

**TITLE III C MINIMUM NUTRITION STANDARDS/DEFINITIONS**  
**Congregate Meal Nutrition Services**  
**Home-Delivered Meal Nutrition Services**

**I. PERFORMANCE STANDARDS**

2006 OAA Amendments - Sections 331, 336 and 339  
([www.aoa.gov/AoA\\_Programs/OAA/index.aspx](http://www.aoa.gov/AoA_Programs/OAA/index.aspx)); AAA Operations Manual - MBA 3.22  
Nutrition Services; and MNRAAA Policy and Procedures Manual).

**1. Congregate Meals**

Provision to, and received by, an eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:

- a) is high quality and nutritionally complete, prepared and served under safe and sanitary conditions, in a manner that is cost effective and;
- b) meets the current Dietary Guidelines for Americans (<http://www.health.gov/dietaryguidelines/>), Recommended Dietary Allowances (RDAs). Refer to the Dietary Reference Intake (DRI) table (<https://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes>);
- c) is available at least five days per week, unless a lesser frequency is approved by the Minnesota Board on Aging (OAA Sec. 331). One meal per day seven days per week and/or second meals will be available to eligible persons assessed at high nutrition risk with approval by MNRAAA.

**Service Unit:** One congregate meal

**2. Home-Delivered Meals**

Provision to, and received by, an eligible participant at the participant's place of residence, a meal which:

- a) is high quality and nutritionally complete, prepared and served under safe and sanitary conditions, in a manner that is cost effective and;
- b) meets the current Dietary Guidelines and RDAs;
- c) is available at least five days per week, unless a lesser frequency is approved by the Minnesota Board on Aging (OAA Sec. 336). One meal per day seven days per week and/or second meals will be available to eligible persons assessed at high nutrition risk with approval by MNRAAA.

**Service Unit:** One home-delivered meal

### 3. PROGRAM ELIGIBILITY

NAPIS (National Aging Program Information System) Participant Registration Forms, supplied by MNRAAA, must be administered to all Title III eligible participants.

- a) Persons who are 60 years of age or older and spouse, regardless of age and other individuals, as specified in OAA Sec. 339 (2)(I); 45 CFR 1321.17 (f)(12).
- b) Home-delivered meal recipients must be 60 years of age or older, who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority (45 CFR 1321.69 – Service priority for frail, Homebound or isolated elderly).
- c) Meals may be made available to individuals under the age of 60 with disabilities who reside with an eligible person age 60 or older.
- d) Meals may be made available to individuals with disabilities under age 60 who live in housing facilities occupied primarily by older adults at which congregate nutrition services are provided.
- e) At the approval of MNRAAA, meals may be offered to individuals providing volunteer services during meal hours on the same basis that meals are provided to participating older individuals.
- f) A means test may not be utilized to determine eligibility for Older Americans Act Title III nutrition services.
- g) Service may not be denied to an older individual, based on their willingness or ability to contribute towards the cost of the meal or service.

### 4. TARGET POPULATIONS

Congregate Meals: individuals age 60+ who are at moderate to high nutrition risk<sup>1</sup>. Greater priority will be given to individuals with incomes at or below poverty level<sup>2</sup> and who meet at least one of the following criteria:

- member of diverse population<sup>3</sup>,
- limited English proficiency,
- lives in rural area<sup>4</sup>, and/or
- at risk for institutional placement.

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<sup>1</sup> Moderate nutrition risk: an individual who scores 3-5 on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative. High nutrition risk: an individual who scores 6 or higher.

<sup>2</sup> <http://aspe.hhs.gov/poverty-guidelines>

<sup>3</sup> Diverse populations include: African American or Black, Alaskan Native, American Indian, Asian, Native Hawaiian/Pacific Islander and Hispanic/Latino elders (NAPIS State Program Report, AoA).

<sup>4</sup> Rural: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants (NAPIS State Program Report, AoA).

Home Delivered Meals: individuals age 60+ who are at high nutrition risk and have 2 or more limitations in Activities of Daily Living (ADLs)<sup>5</sup>. Greater priority will be given to individuals with incomes at or below poverty level and who meet at least one of the following criteria:

- member of diverse population,
- limited English proficiency,
- lives in rural area, and/or
- at risk for institutional placement

Individuals participating in the congregate or home-delivered meal program who are determined to be at high nutrition risk may receive one or more meals per day seven days a week, with the approval of MNRAAA.

## **5. LOCATION OF SERVICES**

a) Congregate Dining Services, as per OAA 331 (2):

- (i) In a congregate setting, including affordable housing, adult day services and multi-generational meal sites, and sites for comprehensive supportive services;
- (ii) In close proximity to the majority of eligible older individuals' residences, as feasible.

In addition, locations in multi-purpose senior centers, schools, churches, or other appropriate community facilities are emphasized, preferably within walking distance where possible, and where appropriate, transportation to sites is furnished;

- (iii) Facilities must be free of architectural barriers, pursuant to Section 504 of the Rehabilitation Act of 1973 (<https://www.section508.gov>), and any amendments thereto.
- (iv) Nutrition preparation sites must be licensed and serving sites must be approved by the state and local Boards of Health.
- (v) MNRAAA will develop transition strategies with nutrition providers and communities, that reflect demographic and community resource differences, to provide support and assistance when it is determined that a meal site location is no longer financially or programmatically feasible to operate.

## **II. MEAL STANDARDS**

(OAA Secs. 331; 336; 339; MBA 3.22 Nutrition Services, MBA Operations Manual and MNRAAA Policy and Procedures Manual)

### **1. Nutritional Quality**

a) The federal Older Americans Act requires that all meals served must be high quality and nutritionally complete, prepared and served under safe and

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<sup>5</sup> Activities of Daily Living (ADL) include: eating, drinking, dressing, personal hygiene, taking medication, walking and transferring.

sanitary conditions, in a manner that is cost effective and;

- (i) provide a minimum of 33 and 1/3 percent of the current Dietary Reference Intakes (DRIs) as established by the Institute of Medicine National Academy of Sciences;
  - (ii) provide, if two meals are served, together, a minimum of 66 and 2/3 percent of the current Dietary Reference Intakes (DRIs) as established by the Institute of Medicine National Academy of Sciences; and
  - (iii) incorporate the current U.S. Dietary Guidelines for Americans as established by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture.
- b) The Minnesota Board on Aging establishes state standards to operationalize the federal nutrition requirements. The MBA encourages senior nutrition service providers to refer to the Nutrition Service Providers Toolkit Guide ([www.health.gov/dietaryguidelines/dga2005/toolkit/Providers/Part1.htm](http://www.health.gov/dietaryguidelines/dga2005/toolkit/Providers/Part1.htm)) to inform their program implementation. All meals will:
- (i) comply with the RDA for vitamins and elements for older adults who are 70 years of age and older and the current U.S. Dietary Guidelines.
  - (ii) provide a calorie range of 700 to 800 calories or more, since it is the main meal of the day for most seniors.
  - (iii) targeted nutrients include Vitamin A (vegetable-derived sources), Vitamin C, fiber, calcium, and protein since they are deficient in diets of older adults, or are markers for other important nutrients. Targeting specific nutrients should not be interpreted as permission to ignore others. Menus will be evaluated routinely for these nutrients and analysis will be sent to MNRAAA each quarter.
  - (iv) contractors will use an approved software program for analyzing menus. Exceptions may be made with the approval of MNRAAA. Examples include small rural restaurants or cafes and ethnic meal providers.
  - (v) contain a fat content of approximately 30% of total calories per meal and a weekly average not to exceed 35%. Up to two meals per menu cycle are exempt;
  - (vi) contain a sodium content per meal of less than 1200 milligrams averaged over a week. Up to two meals per menu cycle are exempt.
  - (vii) incorporate a fiber content per meal of 7 to 10 grams, as feasible, according to AoA recommendations based on the current Dietary Guidelines;
  - (viii) provide, at minimum, appropriate foods for a diabetic diet and no added salt diet (800 – 1000 mg sodium per meal) for persons with special dietary needs.

- (ix) will be planned using cycle menus for a minimum period of five weeks. Cycle menus and special menus must be planned and/or approved by a Licensed Dietitian or Nutritionist as per MN Statutes Chapter 148.621 ([www.revisor.leg.state.mn.us/statutes/?id=148.621](http://www.revisor.leg.state.mn.us/statutes/?id=148.621)) and MN Rules Chapter 3250 ([www.revisor.leg.state.mn.us/rules/?id=3250](http://www.revisor.leg.state.mn.us/rules/?id=3250)).
- (x) emphasize the importance of balancing nutritious meals with physical activity.

Contractors will incorporate the current Dietary Guidelines into menus through food procurement methods and menu modifications. Some examples include increasing nutrient-rich fruits and vegetables, whole grain products, and dry beans, peas, lentils, purchasing lower fat cuts of meat, decreasing the amount of fat in recipes and limiting the number of high fat and sodium entrees. Sites should offer the option to hold gravy, sauces or salad dressings on the serving line or serve items on the side, when the gravy, sauce or dressing is not incorporated into the recipe.

## **2. Special or Modified Diets**

(OAA Sec. 339 (2)(A)(iii), MBA 3.222 and MNRAAA Policy and Procedures Manual)

Each project will provide special menus, to the maximum extent practicable to meet particular dietary needs of eligible individuals arising from health requirements, religious requirements, or ethnic background.

- a) At a minimum, diabetic and no added salt meals shall be available. Low-fat meals are recommended.
- b) The diabetic meals will be based on 1500 - 1800 calories daily and no added salt diet (800 – 1000mg per meal or less).
- c) The Contractor will provide appropriate instructions to food preparation sites and caterers. Substitutes for the high sugar and high sodium items on regular menus must be available. Information describing modified diets must be accessible for referring agencies.
- d) All menus must be reviewed and approved by a Licensed Dietitian or Licensed Nutritionist.
- e) A physician's diet order may be required and shall be renewed as agreed upon with the physician.

## **3. Food Grades & Standards**

The following minimum food grades and standards must be met:

- a) Canned Fruits or Vegetables - USDA Grade A - packed in juice or light syrup
- b) Fresh Fruits or Vegetables - USDA #1 Quality or better
- c) Frozen Fruits or Vegetables - USDA Grade A or better
- d) Poultry - USDA Grade A or better
- e) Beef - USDA Choice or better

- f) Pork - USDA #1 or better; pork chops - loin or rib cut end-to-end; Ham-center cut
- g) Beef, poultry and meat byproducts - USDA choice grade; all meat USDA stamped; from federally approved inspection plant;
- h) Ground Meats (beef, pork, poultry) not to exceed 15% fat;
- i) Fish - All fish and seafood products shall be of comparable quality to USDA guidelines for beef and poultry
- j) Eggs (pasteurized eggs) Grade AA
- k) Milk, fresh pasteurized fluid, USDA Grade A - Vitamin A & D fortified
- l) Cheese - Natural, USDA Grade A; pasteurized or processed pasteurized cheese; American or Swiss; [Note: protein content of processed cheese will be lower than whole cheese]. Cheese food not allowed. Cottage cheese - USDA Grade A;
- m) Butter or margarine - USDA Grade A; margarine fortified with Vitamin A
- n) Mixed meat entrees - pre-made items, such as Lasagna and Chop Suey must meet all USDA standards and program requirements for amounts of protein and sodium. Entrees will be evaluated according to texture, percentage of extenders, preservative content and MSG (mono-sodium glutamate) is eliminated.
- o) Salt (iodized)
- p) Other:
  - Textured Vegetable Protein (TVP), a soy protein extender used in ground meals or meat products in an 80:20 ratio, or in accordance with U.S. Department of Agriculture (USDA) standards.
    - Restructured meat patties: No more than 4 times per menu cycle. Restructured meat patties are meat or poultry that is removed from the bone, ground, sometimes tenderized and reshaped formed into the shape of the meat (ie. pork chops, beef or pork ribs, veal or beef patties, also No Name Steak, as opposed to the real thing). If these items are used, they may not be called patties or riblets or other so they are not mistaken for roasts or chops.

#### **4. Standardized Recipes**

- a) Tested quantity recipes, adjusted to yield the number of servings needed, must be used to achieve consistent and desirable quality and quantity. The Contractor will provide MNRAAA with a copy of these recipes when requested and maintain a recipe file for the current quarter at each production site.
- b) MNRAAA reserves the right to modify the above requirements should items meeting the specifications not be acceptable to participants of the program.
- c) MNRAAA reserves the right to inspect such foods to determine compliance with the specifications and to reject any food not meeting such specifications.
- d) Preparation methods designed to conserve the nutritive value of food should be followed at all times. Specific attention should be given to short cooking periods and minimum use of water in preparation of vegetables.
- e) When delivered, the food should be appetizing, attractive in color and texture, not greasy, and lightly seasoned. Whenever possible the use of herbs and spices should be used to enhance flavor of foods.

## **5. Safety and Sanitation Requirements**

Meals must meet all federal, state and local health and sanitation requirements (OAA Sec. 339 (2)(C)(F), MBA Operations Manual Sec. 3.224 Nutrition Services, Chapter 4626 Dept of Health Minnesota Food Code ([www.health.state.mn.us/divs/eh/food/code/index.html](http://www.health.state.mn.us/divs/eh/food/code/index.html)), MNRAAA Policy and Procedures Manual).

- a) Nutrition contractors must meet all federal, state and local laws and regulations regarding the safe and sanitary handling of food, equipment and supplies used in the storage, preparation service and delivery of meals to older persons.
- b) All service providers must adhere to state or local Board of Health Requirements for Food and Beverage Establishments and be subject to review by the Health Department Sanitarians. Exceptions to these regulations must be approved by the State Board of Health in writing.
- c) All nutrition services preparation sites must be licensed and serving sites must be approved by the state and local Boards of Health (MBA 3.225). Staff must be licensed in accordance with current state and local health department codes.
- d) Food temperatures at the time of service and at the time of delivery must be at 140 degrees F or above for hot foods and 41 degrees F or below for perishable cold foods.
- e) Nutrition contractors must utilize temperature probes for checking food temperatures. In addition, refrigerators and freezers located at food preparation and service sites must have thermometers.
- f) Equipment must meet all state and local health codes, or be approved by the local health department. Equipment should meet NSF (National Sanitation Foundation) standards or be approved by the state or local health departments.
- g) Insulated containers or other appropriate materials that are easily cleaned and sanitized each day must be used to maintain acceptable temperatures during the transport of bulk foods to serving sites, and for home-delivered meals on delivery routes.
- h) The kitchen design and layout plans for new sites and any food service preparation facilities (e.g. region-wide central kitchens) must receive prior approval by all of the local health departments where service will be provided.
- i) Facilities must meet all fire and safety codes, with regular inspections.

## **6. Food and Equipment Procurement**

All food and equipment procurement will be transacted in accordance with federal and state requirements for goods and services (MBA 3.223).

- a) All goods privately contributed to the project must meet those standards of quality, sanitation, and safety that apply to foods that are purchased commercially by the Project.

- b) Foods prepared or canned in the home may not be used in meals provided by the Project. Foods that are uncooked and donated by participants may be used and may also be prepared for freezing at the sites for future use.
- c) Annual equipment inventories are to be conducted.

### **III. STAFFING STANDARDS**

The Contractor must utilize an adequate number of qualified paid and volunteer staff to assure satisfactory operation of the program

Preference should be given to persons age 60 or over in the hiring for all positions when other qualifications are equal.

#### **1. Staffing Pattern**

a) The staffing pattern will include:

(i) Nutrition Program Director

The program director is empowered with the necessary authority to conduct the day-to-day management and administrative functions of the program.

The Program Director must be employed by and be responsible to the recipient agency of this contract. The program director must account separately for time spent administering each Title III program.

The Program Director must have management and supervisory experience. A background in foods, nutrition or food service management is desirable, but if the Project Director does not have such a background, a person so qualified shall assist in the planning and in making decisions which affect the scope and quality of food service.

(ii) Program Coordinator/Assistant Director

The Program Coordinator(s) or Assistant Director(s) monitor program implementation, supervises site operations, recruits, trains and supervises site staff, maintains site records and performs quality improvement and compliance activities as directed by the Program Director. This position develops and maintains local consumer advisory groups, networks and collaborates with area senior service providers.

The Program Coordinator/Assistant Director staff has management and supervisory experience. A background in foods, nutrition or food service management is desirable, but if the Project Coordinator does not have such a background, a person so qualified shall assist in the planning and in making decisions that affect the scope and quality of food service.



(iii) Licensed Dietitian:

A Licensed Dietitian must be on staff or retained under contract to provide nutrition, dietary, or food service consultation to the Contractor. If the program director is a Licensed Dietitian, the requirement for a Licensed Dietitian may be waived.

Contractors are required to consult with a licensed dietitian or licensed nutritionist, at minimum in these areas:

1. Approve standard/master menus to include current recipes.
2. Modify and/or review, and approve substitutions to include recipes.
3. Modify menus to meet special diet requirements.
4. Periodically observe food preparation, serving and handling.
5. Provide technical assistance and training to nutrition program personnel.
6. Counsel participants on special dietary requirements (per request).

(iv) Other Personnel:

The method used to provide meals will determine the number and type of permanent, consultant or volunteer personnel required to manage each nutrition site and provide fiscal, administrative and clerical support.

**2. Staff Orientation/Training Plan**

- a) All staff, both paid and volunteer, receives orientation before providing senior nutrition services. The service provider should provide in-service training on a quarterly basis. Possible topics include follow-up to nutrition risk assessments, aging and health concerns of older persons, customer service, food sanitation/safety/storage, CPR and disaster preparation, cultural sensitivity, contribution procedures, nutrient value of foods, etc.

In-service training should be designed to enhance each staff member's performance of his/her specific job responsibilities, and will take into account requests for training from staff, and be designed to resolve problems identified during MNRAAA quality assurance checks and assessment(s) of the Contractor.

- b) Each service provider should have a written training plan describing the content of orientation and the subject matter expected to be covered during in-service training. The dates and content of training actually provided should also be documented.
- c) Current written job descriptions shall be available for all paid and volunteer staff.
- d) All staff shall have a performance evaluation at least once each year.

**IV. ADVISORY COUNCILS/CONSUMER INPUT**

(OAA Sec. 339(G); MBA 3.222, MNRAAA Policy and Procedures Manual)

- a) Each nutrition project will establish and administer the nutrition project with the advice of licensed dietitians/nutritionists, persons competent in the field of

service in which the nutrition project is being provided, older persons who participate in the program, and of persons who are knowledgeable with regard to the needs of older persons.

- b) Each Contractor must make provision for periodically obtaining the advice of persons competent in the field of nutrition, older individuals who are participants, and persons knowledgeable in the needs of the elderly relative to effective delivery of service.
- c) Contractors shall establish a means of soliciting participant input on appropriate matters relating to the senior nutrition program through advisory councils, surveys, suggestion boxes, questionnaires.