9** Food containers and utensils for persons with disabilities, including persons with visual impairments, must be made available for use upon request to the greatest extent possible.
- 8.1.2.10** Foods prepared or canned in the home or in an uninspected facility may not be used for meals. Only commercially prepared canned foods may be used.
- 8.1.2.11** The Provider must establish a plan for the delivery/availability of meals to participants in preparation for emergencies.
- 8.1.3** Food Service Management.
 - 8.1.3.1** A nutrition Provider shall require all vendors to immediately alert the Provider in the event of a product recall, which may impact the food served by their program.
 - 8.1.3.1.1** Upon receiving notification of a food recall, the nutrition Provider will immediately notify the DSAAPD Contract Manager.
 - 8.1.3.2** The nutrition Provider will make all reasonable efforts to avoid food product contamination by following the most recent Delaware Food Code and other safe food handling and delivery practices.



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- 8.1.3.2.1** In the event of a suspected problem, the Nutrition Provider will report and cooperate fully with DSAAPD and all regulatory agencies.
- 8.1.4** Record Keeping Requirements and Monitoring.
- 8.1.4.1** Providers must develop, implement and keep on file a policy manual containing at minimum the following information:
- 8.1.4.1.1** Fiscal Management;
 - 8.1.4.1.2** Food Service Management;
 - 8.1.4.1.3** Safety and Sanitation;
 - 8.1.4.1.4** Staff Responsibilities; and
 - 8.1.4.1.5** Emergency Preparedness.
- 8.1.4.2** Providers are responsible for maintaining the completed “Congregate Nutrition Screening Tool(s),” found in Attachment A, or “Home-Delivered Nutrition Screening Tool(s),” found in Attachment B, for each active participant.
- 8.1.4.2.1** The completed “Congregate Nutrition Screening Tool(s)” of “Home-Delivered Nutrition Screening Tool(s)” for any participant discontinued from DSAAPD’s Nutrition programming is to be maintained for a minimum period of three (3) years upon discontinuation of services.
- 8.1.4.2.2** DSAAPD may request a copy of participant records at any time for purposes of compliance monitoring and auditing.
- 8.1.4.3** Providers are responsible for maintaining the completed “Nutrition Program Monthly Report(s),” found in Attachment C, for each Nutrition Services Site.
- 8.1.4.3.1** The completed “Nutrition Program Monthly Report(s)” for any Nutrition Services Site are to be maintained for minimum period of three (3) years.
- 8.1.4.3.2** DSAAPD may request a copy of participant records at any time for purposes of compliance monitoring and auditing.
- 8.1.5** Referrals/Recommendations for Additional Services.
- 8.1.5.1** Providers’ staff/volunteers will inform program participants that information regarding additional supports and services may be obtained by contacting the DSAAPD [Aging & Disability Resource Center](#) (ADRC) at 1-800-223-9074 and refer them as appropriate as determined by the “Congregate Nutrition Screening Tool or “Home-Delivered Nutrition Screening Tool.”
- 8.1.5.2** If a participant is in immediate danger, Providers’ staff/volunteers will call 911.
- 8.1.5.3** Should Providers’ staff/volunteers have concerns regarding potential abuse, neglect, or financial exploitation of a participant, they are to report to [Adult Protective Services](#) (APS) at 1-888-277-4302 (1-888-APS-4302).
- 8.1.5.4** Provisions must be made by Providers’ staff/volunteers for participants to take advantage of the benefits available under the [Supplemental Nutrition Assistance Program](#) (SNAP).
- 8.1.6** Prohibited Activities.
- 8.1.6.1** For purposes of DSAAPD planning and reimbursement, any Nutrition Services may not include any of the following components:
- 8.1.6.1.1** providing meals to ineligible persons;
 - 8.1.6.1.2** providing financial, legal, or other similar service or advice (except for referral to qualified agencies or programs); nor
 - 8.1.6.1.3** denying services to eligible persons because of his/her inability or failure to contribute to the cost of meals.



**DELAWARE HEALTH AND SOCIAL
SERVICES**

Division of Services for Aging and Adults
with Physical Disabilities

Nutrition Program

8.1.7 Staffing Requirements.

8.1.7.1 Each Provider must have on-staff a full-time, Program Director who will be responsible for the overall daily operation of the Nutrition Program.

8.1.7.1.1 Responsibilities include supervision of staff, ensuring compliance with DSAAPD specifications, and maintaining contact with DSAAPD staff and participants.

8.1.7.2 All site staff and volunteers must be fully trained, qualified, and background checked per Provider's company policy to assure the safety of all program participants.

8.1.7.3 In the event that there is a staffing change in either the Program Director or the Registered Dietitian, those changes must be communicated immediately to DSAAPD.

8.1.7.4 Each Provider must have on-staff, or have access to, the services of a Registered Dietitian, licensed to practice in the State of Delaware.

8.1.7.5 If the agency is *directly* responsible for producing meals, a full-time person must oversee directing, monitoring, and supervising the food service production and staff.

8.1.7.5.1 This person must be qualified by education and/or experience.

8.1.7.5.1.1 Educational requirements include a degree in Foods and Nutrition, Food Service or Hotel and Restaurant Management, or a minimum of three (3) years' experience managing food service production.

8.1.8 Training.

8.1.8.1 Providers are responsible for facilitating routine training to all staff and volunteers.

8.1.8.2 Training topics should include, but are not limited to, food safety, sanitation, and other topics per DSAAPD's discretion.

8.1.8.3 Appropriate staff members will be trained to provide all information and reports required by DSAAPD.

8.2 Congregate Nutrition.

8.2.1 Providers specifically facilitating *Congregate Nutrition* must *also* adhere to the additional service standards and requirements as outlined by the OAA below.

8.2.1.1 General Requirements.

8.2.1.1.1 Congregate meals must be made available at least five (5) days per week allowing adequate time for participants to eat and enjoy a leisurely meal, social contact, and to take advantage of other services at the center, which may include supportive, educational and/or recreational activities.

8.2.1.1.2 Congregate Meal Services must be provided in a suitable environment which meets the following criteria established by DSAAPD:

8.2.1.1.2.1 The site must meet the minimum standard of the State of Delaware's Building, Fire and Environmental Services Regulation.

8.2.1.1.2.2 The site must have a pleasant environment and adequate lighting.

8.2.1.1.2.3 Site must follow Section 504 of the Rehabilitation Act.

8.2.1.1.2.4 The site must make special provisions as necessary for the service of meals to eligible individuals with disabilities.

8.2.1.1.2.5 The site must be available for a minimum of four (4) hours daily.

8.2.1.1.2.6 The site manager, as advised by the Program Director, must have a plan of operation, describing coordination with other community resources and programs.

8.2.1.1.2.7 The site must make provision for the recipients of services to assist the site staff in planning and developing relevant programs.



**DELAWARE HEALTH AND SOCIAL
SERVICES**

Division of Services for Aging and Adults
with Physical Disabilities

Nutrition Program

8.3.1.1.2.1 At least once a month, each nutrition Provider offering Home-Delivered meals will monitor delivery food temperatures.

8.3.1.1.2.1.1 An additional meal will be plated, packed and transported to the last home on a delivery route.

8.3.1.1.2.1.2 The (received) temperatures for this meal will be recorded by the Provider, documented and kept on file for DSAAPD review.

8.3.1.1.2.2 Delivery time for foods must not exceed four (4) hours.

8.3.1.1.3 SSBG Documentation.

8.3.1.1.3.1 All SSBG funded participants must have a letter from a healthcare practitioner, an award letter from the Social Security Disability Insurance Office, or have an Activity of Daily Living (ADL)/Instrumental Activity of Daily Living (IADL) deficit(s) as identified by the Provider via the “Home-Delivered Nutrition Screening Tool” that certifies their homebound status.

8.3.1.1.3.2 Meals cannot be served to the SSBG funded participant until the letter from the certifying healthcare practitioner has been received.

9.0 WAITING LISTS

9.1 When the demand for a service exceeds the ability to provide the service, a waiting list is required.

9.2 Applicants will be placed on the waiting list until services can be provided, the applicant no longer desires services, or the applicant becomes eligible for services.

9.3 The waiting list must be managed in accordance with the “DSAAPD Policy Manual for Contracts,” “Policy Number X-K, Participant Service Waiting Lists.”

9.4 In all cases, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g., in writing and available for review).

10.0 REPORTING REQUIREMENTS

10.1 OAA Title III-C Funded.

10.1.1 Providers must collect and compile all information required by the Older Americans Act Performance System (OAAPS).

10.1.1.1 Failure to provide the required information will result in non-payment of services.

10.1.2 Providers using an integrated automatic system must utilize the identified site and process for uploading participant data to DSAAPD.

10.1.2.1 If the Provider is not using an integrated automatic system, data must be submitted in an electronic format that can be easily uploaded into DSAAPD’s system (acceptable formats include .XML, .XLS/XLSX, .CSV) or data may also be entered into the Provider Portal within the DSAAPD case management system.

10.1.3 Providers must collect and compile all information required by the “Nutrition Program Monthly Report,” found in Attachment C, to submit to DSAAPD on a monthly basis.

10.2 SSBG Funded.

10.2.1 Providers must collect and compile all information required by DSAAPD.

10.2.1.1 Failure to provide the required information will result in non-payment of services.

11.0 INVOICING REQUIREMENTS



**DELAWARE HEALTH AND SOCIAL
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Division of Services for Aging and Adults
with Physical Disabilities

Nutrition Program

- 11.1** The Provider will invoice DSAAPD utilizing the appropriate Invoicing Workbook for program participants, pursuant to the “DSAAPD Policy Manual for Contracts,” “Policy Number X-Q, and Invoicing.”
- 11.2** The Provider will only invoice DSAAPD for meals provided to DSAAPD approved OAA Title III-C and SSBG participants.
- 11.2.1** Meals provided to Medicaid recipients are not reimbursable under the OAA Senior Nutrition Program.
- 11.3** Classification of Meals by Funding Source.
- 11.3.1** [OAA Title III C1](#) Funding.
- 11.3.1.1** Congregate Meals.
- 11.3.1.1.1** Meals that meet the requirements specified previously in Subsection 5.1 and consumed on-site while congregating in-person.
- 11.3.1.1.1.1** Meals consumed off-site may be considered Congregate *if congregation via virtual means* takes place.
- 11.3.1.2** Grab-and-Go Meals.
- 11.3.1.2.1** Meals that complement the Congregate Nutrition program, meet the requirements specified previously in Subsection 5.2, and are *picked-up on-site*, providing the participant the *opportunity for in-person or virtual socialization*, and *later consumed off-site*.
- 11.3.1.2.1.1** These meals are *not* delivered.
- 11.3.1.2.1.2** These meals may *not* exceed 25% of the total [OAA Title III C1 funding](#) expended.
- 11.3.1.2.1.3** Examples of grab-and-go meals that *complement* congregate nutrition per 45 CFR 1321.87 (1) (iii) (a-c):
- 11.3.1.2.1.3.1** “during disaster or emergency situations affecting the provision of nutrition services;
- 11.3.1.2.1.3.2** to older individuals who have an occasional need for such meal; and/or
- 11.3.1.2.1.3.3** to older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.”
- 11.3.2** [OAA Title III C2](#) and/or [SSBG](#) Funding.
- 11.3.2.1** Home-Delivered Meals.
- 11.3.2.1.1** Meals that meet the requirements specified previously in Subsection 5.3 and are *delivered* to the participant for consumption off-site.
- 11.3.3** [NSIP](#) Funding.
- 11.3.3.1** Meals funded by NSIP may *only* be used to purchase domestically produced foods used in an eligible meal (i.e. Congregate, Grab-and-Go, Home-Delivered).
- 11.4** Supporting Documentation.
- 11.4.1** Service Units.
- 11.4.1.1** The Provider must supply supporting documentation for the *service units charged* for the selected month of the Invoice Review. These records must indicate:
- 11.4.1.1.1** unduplicated participants served; and
- 11.4.1.1.2** the Total Service Units provided including the dates of service.



**DELAWARE HEALTH AND SOCIAL
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Division of Services for Aging and Adults
with Physical Disabilities

Nutrition Program

11.4.2 Program Income.

11.4.2.1 The Provider must supply supporting documentation for all Program Income collected for the invoice period in question. This supporting documentation must be provided in at least one of the following forms:

11.4.2.1.1 Copies of participant checks, or other proof of payment (with all bank account information redacted).

11.4.2.1.2 Copy of financial statements (proving the deposit of the program income total for the invoice period in question).

11.4.2.1.3 Copy of Provider financial software printouts (if applicable) showing the transaction of the program income total in question.

12.0 PROGRAM INCOME/VOLUNTARY CONTRIBUTIONS

12.1 Providers shall provide program participants with the opportunity to make [voluntary donations or contributions](#) to the Home-Delivered Nutrition Program. The Provider shall establish a procedure related to the solicitation of donations in order to assure it is understood to be purely voluntary and donations can be made in a confidential manner.

12.1.1 Said procedures shall ensure:

12.1.1.1 each participant is provided a voluntary, and [prominently displayed](#), opportunity to contribute to the cost of the service that takes into consideration the income ranges of eligible individuals in local communities;

12.1.1.2 each participant is clearly informed that there is no obligation to contribute, and that the contribution is purely voluntary;

12.1.1.3 the privacy and confidentiality of each participant with respect to their contributions;

12.1.1.4 the utilization of appropriate measures to safeguard and account for all contributions against loss, mishandling or theft by obtaining bonding for all employees and volunteers; and

12.1.1.5 the appropriate use of all contributions to expand the service and number of meals served for which such contribution is given.

12.2 Providers may not deny a participant service because the person will not or cannot contribute to the cost.



I. PURPOSE

- a. The purpose of the “Congregate Nutrition Screening Tool” is to aid DSAAPD’s contracted Providers in the completion of accurate and consistent eligibility assessments across all Provider sites to connect Delawareans to the appropriate level(s) of Nutrition programming and additional DSAAPD services as necessary, in compliance with the Older Americans Act and additional State and Federal regulations.

II. INSTRUCTIONS

- a. The “Congregate Nutrition Screening Tool” is to be completed at first engagement with potential participants to determine Nutrition program eligibility.
- b. The “Congregate Nutrition Screening Tool” is to be completed annually for existing participants to ensure the appropriate continuation and/or alteration of Nutrition programming.
- c. The “Congregate Nutrition Screening Tool” is to be completed in its entirety with accuracy to the best of the Provider Personnel’s ability.
- d. Signify the appropriate Nutrition services and additional referral(s) for the participant via the available checkboxes in “Section VIII” as determined by the rubric provided.
- e. Should the potential participant qualify for any DSAAPD Nutrition services, an offer for referral is to be made to DSAAPD’s ADRC via telephone at 1-(800)-223-9074 for assessment and additional service determination as identified by DSAAPD.

III. ACRONYMS AND ABBREVIATIONS

- a. A = Assistance
- b. ADL = Activities of Daily Living
- c. ADRC = Aging and Disability Resource Center (extension of DSAAPD)
- d. D = Dependent
- e. I = Independent
- f. IADL = Independent Activities of Daily Living
- g. OAAPS = Older Americans Act Performance System
- h. PCD = Primary Care Dietitian

IV. DEFINITIONS

- a. **Congregate Meal** – A meal served in communal, group setting at Provider Sites such as senior centers, faith-based facilities, restaurants, etc. to promote socialization and keep older adults healthy and living independently.
- b. **Grab-and-Go Meal** – A meal also referred to as carry-out, drive-through, or pick-up meals, which must provide the *opportunity* for in-person, phone, or virtual socialization and interaction by requiring said meal to be picked up by the participant from the Provider Site, to then be eaten elsewhere. Grab-and-Go Meals are *not* delivered.
- c. **Home-Delivered Meal** – A meal delivered to a participant at their place of residence directly from the Provider Site to help combat malnutrition and social isolation, while promoting independence to allow participants to age in place.
- d. **Nutrition Counseling** – Personalized guidance characterized by a collaborative counselor-patient relationship to establish food/nutrition/physical activity priorities, goals, and individualized action plans, provided by a licensed, Registered Dietitian, that acknowledge and foster responsibility for self-care to treat an existing condition and promote health to individuals who are at nutritional risk.

V. SUBMISSION

- a. Completed “Congregate Nutrition Screening Tools” are not to be regularly submitted but made available to DSAAPD *upon request* at any time for auditing and compliance monitoring purposes and submitted to DSAAPD’s Registered Dietitian for review via DHSS_DSAAPD_SNP@delaware.gov.

VI. RECORD KEEPING

- a. All contracted Providers of DSAAPD are responsible for maintaining the completed “Congregate Nutrition Screening Tool(s)” for each active participant.
- b. The completed “Congregate Nutrition Screening Tool(s)” for any participant discontinued from DSAAPD’s Nutrition programming is to be maintained for minimum period of three (3) years upon discontinuation of services.

Attachment A



Division of Services for Aging and Adults with Physical Disabilities
Congregate Nutrition Screening Tool

OAAAPS COLLECTION					COLLECTION DATE: / /		
Client First	Client Last	DOB	Sex (M/F/Other /Unk)	Lives Alone (Y/N/Unk)	Below Poverty (Y/N/Unk)	Hispanic (Y/N)	Race Code(s)*

* Race Codes: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, and/or Other.

ADDITIONAL DEMOGRAPHIC COLLECTION							
Provider Name / Address	Provider:			Address:			
Client Physical Address							
Client Mailing Address (if different)							
Client Phone / Email	Phone:			Email:			
Preferred Method of Communication	<input type="checkbox"/> Phone		<input type="checkbox"/> Email		<input type="checkbox"/> Mail		
Referral Source/Contact (if applicable)	Name:		Relationship:		Phone:		
Regular Helper (family/neighbor/etc.)	Name:		Relationship:		Phone:		
Emergency Contact (if applicable)	Name:		Relationship:		Phone:		
Primary Language	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other:		
Household Status	<input type="checkbox"/> Lives Alone		<input type="checkbox"/> Lives with Others		<input type="checkbox"/> Unknown		
Marital Status	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Partner / Sig Other	<input type="checkbox"/> Widowed	<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined to Disclose
Veteran Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Spouse is Veteran		<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined to Disclose	

SERVICE DETERMINATION(S)		
I. DETERMINE Your Nutritional Health Screening		
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	
I eat fewer than 2 meals per day.	3	
I eat few fruits or vegetables or milk products.	2	
I have 3 or more drinks of beer, liquor, or wine almost every day.	2	
I have tooth or mouth problems that make it hard for me to eat.	2	
I don't always have enough money to buy the food I need.	4	
I eat alone most of the time.	1	
I take 3 or more different prescribed or over-the-counter drugs a day.	1	
Without wanting to, I have lost or gained 10 lbs. in the last 6 months.	2	
I am not always physically able to shop, cook, and/or feed myself.	2	
* Total DETERMINE Score		
* An answer of "yes" = circle the # provided in scoring column. An answer of "no" = 0, do not circle.		
* Score Guide: 6+ = High Risk. Recommend a consultation with their Primary Care Provider and refer them for further Malnutrition Risk Screening and Nutritional Counseling by the Provider Site's Registered Dietitian (Nutritional Counseling).		
II. Malnutrition Screening		
Have you lost weight recently without trying?	Y	N
Have you been eating poorly because of decreased appetite?	Y	N
* If answers "yes" to both questions, refer the client to the Provider Site's Registered Dietitian for further intervention (Nutrition Counseling).		
III. Food Insecurity		
"We worried whether our food would run out before we got money to buy more."	O	S N
"In the past month, the food that we bought just didn't last, and we didn't have money to get more."	O	S N
* Read the 2 statements above and indicate if the client would state O = "often true," S = "sometimes true," or N = "never true."		
* If "often true" or "sometimes true" is selected, refer the client to: SNAP, food banks or pantries, or other community-based food assistance.		
IV. <60 Recognized Spouse	Y	N
V. <60 SSI Living in Home	Y	N
VI. Eligible Spouse >60	Y	N
VII. Does the client need transportation?	Y	N
* DSAAPD ADRC: Any participant who qualifies for Congregate, must be offered referral to DSAAPD's ADRC to be assessed for additional services (i.e. personal care, transportation, nursing care, etc.) under "Section VIII." ADRC Phone #: 1-(800)-223-9074		
* GRAB-AND-GO: A participant whose score determines eligibility for "Congregate Nutrition," may be offered "Grab-and-Go Meals" under "Section VIII" so long as these meals do not exceed 25% of the total OAA Title III C1 funding expended per 11.3.1.2.1.2. Provide justification below in "Section VIII."		

VIII. PROVIDER PERSONNEL COLLECTION		Referral(s) / Recommendation(s)
Notes/Justification:		<p>Check all that apply:</p> <input type="checkbox"/> Congregate Nutrition <input type="checkbox"/> Grab-And-Go Meals <input type="checkbox"/> Nutritional Counseling <input type="checkbox"/> Consultation with their PCP <input type="checkbox"/> Additional DSAAPD Services via the ADRC: 1-(800)-223-9074
Provider Personnel Name:	Signature:	Date: / /
<p>* All contracted providers by DSAAPD are responsible for maintaining a complete record of completed "Congregate Nutrition Screening Eligibility Tools" for all active participants, as well as participants discontinued from services for a minimum period of three (3) years. These completed tools are to be made available to DSAAPD <i>upon request</i> for compliance auditing/monitoring purposes and submitted to DSAAPD's Registered Dietitian for review via DHSS_DSAAPD_SNP@delaware.gov.</p>		



Division of Services for Aging and Adults with Physical Disabilities
Home-Delivered Nutrition Screening Tool

I. PURPOSE

- a. The purpose of the “Home-Delivered Nutrition Screening Tool” is to aid DSAAPD’s contracted Providers in the completion of accurate and consistent eligibility assessments across all Provider sites to connect Delawareans to the appropriate level(s) of Nutrition programming and additional DSAAPD services as necessary, in compliance with the Older Americans Act and additional State and Federal regulations.

II. INSTRUCTIONS

- a. The “Home-Delivered Nutrition Screening Tool” is to be completed at first engagement with potential participants to determine Nutrition program eligibility.
- b. The “Home-Delivered Nutrition Screening Tool” is to be completed annually for existing participants to ensure the appropriate continuation and/or alteration of Nutrition programming.
- c. The “Home-Delivered Nutrition Screening Tool” is to be completed in its entirety with accuracy to the best of the Provider Personnel’s ability.
- d. Total Sections I through IX to determine the “Total Assessment Score” in Section X.
- e. Total Section XI to determine if a referral for Nutrition Counseling and a recommendation of a PCP visit is appropriate.
- f. Signify the appropriate Nutrition services for the participant via the available checkboxes in “Section XIV” based upon the “Total Assessment Score” as determined by the rubric provided.
- g. Should the potential participant qualify for any DSAAPD Nutrition services, an offer for referral is to be made to DSAAPD’s ADRC via telephone at 1-(800)-223-9074 for assessment and additional service determination as identified by DSAAPD.

III. ACRONYMS AND ABBREVIATIONS

- a. A = Assistance
- b. ADL = Activities of Daily Living
- c. ADRC = Aging and Disability Resource Center (extension of DSAAPD)
- d. D = Dependent
- e. I = Independent
- f. IADL = Independent Activities of Daily Living
- g. OAAPS = Older Americans Act Performance System
- h. PCD = Primary Care Dietitian
- i. SSI = Supplemental Security Income

IV. DEFINITIONS

- a. **Congregate Meal** – A meal served in communal, group setting at Provider Sites such as senior centers, faith-based facilities, restaurants, etc. to promote socialization and keep older adults healthy and living independently.
- b. **Grab-and-Go Meal** – A meal also referred to as carry-out, drive-through, or pick-up meals, which must provide the *opportunity* for in-person, phone, or virtual socialization and interaction by requiring said meal to be picked up by the participant from the Provider Site, to then be eaten elsewhere. Grab-and-Go Meals are *not* delivered.
- c. **Home-Delivered Meal** – A meal delivered to a participant at their place of residence directly from the Provider Site to help combat malnutrition and social isolation, while promoting independence to allow participants to age in place.
- d. **Nutrition Counseling** – Personalized guidance characterized by a collaborative counselor-patient relationship to establish food/nutrition/physical activity priorities, goals, and individualized action plans, provided by a licensed, Registered Dietitian, that acknowledge and foster responsibility for self-care to treat an existing condition and promote health to individuals who are at nutritional risk.

V. SUBMISSION

- a. Completed “Home-Delivered Nutrition Screening Tools” are not to be regularly submitted but made available to DSAAPD *upon request* at any time for auditing and compliance monitoring purposes and submitted to DSAAPD’s Registered Dietitian for review via DHSS_DSAAPD_SNP@delaware.gov.

VI. RECORD KEEPING

- a. All contracted Providers of DSAAPD are responsible for maintaining the completed “Home-Delivered Nutrition Screening Tool(s)” for each active participant.
- b. The completed “Home-Delivered Nutrition Screening Tool(s)” for any participant discontinued from DSAAPD’s Nutrition programming is to be maintained for minimum period of three (3) years upon discontinuation of services.

Attachment B



Division of Services for Aging and Adults with Physical Disabilities
Home-Delivered Nutrition Screening Tool

OAAPS COLLECTION						COLLECTION DATE: / /			
Client First	Client Last	DOB	Sex (M/F/Other/Unk)	Lives Alone (Y/N/Unk)	Below Poverty (Y/N/Unk)	Hispanic (Y/N)	Race Code(s)*	ADL Count (1,2,3+)	IADL Count (1,2,3+)

* Race Codes: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, and/or Other.

ADDITIONAL DEMOGRAPHIC COLLECTION										
Provider Name / Address		Provider:			Address:					
Client Physical Address										
Client Mailing Address (if different)										
Client Phone / Email		Phone:			Email:					
Preferred Method of Communication		<input type="checkbox"/> Phone			<input type="checkbox"/> Email			<input type="checkbox"/> Mail		
Referral Source/Contact (if applicable)		Name:			Relationship:			Phone:		
Regular Helper (family/neighbor/etc.)		Name:			Relationship:			Phone:		
Emergency Contact (if applicable)		Name:			Relationship:			Phone:		
Primary Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish			<input type="checkbox"/> Haitian Creole		<input type="checkbox"/> Chinese		<input type="checkbox"/> Other:	
Household Status		<input type="checkbox"/> Lives Alone			<input type="checkbox"/> Lives with Others			<input type="checkbox"/> Unknown		
Marital Status		<input type="checkbox"/> Never Married		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Partner / Sig Other	<input type="checkbox"/> Widowed	<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined to Disclose	
Veteran Status		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Spouse is Veteran		<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined to Disclose	

OAAPS COLLECTION & SERVICE DETERMINATION(S)			
I. ADL's (Activities of Daily Living)			
(I = Independent A = With Assistance D = Complete Dependency)			
Eating	I	A	D
Dressing	0	3	5
Bathing	0	3	5
Toileting	0	3	5
Transferring	0	3	5
Walking	0	3	5
* ADL Total Score			
II. IADL's (Independent Activities of Daily Living)			
(I = Independent A = With Assistance D = Complete Dependency)			
Preparing Meals	I	A	D
Shopping for Personal Items	0	3	5
Medication Management	0	3	5
Money Management	0	3	5
Using Telephone	0	3	5
Doing Light Housework	0	3	5
Doing Heavy Housework	0	3	5
Transportation Ability	0	3	5
* Total IADL Score			
III. Prior Nursing Home (or Rehabilitation Facility) Admission ("Yes" = circle the # provided in scoring column. "No" = 0, do not circle)			
Within Past Year	5		
Within Past 5 Years	3		
Greater Than 5 Years Ago	1		
IV. Cognitive Impairment (0 = never 1 = sometimes 3 = often)			
Do you forget to eat?	0	1	3
Do you ever begin cooking and then forget you started?	0	1	3
Is preparing food confusing or mentally challenging?	0	1	3
V. Living Arrangement / Caregiver Availability / Meal Support			
Score degree of supportive care available (in regard to meals) (0 = always 1 = sometimes 3 = no support available)	0	1	3
VI. Annual Income ("Yes" = circle the # provided in scoring column. "No" = 0, do not circle)			
At or below the poverty level	3		

Above the current poverty level	0		
VII. Prior Acute Care Hospitalization ("Yes" = circle the # provided in scoring column. "No" = 0, do not circle)			
Within past 0-4 weeks	5		
Within past 1-3 months	3		
Within past year	1		
VIII. Age ("Yes" = circle the # provided in scoring column. "No" = 0, do not circle)			
91+	5		
76-90	3		
IX. Fall Risk (0 = no risk 3 = moderate risk 5 = high risk)	0	3	5
X. TOTAL ASSESSMENT SCORE (sum of SECTIONS I-IX)			
<40 = Refer to Congregate*	>40 = Refer for Home-Delivered*		
<p>* DSAAPD ADRC: Any participant who qualifies for either Congregate or Home-Delivered, must be <i>offered referral</i> to DSAAPD's ADRC to be assessed for additional services (i.e. personal care, transportation, nursing care, etc.) under "Section XVIV." ADRC Phone #: 1-(800)-223-9074</p> <p>* GRAB-AND-GO: A participant whose score determines eligibility for "Congregate Nutrition," may be offered "Grab-and-Go Meals" under "Section XVIV" so long as these meals do not exceed 25% of the total OAA Title III C1 funding expended per 11.3.1.2.1.2. Provide justification below in "Section XVIV."</p>			

ADDITIONAL SERVICE DETERMINATION(S)			
XI. DETERMINE Your Nutritional Health Screening			
I have an illness or condition that made me change the kind and/or amount of food I eat.	2		
I eat fewer than 2 meals per day.	3		
I eat few fruits or vegetables or milk products.	2		
I have 3 or more drinks of beer, liquor, or wine almost every day.	2		
I have tooth or mouth problems that make it hard for me to eat.	2		
I don't always have enough money to buy the food I need.	4		
I eat alone most of the time.	1		
I take 3 or more different prescribed or over-the-counter drugs a day.	1		
Without wanting to, I have lost or gained 10 lbs. in the last 6 months.	2		
I am not always physically able to shop, cook, and/or feed myself.	2		
* Total DETERMINE Score			
<p>* An answer of "yes" = circle the # provided in scoring column. An answer of "no" = 0, do not circle.</p> <p>* Score Guide: 6+ = High Risk. Recommend a consultation with their Primary Care Physician and refer them for further Malnutrition Risk Screening and Nutritional Counseling by the Provider Site's Registered Dietitian.</p>			
XII. Malnutrition Screening			
Have you lost weight recently without trying?	Y	N	
Have you been eating poorly because of a decreased appetite?	Y	N	
* If answers "yes" to both questions, refer the client to the Provider Site's Registered Dietitian for further intervention (Nutrition Counseling).			
XIII. Food Insecurity			
"We worried whether our food would run out before we got money to buy more."	O	S	N
"In the past month, the food that we bought just didn't last, and we didn't have money to get more."	O	S	N
* Read the 2 statements above and indicate if the client would state O = "often true," S = "sometimes true," or N = "never true."			
* If "often true" or "sometimes true" is selected, refer the client to: SNAP, food banks or pantries, or other community-based food assistance.			
XIV. <60 Recognized Spouse	Y	N	
XV. <60 SSI Living in Home	Y	N	
XVI. Eligible Spouse >60	Y	N	
XVII. Would the client would benefit from socialization?	Y	N	
XVIII. Does the client need transportation?	Y	N	

XIV. PROVIDER PERSONNEL COLLECTION		Referral(s) / Recommendation(s)	
Notes/Justification:		<p>Check all that apply:</p> <input type="checkbox"/> Home-Delivered Meals <input type="checkbox"/> Grab-And-Go Meals <input type="checkbox"/> Nutritional Counseling <input type="checkbox"/> Congregate Nutrition <input type="checkbox"/> Additional DSAAPD Services via the ADRC: 1-(800)-223-9074	
Provider Personnel Name:	Signature:	Date: / /	
<p>* All contracted providers by DSAAPD are responsible for maintaining a complete record of completed "Home-Delivered Nutrition Screening Eligibility Tools" for all active participants, as well as participants discontinued from services for a minimum period of three (3) years. These completed tools are to be made available to DSAAPD upon request for compliance auditing/monitoring purposes and submitted to DSAAPD's Registered Dietitian for review via DHSS_DSAAPD_SNP@delaware.gov.</p>			



Division of Services for Aging and Adults with Physical Disabilities
Nutrition Program Monthly Report

Data Points	Definitions / Examples
(Eligible) Participant	OAA eligibility is 60 or older at the time of service, unless the OAA explicitly provides exceptions for this.
High-Risk Nutrition Screening	The number of participants who score 6+ on the “DETERMINE your Nutritional Risk” checklist published by the Nutrition Screening Initiative and as found in the “Congregate/Home-Delivered Nutrition Screening Tool.”.
Individual Counseling Service Unit	Reported time in number of hours spent performing nutrition counseling. A partial hour may be reported to two decimal places, e.g., 0.25 hours.
Individual Nutrition Counseling Session	A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Nutrition Counseling is provided one-on-one by a Registered Dietitian and addresses the options and methods for improving nutrition status with a measurable goal.
Ineligible Participant	A person who does not meet the eligibility criteria nor the eligibility exception as defined above.
Meals Served	The number of meals served in a program administered by the provider and meets all the requirements of the OAA and DSAAPD requirements during a given time period.
Nutrition Education Audience Size	The number of individuals who receive nutrition education (as defined below) in whole or in part with OAA funds. “Estimated audience size” is to be reported and is anticipated to be a duplicated count. Service Examples: <ul style="list-style-type: none"> • <i>Gut Health Workshop</i>, delivered across state by 5 different providers with 50 attendees at each session. <ul style="list-style-type: none"> ○ Session Count: 1 / Estimated Audience: 250 (5x50=250) • Social Media Post, on importance of eating fruits/vegetables with 1,000 followers. <ul style="list-style-type: none"> ○ Session Count: 1 / Estimated Audience: 1,000
Nutrition Education Session	Nutrition education is a required part of every Older Americans Act-funded nutrition program. This education better equips older adults to make food choices that improve their nutritional status and help them manage or prevent health conditions such as high blood pressure, diabetes, and osteoporosis. <ul style="list-style-type: none"> • An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990) • A single topic, regardless of the number of times delivered, is considered 1 session. • Sessions may be delivered in-person, via video, audio, online, or the distribution of hardcopy material. Service examples: <ul style="list-style-type: none"> ○ 1 presentation = 1 session (even if offered more than 1 time, by more than 1 presenter, and/or in multiple formats) ○ 1 social media message = 1 session (includes text messages) ○ 1 newsletter = 1 session (even if containing more than 1 article) ○ 1 set of hardcopy materials = 1 session (each set covering a different topic/message = separate session)
Nutrition Screening	The total number of “DETERMINE your Nutritional Risk” nutrition risk screenings (as found in the “Congregate/Home-Delivered Nutrition Screening Tool”) obtained during a given time period.
Training Session for Staff/Volunteers	The number of training sessions provided for staff/volunteers within a given time period.
Unduplicated High-Risk Nutrition Screening	The number of participants who score 6+ on the DETERMINE your Nutritional Risk checklist published by the Nutrition Screening Initiative.
Unduplicated Nutrition Screening	The total number of DETERMINE your Nutritional Risk nutrition risk screenings obtained during a given time period.
Unduplicated Participant	The number of individual participants served during a single contract year. Each participant is counted only once during the contract year, regardless of the number of meals, services, visits. Example: <ul style="list-style-type: none"> • Mrs. Jones completes her initial intake process in October (the first month of the contract year). She is counted as an ‘unduplicated participant’ for the month of October. • Mr. Smith begins home delivered meals in December. He is counted as an ‘unduplicated participant’ for the month of December.



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities



Senior Nutrition Program Provider Manual

January 2023

1. Menu Planning

A. Nutrition Quality Standards

The Older Americans Act (OAA) requires that all meals served using OAA funding adhere to the most current version of the [Dietary Guidelines for Americans](#), provide a minimum of one-third of the [Dietary Reference Intakes](#), meet applicable state food safety and sanitation requirements and be appealing to older adults.

Each State Unit on Aging (SUA) has the authority to implement the nutrition standards as to best meet the needs of the clients in which they serve. The inherent flexibility in the OAA guidelines means that not every OAA funded Senior Nutrition Program (SNP) will function exactly alike. It also allows for programs to continue to meet the needs of changing populations¹.

B. Dietary Guidelines for Americans

The 2020-2025 [Dietary Guidelines for Americans \(DGAs\)](#) were created by the U.S. Departments of Agriculture and Health and Human Services to provide nutritional guidelines for the general population. The Dietary Guidelines establish the scientific and policy basis for all federal nutrition food assistance programs and provide information for making food choices that promote health and prevent disease².

The 2020-2025 Dietary Guidelines provide four overarching guidelines.

1. Follow a healthy dietary pattern at every life stage.
2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
3. Focus on meeting food group needs with nutrient-dense foods and beverages and stay within calorie limits.
4. Limit foods and beverages higher in added sugars, saturated fat and sodium, and limit alcoholic beverages.

Under the Older Americans Act (OAA) (Section 339), Delaware Senior Nutrition Programs (SNPs) are required to comply with the most recent Dietary Guidelines and provide a minimum of 33^{1/3} percent of the DRIs for each meal served³. The [Dietary Reference Intakes](#) are established and updated by the National Academies of Sciences, Engineering and Medicine to provide requirements and limits for nutrients⁴. Menus that follow the Dietary Guidelines and the DRIs seek to improve health and prevent chronic disease through the provision of safe and nutritious meals. Menu planning guidance incorporates the key nutrient recommendations from the DGAs that have particular impact on the health of older Delawareans.

Delaware Senior Nutrition Programs provide menus that follow the DGAs and DRIs to offer meals that meet the specialized needs of older adults. Older adults have decreased caloric requirements but similar or even increased nutrient needs compared to younger adults. Other factors, such as chronic disease, changes in body composition and the use of multiple medications affect nutrient demands and absorption in older adults, further highlighting the necessity for nutrient dense meals in this population⁵.

The DRIs ensure nutrient adequacy in menu planning, while the DGAs provide recommendations for healthy eating patterns and food choices. Using the DGAs and DRIs in

menu planning ensure that meals meet the nutrient needs of older Delawareans by selecting nutrient-dense foods and beverages of appropriate portion sizes from a various array of food groups. Menus also need to take into consideration varieties of color, texture, cultural and ethnic diversity and food choices⁶.

Healthy dietary patterns include:

- ✓ Vegetables of all types
- ✓ Fruits, especially whole
- ✓ Grains, at least half of which should be whole
- ✓ Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
- ✓ Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas and lentils; and nuts, seeds, and soy products
- ✓ Oils, including vegetable oils and oils in food, such as seafood and nuts

Healthy dietary patterns limit:

- ✓ Added sugars-should comprise less than 10 percent of daily calories
- ✓ Saturated fat-should comprise less than 10 percent of daily calories
- ✓ Sodium-limit to 2,300 milligrams daily
- ✓ [Limiting Added Fat, Sugar and Sodium](#)

Inadequate intake of nutrient-dense foods and beverages across food groups has resulted in underconsumption of some nutrients among the general population. Nutrients of public concern include calcium, vitamin D, potassium, and fiber. In addition to the nutrients of public concern, older adults are more likely to experience inadequate intakes of protein, vitamin B12 and beverages. Beverage intake is of particular concern as dehydration is common in older adults due to a decreased sense of thirst and complications related to bladder control. Providers should always have water available for participants and include a low-sugar or sugar-free beverage option with each meal⁷. Further information regarding these nutrients of special concern can be found here:

- [Calcium and Potassium Tip Sheet](#)
- [Protein Tip Sheet](#)
- [Dietary Fiber Tip Sheet](#)
- [Vitamins D and B12 Tip Sheet](#)
- [Getting Enough Fluids](#)

C. Meal Requirements

In accordance with the Older American’s Act, Delaware Senior Nutrition Programs must provide meal(s) that:

- Comply with the most recent Dietary Guidelines for Americans, and provide to each participating older individual

# of Meals Served	% DRIs
One	33 ^{1/3} percent
Two	66 ^{2/3} percent
Three	100 percent

D. Menu Planning

i. General Guidelines

All menus should meet the following requirements:

- Planned in advance
- Approved and signed by the provider's Registered Dietitian, licensed to practice in the State of Delaware, at a minimum of two weeks prior to service and kept on file for a minimum of one year
- Posted in a conspicuous place at all congregate meal sites and provided to home-delivered meal recipients
- Legible and easy to read in the primary language of the participant(s) group
- Reflect the cultural and ethnic dietary preferences of participants
- Be appealing to older adults with special attention paid to the color, texture and flavor of the food served

ii. Offer Versus Serve

Providers must offer participants all menu items however, individuals may choose to decline any element of the planned meal. Meal reimbursement is not affected when a participant declines menu items.

Consistent refusal of meal items should be investigated to determine the reasoning. For instance, a single participant may not drink fluid milk and prefer a substitute, or a group of participants may not like a meal item's preparation. Further investigation will allow for participant choice and participation which can help reduce food waste and cost, promotes adequate intake and enhances meal satisfaction.

iii. Menu Substitutions

Any menu substitutions made to an approved menu must be comparable in nutrient content and serving size to the original menu. All menu substitutions must be documented prior to serving and approved by the provider's dietitian or Certified Dietary Manager (CDM) or selected from a pre-approved list of food substitutes made by the dietitian or CDM. **Appendix A, RD Approved Substitution List**

iv. Target Nutrient Requirements

The Dietary Guidelines for Americans include dietary patterns that provide a framework for healthy eating. Each dietary pattern is available in various caloric levels, based on factors such as age, sex, height, weight and level of physical activity^{2(pp2)}. The selected target nutrient requirements are based on the characteristics of the predominate population of the Delaware Senior Nutrition Program participants and the Dietary Components of Public Health Concern from the most recent DGAs. The 2020-2025 DGAs and DGIs weekly averages for menu planning are to meet the needs of our predominate population, 60+ year old female (1600-2200 calories) and 60+ year old male (2000-2600 calories).

It is worth noting that sufficient vitamin D levels are very difficult to achieve through natural sources and intake alone. Vitamin D is not found naturally in many foods, most foods higher in vitamin D are fortified. Older adults also have more difficulty synthesizing vitamin D from sunlight⁸. Many individuals deficient in vitamin D, under the guidance of their healthcare provider, require supplementation in the form of a

multivitamin or single vitamin supplement, therefore vitamin D will not be listed in the target nutrient requirements.

Delaware Senior Nutrition Program Target Nutrient Requirements		
Nutrient	Target Value	Acceptable Monthly Average
Calories	533-866	533-866
Protein	10-35% of total calories	10-35% of total calories
Carbohydrate	45-65% of total calories	45-65% of total calories
Fat	20-35% of total calories	20-35% of total calories
Saturated Fat	<10% of total calories	<10% of total calories
Added Sugars	<10% of total calories	<10% of total calories
Fiber	>7-9 grams	>7 grams
Sodium	<767 milligrams	<1000 milligrams
Potassium	>867-1133 milligrams	>867 milligrams
Calcium	>400 milligrams	>400 milligrams
Vitamin B12	>0.8 micrograms	>0.8 micrograms

v. Menu Approval

Menus must be analyzed to demonstrate compliance with the DGAs and DRIs for target nutrient as specified. Nutritional adequacy is based on standardized recipes and nutritional information published by the manufacturers for menu items. All menus and any substitutions must be approved by the Registered Dietitian.

Menus may be analyzed using by using one of the following methods:

- ✓ Computerized Nutrient Analysis Software
- ✓ Component Meal Plan

The component meal plan is designed to meet the requirement of the DGAs and DRIs for those without access to computerized software. Menus must be approved by a Registered Dietitian, licensed to practice in the State of Delaware, at least two weeks prior to implementation. The RD must complete and sign the applicable Menu Approval Sheet, which shall be kept on file with a copy of the menu for at least one year.

Appendix B & C, Delaware Senior Nutrition Program Menu Approval Forms

vi. Special Events/Holiday Meals

Providers are encouraged to celebrate significant events and holidays with their participants. In order to promote flexibility and client satisfaction special and/or holiday menus do not have to be planned in advance or approved via the Menu Approval Form. Providers are encouraged, but not required, to use the component meal plan when designing these menus.

vii. Meal Components

A healthy dietary pattern consists of nutrient-dense foods and beverages from each of the food groups, in recommended amounts. For providers not using computerized nutrition analysis software, a meal component guide must be used in order to ensure

that DGA/DRI guidelines are met. The meal component guide is also a helpful way to start the menu planning process for those who are using computerized software for nutrient analysis. Selections, serving sizes and tips are provided for each of the food groups part of the meal component plan in **Appendix D Menu Pattern & Portion Size Equivalents**. More information on menu patterns, portion sizes and menu ideas can be found at [DGA Toolkit](#).

- **Lean Protein**

A meal should include 2-3 servings of lean protein or otherwise meet target nutrient requirements. Meats should be baked, broiled, grilled or roasted. Processed meats should be limited to one serving per week. Seafood is encouraged regularly for omega-3 fatty acids and vitamin B12. Plant sources of protein such as beans, peas, legumes and soy provide important naturally occurring nutrients that support health and are under consumed in older adults, such as dietary fiber⁹. For more information concerning cooking with plant-based proteins [Cooking with Plant Based Protein](#).

- **Fruits and Vegetables**

A meal should include 2-3 servings of fruits and/or vegetables or otherwise meet target nutrient requirements. Fruits and vegetables are very important parts of any SNP menu. They enhance flavor, color and texture as well as nutritional quality. Providers should provide fruits and vegetables in a wealth of colors to promote plate appeal and nutrient variety. Purchase produce in season when they it is abundant and more cost effective. Lightly cooked and uncooked fruits and vegetables retain more of their nutrient and fiber content and are encouraged whenever possible, taking into consideration the chewing/swallowing ability of your population base. If using, fruit juice should be 100% fruit and limited to one serving per meal. Canned vegetables should be no to low sodium and drained prior to service. Canned fruit should be packed in its own juice or water. **Appendix E Seasonal Produce Availability Chart**

- **Grains**

A meal should include 1-2 servings of grains, with at least half consisting of whole grains, or otherwise meet target nutrient requirements. In order to determine whether your item contains whole grains, check the ingredient list. The first ingredient listed in whole grain products should read, “whole grain” or “whole wheat”. Another helpful resource is the “Whole Grain Stamp” [Whole Grain Stamp](#) which can be found on certain items and will indicate the level of whole grain within your product.

Refined grains should be limited as much as possible. Refined grains have been processed to remove one or more of their three key parts. The process of refining a grain removes approximately one-quarter of its protein and one-half to two-thirds of several other nutrients, including fiber¹⁰. Many refined grains are enriched to compensate for this; however, enrichment only adds back a fraction of the missing nutrients and in amounts that are much different than the naturally occurring product. Shifting to using whole grains ensures that participants benefit from the full array of benefits from whole grain products.

For more information on increasing whole grain content of your menus [Easy Ways to Enjoy Whole Grains¹¹](#).

- **Dairy and Fortified Soy Alternatives**

A meal should include 1 serving from the dairy or fortified soy alternative group or otherwise meet target nutrient requirements. It should be noted that the Older Americans Act does not require fluid milk to be served with a meal^{2(pp2)}. The OAA does require that calcium requirements be met and beverage intake be maximized. Fluid milk may not be the best choice for meeting the dairy requirements if a large part of your population cannot tolerate milk-based products or you have a large amount of refusals due to preference. Alternatives to consider are lactose-free dairy and fortified soy milk and/or yogurt. Other products made from plants and sold as milks, such as almond, rice and coconut “milk” are not included in the dairy group as their overall nutrient content is not similar to dairy milk and fortified soy products. Yogurt and cheese may also be used to meet the dairy requirements in your menu.

- **Oils and Fats**

A healthy dietary pattern includes the use of oils and fats. Oils provide essential fatty acids that are important for maintaining heart and brain health. Saturated fats, from sources such as high-fat meats, full-fat dairy, coconut products and butter should be limited to less than 10 percent of calories. Choosing poly and monounsaturated oils, reduced-fat dairy products, lean cuts of meat and including seafood are ways to incorporate healthier fats and oils into your menu.

- **Condiments and Desserts**

Condiments are to be considered optional and not counted as part of the menu analysis. Whenever possible, items that are lower in sodium, saturated fat and added sugars should be provided.

Desserts are also to be considered optional and should not be counted towards menu analysis. Dessert options are often high in saturated fat, refined grains and added sugars and provide little in vitamins and minerals. Nutrient-dense desserts made with fruit, low-fat dairy and/or whole grains are encouraged. Desserts high in saturated fat, refined grains and added sugars should be limited to once per week. **Appendix F, Incorporating Nutrient Rich Desserts**

- **Beverages**

It is very important for older adults to drink enough fluid to prevent dehydration and aid in the digestion of food and absorption of nutrients. In addition to water, unsweetened fruit flavored water [Flavored Water Recipes](#), teas and coffee, fat-free or low-fat milk and milk alternatives will also support the fluid needs of older adults, Providers should encourage participants to drink water and make it readily accessible during mealtimes.

E. Therapeutic Menus and Liquid Supplements

Where feasible and appropriate, nutrition providers may provide texture or nutrient modified diets to meet the medical needs of participants. Feasibility and appropriateness should be

determined by the provider's Registered Dietitian in consultation with the participant and kept in the participant's file.

Liquid supplements may be provided to participants with limited usage. Supplements are not intended to be meal replacements, as they do not meet DGA meal requirements, and should only be used in addition to the provided meal^{3(pp2)}. Instead of using commercial supplements, providers may wish to consider fortifying existing foods, under the guidance of a Registered Dietitian, to increase nutrient density and maximize flavor¹².

Easy Meal Fortification	
Fortifier	Add To
Milk Powder	Soups, Mashed Potatoes, Eggs, Anything Sweet
Peanut Butter	Bread/Rolls,
Cheese	Vegetables, Soups, Mashed Potatoes, Eggs
Sweeteners/Honey	Beverages, Fruits, Bread/Rolls
Butter/Margarine/Olive Oil	Bread/Rolls, Mashed Potatoes, Vegetables

If liquid supplements must be used, providers must follow the following:

1. Liquid supplements are to be provided as component of a meal and shall not be used in place of a prepared meal
2. Participants must be evaluated by the provider's Registered Dietitian (RD)
3. The provider's RD must keep appropriate documentation in the participant's file to include at a minimum
 - a. Type of liquid supplement to be provided
 - b. Reasoning for selected supplement
 - c. Nutrition risk assessment
 - d. Nutrition counseling provided
 - e. Any follow-up documentation
4. RD follow-up must be documented at a minimum of every six (6) months for participants receiving liquid supplementation
5. Liquid supplement formulary to include the following products, Ensure Plus, Glucerna Shake and Nepro
6. Liquid supplements may be used for emergency/disaster purposes if a conventional meal cannot be provided
7. Liquid supplements may not be counted as a meal for OAAPS reporting under any circumstances

F. Innovative Menu Concepts

The Older Americans Act encourages flexibility in designing meal programs that are appealing to an ever-widening variety of participants, while continuing to comply with overall requirements. With this in mind, it would be advantageous for providers to use innovative means in order to address the diverse preferences of the changing older adult population¹³
[Innovation Summary Brief](#).

Innovative concepts include:

1. **Providing Choice**
 - a. Offering more than one option gives participants a greater likelihood of meeting needs and/or preferences. Most individuals do prefer to choose what they

would like to eat for a meal. Some options include offering more than one entrée to choose from, offering soup/salad option and serving meals other than lunch.

- b. Another popular option which promotes choice is offering a salad bar¹⁴. The salad bar can be used as either a full meal or as a side if other meal items are served. Resources are available to provide education on how to create a meal that meets target nutrient requirements, see [Encore Cafe Policies and Procedures](#).

2. Retail Partnerships

- a. Senior nutrition programs are uniquely positioned to adapt, ideate and succeed in engaging traditional and untraditional partners to meet the evolving nutrition needs of older adults. As we continue to engage with older adults in need, serve new audiences, strive to maintain competitiveness and offer increased meal choice to our clients, partnering with food retailers can provide cost-effective alternative to traditional congregate dining options. Providers can choose to contract with retail establishments such as restaurants and grocery stores to provide OAA approved meals in a more social and flexible setting¹⁵. Several states currently operate such programs with success, for more information see [NRAC Guide to Restaurant Partnerships](#).

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Appendix A



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

	Approved Substitutions
Fruit	<ul style="list-style-type: none"> • ½ cup fresh, frozen or canned <ul style="list-style-type: none"> ○ applesauce, strawberries, blueberries, raspberries, oranges, cherries, dates, grapes, figs ○ honeydew, watermelon, cantaloupe, plums, peaches, pears • 1 medium whole <ul style="list-style-type: none"> ○ apple, pear, banana, orange • ¼ cup dried fruit • 4 ounces vitamin C fortified fruit juice

	Approved Substitutions
Vegetable	<ul style="list-style-type: none"> • Whenever possible substitute vegetables according to type • Dark Green Vegetables <ul style="list-style-type: none"> ○ ½ cup cooked, fresh, frozen, canned or raw <ul style="list-style-type: none"> ▪ Broccoli or vegetable mix including broccoli ○ ½ cup cooked or 1 cup raw <ul style="list-style-type: none"> ▪ Spinach, salad greens, collards, mustard greens, turnip greens • Red and Orange Vegetables <ul style="list-style-type: none"> ○ ½ cup cooked, fresh, frozen, canned or raw <ul style="list-style-type: none"> ▪ carrots, bell peppers, sweet potatoes, tomatoes, winter squash • Beans, Peas, Lentils <ul style="list-style-type: none"> ○ ½ cup cooked from dry or canned <ul style="list-style-type: none"> ▪ chickpeas, black beans, kidney beans, edamame, lentils, lima beans, pinto beans, split peas • Starchy Vegetables <ul style="list-style-type: none"> ○ ½ cup cooked, fresh, frozen, canned or raw <ul style="list-style-type: none"> ▪ corn, limas, white potatoes, yam • Other Vegetables <ul style="list-style-type: none"> ○ ½ cup cooked, fresh, frozen, canned or raw <ul style="list-style-type: none"> ▪ asparagus, beets, brussels sprouts, cabbage, cauliflower, celery, cucumber, green beans, mushrooms, onions, okra, radish, snow peas, turnips ▪ vegetable blends

	Approved Substitutions
Protein	<ul style="list-style-type: none"> • 1 ounce cooked lean beef or veal: ground, steak, roast, ribs • 1 ounce pork: tenderloin, ham, chop, cutlet

	<ul style="list-style-type: none"> • 1 ounce chicken or turkey: ground, breast, leg/thigh • 1 ounce seafood: tuna, salmon, cod, flounder, shrimp, crab • 1 ounce canned tuna or salmon • 1 slice deli meat: chicken, turkey, ham, bologna • 1 egg • ¼ cup cooked beans, peas, lentils or tofu • 1 tablespoon peanut butter
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Approved Substitutions	
Grains	<ul style="list-style-type: none"> • 1 slice of bread • ½ cup cooked pasta, rice or noodles • ½ English muffin • 1 small dinner roll • 1 tortilla, biscuit, muffin, waffle or pancake • 1 cup ready to eat breakfast cereal • 4-6 crackers: saltine, Ritz, oyster • 2" mini bagel • ½ cup stuffing • 1 ounce potato or tortilla chips • 1 small square cornbread

Appropriate Substitutions	
Dairy/ Fortified Soy Alternative	<ul style="list-style-type: none"> • 8 ounces vitamin D fortified milk • 8 ounces fortified lactose-free or soy milk • 1 cup yogurt • 1 ½ ounces cheese: cheddar, swiss, parmesan, colby, cottage • 2 slices American cheese • ½ cup ricotta cheese • 1 cup pudding made with low-fat milk

Dietitian Signature _____

Dietitian License #: _____

Date: _____


Appendix B

	<p>DELAWARE HEALTH AND SOCIAL SERVICES</p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>
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Senior Nutrition Program Computerized Analysis Approval Form

Computerized Analysis			
Menu Dates:		Provider Name:	
Location(s) Menu Will Be Used			
<p>Additional Info: Menus analyzed with computerized software must meet the DGA/DRI requirements as a monthly average. Condiments and other items on the side are not to be included as part of the nutrient analysis.</p>			
Delaware Senior Nutrition Program Target Nutrient Requirements			
Nutrient	Target DRI Value	Acceptable Monthly Average	Weekly Average Documentation
Calories	533-866	533-866	
Protein	10-35% of total calories	10-35% of total calories	
Carbohydrates	45-65% of total calories	45-65% of total calories	
Fat	20-35% of total calories	20-35% of total calories	
Saturated Fat	≤10% of total calories	≤10% of total calories	
Added Sugars	≤10% of total calories	≤10% of total calories	
Fiber	≥7-9 grams	≥7 grams	
Sodium	≤767 milligrams	≤1000 milligrams	
Potassium	≥867-1133 milligrams	≥867 milligrams	
Calcium	≥400 milligrams	≥400 milligrams	
Vitamin B12	≥0.8 micrograms	≥0.8 micrograms	
Dietitian Signature:			Date:

Appendix C

	<p>DELAWARE HEALTH AND SOCIAL SERVICES</p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>
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Senior Nutrition Program Component Meal Plan Approval Form

Component Meal Plan				
Menu Dates:		Provider Name:		
Location(s) Menu Will Be Used				
<p>Additional Info: A food item in one or more food group can only count towards one group per meal. Nutrient-rich desserts that include fruit, whole grains and/or low-fat dairy can count towards meeting the appropriate food group.</p>				
Delaware Senior Nutrition Program Meal Planning Guide				
Food Group	Serving Size	Servings Per Meal	Portion Size Equivalents	Meets Requirement? (Y/N)
Fruits/ Vegetables	½ cup	Minimum 2	Provide food sources high in vitamin C and potassium. Limit fruit juice. Encourage no-to-low sodium canned vegetables <ul style="list-style-type: none"> ½ cup cooked, canned, frozen or chopped raw fruits or vegetables 1 cup leafy raw vegetables (lettuce, spinach, etc.) 1 medium whole fruit (apple, orange, banana, etc.) ¼ cup dried fruit 4 oz 100% vitamin C fruit or low-sodium vegetable juice ½ sweet/white potato ½ cup corn kernels, squash, peas, lima beans 	
Protein	1 ounce	2-3	Meats should be baked, broiled, grilled or roasted. Limit processed meats to one serving per week. Seafood is encouraged regularly. <ul style="list-style-type: none"> 1 oz cooked lean beef, veal, pork, lamb, chicken, turkey or fish 1 slice deli meat 1 egg ¼ cup cooked beans, peas, lentils or tofu 	

			<ul style="list-style-type: none"> • ½ oz nuts or seeds • 1 tablespoon almond, cashew, peanut or sunflower butter 	
Grains	1 ounce	1-2	<p>At least half of grains should be whole grain.</p> <ul style="list-style-type: none"> • 1 slice bread • ½ cup cooked cereal, pasta, noodles or rice • 1 cup ready to eat breakfast cereal • 1 small dinner roll • ½ English muffin • 1 tortilla, biscuit, waffle, pancake or muffin • 2" mini bagel • ½ large hot dog/hamburger bun • ½ cup bread dressing/stuffing • 4-6 crackers 	
Dairy/Fortified Soy Alternative	1 cup or 8 ounces	Minimum 1	<ul style="list-style-type: none"> • 8 oz vitamin D fortified milk • 8 oz fortified lactose-free or soy milk • 1 cup yogurt • 1 ½ oz cheese • 1 cup pudding made with low-fat milk • ½ cup ricotta cheese • 2 slices processed cheese 	
Oils and Fats	1 tablespoon	No More than 1 Serving	<p>Poly and monounsaturated fats are encouraged. Saturated fats should be avoided.</p> <ul style="list-style-type: none"> • 1 tablespoon oil (vegetable, canola, olive) • 1 tablespoon butter or margarine • 1 tablespoon mayonnaise 	
Beverages	8 ounces	Encouraged	Water should be encouraged, can be naturally flavored. Use no-to-low calorie beverages.	
Desserts		Optional	Options high in saturated fat, added sugars and/or refined grains should be limited to no more than once per week and should be an optional part of the meal. Consider nutrient-rich desserts made with fruit, low-fat dairy and/or whole grains.	
Dietitian Signature:				Date:



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

Senior Nutrition Program Menu Pattern & Portion Size Equivalents

	Protein	Grains	Dairy/Fortified Soy Alternative	Fruits/Vegetables	Oils/Fats
Serving Size	1 ounce	1 ounce	1 cup or 8 ounces	½ cup	1 tablespoon
Servings Per Meal	2-3	1-2	Minimum 1	Minimum 2	No More Than 1
Portion Size Equivalents	<ul style="list-style-type: none"> • 1 ounce cooked lean beef, veal, pork, lamb, chicken, turkey or fish • 1 slice deli meat • 1 egg • ¼ cup cooked beans, peas, lentils or tofu • ½ ounce nuts or seeds • 1 tablespoon almond, cashew, peanut or sunflower butter 	<ul style="list-style-type: none"> • 1 slice bread • ½ cup cooked pasta, rice or noodles • ½ English muffin • 2” mini bagel • 1 tortilla, biscuit, waffle, pancake or muffin • 1 small dinner roll • 1 cup ready to eat breakfast cereal • ½ large hot dog/hamburger bun • ½ cup bread dressing/stuffing • 4-6 crackers 	<ul style="list-style-type: none"> • 8 ounces vitamin D fortified milk • 8 ounces fortified lactose-free or soy milk • 1 cup yogurt • 1 ½ ounces cheese • 1/3 cup shredded cheese • 1 cup pudding made with low fat milk • 2 slices processed cheese • ½ cup ricotta cheese 	<ul style="list-style-type: none"> • ½ cup cooked, canned, frozen or chopped raw fruits and vegetables • 1 cup leafy raw greens • 1 medium whole fruit • ¼ cup dried fruit • ½ cup vitamin C fortified fruit or low-sodium vegetable juice • ½ sweet or white potato • ½ cup corn, peas, beans, lentils or limas 	<ul style="list-style-type: none"> • 1 tablespoon oil (vegetable, olive, canola) • 1 tablespoon butter or margarine • 1 tablespoon mayonnaise

Appendix E



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

Senior Nutrition Program Seasonal Produce Availability Chart

Fruits and vegetables are at their best when they are grown and harvested in their natural season and do not travel too far before being consumed. Worldwide distribution has ensured that many items are available year-round, however purchasing seasonal produce is much more cost-effective, promotes using local farmers and ensures that your fruits and vegetables are at their best! Below is a table listing popular produce by seasonal availability.

Spring	Summer	Fall	Winter	Year-Round
Asparagus Rhubarb Snap Peas Snow Peas Pea Pods	Basil Blackberries Blueberries Cantaloupe Cherries Corn Cucumbers Peaches Plums Raspberries Strawberries String Beans Summer Squash Tomatoes Watermelon Zucchini	Apples Cranberries Grapes Parsnips Pears Pumpkins Sweet Peppers	Brussels Sprouts Clementines Mandarins Sweet Potatoes Tangerines Winter Squash	Avocado Beets Broccoli Cabbage Carrots Cauliflower Celery Collard Greens Most Herbs Spinach



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

Senior Nutrition Program Incorporating Nutrient Rich Desserts

- Adding Fruits and Vegetables

- Add shredded or pureed apple, carrot, banana, pumpkin or prunes. They will increase flavor and can replace some of the fat in recipes
- Fruit desserts do not have to be boring
 - Cobblers and crisps
 - Seasonal parfaits
 - Spiced apples/pears
 - Grilled peaches
 - Homemade banana pudding
 - Strawberry oatmeal bars
 - Oatmeal raisin cookies
 - Fruited dessert pizza
 - Fruit salad trifle



- Experiment with Whole Grains

- White whole-wheat flour can be substituted one-for-one for all-purpose flour in most recipes
- Replace up to half the all-purpose flour in recipes with whole-wheat without making adjustments



- Use Low-Fat Dairy Products

- Use lower fat options of milk, buttermilk and yogurt in recipes
- Swap cream cheese frosting for frosting made with low-fat Greek yogurt (which is also high in protein)

- Swap Butter for Heart-Healthy Oil

- Replace some of the butter in a recipe for a heart-healthy oil like canola

- Cut Down On Sugar

- Reduce sugar in most recipes by 25% without noticeable differences