STANDARDS AND POLICIES
FOR THE
MASSACHUSETTS
ELDERLY NUTRITION PROGRAM

EXECUTIVE OFFICE OF ELDER AFFAIRS
Promoting Your Independence

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Issued January 2020

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Executive Office of Elder Affairs

Senior Nutrition Program

FACT SHEET

Mass.Gov/Elders DATE: February 2018

Key Facts



BETTER NUTRITION

In 2017, **92 percent** of older residents responding said that the meals helped them eat healthier, and **85 percent** felt the food improved their health.



HIGH SATISFACTION

In 2017, **94 percent** of respondents said they would recommend the program to other older residents.



IMPROVING FOOD SECURITY AND REDUCING ISOLATION

More than **one-third** of respondents surveyed said that if not for home-delivered meals there would be a shortage of food in their homes. **85 percent** said they felt less lonely because of the program.

Recent Program Funding History:

FY14: $64,058,000 (60% State funding)
Meals Served: 8,623, 047

FY15: $67, 521, 474 (63% State funding)
Meals Served: 8,842,915

FY16: $72,444,155 (64% State funding)
Meals Served: 9,182,188

FY17: $79,890,474 (66% State funding)
Meals Served: 9,260,489

Background

The Executive Office of Elder Affairs (EOEA) administers and coordinates **25 local nutrition programs** throughout the state, serving **more than 9.2 million nutritionally balanced meals to about 83,000 older residents** each year. Delivered by approximately 7,000 volunteer drivers, the program addresses nutrition, food insecurity and social isolation. Meals are also provided at more than **325 congregate sites** across the state as well.

The Nutrition Program is a critical component of EOEA's mission to promote independent living for older residents in the community. By providing at least one meal a day, and in many cases additional meals including supper, holiday and weekend meals the program helps to reduce hunger and improve nutrition intake for elderly in Massachusetts. In addition, individuals who participate in the program receive close to half of the recommended servings of fruits and vegetables in a single meal. Diets high in fruits and vegetables have been found to lower the risk of chronic disease and contribute to healthy aging.

The Nutrition Program is operated through state and federal funding. Both USDA food supplies and food services provided through state purchase of services agreements are utilized to increase cost effectiveness and prevent waiting list for nutritional services.

Key Program Components:

- Meals are provided at meal sites and through home-delivered meals to older adults (**age 60 or older**) and **disabled people under age 60** who live in housing facilities occupied primarily by the elderly where meals are served.

- Menu standards are based on current federal and state guidelines, including the 2005 Dietary Guidelines for Americans and the Dietary Reference Intakes (DRI), established by the Food and Nutrition Board and the Institute of Medicine of the National Academies.

- Each meal contains at least 1/3 of the current daily Recommended Dietary Allowance of nutrients and considers the special dietary needs of the elderly participants.

- Provides multiple ethnic and culture specific types of meals including: Kosher, Russian, Latino, Hindu/vegetarian, Chinese, Caribbean, southern/traditional, Italian, Haitian and Cambodian.

- Provides therapeutic meals including: modified, renal, cardiac, lactose-free, ground, and puree.

- Administers nutrition screening and assessment for both home-delivered meal clients and meal site participants.

- Provides individual nutrition counseling and Medical Nutrition Therapy.

- Provides nutrition education for both congregate meal and home-delivered meal participants twice a year.

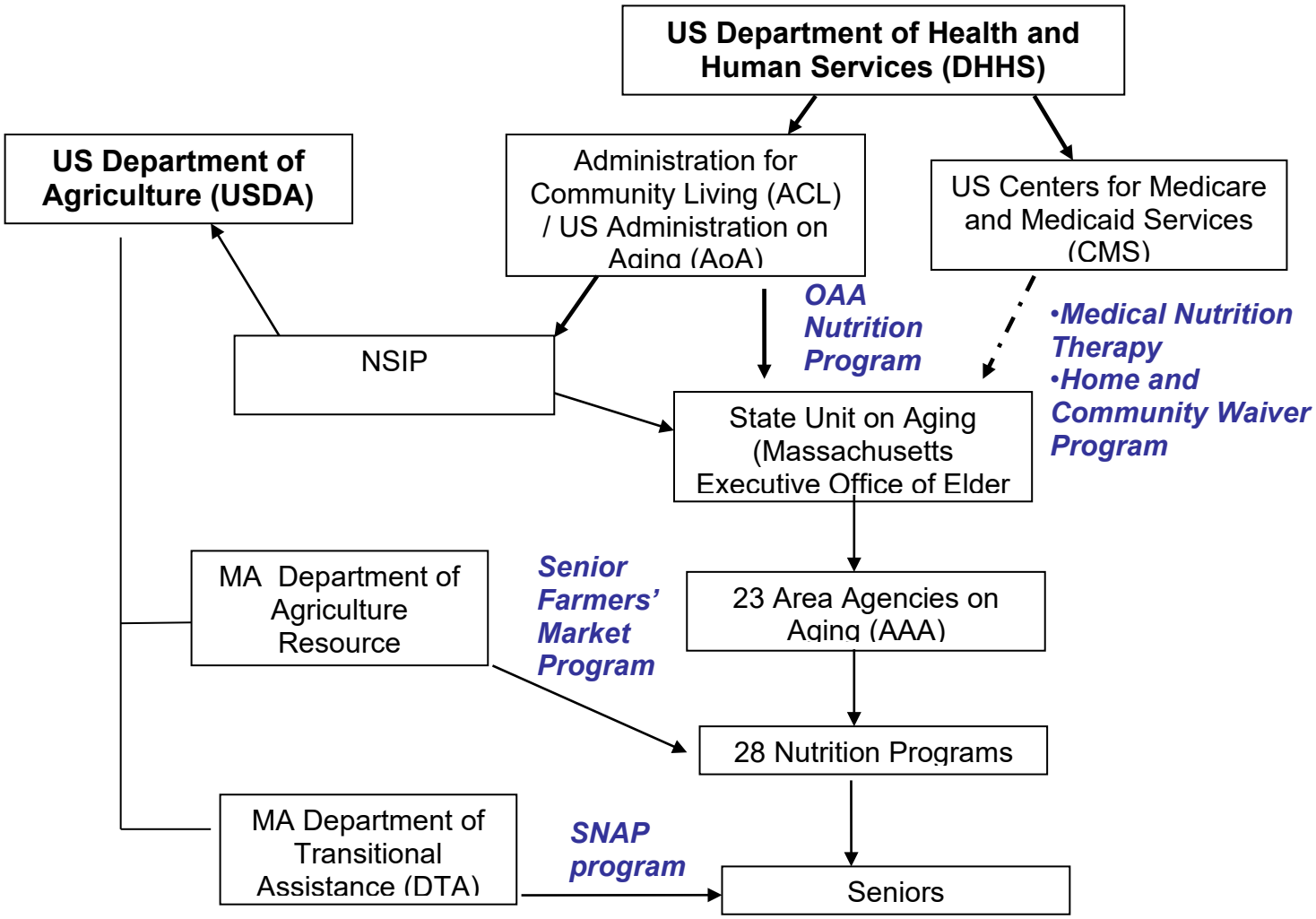
- Provide 6 weeks of evidence-based nutrition education programs to meal sites participants:

    - Eat Better and Move More (You Can!),
    - Seniors Taking Charge of Diabetes and Heart Health,
    - Healthy Eating for Successful Aging for Older Adults, and
    - Chronic Disease Self-Management Program.

Recent Initiatives:

- **EOEA** is collaborating with **DTA** to identify individuals served by both EOEA's Home Care Program and DTA to locate residents who have not accessed their SNAP benefits for 60 days, or who had an unspent balance over $17 per month. To date the agencies have identified more than 300 older residents and worked with them to address barriers and assist them in using unspent SNAP benefits to improve their nutrition.
- In 2017, EOEA assisted DTA, the **Department of Agricultural Resources**, and the **Department of Public Health** in launching the **Healthy Incentives Program**, a 3-year pilot that matches older residents' SNAP purchases of local fruits and vegetables when shopping at farmers markets, farm stands, and Community Supported Agriculture (CSA) farm share programs.

Government Sponsored Senior Nutrition Programs Funding Sources



NUTRITION STANDARDS

The Federal Regulations governing the Nutrition Program for the Elderly require that: Each meal served must contain at least one-third of the current Dietary Reference Intake (DRI) for meals for the population aged 51 years + as established by the Food and Nutrition Board of the National Academy of Science, National Research Council.

Calories/Fat/Sodium

- The caloric range per meal must fall between **700-800 calories.**
- The fat content, based on total calories, must not exceed **30%-35%.**
- The sodium content of the meal must fall within the range of a **No Added Salt** diet (3-4 gm/day).

High Sodium Days

When the sodium content for all of the components of a meal exceeds 1200mg, the day is considered a high sodium day and must be noted on the menu. An alternative lower sodium meal should be available on these days. Any higher sodium items (>500mg) should also be marked on the menu.

Meals may be provided hot, cold, frozen, dried, canned or in the form of supplemental food. Menus must comply with the Elder Affairs Menu Policies and Nutrition Standards, which incorporate the Dietary Guidelines of the US Department of Agriculture/Health and Human Services and the Surgeon General's Report on Nutrition and Health.

Vitamins A & C

Good food sources of vitamins A and C are required within the menu policy. A "good source" of a nutrient must contain 20% or more of the RDA. Good vegetable/fruit sources of vitamins A and C are listed in Appendix A. Foods high in fiber are additionally required.

Fiber

A high fiber bread is a bread/bread alternate which provides at least 1 gram of dietary fiber per one ounce serving; a high fiber vegetable/fruit shall contain at least 2 grams of dietary fiber per serving.

Medically Tailored Meals

Medically tailored meals prescribed by a physician should be planned to provide as close to the 1/3 DRI as possible. However, the 1/3 DRI requirement may be waived by the State if there are significant restrictions on foods or components of foods based upon the medical needs of the participant(s). Additionally, the State may grant waivers regarding specific menu policies, concerning the 1/3 DRI requirement, for cultural meals where for cultural or religious reasons, the State menu policies are not appropriate.

Special Meals (religious or cultural)

Religious, , cultural, or regional dietary requirements or preferences of a significant portion of the elderly population within a Program Service Area should be reflected in the meals served. Where feasible and appropriate, individual dietary needs may also be met.

Meals to Cover Holidays

Nutrition Projects are encouraged, but not required, to provide meals for home delivered clients who do not have other sources of meal service during holidays when the Nutrition Project is closed (i.e. provide chilled, shelf stable or frozen meals for clients for the following day if the Nutrition Project does not deliver that day.) Home delivered meals clients shall miss no more than 3 days of meal service due to holidays, unless other arrangements are pre-approved by Elder Affairs.

Nutritionists

- Nutrition Projects shall have qualified nutritionists who shall review menus to ensure the State Nutrition Standards/Menu Policies have been met. It is the responsibility of the Nutrition Project to ensure nutritional adequacy. Area Agencies on Aging are responsible for monitoring that menus are reviewed by a qualified nutritionist and menus and nutrient analysis are submitted monthly to the State Nutritionist.

- It is recommended that nutrition education programming is provided by a qualified Nutritionist (criteria below) at least twice yearly at all congregate sites and at least once for home delivered meals participants; monthly or quarterly nutrition education is encouraged.

- It is also recommended that the qualified Nutritionist provide individual counseling/Medical Nutrition Therapy to seniors in the community who have conditions impacted by nutrition such as diabetes, renal disease, cardiac conditions, malnutrition or others. Counseling can be provided in the home or at "nutrition clinics" in a private area at a site such as a senior center. All programs are strongly encouraged to seek reimbursement for eligible seniors in order to expand the availability of this service. Reimbursement sources include CMS Medicare Part B or Medicare Advantage (diabetes and renal), SCO, MassHealth and insurance companies.

- Elderly Nutrition Program Community Nutritionist requirements: Four year degree in food and nutrition, public healthy nutrition, or nutrition education from an accredited program with at least one year experience in Community nutrition OR 2 year degree in food and nutrition with minimum 2 years community nutrition experience (PI-94-40). For new hires as of FY13, Massachusetts licensure required (LDN), RD preferred.

Nutrition Analysis

Computrition (Standard Computerized Nutrition Reporting System)

Menu planning plays a critical role in the delivery of quality nutrition services. Reviewing menus at State, AAA, or local levels involves verifying that they conform to nutrition standards and menu policies. Computer analysis ensures that menus conform to the Dietary Guidelines for Americans and provide appropriate DRI's for older adults. Reviews may also indicate necessary changes when menus contain errors or to discourage the use of extra items to avoid added food costs. In addition, reviews are needed to evaluate the variety of foods, color appeal, texture, and consistency.

Elder Affairs chose Computrition for its ability to provide a comprehensive nutrition care package. Computrition has two main components: Food Service and Patient Care. The Food Service component, which includes menu planning, recipe analysis, and cost control functions, is the one currently being implemented by Elder Affairs. As the State and the ASAPs increase their client base, this comprehensive nutrition system will serve us well into a new community based long-term care era.

Since FY 2007; all nutrition projects have used the Computrition software system to report to Elder Affairs. Elder Affairs monitors menus and nutrient information directly from the system; however, submission of the "Menu Specification Checklist" is still required and should be submitted electronically. This system is only to be accessed on location at the nutrition project or menu planning meeting.

Nutritional analysis of meals shall be provided to the State Nutrition Department in the following instances:

1. Regular and Weekend Meals:
A complete nutritional analysis shall be performed using the Computrition system for any meal that is served more than 3 days a week with a 4 week cycle menu. Examples include the following:

- Regular (main), weekday meals (served 5 to 7 days)
- School meals (served 4-5 days per week)
- Weekend meals other than limited selections (7 days)

2. Limited Selection Meals**:**
Nutritional analysis for the limited selection menus must be submitted once per year, at the time of menu submission. Limited selection menus (with a 3 day Computrition nutritional analysis) must be submitted to the State Nutrition Department each year at the end of the second fiscal quarter, March 31. Limited selection meals are defined as those served 3 or fewer days a week with a 2 week cycle. Examples of limited selection meals may include the following:

- Ethnic meals (i.e. Kosher, Spanish, etc.)
- Cold bag supper meals

3. Other Meals:
A complete, three day nutritional analysis shall be required on a spot-check basis for the following meal types:
- Homeless meals
- Title IIIC Council on Aging Meals unless it is a nutrition meal site
- Title IIIC School Meals (served less than 4 days per week)
- Other Title IIIC meals programs

Requirements for complete nutritional analysis:

- A complete nutritional analysis of the menu shall be performed using Computrition during the menu planning process. Labels from food products should be submitted to EOEA for entry into the database. The Nutritionist shall obtain recipes/production sheets used by the kitchen or caterer, with ingredients and quantities and enter them into Computrition. Menus will be built using these recipes. Nutritionists shall review the menus for nutritional adequacy.

- If a second (and third) meal is provided to any clients for consumption on the same day as the meal(s) mentioned above, nutrient analysis shall also be performed using Computrition. For example, if an evening, multiple meal or breakfast menu is provided to clients in addition to a noon, regular meal, the second (and third) meal(s) should be entered unless these meals are considered limited selection.

- The State Nutrition Department will review the nutritional analysis in Computrition on any meal, which appears not to meet State requirements, or for "spot-checking" purposes.

- Full product descriptions for individual items used within Title IIIC meals must be provided or made available by caterers, including nutrition labels, recipes/production sheets with ingredients and quantities.

- Consortium/Joint Menus: One signed Elder Affairs menu checklist and menu with highlighted commodities/price and nutritional analysis is required per menu cycle from each Nutrition Project. All Nutrition Projects are also required to submit a copy of their own menu, in the format distributed to participants.

- Limited Selection Meals: If more than one Nutrition Project provides the same limited selection meal, only one nutritional analysis needs to be submitted. It is the decision of the Nutrition Projects which agency(s) shall submit this information to Elder Affairs.

- The menu must be submitted to the State Nutrition Department at least four weeks prior to service, unless a waiver is granted (for schedule of submission, refer to Nutrition Services Quality Assurance Protocol Schedule.) Meals should be planned to contain variety in the areas of color, texture and food choice to enhance nutritional adequacy and participant acceptance.

MENU POLICIES

Eligible Title IIIC Meals

Meals served to eligible participants must provide one-third of the Recommended Dietary Allowances and meet the Elder Affairs Nutrition Standards and Menu Policies. "Seconds," snacks or portions of meals may not be counted towards meeting the 1/3 DRI requirement.

The following meals eligibility requirements need prior approval from the State Nutrition Department. The combined nutritional content is utilized to determine the number of eligible meals which may be counted for statistical purposes:

- Less than 1/3 DRI: not eligible.
- 1/3 DRI or more, but less than 2/3 DRI (for one or two meals served): one eligible meal.
- 2/3 DRI or more, but less than 100% DRI (for two or three meals served): two eligible meals.
- 100% DRI or more (for three meals served): 3 eligible meals.

The number of meals counted as eligible may not exceed the number of meals actually served, regardless of the nutritional contents.

Vitamin/mineral supplements

Vitamin or mineral supplements (e.g. Multivitamin tablets) may not be provided with Title IIIC funds and may not be counted towards meeting the 1/3 DRI requirement.

Menu cycles

Menus for weekday, noon meal service may be planned for a minimum of a four week/20 day cycle. No complete meal shall be repeated within that four week time period and efforts should be made to avoid duplicating entrees. Limited selection menus (typically, frozen, evening, multiple, and weekend meals) may have shorter menu cycles with a minimum of 10 days, unless a waiver is granted by the State Nutrition Department to repeat meals on a more frequent basis.

Menu submission

Menus shall be submitted via Computrition four weeks prior to service. The Elder Affairs menu checklist form shall be completed for a Nutrition Project central kitchen or the largest caterer, whichever is applicable. This form shall be signed by the local Nutrition Director and Nutritionist. Commodity foods shall be noted with an asterisk (*) and the average daily commodity use amount should be noted on the menu submission form (Appendix F). Other menus for small providers may be submitted in the form it is distributed to clients or other legible format.

Menu distribution

Menus need to be distributed to program participants. Menus with nutrition information (minimum: total calories, sodium of individual items, and total sodium) are to be posted on the agency's website. Agencies may also choose to post additional nutrients. This information helps consumers, their healthcare providers, caregivers, and family members manage their health and chronic conditions.

Participant input:

Participants input must be incorporated into the menu design process. Nutrition Project Council, regular discussions with participants, site managers' meetings, and observance of plate waste are several methods of receiving participant input concerning the meals. In addition, formal menu questionnaires/surveys shall be performed at least once per year for all congregate and home delivered meals clients.

Substitutions

Substitutions may be made from menus submitted to the state due to shortages or problems with food delivery to the kitchen or meal site. The substitutions should be as similar to the originally planned food(s) as feasible and kept to a minimum. Nutritionists and Nutrition Project Directors should design, with meal providers, a substitutions list or guidelines for substitutions. Substitutions should take into consideration the commodity usage of the originally planned meal and the nutrient content of the food(s) which must be replaced.

Substitutions may only be performed by the contracted caterer of a Title IIIC Nutrition project or central kitchen prior to the meals leaving the kitchen. No substitutions may be made at any site other than the kitchen unless there is concern over food spoilage, contamination or a shortage has occurred, at which time the Nutrition Project must be notified immediately to evaluate whether any item(s) within the Title IIIC meal requires substitution.

Additions to the Meals

The following foods/beverages may not be added to the Title IIIC meal:

- Alcoholic beverages.
- Canned foods which have not been commercially canned (i.e. home-canned foods.)
- Sweet desserts/breads, except for special celebrations or events.
- Potentially hazardous foods, such as meat, eggs, fish, chicken, milk or dairy products, etc. which are not directly provided by the Title IIIC caterer or central kitchen.

Special holiday meals: The holiday meals are expected to comply with the regular menu policy unless preapproved by the EOEA Nutrition Department.

Meal patterns

Regular Meal (No Added Salt):

The regular Title IIIC meal is part of a No Added Salt diet (3-4 grams of sodium per day). It contains no more than 1200 milligrams of sodium. Two days per month Nutrition Projects may offer a meal that contains up to 1500 milligrams. The Meal Pattern for the Title IIIC Nutrition Program for the Elderly is described below.

Regular pattern:

FOOD GROUPS	AMOUNT TO USE
1. Meat/meat alternate	One serving of 2.5* - 3 oz cooked
2. Vegetables/fruits	Two servings of 1/2 cup each
3. Bread/bread alternate	One serving of 1 oz. or ½ cup
4. Butter/margarine	Optional, one teaspoon
5. Dessert	One serving of 1/2 cup
6. Milk	One serving of 8 oz.

* 2.5 ounce minimum for list

B entrees only. List A entree must contain at least 3 ounces of meat/alternate.
A food provided within a Title IIIC meal may be counted as only one Food Group. For example, juice served as one of the fruit/vegetable servings may not also count as a fruit serving for dessert.

Alternative Selections

Alternatives to the regular meals may be offered where feasible and appropriate to meet the medical requirements of the client. These do not require a physician's approval:

- Alternative entrée selections: The client is provided with lower sodium entrees on the two days when higher sodium meals are served in order to provide a meal with no more than 1200 milligrams of sodium.
- Alternative milk selections: The client is provided with a whole, low fat, skim or lactose-free milk.
- Alternative dessert selections: The client is provided with fresh or water packed fruit or other dietetic desserts instead of the regular dessert.

Meal pattern components

Meat or Meat Alternative

Three ounces cooked edible portion of meat/meat alternate must be served for all List A items (see following page). List A items must contain a minimum of 21 grams of protein. Casserole, processed and ground meat items such as Italian dishes, macaroni and cheese, breaded fish square, etc. may contain a minimum of 2.5 ounces of meat/meat alternate (List B). A minimum of 15 grams of protein shall be provided by the List B items. The following meat alternates may replace one ounce of meat (poultry, beef, veal, and fish):

- 1 egg (maximum of 2 eggs per entree)
- 1 ounce cheese
- 1/2 cup cooked dried beans, peas or lentils
- 1 tablespoon peanut butter
- 1/4 cup cottage cheese
- 1 ounce tofu

Lower fat entrees are recommended, such as poultry, fish and lean meat products. Leaner cuts of meat with no visible fat or poultry skin aid in lowering the fat content of the entree. When meat alternates are planned, sources of iron and other nutrients such as zinc, vitamin B6 and magnesium must be provided elsewhere in the meal. For example, planning an enriched or whole grain bread/alternate and iron-rich vegetables or fruits with a meat alternate entree would contribute toward attaining the 1/3 DRI for iron.

Gravies should be made in a way which reduces the sodium content as much as possible - for example, use 1/2 of the gravy base called for in a recipe or on package directions. The use of low-fat gravies is strongly encouraged. Nutrition Projects may require that low sodium and/or low fat bases are used in the preparation of meals. When liver is served, it may fulfill all vitamin A requirements for that week.

The menu pattern contains 20 entrees per cycle. Entrees are categorized in the following way:

Entrée List A	
Examples: Solid Meats	
BEEF, roast	Roast Beef
	Pot Roast
BEEF, cube	Beef Burgundy
	Beef Tips
	Beef Stew
	Other whole muscle
LIVER	
PORK, roast	Roast Pork
	Other whole muscle
PORK, diced	Sweet and Sour
	Other whole muscle
POULTRY	Baked Chicken (breast, leg)
	Chicken whole muscle
	Turkey whole muscle
	Roast Turkey breast
	Turkey dinner
FISH	Unbreaded Fish
	Other seafood or fish items specified by ELD
Entrée List B:	
Examples: (Casserole dish, ground meats, processed meat, and meatless dishes)	
BEEF, Pork, ground	Meatballs
	Meat Sauce
	Meatloaf
	Salisbury Steak
	Stuffed Pepper
	Chili
POULTRY,	Turkey, ground or diced
diced/ground	Chicken, ground or diced
	Chicken Pot Pie
	Chicken stew
	Chicken A la King
MEATLESS/CHEESE	Vegetable Lasagna
	Manicotti diced/ground
	Ravioli
	Stuffed Shells
	Macaroni/Cheese
	Vegetable/Cheese Bake
	Vegetable Primavera
EGGS	Omelet
	Quiche
	Other

1. Menus must include at least two A meats per week with a total of eight A meats per twenty day cycle. Ground, molded or pressed meats may not be used, e.g. turkey roll.

2. Twelve entrees may be B meats.

PROCESSED ENTRÉES (B)	
Beef	Beef Strip Steak
	Veal Patty
	Shaved Steak
	BBQ Rib
Pork	Pork Patty
	BBQ Rib
	Pork Breaded Steak
	Turkey ham
PoultryChicken Patty	
	Chicken Nuggets
Fish	Breaded Fish (non-filet)
	Fish Nuggets

Vegetables and Fruit

Two servings of one-half cup each; drained weight should be included in meals. A good source of vitamin A should be served three times per week; a good source of vitamin C should be served daily. Instant mashed potatoes must be enriched with vitamin C.

Good Sources of Vitamin A	Good Sources of Vitamin C	Good Sources of Vitamins A and C
sweet potato	asparagus	cantaloupe
spinach	Brussels sprouts	broccoli
carrots	cabbage	romaine lettuce (1-1/2 oz)
mixed vegetables	cauliflower	leafy greens (1-1/2 oz)
winter squash	fortified fruit juice	kale
avocado	green peppers	tomatoes
apricots	okra	vegetable juices
pumpkin	kiwi	mandarin oranges
	bean sprouts (3_1/2 oz)	
	strawberries	
	orange	
	grapefruit	
	honeydew melon	
	red peppers	
	kohlrabi	
	mango	
	pineapple	
	potato* (fortified instant mashed)	

- Pasta, rice or stuffing may be served in place of one vegetable on an occasional basis, preferably no more than twice per week.

- Lettuce alone may not count towards a vegetable/fruit serving, i.e., lettuce and tomato, tossed salad, may be served each as one vegetable/fruit.
- Vegetable or fruit sauces, such as tomato sauce, cannot count towards meeting the vegetable/fruit requirement.
- Fresh or frozen vegetables shall be used. When canned vegetables are used, no salt should be added in cooking to minimize the sodium content. Vegetable cooking may occur on site as desired by the Nutrition Project.
- A minimum of one high fiber vegetable a week, i.e., peas, corn, raw vegetables must be served.
- All soups must be prepared utilizing minimal amounts of sodium, preferably homemade. In order to count soup as a vegetable serving the standard serving should be 6 fluid ounces (containing ½ cup vegetables.)
- Only full strength fruit or vegetable juices may be used as a vegetable/fruit. Cranberry juice cocktail, enriched with vitamin C, may be served.
- An extra vegetable/fruit (soup, juice, vegetable) will be served twice each month, preferably on casserole or pasta menus.

Enriched or Whole-Grain Bread or Alternate:

One serving enriched or whole-grain bread, biscuits, muffins, rolls, sandwich buns, cornbread and other hot breads should be included in meals daily.

Twice per month a bakery-type bread item such as a muffin, corn bread, and bran square shall be served.

Bread /bread alternates include*:*

- 1 slice bread
- 1 roll, muffin, biscuit
- 1 piece cornbread
- 1 sandwich bun
- 1 tortilla
- 1 ounce ready-to-eat, fortified cereal
- 6-8 ounces cooked cereal, cornmeal, grits, macaroni, noodles, rice, spaghetti (1/2 - 3/4 cup)
- 1 waffle, pancake
- 4 ounces starchy vegetable

Bread alternates are generally for use in ethnic, breakfast, evening or multiple meals program. Nutrition Projects may choose not to utilize alternates due to participant preferences. When a starchy vegetable is planned into the menu as a bread alternate, it may not also count towards meeting the vegetable/fruit requirement. Whole grain, high fiber breads must appear at least three times per week (12 times per 20 day cycle).

Desserts

One serving of one-half cup should be included in meals daily. Fruit must be served as a dessert at least 3 times per week. It is recommended that fresh fruit is served at least once per week, subject to seasonal quality. The remaining desserts may include a baked product or whipped dessert.

Nutrition Projects are encouraged to provide similar desserts for the regular and non-sweetened dessert menus. For example, when gelatin is on the regular menu, it is suggested that a no-sugar gelatin is served as an alternate.

- Fresh or canned fruits shall be served a total of twelve (12) times per twenty day cycle and at least three times a week.
- Cakes, cookies, gelatin desserts may be served four times per twenty day cycle and no more than twice per week.

Butter or Margarine

Nutrition Projects have the option to include one teaspoon of butter or margarine (trans-fat free recommended*) in menus. This policy is not to be interpreted as allowing individual participants to choose whether or not to take this item. Nutrition Projects are strongly discouraged from serving butter/margarine "family style" due to sanitary concerns.
Nutrition Projects may provide butter/margarine with all meals as a general policy, or may pre-set the items/meals in which butter/margarine shall be provided. For example, a Nutrition Project may specify that butter/margarine shall be provided when baked potatoes are served, and so on, according to the preferences of participants and to enhance the palatability of the meal.

* Note: Programs in Boston must comply with Section 4.00 of the Boston Public Health Commission's Regulation to Restrict Foods Containing Artificial Trans Fat in the City of Boston.

Milk/Milk Alternate

One- half pint skim or low-fat milk fortified with Vitamins A and D should be offered daily. Whole milk may be offered if requested. Lactose-free milk may also be offered. Milk alternates may be provided in place of milk. In general, the use of milk alternates is not encouraged except for clinical or ethnic meals.

Milk Alternates:

- 1 cup yogurt
- 2 cups cottage cheese
- 8 ounces tofu (processed with calcium salt)

When milk alternates are used, the same foods may not also count towards meeting the meat alternate or calcium-containing dessert requirements.

Additional meal types

Medically Tailored

Medically tailored meals represent one classification of meals a Nutrition Project may offer to its participants under the supervision of a registered dietitian. These meals require a physician's authorization and may be provided only to those clients for whom the regular meal (and special changes) is inappropriate for medical reasons. A phyisican's office may granted up to two weeks to provide the authorization during which time the client may be started on meals. A physician's authorization is also required to change a client back to a regular meal. Examples of medically tailored meals include: cardiac or renal

Cultural

Nutrition Projects are encouraged to offer when feasible to meet the cultural makeup of elders within their PSA. Examples include: Hispanic, Chinese, Kosher and Southeast Asia meal programs.

Breakfast

A recommended menu pattern for the breakfast meal is:

- Meat and meat alternative - one serving (egg, cheese, peanut butter, etc.)

- Bread and cereal - two servings (pancake, muffin, waffle, slice of bread, etc. /one serving of cooked or dry cereal)
- Fruit or fruit juice - one 4 ounce serving
- Butter/margarine - one serving (1 teaspoon), optional
- Milk - one-half pint
- Optional beverages - 8 ounces

Other menu plans may be used, however, to count as one meal, the breakfast menu must provide 1/3 DRI. Breakfasts provided to home delivered meals participants must receive prior approval from the State Nutrition Department before they may be counted as an eligible meal. The Nutrition project must have written criteria for providing breakfast meals for home delivered clients.

Multiple Meals

The Nutrition Project may offer a breakfast and supper ("multiple meals program") package. The multiple meals package is typically delivered with the noon meal. Projects offering this program must have written eligibility with the noon meal.

Multiple meals packages containing breakfast and dinner are generally considered as one eligible meal. Prior approval must be granted from the State Nutrition Department if a Nutrition Project wishes to count the package as two eligible meals.

Nutritional-Food Supplement

A nutritional-food supplement is defined as a supplemental food or beverage which is fortified with calories and nutrients and/or altered in texture or elemental nutrients, to meet the special dietary needs of clients with specific medical conditions. The use of a nutritional-food supplement shall be authorized by the participants' physicians. Nutrition Projects may provide this type of service in addition to providing a Title IIIC meal, or it may be used within the Title IIIC meal for clients which require this type of supplement for medical reasons.

Nutrition projects must receive prior approval from the State Nutrition Department if a nutritional-food supplement is used within a Title IIIC meal.

Frozen Meals

With pre-approval from Elder Affairs, a Nutrition Project may choose to deliver frozen meals to clients. For example, five or seven frozen meals once a week may be delivered to approved homebound clients. These clients must be assessed for the ability to handle the frozen meals.

Evening Meals

Nutrition Projects may choose to provide evening meals for congregate or home delivered meals clients. The Nutrition Project must have written criteria for persons receiving home delivered evening meals.

Weekend Meals

Weekend meals programs may be provided by Nutrition Projects in order to extend their 5-day per week programming. Written criteria for receiving weekend home delivered meals must be developed by the Nutrition Project.

Emergency Meals

All Nutrition Projects must offer all home delivered meals clients, at the time of assessment, a shelf stable emergency meal package, available for use during inclement weather or other emergency situations, when the

Project is unable to deliver meals. Current clients who may require an emergency meals package may be identified by the case manager. Congregate meals participants should be advised to keep an emergency foods shelf at home in case of inclement weather.

The emergency meal package for home delivered meals participants shall be delivered to clients by **November 1** of each year. The package should consist of two to three days of shelf stable foods and shall be replenished by the Nutrition Project.

It is recommended that the emergency meal package contain one-third DRI; the package should, as much as possible, match the regular menu pattern. An emergency meal package does not count as a meal(s) served. Dessert items may be dried or canned fruit. The no-added-salt policy is waived for these meals; however, low sodium items are encouraged. Persons requiring unsweetened foods must be provided with appropriate items. An example of an emergency meal package (for each day) is as follows:

Sample Emergency Meal Packages (both acceptable):

1 can beef stew	1 can spaghetti with tomato sauce
2 pkg. Melba toast	1 pkg. Saltines
1 box raisins	1pkg. Hot chocolate mix
1 can apple juice	1 small container applesauce
1 pkg. Nonfat dry milk	

Food Purchase Specifications

- Poultry, eggs, dairy products - US grade A; Chicken parts:IQF
- Lamb, beef, veal - USDA Choice, Hamburger 80/20 lean:fat
- Pork - USDA #1
- Fish - no more than 41% breading.
- Vegetables - Frozen, canned - U.S. Grade A
- Fresh Produce - U.S. #1
- Fruit - U.S. Grade A
- Milk - Homogenized grade A - Milk in individual containers.

Food Leaving Sites

Because foods which contain significant amounts of protein (e.g., entrees, salads) spoil quickly when not maintained within specific temperature ranges, only designated items are allowed to be taken home from mealsites.

The following foods are permitted to leave mealsites:

- wrapped breads
- baked desserts
- fresh fruit and individually portioned canned fruit
- unopened milk (participants should be advised to bring the milk directly home and refrigerate it)

The following foods may not leave mealsites:

- entree items
- vegetable/salad items

- soups
- any other food item not specifically mentioned above as permitted to leave the mealsites.

When a congregate mealsite participant is ill, every effort should be made to provide the participant with a home deliveredmeal as soon as possible through the established home delivered meals system. Delivery in this manner assures that meals will be delivered at appropriate temperatures. Home delivered meals assessments should be performed as with any other home delivered meals client.

If a congregate participant informs the nutrition project that he/she will not be able to attend the mealsite due to illness and a home delivered meal cannot be arranged, then an emergency meal pack may be sent home with a friend/spouse to be delivered to the participant. The emergency meal pack should nutritionally provide one-third of the Recommended Dietary Allowances and should be shelf-stable (i.e., canned and dried foods which are kept in limited quantities at mealsites for this purpose). It may be complemented by the parts of the meal served that day that are allowed to leave mealsites (e.g., fruit, bread). Before a site manager provides this meal, the nutrition project director should be notified and approval given.

To minimize waste: when a participant who has reserved a meal does not come to the mealsite, suggested procedures are:

- Reinforce reservation system and portion control.
- If a “no show” occurs, offer seconds instead of throwing away the meal.
- Sell to the staff in the building on a market price.

Additional food safety information:

https://www.fda.gov/food/people-risk-foodborne-illness/food-safety-importance-risk-groups#FS3

https://www.pewtrusts.org/-/media/assets/2014/11/seniorcitizensfoodbornediseases.pdf

KITCHEN FOOD HANDLING AND SANITATION REQUIREMENTS

Minimum standards

The nutrition project's central kitchen, meal sites and caterers must meet the requirements regarding food handling and sanitation as stipulated within the Massachusetts Department of Public Health 105 CMR 590.000, State Sanitary Code for Food Establishments Chapter X and Vending Machines. Food preparation kitchens and meal service sites must have local Board of Health certificates and other applicable licenses.

Food Protection Management:

Nutrition projects and food preparation kitchens shall have at least one full time equivalent person in charge (PIC) who shall be an on-site manager, nutritionist or supervisor and at least eighteen (18) years of age, and must be a certified food protection manager who has demonstrated proficiency by successfully completing an exam that is part of an accredited program recognized by the Department of Public Health.

Recognized providers for certified food protection (CFP) test are:

- Certifying Board for Dietary Managers St. Charles, IL
- Experior Assessments Clearwater, FL
- National Registry of Food Safety Professionals (PTI) Orlando, FL
- National Restaurant Assn. Educational Foundation Chicago, IL

Food Employee (Site supervisor) Training:

All meal site supervisors must be trained annually in the minimum sanitation standards and receive regular, documented in-service training on proper food handling and sanitation practices. Site supervisors' job responsibility is limited to serving food and holding food at the proper temperature. No preparation or cooking is allowed. All site supervisors must demonstrate adequate sanitation knowledge according to their job responsibilities by passing a test (either oral or written) designed by the Massachusetts Executive Office of Elder Affairs. Department of Public Health has approved Elder Affairs' food safety curriculum and has worked very closely with Elder Affairs to identify training needs and monitoring procedures, which will be necessary to request a local variance for Elderly Nutrition state operations. Elderly nutrition projects will use this food safety curriculum to train all site supervisors in safe food handling practices. The training records of each food-handling employee (site supervisor) will be maintained on-site for verification by the Board of Health. The training and certification must be conducted annually.

Each Nutrition Project should have a Local Board of Health Variance on file for each city and town. (Satellite Feeding and Food Manager Certification, 105 CMR 590.003(A))

Employee's Health

There are 76,000,000 foodborne illness cases each year in the US, causing 5000 deaths. Foodborne illnesses are transmitted through cross contamination of food, improper food temperature control, and food handlers' personal hygiene and medical condition. The **BIG FOUR** pathogens are ***Salmonella* Typhi, *Shigella* spp., *Escherichia coli 0157: H7,* and hepatitis A**. The Elderly Nutrition Program is serving a highly susceptible population as defined in FC 1-201.10(B) (40). It is important for the Employees to report their disease or medical condition to the nutrition project person in charge (PIC).

Who needs to report

1 Food employee applicants to whom a conditional offer of employment is made
2 Food employees

3 Volunteers who work or handle food.

When to report

Employees need to report to the nutrition project person in charge (PIC) of:

Diagnosis with an illness due to one of the following pathogens:

1. Salmonella Typhi,
2. Shigella spp.,
3. Escherichia coli0157: H7,
4. Hepatitis A virus,
5. Entamoeba histolytica,
6. Canpylobacter spp.,
7. Vibrio cholera spp.,
8. Crytosporidium parvum;
9. Giardia lamblia,
10. Hemolytic Uremic Syndrome,
11. Salmonella spp. (non-typhi),
12. Yersinia enterocolitica,
13. Cyclospora cayetanensis, and
14. Any other disease transmissible through food so designated by the Division of Communicable Diseases of the Department in 105 300.000 et.seq., "Regulations Governing Reportable Illness".

One of the following symptoms:

1. Acute gastrointestinal illness
    - Diarrhea
    - Sore throat w/fever
    - Vomiting
    - Fever
2. Jaundice
3. Pustular lesions
    - Represents a direct threat of introducing *Staphylococcus aureus* into food.

Past illness

An employee is ill if he/she has a past illness with one of the pathogens (diagnosis) mentioned above.

High-risk condition(s).

1. Causing or being exposed to a confirmed outbreak involving a **BIG FOUR** illness.
2. Living with person diagnosed with a **BIG FOUR** illness.
3. Living with person exposed to a confirmed outbreak caused by **BIG FOUR** illnesses.

How the Person in Charge (PIC) defines the condition:

Exclusion – The food employee is not allowed in any part of the food establishment where there is a possibility of transmitting the pathogen via food or person-to-person contact.

Restriction – The food employee is limited to duties, which restrict from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles, in a food establishment.

When to exclude or restrict

Condition	Exclude	Restrict
Diagnosed with Big Four pathogens	X	
Acute GI symptoms only		X
Acute GI symptoms & high risk condition	X	
Asymptomatic & positive stool (*salmonella, Shigella, E.coli*)	X	
Past illnesses (*salmonella* ≤ 3 months; *Shigella or E.coli* ≤ last month)	X	
Jaundice	X	
Persistent sneezing, coughing, runny nose		X

Removal of exclusion and restriction 590.003(E) and 590.017

- Freedom from symptoms
- Board of health (Regulatory Authority definition set forth in FC 201.10) approval & Medical clearance

Food Safety Standards for the Massachusetts Elderly Nutrition Program

Inspection

Every kitchen utilized for the preparation of Title IIIC meals shall be inspected twice per year by the Nutrition Project/Area Agency on Aging using the Elder Affairs Kitchen inspection form. Inspections shall occur at approximately six-month intervals with at least one inspection being unnanouced. Inspections should begin during the peak production hours of 5am-9am. Kitchen inspection schedules shall be submitted to the State by September 1 of each year. Inspections must be conducted by two representatives of a single Nutrition Project/Area Agency on Aging. Programs that are part of a consortium may not perform an inspection at the same time. Copies of completed assessments are to be forwarded to Elder Affairs. Follow-up on issues, which are found to be out of compliance, must be clearly defined with date noted by which it must be rectified (within 1 month). A follow-up inspection should be done to ensure compliance.

Food temperatures

Temperatures of hot and cold foods shall be taken and documented daily before food leaves the kitchen. Temperatures must be 160°F or above for hot food and 41°F or below for chilled food. Temperatures should be taken, after packaging, as close to the time when the food leaves the kitchen, and not as food is removed from the oven or while it is in a steam table. Frozen meals should remain in a frozen state from packaging to delivery to the client.

Meals not eaten at time of delivery

Home delivered meals which are intended to be eaten at a later time (evening, breakfast, holiday) must be delivered either chilled, shelf-stable or frozen and may not be delivered hot. Emergency meals must be shelf-stable. Meals that are intended for next day use may be delivered chilled or frozen. Meals intended for use 2 or more days after delivery must be delivered frozen or shelf-stable.

Foodborne Illness Standard Operation Procedures (SOP)

EOEA and the DPH Food Protection office agreed upon the following SOP protocol to be implemented by both agencies working together. For any potential outbreak cases or questions regarding food appearance, smell, or temperature, the chain of command should be as follows:

1. The site manager will immediately inform the local Nutrition Director or person in charge.
2. The local Nutrition Director must immediately contact Elder Affairs Nutrition Department
3. Elder Affairs will contact DPH Bureau of Environmental Health - Food Protection Program
4. DPH will navigate the process with the local Board of Health.
5. All media communication will filter through EOEA and DPH.

If food spoilage or contamination is suspected as meals are delivered to congregate meal site(s) or to homebound clients, the food should not be served/delivered.

It is recommended that Nutrition Projects conduct an internal investigation, including the verification of spoilage/contamination through laboratory analysis. Additionally, it is recommended that Nutrition Projects have written procedures for such internal investigations. Nutrition Projects shall document and keep on file, record of investigative actions taken and the findings of the investigation.

Site supervisors and other Nutrition Project staff should receive training about procedures in the event of suspected food borne illness or food spoilage/contamination.

Sample meals

All kitchens providing Title IIIC meals shall freeze a sample meal (dated and labelled), which shall be retained for a period of one week.

Packaging meals for transport

Meals must be packaged in heat retaining transport equipment, which maintains the food within the proper temperature range: Hot foods should be maintained at 140 °F or above; Chilled foods should be maintained at 41 °F or below. Frozen meals must be transported in a way, which keeps them frozen. It is recommended that milk and other potentially hazardous foods transported chilled (e.g. dairy desserts, cold salad meals) are packaged with ice or other similar, appropriate chilling material, especially during the summer months except when transported in refrigerated trucks.

Food storage

Food storage systems shall ensure a “First-In, First-Out” use of foods. All foods stored in freezers shall be dated and labeled.

Canned foods

Canned foods must be purchased in hermetically sealed containers from a licensed establishment. No home-canned foods shall be used.

Food Allergy Policy

The following paragraph outlines the Food Allergy Policy. **Please note that in most cases it may not be safe to serve the program’s regular meals to person with a physician documented life-threatening allergy to**

due the risk of unknown ingredients and cross-contamination. If there is doubt about presense of an allergy, results from an allergy test should be presented.

MA elderly nutrition Food Allergy Policy is in compliance with the Food Allergy Awareness Act (FAAA), G.L. c.140 § 6B and Amendments to 105 CMR § 590.000, the State Sanitation Code. The purpose of the Act is to minimize risk of illness and death due to accidental ingestion of food allergens by increasing restaurant industry and consumer awareness of regulations and best practices with respect to major food allergens

Definition of a Major Food Allergen *(105 CMR § 590.002(B))*:

Milk, eggs, fish (such as bass, flounder, or cod), crustaceans (such as crab, lobster, or shrimp), tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, and soybeans; and, any food ingredient that contains these proteins. This definition does not include highly refined oils derived from the foods listed above or ingredients exempt under the petition or notification process specified in the federal Food Allergen Labeling and Consumer Protection Act of 2004 (Public Law 108-282).

Special Requirements *(105 CMR § 590.002 (H))*

1. Food establishments must display a poster provided by the Department of Public Health in a common work area for employees (Attachment 2). The poster includes information on the major food allergens, health risks of food allergies, procedures to follow for customers with food allergies, and emergency procedures to follow if a customer has an allergic reaction to a food.

2. Food establishments are required to place a notice on all printed menus and menu boards stating "Before placing your order, please inform your server if a person in your party has a food allergy".
   NOTE: There are certain institutions that are exempt from the second provision of the regulation (notice on printed menus and menu boards). This exemption states "Food Service operations in institutional settings in which food is prepared and/or served to a specific population (for example, hospitals, non-profit organizations, Older American Act Elderly Nutrition Programs , and charitable food facilities) that have written procedures for identifying, documenting, and accommodating their clients with food allergies are exempt from 105 CMR 590.009(G)".

3. At least one employee from each food establishment must qualify to receive a Certificate of allergen awareness training from an MDPH approved vendor. There are three approved vendors that can issue certificates (Attachment 3). To receive a certificate the employee must view the approved food allergy video and pay a fee of up to $10. Other employees may watch the video free of charge, but they will not be certified unless they also pay the fee.

Required Actions:
EOEA issued the following food allergy policy effective October 1st, 2010.

Identification and Documentation All new congregate and home-delivered meal participants will be asked during the initial intake if they have any known *major* food allergies. This information will be documented using the appropriate existing food allergy question in the Comprehensive Data Set (CDS), the Nutrition Intake Assessment form in the SIMS database or the Congregate NAPIS screening form (add a question to the existing form). For any identified *major* food allergies, the nutrition project must then contact participants to gather additional information including the seriousness of the food allergy to *major* food allergen (life-threatening versus non-life-threatening), and to request physician documentation of "life-threatening" which are defined as "resulting in anaphylaxis". If the nutrition project cannot gather the

appropriate information from the participant, the program may, after securing an appropriate release from the participant, also request physician documentation to help further understand the details of the food allergy. Such supplemental information may include: foods to avoid, the amount of food that can cause a reaction, description of the reaction, and appropriate foods for substitution. It is recommended that the nutrition project provide the participant a list of the menu items which may contain major food allergens.

SIMS Data Management

User Fields - All identified life-threatening major food allergies should be entered in SAMS using the following two user fields:

1. "Life-threatening food allergy": Response - yes or no
2. "Type of life-threatening food allergy": Response – type the name(s) of the major food allergens: Peanuts, Treenuts, Fish, Shellfish, Eggs, Milk, Wheat, and Soy.

Service Types -The following meal service types are available to be used in SAMS upon request from SIMS support for allergen-free meals:
Allergen-free meal peanuts, allergen-free meal tree nuts, allergen-free meal fish, allergen-free meal shellfish, allergen-free meal eggs, allergen-free meal milk, allergen-free meal wheat, and allergen-free meal soy.

Procedures and Accommodation

Life-threatening Allergies

To ensure the safety of the seniors who participate in the program and due to the logistical challenges of ensuring that all meals are free of the food allergen, participants determined to have a life-threatening food allergy, will be assessed on a case-by-case basis to determine if reasonable accommodations can be made. Reasonable accommodations may include:

- Substitute/alternative meals or parts of the meal.
- Determining whether there is a vendor that can provide substitute frozen meals guaranteed to be free of the allergen, including trace amounts and cross-contamination, and securing the meals from such vendor.
- Canceling an individual's meals on days which potentially offending foods are scheduled to be served.
- Referring the individual to an Aging Services Access Point (ASAP) for an assessment as to what other alternative accommodations may be successful in accommodating the individual.

Non-Life-threatening Allergies

Participants with non-life-threatening allergies or for those with intolerances or dislikes will be accommodated in the Elderly Nutrition Program. The accommodations will be set by each local nutrition project. For example, the programs may offer substitute/alternative meals or parts of the meal or recommend that participants cancel meals on days on which potentially offending foods are scheduled to be served.
Once an accommodation is determined, it should be documented in the SIMS database and kept on file.

Training:

- All nutrition project personnel shall be instructed to call 911 and notify their supervisor in the case of an emergency due to an allergic response.
- All Directors, Nutritionists, Site Managers, and Site Workers must view the food allergen training video. The video provides information on foods identified as the major food allergens and the symptoms they could cause in sensitive individuals.

- Site Managers must view the video within 30 days after being hired.
- One ***paid staff*** member from each ***site*** is required to have a certificate of allergen awareness training provided by an MDPH approved vendor (see Attachment 3 for additional information).
- The Program will retain documentation of which staff members have viewed the video. Intake/Case Managers and Drivers are strongly encouraged to view the video.

All congregate meal sites must display the food allergy poster provided by the Department of Public Health in the food preparation area.

Frozen Meals and Cook/Chill or Cook/Chill/Rethermalization Systems (MA EOEA-PI-10-06)

Purpose:
To minimize the risk of foodborne illness to elders served as part of the Elderly Nutrition Program.

Background and Program Implications:
According to the Centers for Disease Control (CDC) an estimated 76 million cases of foodborne disease occur each year in the United States resulting in approximately 325,000 hospitalizations and 5,000 deaths. Food borne illness in the elderly is more likely to result in serious complications and death as a result of infection. One of the

most critical methods of preventing foodborne illness is proper time/temperature control. Time/temperature control must be maintained through every step of the food preparation and delivery process to minimize the time food is at unsafe temperatures, known as the Danger Zone. The U. S. Food and Drug Administration (FDA) publishes the *Food Code* with scientifically sound recommendations regarding safe food handling including time/temperature control. The Code details the special handling procedures for high risk foods, such as those which are cooked, cooled, and later reheated (Food Code 3.403.11(A)). The United States Department of Agriculture (USDA) provides Food Safety Inspection Services to ensure that proper handling procedures are being met in order to minimize the risk of foodborne illness.

Frozen Meal Policy

Home delivered meals are provided through nutrition projects to homebound seniors who meet eligibility requirements. A nutrition project may have their own kitchen or contract with a food service provider to provide meals. The nutrition project is responsible for delivery to senior's homes. Typically a lunch meal is delivered daily, Monday through Friday. The Older American's Act authorizes at least one hot or other appropriate meals per day (OAA Title III Part C, Sec. 331). Some nutrition projects also provide weekend and holiday meals. The nutrition project typically conducts an assessment to determine if a senior requires these additional meals. Frozen meals are served to home delivered meals participants who are assessed to need meal services in addition to hot meals.

Currently, EOEA on behalf of the state-wide nutrition projects procures an agreement and selects frozen meal vendors every 3-5 years (3 year agreement and renew up to 5 years). The procurement requires the contractors to demonstrate their ability to meet all local, state and federal laws and regulations, in addition:

1. The operation has to be under USDA Inspection, meet and exceed all USDA guidelines for cooking, preparation, packaging and storage of frozen meals.
2. Conduct routine analytical testing at a registered laboratory for Listeria and anaerobic bacteria testing.
3. Have a comprehensive Hazard Analysis and Critical Control Point (HACCP) plan in place.

In order to minimize the risk of foodborne illness to elders served as part of the Elderly Nutrition Program, EOEA is standardizing the frozen meal policy.

Required Actions

1. All pre-packaged-ready-to-eat frozen meals for the Elderly Nutrition Program must be produced by facilities which are inspected by USDA and comply with state and federal regulations.
2. Exemptions: All require approval from the Executive Office of Elder Affairs (EOEA)
   - All exempt food service commissaries must meet Massachusetts regulations regarding preparation, storage and transportation of frozen food License under (M.G.L. C 94: 73A) and licensed under MGL c.94, 305C Minimum Sanitation Standards for food handling)i.
   - All exempted food service providers are required to have a blast freezer and/or demonstrate that they can cool food in a timeline according to the Food Code (from 140°F down to 70°F or less within two hours, and drop the temperature from 70°F to 41°F degrees or less within 4 additional hours).

Requirements for Cook/Chill or Cook/Chill/Rethermalization Systems

There has been an increase in use of the cook/chill or cook/chill/rethermalization systems for both congregate and home delivered meal delivery. According 21 C.F.R. Part 120 – Hazard Analysis and Critical Control Point (HACCP) Systems, there are many potential hazard and critical control areas involved with this system (cooking, chilling, distribution, refrigeration and service).

The seven principles of HACCP include:

1. Conduct a hazard analysis

2. Determine critical points
3. Establish critical limits
4. Establish monitoring procedures
5. Identify corrective actions
6. Verify that the system works
7. Establish procedures for record keeping and documentation

Food that experiences multiple temperature fluctuations during repeated heating and cooling has a higher risk of causing foodborne illness. Cold foods which are not reheated to the correct temperature for the appropriate amount of time pose a high food safety risk. For example, USDA provides detailed recommendations on the safe reheating of food using a microwave (http://www.fsis.usda.gov/FactSheets/Microwave_Ovens_and_Food_Safety/index.asp). Foods which are meant to be consumed in a cold state also carry a higher risk as they do not have the control point of heating to kill any potential pathogens.

In Massachusetts, the Executive Office of Elder Affairs (EOEA) works closely with local Board's of Health (LBOH) and MA Department of Public Health (DPH), Food Protection Program (FPP) regulatory agencies, (M.G.L. Chapter 111: Section 127A) and AAA/Nutrition Projects (MA Elderly Nutrition Program Nutrition Standards) to conduct in-state kitchen inspections and monitor food production, transport, and delivery according to appropriate HACCP procedures. In addition, a Standard Operating Procedure (SOP) emergency protocol is in effect to minimize harm to seniors in the case of a foodborne illness outbreak or any other adverse of event that food found have been adulterated. Massachusetts also has regulations in effect regarding food preparation (M.G.L. Chapter 94: Section 305A), State Sanitary Code (105 CMR 590.000) as well the storage of cold foods (M.G.L. Chapter 94: Section 69). These critical systems of protection, however, may not exist for food service providers operating outside of Massachusetts. EOEA deems that lack of such collaboration will compromise food safety and risk the health and wellbeing of seniors served by the Massachusetts Elderly Nutrition Program.

Required Actions

1. Cook/Chill or Cook/Chill/Rethermalization systems may only be used if the kitchen location is within Massachusetts.
2. All food service commissaries that use Cook/Chill or Cook/Chill/Rethermalization systems are required to comply with the MA State Sanitary Code, M.G.L. regulations for the storage of cold foods, provide documentation of a comprehensive HACCP system and are subject to routine inspection by LBOH, DPH FPP and EOEA.
3. The kitchen location requirements policy is still in effect (PI-97-16, Location of food preparation kitchen).
4. Programs have until October of 2012 to be in full compliance.

Effective Dates

Programs/food service providers currently freezing their own meals, may finish their contract term, but may not renew. The frozen meal policy went into effect 10/2010, and the policy for cook/chill systems required full compliance by 10/2012.

Commodity and Group Purchasing Programs

Nutrition Requirements

Processed commodity and group purchasing program foods must meet specified nutrition guidelines. These include entrées with less than 500mg of sodium, less than 30% fat, and a minimum of 15 grams of protein for processed meats and 21 grams for whole muscle meats. Fruits must contain less than 200mg of sodium and be a good source of fiber. Foods may not contain MSG and all bakery goods are trans-fat free.

USDA Commodity Foods

The provider shall receive, handle, store and utilize USDA commodities made available for Title III-C, in accordance with State Policy and Procedure for Distribution and Control of Commodity Foods. The provider agrees to comply with these regulations around the proper use, storage, loss or damage of commodities and

recording/accounting procedures involved. The provider will be responsible to the Nutrition Project and the State Distributing Agency in the outlined areas of responsibility.

Provider responsibilities

The provider recognizes the following responsibilities to be its own:

- The provider will make use of available USDA commodity foods made available by the Nutrition Project.
- The provider shall submit monthly credit vouchers for commodity foods received attached with the signed receipt of shipment of commodities.
- To confer with the local Nutrition Director and Nutritionist in the ordering of commodities in accordance with an accepted utilization rate and to work with the Nutritionist in designing menus to incorporate the available commodities.
- The provider shall properly store and mark for easy identification all commodity foods.
- The commodities to be credited will be the total value of the commodities received. Credit will be made on the month that the commodities are received.

End of Year Audit Report

At the end of the year, the local Nutrition Director will reconcile commodity usage to ensure accurate commodity reimbursement.

Group Purchasing Program

The provider hereby agrees to purchase and use foods made available to the provider through the Department of Elder Affairs' Group Purchasing program. The Group Purchasing Program will arrange for certain foods suitable for use in the Elderly Nutrition program, such as chicken, to be made available at reduced prices for six to twelve month periods due to the Department's bulk purchasing power. The provider will not purchase such foods independently when food comparable in kind and quality is being offered through the Group Purchasing Program. The Group Purchasing Program applies to commercial products and not to USDA commodities.

Provider responsibilities

- The provider shall purchase, handle, store and utilize foods made available through Elder Affair's Group Purchasing Program.
- The Nutrition Project shall furnish the provider with information on the availability and prices of foods available through the Group Purchasing Program.
- The provider shall confer with the local Nutrition Director and Nutritionist in the ordering of foods through the Group Purchasing Program and shall design menus to incorporate the available food from the Group Purchasing Program.
- The provider shall make payment directly to the commercial distributor designated under the Group Purchasing Program within thirty (30) days of receiving shipment.

Quality Assurance Reporting

NUTRITION SERVICES QUALITY ASSURANCE PROTOCOL SCHEDULE

The nutrition projects are required to submit various quality assurance reports in a timely manner to ensure their compliance with the federal and state requirements. The schedule is listed in the following table:

	Menus/ Nutrition Analysis (Computrition)	Nutrition Education	Kitchen Inspection	Nutrition Counseling	Satisfaction Surveys	EOEA Meeting
Monthly	Regular (submit 4 weeks prior to service)					Nutrition Directors
Biannually		Meal sites (Submit plan by 9/1, submit results by 10/1)	Regular, Nutrition Project, ethnic, etc. (Submit schedule by 9/1. Submit results within 1 month after inspection)	Submit Home Visit Tracking Form		
Quarterly						Nutritionists
Annually	Limited selection (Submit by 3/31)	HDM	AAA, Schools, etc. (Submit schedule by 9/1, Submit results within 1 month after inspection)		Submit results by 10/1	
Spot check	ALL	ALL	ALL			

NUTRITION EDUCATION - Twice per year, submit schedule and topics (including lesson plans, handouts, and evaluation tools) on 9/1 for the following fiscal year. Nutrition education evaluation results due by 10/1.

NUTRITION COUNSELING – Submit the home visit tracking report twice per year which includes details such as care program and funding source for all counseling sessions.

SITE MANAGER TRAINING - Two to four times per year (recommended). Submit log yearly (10/1)

EOEA NUTRITION DIRECTORS MEETING - Monthly.

EOEA NUTRITIONIST QUARTERLY MEETING - September, March, December, and June.

DRAFT PROCUREMENT DOCUMENTS AND SCHEDULE OF CONTRACT FOOD SERVCIE VENDER BIDS - Submit to EOEA no later than 2/1, unless having received prior approval from EOEA.

EOEA/MAENP CATERER'S TECHNICAL ASSISTANCE TRAINING - Conduct yearly.

NUTRITION PROJECT QUALITY ASSURANCE REPORT (STANDARDIZED CUSTOMER SATISFACTION SURVEY) - Submit to EOEA yearly (10/1).

Appendices

Appendix A: Commonly Used Terms for Nutrition Program Structure/Functions

Nutrition Program Director/Manager

The Director is responsible for the supervision and management of the Nutrition Program's multi-funded Elderly Nutrition Program, providing meals to older adults in their homes and at congregate meal sites. Working closely with local communities, food service providers, health/social service agencies, and state/federal regulatory

organizations, the Director will ensure quality control in all nutrition and food-service related operations. (See Appendix B: Sample Job Descriptions)

Nutrition Services

The Nutritionist serves as the primary resource on all nutrition-related issues, including – but not limited to – menu planning, nutritional analysis, nutrition education, and nutrition counseling. All new Nutritionists hired after FY13 are required to be licensed by the Commonwealth of Massachusetts (Registered Dietitians preferred).

Nutrition Intake /Meal Assessment Services

Nutrition intake staff is responsible for screening potential new participants for program eligibility, gathering and entering client information into the computer system, and assigning appropriate nutrition services as well as making referrals for other needed services.

Congregate Meals Coordination

The Congregate Meals Coordinator is responsible for the daily operation, food safety, and continuous quality improvement of the Elderly Nutrition congregate meals program. He/she is responsible for supervising, recruiting, and training meal site managers and volunteers.

Meal Site Services

Meal Site Managers are responsible for serving temperature-controlled meals using appropriate food handling techniques and maintaining a reservation system. Site Managers must maintain communication with the Congregate Meals Coordinator and attend required meetings.

Home-Delivered Meals Coordination

The Home-Delivered Meals Coordinator oversees the operation of all home-delivered meal routes in a program service area. He/she is responsible for supervising, recruiting, and training home-delivery and volunteer drivers and ensuring that all guidelines concerning delivery equipment, driver performance, and food transport are met.

Home-Delivered Meals Delivery

Home-Delivered Meals Drivers are responsible for timely delivery of temperature-controlled meals to homebound participants in an assigned delivery area. Drivers must also maintain communication with the Home-Delivered Meals Coordinator regarding any change in a participant's status.

Caterer/Food Service Provider

The Caterer/Food Service Provider is a commercial enterprise or a non-profit organization which is, or may be, contracted with the AAA or Nutrition Projects to manage any aspect of elderly nutrition program food service. The caterer/food service provider is required to meet all nutrition standards, menu policies and sanitation standards stated in this document.

Appendix B: Sample Job Descriptions

Director

Duties and Responsibilities:

- Administer all aspects of the regional Elderly Nutrition Program in compliance with appropriate federal, state, and local policies, as well as agency policies and regulations
- Develop and implement nutrition and food safety monitoring procedures in compliance with state, federal, and local regulations; ensure adherence to standards of safety, sanitation, and quality

- Develop and maintain interactive relationships with agency and administrative staff and state, federal, and local Nutrition Programs
- Create and implement contracts and agreements with food service providers and other appropriate vendors as needed; conduct on-going cost-effectiveness of preferred vendors and ensure accuracy of vendor invoices
- Maintain an accurate inventory of all equipment and supplies
- Oversee food-service related activities at congregate meal sites and for home-delivered meal services, such as procurement and delivery methods, kitchen cost control and management, marketing, and employee supervision to economical and efficient best practices
- Actively participate, along with Finance Director, in developing program budgets, monitoring program spending, maintaining cost-effective practices, and acquiring further program resources through activities such as fund-raising or grant writing
- Write, review, and submit all necessary written and verbal documentation (such as reports and invoices), ensuring accurate, timely completion
- Oversee coordination of staff training and development; coordinate and lead in-service days and staff meetings
- Provide appropriate support, supervision, and direction for AAA Nutrition Department Staff, such as the Nutrition Care Manager, Nutritionist, Transportation Coordinator and Site Managers
- Attend required state and local meetings, seminars and workshops pertaining to program administration
- Initiate and implement quality improvement goals, objectives, and measures for all aspects of the Elderly Nutrition Program
- Provide leadership in directing the Elderly Nutrition Program toward meeting stated goals and objectives, as well as those defined in the area plan
- Practice strategic public relations, outreach, and advocacy to promote the Elderly Nutrition Program throughout the community and among key stakeholders
- Explore, facilitate, and assess innovative methods to enhance program services, cost effectiveness, quality control, and accessibility of the Elderly Nutrition Program
- Work closely, along with Nutritionist and other relevant staff, in the development and implementation of educational and recreational programming for participants
- Communicate with outside vendors to meet menu requirements and ensure food quality
- Oversee coordination of Elderly Nutrition Program volunteers in conjunction with AAA volunteer recruitment efforts
- Ensure that client satisfaction surveys are completed annually at congregate nutrition sites and among home-delivered meal participants
- Deliver meals or cover a meal site when needed
- Assume special projects, additional responsibilities, or any other assignment as designated by the Executive Director or supervisor.

Qualifications and Skills:

- A degree in Food Service Management, Nutrition, Business or related field or equivalent experience.
- Demonstrated supervisory, program development, management, and organization skills
- ServSafe Certified
- Ability to develop professional, harmonious relationships with staff and outside vendors
- Ability to work with diverse staff and program participants
- Excellent oral and written communication skills; solid computer skills
- Must be flexible with the ability to prioritize and multi-task
- Must have transportation and be able to travel locally as necessary
- Must pass CORI background check

Nutritionist

Duties and Responsibilities:

- Monitor and inspect congregate meal and catering sites as dictated by state nutrition standards; ensure compliance to local, state, and federal food safety and sanitation requirements
- Monitor quality and quantity of daily congregate and home-delivered meals; conduct taste-tests and maintain temperature logs
- Work closely with meal site managers to ensure quality control of congregate meal sites; ensure adherence to policies and procedures as detailed by AAA, state and federal standards
- Create monthly menus for congregate meal sites and home-delivered meals; certify that menu meets federal and state nutritional requirements
- Create therapeutic menus for home-delivered and congregate meal participants as necessary, using current medical nutrition therapy guidelines
- Conduct kitchen inspections twice a year
- Utilize Computrition during menu planning to ensure all meals meet state Nutrition Standards; ensure that all recipes are up to date and accurate
- Provide, assess, and evaluate nutrition education at congregate meal sites and other community venues as dictated by state nutrition standards; submit lesson plans, handouts, and evaluation tools to ELD as required
- Create pertinent, audience-appropriate nutrition education materials for distribution to home-delivered meal participants
- Plan and provide staff training and development regarding nutrition education and food safety practices; lead relevant in-service days and staff meetings
- Review nutritional screening and identify at-risk participants for follow-up
- Assess the nutritional status of older adults via home visits and phone consultations; develop individualized nutrition plans and provide appropriate nutritional counseling
- Work closely with thcounseling
- e Director to devise an annual nutrition education plan for home-delivered and congregate meal participants, as directed by state standards
- Develop strategic public relations and marketing campaigns to promote nutrition education programs, as well as congregate meal program attendance
- Coordinate activities, promotion, and necessary distribution for special nutrition projects, such as National Nutrition Month or the Farmer's Market Nutrition Program
- Write, review, and submit all necessary written and verbal documentation, such as nutrition assessments for client visits or nutritional analysis reports; ensure accurate, timely completion
- Attend required state and local meetings, seminars and workshops pertaining to nutrition-related activities
- Initiate and implement quality improvement goals, objectives, and measures for all nutritional aspects of the Elderly Nutrition Program
- Work with the Director to explore, facilitate, and assess innovative methods to enhance program services, cost effectiveness, quality control, and accessibility of the Elderly Nutrition Program
- Assist Director in ensuring that client satisfaction surveys are completed annually for home-delivered and congregate meal participants
- Deliver meals or cover a meal site when needed
- Assume special projects and additional responsibilities as designated by the Director or supervisor

Qualifications and Skills:

- MA Licensed Dietitian or Dietetic Technician Registered (DTR), Registered Dietitian (RD) preferred who is a graduate of an accredited college.
- Previous experience in menu planning, nutrition education, and nutrition counseling

- ServSafe Certified
- Food service experience preferred
- Ability to develop professional, harmonious relationships with staff and outside vendors
- Ability to work with diverse staff and program participants
- Excellent oral and written communication skills; solid computer skills
- Must be flexible with the ability to prioritize and multi-task
- Must have transportation and be able to travel locally as necessary
- Must pass CORI background check

Congregate Meals Coordinator

Duties and Responsibilities:

- Supervise and assist with hiring Meal Site Managers, volunteers and other program staff at meal sites
- Coordinate monthly meal site manager meetings and staff trainings in conjunction with the local Elderly Nutrition Program Director
- Ensure meal site managers and volunteers follow policies and procedures as detailed in the site manager manual and update as necessary
- Validate meals served; monitor the quantity and quality of food received
- Ensure necessary food permits are in place and ServSafe/food safety sanitation licenses are updated among staff
- Monitor daily temperature logs and report problems to caterer
- Assist with required program monitoring reports
- Oversee program assistant in client referral/case management, Brown Bag, and food stamp components of program and, when necessary, serve as back-up
- Provide program outreach and participate in fundraising events as necessary
- Assist Director with allocation of Farmers Market Coupons
- Attend agency, program, and statewide meetings; coordinate staff attendance at agency events
- Assist with general office related activities.
- Deliver meals or cover a meal site when needed
- Assume special projects and additional responsibilities as designated by the Director or supervisor

Qualifications and Skills:

- Two years prior experience in a community agency as a case manager or in a nutrition capacity; supervisory and management experience a plus
- Good knowledge of food service principles of geriatric nutrition
- ServSafe Certified
- General computer experience
- Strong communication and interpersonal skills
- Must pass CORI background check
- Must have reliable transportation, ability to work at multiple locations, and must be able to lift 50 pounds as needed

Congregate Meals Site Manager

Duties and Responsibilities:

- Maintain accurate meal site reservation system
- Collect initial assessment data from new participants
- Supervise auxiliary staff and volunteers
- Report to designated locations on time

- Maintain sanitation standards including maintaining appropriate food temperatures and site cleanliness
- Maintain communication with Congregate Meal Site Coordinator
- Provide program outreach and participate in fundraising events as necessary
- Assist Director with allocation of Farmers Market Coupons
- Attend monthly meetings
- Assist with general office related activities.
- Assume special projects and additional responsibilities as designated by the Director or supervisor

Qualifications and Skills:
- Must have valid MASS driver's license and reliable transportation to designated location
- Must be dependable and consistently present a neat and clean appearance
- Must have accurate and punctual record keeping skills
- Must work well with elderly participants
- Ability to train other employees
- Ability to handle emergency situations
- Ability to maintain confidentiality regarding all Elderly Nutrition Program participants
- Ability to lift hotel pans of food and or home delivered meal carriers
- Must pass CORI background check
- Good verbal communication skills and ability to use a cell phone that is provided

Home-delivered Meals Coordinator

Duties and Responsibilities:
- Responsible for recruiting, supervising, and training home delivery drivers and volunteers working in various capacities
- Monitor home delivery route lists, food accuracy, and paper goods order
- Monitor vehicle maintenance and other equipment upkeep
- Oversee validation process for home delivered meals served
- Conduct monthly driver meetings and ensure drivers and volunteers are following established standards
- Update and implement guidelines in home delivery operations manual
- Review and approve drivers' weekly time sheets
- Evaluate driver performance and conduct required performance reviews
- Initiate personnel paperwork for home delivery driver positions
- Update Director on pertinent staffing and operational issues
- Update Director and/or Nutritionist regarding problems with meals and initiate corrections with caterer as appropriate
- Participate in agency and community committees and fundraising activities as needed
- Process client changes in computer when other staff is not available; assist with program data collection and recordkeeping
- Assist with meal orders and holiday meal counts as needed
- Provide backup for any driver if spare driver is unavailable
- Assume special projects and additional responsibilities as designated by the Director or supervisor

Qualifications and Skills:
- Must have valid MASS driver's license, good driving record, reliable vehicle, and pass background check
- Good knowledge of vehicle maintenance and delivery systems
- Solid familiarity with program service area roads preferred

- Previous supervisory experience helpful
- General computer skills
- Must possess good interpersonal and communication skills and be team player
- Must be sensitive to elderly needs and community issues
- Must be able to handle many tasks at one time
- Ability to lift hotel pans of food and or home delivered meal carriers
- Must pass CORI background check

Home-delivered Meals Drivers

Duties and Responsibilities:

- Deliver meals to homebound participants on assigned route
- Report to designated locations on time
- Maintain cleanliness of assigned vehicle daily
- Follow agency delivery procedures as specified
- Keep accurate daily route list and weekly travel and time sheets
- Attend monthly drivers training and other meetings as necessary
- Manage home delivery route list and update participant information as needed
- Refer any problems or changes in participants' status to supervisor
- Communicate any route/client status changes daily to office
- Responsible for collating and distributing monthly donation letter
- Assume special projects and additional responsibilities as designated by the Director or supervisor

Qualifications and Skills:

- Must have valid MASS driver's license and reliable transportation to designated location
- Must be dependable and consistently present a neat and clean appearance
- Must have accurate and punctual record keeping skills
- Must work well with elderly participants
- Ability to learn delivery routes and train other employees on route
- Ability to handle emergency situations
- Ability to maintain confidentiality regarding all Elderly Nutrition Program participants
- Ability to lift hotel pans of food and or home delivered meal carriers
- Must pass CORI background check
- Good verbal communication skills and ability to use a cell phone that is provided

Appendix C: Home-Delivered Meals Satisfaction Survey

Home Delivered Meals Satisfaction Survey

Dear Participant: In order to provide a high quality service, we ask you to complete the following survey. Your answers are anonymous and confidential. We value your input.

1. How many years have you been receiving home delivered meals?
☐ Less than 1 ☐ 1 – 2
☐ 3 – 5 ☐ 6 – 10 ☐ 10 + years

2. How many meals do you receive weekly?
☐ 1 – 4 ☐ 5 ☐ More than 5 (if offered)

3. What is your age range?
☐ 60 – 69 ☐ 70 – 79 ☐ 80 – 89
☐ 90 – 99 ☐ 100+

4. Gender?
☐ Male ☐ Female

5. Your City/Town? (optional)

6. Is the home delivered meal your main meal of the day?
☐ Yes ☐ No

7. Do you live alone with no one to check on you other your than meals driver?
☐ Yes ☐ No

8. Because I have a Meals on Wheels driver, I feel less lonely..
☐ Strongly Agree ☐ Somewhat Agree
☐ Somewhat Disagree ☐ Disagree Stongly

9. Would you recommend the meals?
☐ Yes ☐ No

12. Do the meals help you to:

Live independently	☐ Yes	☐ No
Eat healthier	☐ Yes	☐ No
Maintain your weight	☐ Yes	☐ No
Improve your health	☐ Yes	☐ No
Manage a health condition	☐ Yes	☐ No
Feel better	☐ Yes	☐ No

13. How would you describe your overall experience with the driver(s)?
☐ Excellent ☐ Good ☐ Fair ☐ Poor

14. Do you understand the donation policy?
☐ Yes ☐ No

15. How would you rate the meal quality?
☐ Excellent ☐ Good ☐ Fair ☐ Poor

16. Do you find the nutrition information on the menu helpful (e.g. amount of sodium)?
☐ Yes ☐ No

17. If the meal wasn't delivered, would there be a shortage of food in the house?
☐ Yes ☐ No

18. How much does the meal contribute to all the food you eat in a day?
☐ Less than one-third
☐ One-third to one-half
☐ More than one half

10. How often are you satisfied:	Always	Usually	Sometimes	Never
With the taste/flavor of the meals	☐	☐	☐	☐
With the way the food looks	☐	☐	☐	☐
With the variety of foods	☐	☐	☐	☐
With the way the food is cooked	☐	☐	☐	☐

11. If you currently receive SNAP benefits (food stamps) and need additional support, which of the following would you prefer most (select one)?
☐ I am not on SNAP ☐ Additional meal delivered each day ☐ Additional SNAP benefits
☐ Someone to help me shop & cook ☐ My current benefits are adequate

Optional (if you would like to discuss the survey):
Name & phone:

19. How have the meals helped you?
(Continue on other side)

Appendix D: Congregate Meals Satisfaction Survey

Congregate Meals Satisfaction Survey

Dear Participant: In order to provide a high quality service, we ask you to complete the following survey. Your answers are anonymous and confidential. We value your input.

1. How many years have you been attending the meal site?
☐ Less than 1 ☐ 1 – 2
☐ 3 – 5 ☐ 6 – 10 ☐ 10 + years

2. How many days per week do you typically attend the meal site?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. What is your age range?
☐ 60 – 69 ☐ 70 – 79 ☐ 80 – 89
☐ 90 – 99 ☐ 100+

4. Gender?
☐ Male ☐ Female

5. Your City/Town?

6. How much does the meal contribute to all the food you eat in a day?
☐ Less than one-third
☐ One-third to one-half
☐ More than one half

10. Because I attend the meal site, I feel less lonely..
☐ Strongly Agree ☐ Somewhat Agree
☐ Somewhat Disagree ☐ Disagree Stongly

11. How would you describe your overall experience with the meal site staff?
☐ Excellent ☐ Good ☐ Fair ☐ Poor

12. Do you eat your main meal of the day at the meal site?
☐ Yes ☐ No

13. How would you rate the meal quality?
☐ Excellent ☐ Good ☐ Fair ☐ Poor

14. Would you recommend the meals?
☐ Yes ☐ No

15. Did you know that meal sites are open to all seniors, regardless of where they live?
☐ Yes ☐ No

16. Do you understand the donation policy?
☐ Yes ☐ No

7. How often are you satisfied:	Always	Usually	Sometimes	Never
With the taste/flavor of the meals	☐	☐	☐	☐
With the way the food looks	☐	☐	☐	☐
With the variety of foods	☐	☐	☐	☐
With the way the food is cooked	☐	☐	☐	☐

8. If you currently receive SNAP benefits (food stamps) and need additional support, which of the following would you prefer most (select one)?
☐ I am not on SNAP ☐ More than one daily meal from this program ☐ Additional SNAP benefi
☐ Someone to help me shop & cook ☐ My current benefits are adequate

9. Do the meals help you to:

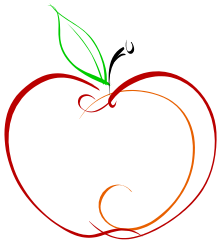
Live independently	☐ Yes	☐ No
Eat healthier	☐ Yes	☐ No
Maintain your weight	☐ Yes	☐ No
Improve your health	☐ Yes	☐ No
Manage a health condition	☐ Yes	☐ No
Feel better	☐ Yes	☐ No
Socialize with others	☐ Yes	☐ No
Save money on food	☐ Yes	☐ No

17. How have the meals helped you?

Optional (if you would like to discuss the survey):
Name:
Phone Number:

Appendix E: Computrition Users Guide

Computrition Users Guide



For the Massachusetts Elderly Nutrition Program

EXECUTIVE OFFICE OF ELDER AFFAIRS
Promoting Your Independence

Getting Started

The system may be loaded on multiple agency computers. Due to the fact that there is only one license per agency, only 1 user may be logged in at a time. Instructions for setting up the system are included (Appendix 3).

Logging-In

- Contact the Elder Affairs Nutrition Program for your initial login information
- Enter your Username and Password. Typically Usernames are related to the agency name. If you are unsure please contact Elder Affairs
- In the "Company" box, enter ELD
- In the "Host" box, enter hs
- Company & Host will automatically default the next time you open the system.

You will now be in the live database. All information entered will become part of the state's database.

Food Items

The following guidelines apply to the food item list accessible through the Items tab or when entering recipe ingredients.

- When searching for food items try a different search term if you are unable to find the food – for example "wheat bread" will locate an item better than entering "bread".
- As you start typing the name of the food item, the list will bring you to the closest alphabetical match. TIP – be sure you have selected the column that says ITEM NAME (there will be a small arrow to the left of *Item Name* in the blue shaded area). If you have accidentally clicked on another column (such as *Inventory Group*) the system will be finding the closest match from this column and not the name column.
- Another way to search for foods is to type the name of the item in the search box and then click on "Find" & "List Only Matches" (make sure that "Case Sensitive" is not selected). This will take you to all the items that have your search term in the name. TIP: If you are having problems finding a food item, check for which Filters you have set. You will have to deselect "List Only Matches" to return to the main item list. TIP: All these search methods also apply to searching for recipes!
- If there is a food item that you need which is not in the system – please submit a copy of the nutrition label to Elder Affairs.

Recipes

Start by reviewing your caterer's recipes. You may find that you have questions about the recipes which you will have to have answered before you can complete the recipe entry. Production sheets or other documents which most accurately reflect day to day operations of the caterer are preferred (vs. corporate recipes which are not actually followed by the kitchen staff).

Filtering Recipes

When you are viewing the listing of recipes, it is possible to restrict the recipes to help you locate only the ones needed.

- Click on the button "Filter" at the top of the screen.
- In the "Sources" field you may select your caterer from the drop down list.
- When you click "OK" you will see only the recipes which meet the filter criteria.

You can also create a selection set which contains multiple caterers (e.g. to select your caterer and the commodity recipes at the same time).

- Next to "Sources" click "List".

- Click on "New" to create a new selection set.
- Give the selection set a name
- On the next screen move the caterer(s) and other recipe categories (commodity/purchasing) you wish to filter for to the right side of the screen.
- If you choose to click the box to make this "public" – other users will be able to share the selection set.
- Click "Save" and "Close"
- You will now find this selection set on the drop down list in the "Source" field.
- You can change the selection set by clicking "Open" after you have selected your selection set from the "Sources" field.

TIP: Be aware of when you have filters set. If you are unable to find what you are looking for, you may need to remove the filters. All of the same searching methods described in Food Items also apply for recipes!

Adding a New Recipe

- To get started click on Recipes from the main Computrition Screen and then "Edit/Review".
- Check to see if the recipe you need as already been entered.
- If you need to add a new recipe click on "Add New" at the bottom of the screen.
- The long name must be unique from all other recipes on the system. It is recommended that you do NOT start all your recipes with a code for your agency (e.g. ELD Meatloaf). This will make it more difficult to locate your recipes later. Adding agency info at the end of a recipe could be helpful if you are finding that many of your recipe names are already taken (though this is not required).
- The short name is what will appear on your menus later, therefore, you may need to change it from the long name default. For example, I won't want Meatloaf ELD to appear on my menu calendar which I will be printing for publication, so I will change the short name to say Meatloaf.
- It is not necessary to put information in the "Category" field.
- Enter the recipe yield for the total number of servings which will be produced (e.g. 500). TIP – This must be a bulk number and not the amount to produce 1 serving.
- Portion – It is recommended that you enter "1 serving" in this field to start – further information is provided later on checking portion sizes in Computrition.

General Tab

All of the information you just entered for the new recipe will appear on this tab. Also be sure to complete the following.

- Enter your specific caterer's code in the *source* box (you will have choices in the dropdown menu such as Caterer 01). If you don't remember your caterer code or need a new code please contact Elder Affairs.
- You can leave the recipe as checked "active" which is the default.
- It is not necessary to put anything in the "Master Reference", "Cook's Quantity", or "Category Fields".

Ingred/Method Tab

- Click on "Insert Ingredient" at the bottom of the screen.
- Add food items to the recipe, remember to use the search tips previously decribed.
- It is NOT necessary to separate the recipe into Steps or to add Methods (nutrition analysis is the focus of recipe entry, not production).

Nutrients Tab / Method to Verify Recipes

In order to verify that caterers are using sufficient quantities of ingredients to produce their stated portion sizes, follow the outlined procedures.

- Please do this "check" for all new recipes you are entering & those you have previously entered.
- Elder Affairs will no longer be reviewing all recipes, it is the responsibility of the program nutritionist to make sure recipes are accurate and meet both portion size and nutrient requirements. You may leave all recipes Active.
- Elder Affairs will spot check recipes for main entrée's

Procedure to Check Portion Sizes:

1. If you haven't already, enter the Yield for the recipe and in the portion size box, enter **"1 Serving"** on the General Tab.
2. On the Nutrients Tab, conduct the Nutrient Analysis based on "1 Serving" by clicking "Start Over" and "Accept" at the bottom of the screen.

1 serving is based on the amount of food used in the ingredients for the specified yield. Computrition does not compute the portion size (even if you enter a specific portion size, the nutrition information will be based on 1 serving.) Make sure that the nutrients meet the program requirements for 1 serving.

Procedure to Check for Nutrients:

1. Check nutrients to make sure the recipe meets nutrition requirements for the correct portion size.

- PRO: A meat entrée's: minimum 21gm PRO
  Casseroles: minimum 15 gm PRO
- NA: Maximum 1200mg (unless designated high NA day – put an asterisk in the title of the recipe to identify these items when menu planning)
- Fat: 30% kcal or less

2. Again, if there is a discrepancy between the recipe nutrients and program requirements, the recipe needs to be revised in order to meet the requirements.

Notes Tab

You may use the "Notes" field for comments. For example, you may want to write "Checked for portion & nutrients." for yourself and/or other members of a consortium.

Copying Recipes

If you have very similar recipes (e.g. spaghetti sauce & meat sauce) you may choose to copy a recipe to decrease data entry work.

Menus

Menu's can only be built from recipes, not food items. Therefore you will need a recipe for everything, even items like fruit, milk, and bread. Some of these basic items (fruit, milk) have already been set up with the recipe source of *ELD Approved* so that everyone does not have to create the same recipe. You can insert these recipes directly into your menus and you do NOT need to copy them with a source for your own caterer (see previous description for setting up selection set filters). *ELD Approved* recipes also include standard Computrition recipes which have been found to meet program requirements. You may also use these in menus if they are a close replication of your caterer's recipes.

Some commodity/processing item recipes have been set up with the source of *Commodity/Processing*. Recipes with the source *Child Nutrition* refer to USDA school recipes (request recipe details available from Elder Affairs if you did not previously receive the booklet/disk. These recipes were entered as food items, therefore to see the full list of ingredients you will need to refer back to the disk). If these recipes closely resemble your recipes you may use them in menus.

Creating Menus

It is recommended that you use Computrition during menu planning meetings.

- Click on the "Menu" button from the main screen and "Edit/Review".
- In the dropdown box at the top of the page select your group if you are a shared menu consortium (e.g. *Group 4*) or individual program menu (e.g. *Program 14 Reg*). If you require an additional menu that is not available (e.g. *HVES Latino*) send your request to Elder Affairs.
- If you are a consortium create your menu using the *Group* selection and then later copy it for your own agency.
- Put your first menu in January 1st, 2006 and when it is finished copy to the appropriate dates. TIP: Having menus stored here allows you to always have a copy to use in the future. After you finish the first year's worth of menu's put the back up for the next year's menu starting January 1st, 2005 and so forth.
- Click on "Add New Meal" at the bottom of the menu screen.
- You will be first prompted to select which meal – i.e. noon meal at the top of the screen.
- At the bottom right hand side of the screen click "Insert".
- Find the recipe you want to insert. TIP: Remember all the previously described recommendations on filtering & searching!
- It's a good idea to start by adding items that are on the menu daily (e.g. milk & margarine). Then you can copy these items to ALL the days on the menu cycle.
    - To do this close the insert screen to return back to the calendar view. Click on "Copy Menu" and then select the appropriate date parameters.
    - Click start copy.
    - You can always delete items later, but this allows you to avoid entering margarine 20+ times!
- Items you insert will appear immediately above the row you have selected. In the menu detail screen you may right-click the mouse for a menu item and choose to move the items up or down.
- From the calendar view you may delete menus. Double clicking on a menu allows you to view and/or change items on the menu.
- In the detailed menu view you can click on "At a Glance" to see a weeks worth of menus in detail (the monthly option does not work but has been reported to Computrition). You can also access this by click on "GoTo" at the top menu bar followed by "Menus" and "At a Glance".
- If you are a group planning a menu – you will need to copy your group menu to your individual programs menu. Do this by clicking "Copy Menu" from the calendar screen and select the appropriate parameters (the group you are copying from to the agency menu you are copying to, dates, etc.)

Printing Menus

- Click on "Reports" on the menu bar on top of the screen and select "Menu" and then "Menu Calendar".
- Select the appropriate parameters (menu, dates, etc.)
- You may create a Header (e.g. name of your agency) & Footer (e.g. suggested donation) which will always appear on your calendar.
- If you would like to customize your menu such as by adding clip art – export to an Excel document (this will also create a file you can email).
    - Do this by selecting *print* for the menu calendar report.
    - Select the "print to file" box and select Excel for the "Type" field.
    - Click on the ellipse symbol (…) next to the "where" field.
    - On the next Save As screen, be sure to choose the C$:{on Client} V drive, this is your hard drive (do not select the C: drive as this is the driver for the shared server).
    - You will have to go back to this location to open the file and make the needed changes.

Reports

Nutrition Analysis

- Click on Reports on the menu bar at the top of the screen.
- Select "Menu Nutrient Analysis".
- Select the dates which you would like to analyze. You may select any range of dates you wish, 1 day, multiple days, 1 week, multiple weeks, months etc.
- Select the appropriate menu.
- The daily average will show on the last line of the last page of the report. Weekly & monthly averages will also be shown if applicable.

Appendix F: Menu Specification Checklist

Consortium Name (if applicable):

Project Name:

Type of Menu: Month/Year:

REQUIRMENTS	CHECK	COMMENTS
Each meal provides a minimum of 1/3 DRI		
"A" meats 2 times/week		
Chicken 1 time/week		
High Sodium Days (>1200mg and ≤ 1500mg) Not more than 2x / month		Date(s):
Vegetable/Fruit 2x / day		
High Fiber vegetable – 1x / week		
High Fiber bread		
Fruit dessert – 3x / week		
Vitamin A – 3x /week		
Vitamin C – daily		
All available commodities used		
Average commodity usage per meal		$.
Purchasing Pool		1. Items used: 2. How often is each item used?
Monthly Average NA		mg
Monthly Average Kcal		

Submitted by (*2 original signatures required*):

Nutrition Director _____ Date:_____

Nutritionist_____ Date:_____

Date menu completed in Computrition: _____

Appendix G: Sample Menu with Nutrition Information

SENIOR SERVICES Congregate Dining Menu NOVEMBER



Sodium (NA) is listed next to each item in milligrams

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 (NA)	**4** (NA)	**5** (NA)	**6** (NA)	**7 HIGH** (NA)
Portuguese Kale	Meatballs w/Sweet	Breaded Pork	Corn Chowder (345)	**SODIUM DAY**
Soup (340)	& Sour Sauce (450)	w/Gravy (510*)	Stuffed Cabbage	Split Pea Soup (250)
Roast Chicken w/Lemon	Brown Rice (85)	Potato Whip (175)	w/Tomato Sauce (312)	Slice Ham w/
Dill Sauce (172)	Carrots (42)	Broccoli (15)	Green Beans (24)	Pinapple Sauce (710*)
Whipped Potatoes (135)	Rye Bread (200)	White Bread (145)	Whole Wt Bread (175)	Sweet Potatoes (65)
Whole Wht Bread (153)	Pineapple (10)	Rice Pudding (155)	Mandarin Oranges (12)	7 Grain Bread (175)
Mixed Fruit (40)		Diet:Van. Pudding (190)		Fresh Fruit (25)

Appendix H: Sodium Policy

MA Elderly Nutrition Program
Sodium Guidelines

Salt, a mineral composed primarily of sodium chloride, is an essential nutrient primarily responsible for regulating fluid balance. Sodium chloride also plays a role in muscle contraction, nerve impulses, acid-base balance, digestion, respiration as well as other functions. Salt flavor is one of the basic tastes and has been used as a method of food preservation for many years.

Recommendations/Research

The Institute of Medicine (IOM) has set the Dietary Reference Intake (DRI) for sodium with special consideration to replace sweat losses, especially with high activity levels or humid climates. The DRI Upper Limit (UL) is set at 2.3 grams per day. A < 2.3 gram per day recommendation is set forth by the Department of Health & Human Services (HHS) 2015 Dietary Guidelines for Americans. The IOM does not recommend lower intakes for

population subgroups such as seniors because there was no benefit and a risk of adverse effects at levels of 1.5-2.3 gm/day (1). The 2015 Dietary Guidelines no longer recommends a lower sodium intake for the senior population (2). The impact of sodium on health has been contradictory (3). For example, one meta-analysis found that the lowest risk of mortality and cardiovascular events in the usual sodium intake group (2,645 to 4,945 mg/day) compared to the low and high intake groups (4) Another randomized trial of older adults aged 55 to 83 found that a normal sodium diet (2750mg) improved congestive heart failure outcomes compared to a low sodium diet (1800 mg) (5).

Sodium and Blood Pressure

These guidelines have been created because for some people, too much sodium can cause a rise in blood pressure; this is called being "salt sensitive". Patients with elevated blood pressure, kidney, or heart problems often must follow a low-salt diet, generally less than 2g/day.

As is the case with any nutrient, one recommendation does not necessarily fit the needs of whole population. In a position statement of the American Dietetic Association, it is acknowledged that low-sodium diets are often poorly tolerated by older adults and may lead to loss of appetite, hyponatremia, or confusion (6). The paper states that low-sodium diets may be perceived as bland and tasteless and result in unnecessary weight loss, while the benefit of antihypertension treatment may not extend beyond a certain age threshold. It is important to keep in mind the different needs of older adults with regard to sodium.

Recommended Eating Plan

The DASH studies (Dietary Approaches to Stop Hypertension) were conducted by scientists supported by the National Heart, Lung and Blood Institute (NHLBI) (7). The studies found that blood pressures were reduced with an eating plan that is low in saturated fat, cholesterol and total fat and emphasizes fruits, vegetables, and fat-free or low-fat milk and milk products. It also includes whole grains, fish, poultry and nuts while limiting red meat, sweets, added sugars and sugar-containing beverages. Sodium intake was also found to be a factor in lowering blood pressure; therefore the DASH eating plan outlines a sample diet to achieve 2.3 grams of sodium per day. This sample diet provides a range of sodium for a daily intake including 3 meals and snacks. For example, lunch ranges from 550mg of sodium to 1235mg. The average breakfast on the DASH sample plan is 467mg, average dinner is 603mg, and an average snack of 180mg. It is also important to remember that increased potassium is also a key factor in the DASH diet in addition to reduced sodium.

Elderly Nutrition Program

The Nutrition Program guidelines are in accordance with the federal recommendations for sodium and other aspects of the Dietary Guidelines, DRI's (each meal meets 1/3 DRI), and DASH eating plan (emphasizes fruits, vegetables, low-fat milk) and high potassium. A national evaluation of the program found that the meals provided approximately 40 to 50 percent of participants' daily intakes of most nutrients (8). In Massachusetts, over 70% of seniors reported this is their main meal of the day with the meal providing *more* than 1/3 of their daily intake for 85% of the seniors. Program participants, therefore, are unlikely to exceed total daily recommendations when their other meals are factored in.

How the MA Elderly Nutrition Program Meal Fits

The Elderly Nutrition program meal provides 700-1200 mg of sodium. Older adults who need to reduce sodium intake, should aim to not exceed the amounts listed below for their remaining meals.

Meal	Sodium
Breakfast	350-450 mg
Lunch	700-1200mg*

Dinner	550-650 mg
Total	**1600 -2300 mg**

*The sodium provided in a meal may be lower than the lower end of the range. Two days per month a high sodium entrée is allowed (total meal <1500mg). High sodium entrees must be marked on the menu and an alternative provided.

References:
1) Sodium Intake in Populations: Assessment of Evidence. Institute of Medicine of the National Academies. Report Brief. May, 2013. http://www.iom.edu/~/media/Files/Report%20Files/2013/Sodium-Intake-Populations/SodiumIntakeinPopulations_RB.pdf
2) U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at http://health.gov/dietaryguidelines/2015/guidelines/.
3) Trinquart,L, Johns, D and Galea,S. "Why do we think we know what we know? A metaknowledge analysis of the salt controversy" International Journal of Epidemiology, doi: 10.1093/ije/dyv184. Published online February 17, 2016.
4) Graudal N, Jurgens G, Baslund B, Alderman M. Compared with usual sodium intake, low- and excessive-sodium diets are associated with increased mortality: A meta-analysis. Am J Hypertens. 2014;27(9):1129-1137.
5). Paterna S, Gaspare P, Fasullo S, Sarullo FM, Di Pasquale P. Normal-sodium diet compared with low-sodium diet in compensated congestive heart failure: Is sodium an old enemy or a new friend? Clin Sci (Lond). 2008;114:221-230.
6) Position of the American Dietetic Association: Liberalized diets for older adults in long-term care. *J Am Diet Assoc.* 2002;102:1316-1323.
7) Sacks, Frank M; Obarzanek, Eva; Windhauser, Marlene; Svetkey, Laura; Vollmer, William; McCullough, Marjorie; Karanja, Njeri; Lin, Pao-Hwa et al. (March 1995). "Rationale and design of the Dietary Approaches to Stop Hypertension trial (DASH)". *Annals of Epidemiology*. 1995;5: 108–118.
8) "Serving Elders at Risk, The Older Americans Act Nutrition Programs, National Evaluation of the Elderly Nutrition Program, 1993-1995, Vols. 1-3" (July 1996)

[*Agency Letterhead*]

[*Date*]

[*Physician Address*]

Dear Physician,

The [*name of agency*]'s nutrition program provides hot, nutritious meals to older adults aged 60 and over. Meals are delivered to homebound seniors while congregate meal sites offer a meal in a social atmosphere for those who are less frail. The meals meet strict federal and state nutrition standards and a computer analysis is conducted by our nutritionist to ensure that these standards are met. Nutrition information for each month's menu may be found on our agency's website [*insert URL*].

All meals contain:

- 1/3 of the Dietary Reference Intakes (DRI) recommended for older adults including calories, protein, fiber, vitamins and minerals

- Sodium: Fits into DASH diet recommendations
- A good source of Vitamin C every day
- A good source of Vitamin A at least 3 times per week
- A high fiber bread at least 3 times per week
- A fruit dessert at least 3 times per week

You should have full confidence when recommending this service to your patients that they will receive a healthy meal. A national evaluation of the program found that the meals provided approximately 40 to 50 percent of participants' daily intakes of most nutrients. In Massachusetts, close to 70% of seniors reported this is their main meal of the day with the meal providing *more* than 1/3 of their daily intake for 86% of the seniors. Program participants, therefore, are unlikely to exceed total daily recommendations when their other meals are factored in._. Without this service many seniors may eat less nutritious foods, if they eat at all. The following is a video of seniors in MA describing in their own words what the program means to them http://www.youtube.com/user/ElderlyNutrition.

Sodium is a nutrient that has recently been in the spotlight. A senior can ensure that their other meals also fit into the recommended ranges to achieve approximately 2,300 mg per day, if this level is appropriate for an individual senior.

[*Agency's who have medically tailored meals, list available options & request need for a prescription*].

Please contact me at [*phone/email*] if you have any questions about the meals or nutrition services provided by our agency.

Sincerely,

[*Agency Letterhead*]

[*Date*]

[*Participant Address*]

Dear New Meals Participant,

Welcome to the [*name of agency*]'s nutrition program which provides hot, nutritious meals to older adults aged 60 and over. The meals meet strict federal and state nutrition standards and a computer analysis is conducted by our nutritionist to ensure that these standards are met. Nutrition information for each month's menu may be found on our agency's website [*insert URL*].

All meals contain:

- 1/3 of the Dietary Reference Intakes (DRI) recommended for older adults including calories, protein, fiber, vitamins and minerals
- Sodium: Fits into DASH diet recommendations
- A good source of Vitamin C every day

- A good source of Vitamin A at least 3 times per week
- A high fiber bread at least 3 times per week
- A fruit dessert at least 3 times per week

While this is a healthy meal that meets the needs of many seniors, always check with your doctor regarding any special dietary restrictions that may be prescribed for you. The nutrition information is provided so that you will be able to manage your health and any special conditions through your intake for the whole day.

[*Agency's who have medically tailored meals, list available options & request need for physician approval*].

Please contact me at [*phone/email*] if you have any questions about the meals or nutrition services provided by our agency.

Enjoy your meals!

Sincerely,