	DELAWARE HEALTH AND SOCIAL SERVICES Division of Services for Aging and Adults with Physical Disabilities	Congregate Nutrition Services Specifications

Revision Table

Revision Date	Sections Revised	Description
11/20/2017		Original
5/30/2019	Attachment A	Decrease minimum Potassium from 1567 to 1133mg
12/4/2019	Attachment C Attachment D	Removal of attachment C, numerous grammatical changes, remove medical meals as supplements, modifications to Attachment D
7/16/2021	Attachment F	Revised Attachment, Rural determination
9/27/2021	Section 2.2.6 Section 2.3 Section 7.41 Section 7.23 Section 7.24 Attachment A Attachment C Attachment D Attachment E	Updated Nutrition Education definition, updated data collection forms to include the new OAAPS, removed MD order needed for medical foods, addition under staffing requirement section. Since the removal of “attachment C” in 2019, all attachments have been re-named appropriately. Modifications to Attachment A, modifications to Attachment C, modifications to Attachment D, modifications to Attachment F

	DELAWARE HEALTH AND SOCIAL SERVICES Division of Services for Aging and Adults with Physical Disabilities	Congregate Nutrition Services Specifications

1.0 SERVICE DEFINITION

1.1 Congregate Nutrition Services are provided to:
(1) reduce hunger and food insecurity;
(2) promote socialization of older individuals; and
(3) promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

1.2 Congregate Nutrition Services include food/nutrient delivery, nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants. Though nutrient delivery (i.e., meals) is a form of nutrition intervention, for the purposes of DSAAPD Congregate Nutrition Services, "meals" are distinguished from other allowable intervention services as follows:

1.2.1 Congregate Nutrition is a food/nutrient delivery service that provides nutritionally balanced meals that meet one-third of the daily Dietary Reference Intakes (DRI), established by the Food and Nutrition Board of the Institute of Medicine, and the most recent Dietary Guidelines for Americans, published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture (USDA) and nutrition program guidelines established by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
http://www.health.gov/dietaryguidelines/

1.2.2 Nutrition Intervention services are provided, as appropriate, such as nutrition risk screening, nutrition education, nutrition counseling, or coordination of nutrition care, based on the needs of meal participants and as outlined by the Academy of Nutrition and Dietetics "Snapshot of Nutrition Intervention."http://www.andeal.org/vault/2440/web/files/20140527-NI%20Snapshot.pdf

2.0 SERVICE UNIT

2.1 **Meal Unit** - The Meal Unit is one complete meal provided to one eligible participant. A complete meal is defined as that which meets one-third of the daily Dietary Reference Intakes (DRI), (within 15%) of nutrients of concern in Older Americans, as established by the Food and Nutrition Board of the Institute of Medicine, and the most recent Dietary Guidelines for Americans, published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture (USDA) and nutrition program guidelines established by DSAAPD (See Attachment A).
http://www.health.gov/dietaryguidelines/.

Approved Meal Unit Types

2.1.1 Meal – a meal that meets the Section 2.1 definition above. For budgeting purposes, this can be further budgeted as Breakfast Meal / Mid-Day Meal / Dinner Meal.

2.1.2 Medical Food A meal which is formulated to be consumed or administered enterally under supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on scientific principles, are established by medical evaluation. The need for and use of Medical foods (also known as liquid meals and/or oral supplements) must be assessed and evaluated annually by a Delaware licensed dietitian/nutritionist. See http://www.dpr.delaware.gov/boards/dietitians/newlicense.shtml (hereafter referred to as dietitian). At least 2 of the approved products must be available to participants (refer to DSAAPD Policy on Medical Foods to Congregate Nutrition Participants – Policy X-V-3). Assessment and follow-up by a dietitian are required.

2.1.3 Modified and Therapeutic Meal – a meal consisting of a modified therapeutic and/or textured diet which must be made available to the maximum extent possible. This meal is to meet the same standards as the regular menu items but contain modifications to one or more items to meet the specialized requirements for program participants (for example, texture modifications for persons with dysphagia and/or dental impairments, potassium and/or phosphorus restrictions for dialysis patients, etc.). The provision of such foods should be planned and prepared under the advice and recommendations of a dietitian and requires a physician's diet order. Modified therapeutic and textured diets must be made available to the maximum extent possible.

2.2 **Nutrition Intervention** services will be incorporated into the meal unit cost and will be tracked according to federal and/or state reporting requirements. There are no separate line items (reimbursement) on invoices for these services.

2.2.1 Outreach and intake are performed to ensure eligible participants are identified and screened for eligibility (see Section 6.0).

2.2.2 Nutrition screenings are provided annually for each meal participant (See 7.16).

2.2.3 For participants assessed as high risk, nutrition counseling will be provided and reported by number of units (15 minutes) provided and by unduplicated number of participants served (see 7.16 and 7.23).

2.2.4 Coordination of nutrition care will be provided as needed and counted as nutrition counseling.

2.2.5 Information and referral services must be made available to congregate nutrition services participants including services outlined in Sections 7.6 and 7.8.

2.2.6 Nutrition education services are provided to participants and caregivers which use information dissemination, instruction, or training with the intent to support food, nutrition and physical activity choices and behaviors, in order to maintain or improve health and address nutrition related conditions. Nutrition education sessions may be in person, via video, online or by the distribution of hard copy materials and are reported to DSAAPD (See 7.7).

2.3 Other activities that support congregate nutrition services include, but are not limited to; staff training and development, site monitoring and menu development. These services are not required to be tracked for DSAAPD reporting purposes but may be tracked to assist with budget development. These costs should be absorbed into the allowable meal unit cost (section 2.1)

3.0 SERVICE GOAL

3.1 To promote better health and well-being among older individuals through improved nutrition.
3.2 To avoid unnecessary institutionalization.
3.3 To promote socialization of older individuals.
3.4 To provide at least one hot or other appropriate meal per day in a congregate setting at least once a day, five or more days per week, to the maximum extent possible.

4.0 SERVICE AREA

4.1 Services are available to all eligible residents of the State of Delaware.
4.2 Providers are permitted to apply to serve sub-areas within the state.

5.0 SERVICE LOCATION

5.1 The congregate meals are served in nutrition sites, which may be in senior centers, churches, schools, community centers, and other public and private facilities under the supervision of a congregate meal provider.

5.1.1 Congregate nutrition sites will be open at least five days a week.

5.1.2 The provider's Program Director will be responsible for ensuring congregate sites are available and appropriate to meet the needs of participants.

6.0 ELIGIBILITY

6.1 Congregate Nutrition Services will be made available to persons aged 60 and over.
6.2 Congregate meals will be made available to spouses of eligible persons regardless of the age of spouse; the age-eligible participant must be a registered participant of the program. For Congregate meals, "Eligible individuals" include persons providing designated volunteer services during the meal hours.
6.3 Congregate Meals may be made available to individuals with disabilities under age 60 who reside in housing facilities occupied primarily by older adults at which congregate nutrition services are provided. (This provision is only applicable to public

housing facilities in which nutrition sites are located. The person with the disability must be a resident of this same housing facility. Spouses of individuals with disabilities are not eligible unless they too have disabilities. To receive services under this provision, individuals must provide proof of Social Security Disability Insurance coverage). (See DSAAPD Policy Manual for Contracts – Nutrition, Section X-V-2.)

6.4 Congregate meals may be made available to individuals with disabilities under age 60 who reside in non-institutional households with a person eligible for congregate meals and accompany that person (See DSAAPD Policy Manual for Contracts – Nutrition, Section X-V-1.)

6.5 In conducting marketing activities related to this service, providers must pay attention to reaching low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

7.0 SERVICE STANDARDS

7.1 The provider must develop and maintain policies and procedures pertaining to the delivery of Congregate Nutrition services.

7.2 All meal sites must be approved by the appropriate Public Health and Fire officials. State and local fire, health, sanitation, and safety regulations must be adhered to by the Nutrition program providers. Meal site programs must maintain current files of the appropriate certifications and/or visitation reports for each site under their management.

7.3 Providers must develop and implement a policy manual containing at minimum the following information:

- 7.3.1 Fiscal Management
- 7.3.2 Food Service Management
- 7.3.3 Safety and Sanitation
- 7.3.4 Staff Responsibilities

7.4 Eligibility determination for Congregate Nutrition Services applicants must be based on the criteria presented in section 6.0.

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

7.6 Providers must inform program participants of other services that may be needed by participants through the DSAAPD Aging & Disability Resource Center (ADRC). http://www.delawareadrc.com/

7.7 Providers must make available outreach and nutrition education and/or counseling and provide monthly documentation to DSAAPD using the Congregate Nutrition Services Monthly Report (Attachment G) along with the monthly invoice.

7.8 Provision must be made for participants to take advantage of the benefits available under Supplemental Nutrition Assistance Program (SNAP).

7.9 Outreach must be conducted as necessary to reach the target population (See 6.5).

7.10 Federal funds must not be used to supplant existing resources, including funds from nonfederal sources and volunteer support.

7.11 Providers must document the cost of food items per menu item and per meal, including the cost of USDA commodities utilized.

7.12 Providers must develop and implement a system of soliciting feedback from participants related to the quality of the service, including the acceptability of the meals provided. Participant feedback and menu modifications will be reviewed annually by the DSAAPD subcontracted dietitian.

7.13 Providers must maintain service records, including names of participants and date(s) of service.

7.14 Providers must verify and document the age of participants.

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

7.16 Providers must attempt to conduct Nutrition Screening annually for all participants using the DETERMINE Nutrition Screening Tool (Attachment E) derived from http://nutritionandaging.org/wp-content/uploads/2017/01/DetermineNutritionChecklist.pdf
Participants identified as "high-risk" must be referred to the provider dietitian for nutritional counseling and education. Appropriate nutrition intervention and follow-up will be provided and documented by the dietitian. Note: All attempts to conduct the screening must be documented on a DETERMINE Nutrition Screening Tool form with as much information as possible including, at a minimum, participant's name, the date the screening was performed (attempted), and either the top portion of the form completed with as much information as possible or the indicator selected that the participant declined to answer.

7.17 All staff and guests under age 60 can participate in the meal program and are required to pay the full cost of the meal.

7.18 Personnel and volunteers associated with the service must be trained in and adhere to the most recent FDA Food Code specifications for food safety, including temperature control of foods, as well as fire safety and basic first aid, particularly in dealing with choking and coronary events.

7.19 When meal service is subcontracted, the provider must follow formal procedures for procuring a cost-effective, sanitary, quality meal service and maintain a system for monitoring the service subcontractor on a quarterly basis.

7.20 When the meal service is subcontracted for amounts over $15,000, the Provider must follow competitive bid procedures.

7.21 When the service is subcontracted, a signed copy of the contract between the provider and subcontractor must be made available to DSAAPD within sixty (60) days of the beginning of the contract year.

7.22 The Provider must maintain adequate storage practices, inventory control of USDA commodities and ensure that its use is in conformance with the requirements of USDA.

7.23 Providers must collect and compile the information required by the Older Americans Act Performance System (Attachment F) and transmit the information to DSAAPD on an annual basis for the Congregate Nutrition service, the Nutrition Counseling service, the Nutrition Education service and Home Delivered service using the DSAAPD provided OAAPS Reporting Template (CF-049).

7.24 Providers can offer medical foods instead of the meal, if medically indicated. OAA funds can be used to purchase medical foods and two cans will be counted as one billable meal unit. At least two (2) of the approved products must be available to participants (refer to DSAAPD policy on Medical Foods to Congregate Nutrition Participants – Policy X-V-3). Assessment and follow-up by a dietitian are required.

7.25 The provider's dietitian must approve the menu to ensure that it meets one-third of the DRI (within 15% for DSAAPD selected nutrients) as well as menu guidelines developed by DSAAPD and the most recent Dietary Guidelines for Americans (see Attachment A). The approved menus and analysis signed by the project dietitian must be submitted to DSAAPD for approval two weeks prior to consumption.

7.26 Excess food may not be saved and re-combined into meals served to participants. Re-combined foods are not a reimbursable meal.

7.27 The applicable food standards are described and hereby attached (Attachment B).

7.28 Changes to the menu must be recorded and submitted to DSAAPD for approval.

7.29 All meals must be analyzed for nutrient adequacy prior to consumption. All recipes must be analyzed and checked for accuracy by the provider's dietitian and a signature of approval will be submitted to DSAAPD.

7.30 Foods prepared or canned in the home or in an uninspected facility may not be used for meals. Only commercially prepared canned foods may be used.

7.31 Congregate Meal Service must be provided in a suitable facility which meets the following criteria established by DSAAPD:

- 7.31.1 The site must meet the minimum standard of the State of Delaware's Building, Fire and Environmental Services Regulation.
- 7.31.2 The site must have a pleasant environment and adequate lighting.
- 7.31.3 Site must follow Section 504 of the Rehabilitation Act.
- 7.31.4 The site must make special provisions as necessary for the service of meals to eligible individuals with disabilities who have limited mobility.
- 7.31.5 The site must be available for a minimum of four (4) hours daily.
- 7.31.6 The site manager, as advised by the Program Director, must have a plan of operation, describing coordination with other community resources and programs.
- 7.31.7 The site must make provision for the recipients of services to assist the site staff in planning and developing relevant programs.

7.31.8 Sites must have a Site Manager, paid, volunteer or in-kind. This person is responsible for site operations relating to the nutrition program.

7.32 The specific role of the sponsor in the nutrition site must be defined by the Provider through written agreement.

7.33 Sponsorship should include a minimum of the following standards:

7.33.1 Provide office/desk space and telephone for the use of the site manager.

7.33.2 Provide utilities and custodial service.

7.33.3 Be responsible for recruiting volunteers to assist with the meal program.

7.33.4 Provide use of service and dining area for the distribution of meals.

7.33.5 Provide a clear, convenient entrance to the building for food delivery, which includes snow removal, if meals are served.

7.33.6 Allow staff of the sponsoring agency to attend appropriate training or staff meetings.

7.34 An annual plan must be submitted to DSAAPD by mid-April on projected growth and any modifications in existing meal services for the coming year. Current demographic data must support the plan.

7.35 A nutrition provider shall require, that all vendors immediately alert the provider in the event of a product recall, which may impact the food served by their program. Upon receiving notification of a food recall, the nutrition provider will immediately notify DSAAPD staff.

7.35.1 The nutrition provider will make reasonable effort to avoid any food product contamination by following the most recent Delaware Food Code and other safe food handling and delivery practices. In the event of a suspected problem, the nutrition provider will report and cooperate fully with DSAAPD and the state health department.

Prohibited activities

7.36 For purposes of the DSAAPD planning and reimbursement, Congregate Meal Service may not include any of the following components:

7.36.1 Providing meals to ineligible persons.

7.36.2 Providing financial, legal, or other similar service or advice (except for referral to qualified agencies or programs).

7.36.3 Denying services to eligible persons because of his/her inability or failure to contribute towards the cost of meals.

7.36.4 Providing a take-out meal in addition to a regular meal.

7.37 Except for fresh fruit and meals approved by the Nutrition program director, absolutely no food or beverage is to be removed from any congregate nutrition site by any guest, participant, or staff member. Furthermore, each program has the option of further extending this policy to cover the removal of fresh fruit from the sites if so desired.

Staffing Requirements

7.38 Each provider must have on-staff a full-time Program Director who will be responsible for the overall daily operation of the Nutrition Program. Responsibilities include supervision of staff, ensuring compliance to DSAAPD specifications, and maintaining contact with DSAAPD staff and participants

7.39 Each provider must have on-staff or have access to the services of a Registered and Delaware Licensed Dietitian.
http://www.cdrnet.org/about

7.40 If the agency is directly responsible to produce the meals, a full-time person must oversee monitoring and supervising the food service production and staff. This person must be qualified by education and/or experience. Educational requirements include a degree in Foods and Nutrition, Food Service or Hotel and Restaurant Management or a minimum of three (3) years' experience managing food service production.

7.41 In the event that there is a staffing change of the Program Director or the Registered and Delaware Licensed Dietician, those changes must be communicated via email immediately to the Hospital Administrator for Nutrition and Health Promotion.

8.0 INVOICING REQUIREMENTS

8.1 The provider will invoice DSAAPD utilizing Invoicing Workbook (IW-Congregate Nutrition), pursuant to the DSAAPD Policy Manual for Contracts, Policy Number X-Q, and Invoicing.

8.2 For the annual Invoice Review, the provider must provide the following information with the submitted invoice. All information must be provided in an email to DSAAPD using Adobe or Microsoft office-based software. All supporting documentation must be sent via secure email.

Service Units

8.2.1 Service Units – The Provider must supply supporting documentation for the service units charged for the selected month of the Invoice Review. These records must indicate:

8.2.1.1 Participants served

8.2.1.2 Service Units provided including the dates of service.

Program Income

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

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

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

8.2.2.3 Copy of provider financial software (if applicable) printout showing the transaction of the program income total in question.

9.0 PROGRAM INCOME

9.1 Participants, family members, and/or caregivers must be informed of the cost of providing the service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.

9.2 No eligible participant will be denied service because of his/her inability or failure to contribute to the costs.

9.3 Program Income must be accounted for in full and reported on the assigned DSAAPD Invoicing Workbook.

9.4 Providers must have procedures in place to:

9.4.1 Inform applicants, family members and/or caregivers of the cost of providing congregate meals and offer them the opportunity to make a voluntary contribution.

9.4.2 Protect their privacy with respect to the contribution.

9.4.3 Safeguard and account for all contributions.

9.4.4 Use the contributions to expand services.

Attachment A

NUTRIENT ANALYSIS GUIDELINES

All meal units qualifying for DSAAPD reimbursement meet one-third of the Dietary Reference Intakes (within 15%) for each nutrient of concern, averaged weekly.
All meal units must be analyzed using nutritional analysis software.

* The chart below defines recommendations per the 2020-2025 Dietary Guidelines:

Calories	>= 600
Protein	>= 19 grams
Calcium	>= 400 milligrams
Fiber	>= 9 grams
Fat	<= 20-35% of total calories
Sodium	<= 767 milligrams
Potassium	>= 1133 milligrams
Vitamin B12	>= 0.8 micrograms
Vitamin D	>= 5 micrograms
Saturated Fat	<10% of total calories
Varied Protein	Encouraged use of seafood and plant-based protein alternatives

* If a participant continually refuses the dairy component, nutrition education must be provided and documented regarding the importance of key nutrients such as vitamin D, calcium, protein, potassium as well as suggested alternate sources.

** Seafood choices higher in EPA and DHA and low in methylmercury are encouraged. These include salmon, anchovy, sardines, pacific oysters and trout. Other commonly consumed seafood lower in methylmercury include tilapia, shrimp, catfish, crab and flounder

*** If unable to provide computerized nutritional analysis to verify compliance to dietary guidelines, meals must adhere to the attached (Attachment D) menu format.

**** Condiments need not be included in analysis, so long as they are served on the side and not mixed in with food components of the meal.

Attachment B

FOOD STANDARDS

A. All foods used must conform to the State guidelines for menu planning and the following specifications.

B. The grade minimums recommended for food items are as follows:

   a. Meat – only those meats or meat products which are slaughtered, processed, and manufactured in plants participating in the U.S. Department of Agriculture inspection program can be used. Meats and meat products must bear the appropriate inspection seals and be sound, sanitary and free of objectionable odors or signs of deterioration upon delivery. Meats for dry heat cooking must be of Choice Grade and those for moist heat cooking must be of Good Grade or better.

   b. Poultry and Seafood – when served as whole pieces, poultry and seafood must be U.S. Grade A.

   c. Eggs – U.S. Grade A, all eggs must be free from cracks. Dried, liquid, or frozen eggs must be pasteurized.

   d. Meat extenders – soy protein added to extend meat products must not extend 15% of net weight of the meat used and must be used only when acceptable product results.

   e. Fresh Fruits and Vegetables – must be of good quality (USDA#1) relatively free of bruises and defects. Locally grown produce is encouraged from GAP certified providers. https://www.ams.usda.gov/services/auditing/gap-ghp

   f. Canned and Frozen Fruits and Vegetables – Grade A used in all menu items, including combination dishes, i.e., gelatins, soufflés.

   g. Dairy Products – USDA Grade A pasteurized milk (skim, 1% or 2%), all fortified with Vitamin A and D must be offered.

   h. Only commercially preserved foods may be used (No home canned foods are permitted).

C. Food must be prepared in such a manner as to maximize its palatability and appearance and maintain its nutritional value. Appropriate garnishes must be provided.

Note: combinations of protein foods can be used to serve the ≥ 3.0 oz. requirement.

Attachment C

MENU FORMAT AND NUTRIENT GUIDELINES FOR MEAL UNITS – if unable to provide computerized nutritional analysis to verify compliance to the Dietary Guidelines/Dietary Reference Intakes, meals must adhere to the format below:
(STANDARDS APPLY FOR ALL MEALS)

Menu Format

1. Protein Foods: ≥ 3-ounce equivalents must be included in each meal.
    - All seafood, meats, poultry, eggs, soy products, nuts or seeds are considered protein foods.
    - Meats and poultry should be lean or low-fat and nuts should be unsalted.
    - Protein sources may be combined to meet the 3-ounce requirement.
    - Legumes (beans and peas) may be considered part of this group OR the vegetable group, but not both groups simultaneously.
    - The use of low-sodium products is also encouraged, in order to control the total sodium content of the meal.
    - Seafood choices higher in EPA and DHA and low in methylmercury are encouraged. These include salmon, anchovy, sardines, pacific oysters and trout. Other commonly consumed seafood lower in methylmercury include tilapia, shrimp, catfish, crab and flounder

2. Whole Grain Rich Products (WGR): a minimum of one (1) serving must be included in each meal.
    - One (1) serving is defined as one (1) slice of bread or ≥ 1/2 cup of pasta, rice or other grain product and is ≥ 15 grams of carbohydrate.
    - Whole grain products are encouraged and include whole grains used as ingredients, such as whole wheat bread, whole-grain cereals and crackers, quinoa, brown rice.
    - Whole Grain Rich (WGR) is designated by the USDA Food and Nutrition Program to include grain components in a product are at least 50% whole grain, while the remaining grains are enriched grains.

3. Dairy or Non-Dairy Substitute: a minimum of one (1) serving must be included in the meal.
    - One (1) serving is 8 fluid ounces milk, including lactose-free and lactose-reduced products and fortified soy beverages, yogurt, 1 ½ oz. natural cheese, 2 oz. processed cheese, 1 ¼ cups cottage cheese.
    - Cream, sour cream and cream cheese are not included due to their low calcium content.
    - Non-dairy beverages or calcium fortified orange juice may be used to accommodate the preferences of participants who do not use dairy products due to food preferences or intolerances.
    - The use of non-fat or low-fat products is highly recommended, in order to control the total fat content of the meal.

4. Fruit and/or Vegetables: a minimum of two (2) servings must be included in the meal.
    - One (1) serving is defined as ≥ 1/2 cup of fruit or cooked vegetable, ≥ 1/2 cup of 100% fruit or vegetable juice or 1 cup leafy greens.
    - The minimum serving amount for dried fruit or vegetable is ¼ cup.
    - All fresh, frozen, canned, and dried fruits.
    - A variety of vegetables from all sub-groups is strongly recommended (dark green, red & orange, legumes, starchy, other).
    - Locally grown produce is encouraged from GAP certified providers.

5. Oils: no more than two (2) tablespoons of added oils may be incorporated into cooking or included in the meal.
    - If providing condiments or dressings, the use of unsaturated products is encouraged.

Attachment D **D E T E R M I N E Y O U R N U T R I T I O N A L H E A L T H**

Participant Name: _____ Date: _____ Declined to Answer: ☐

The top section is required! - **All applications for over 60 participants must have the top section completed.**

Read the statements below. Circle the number under the column for the answer which applies.
Total the nutritional score at the bottom.

Question	If yes, score…	If no, score…	Total score
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0	☐
I eat fewer than 2 meals per day.	3	0	☐
I eat few fruits or vegetables or milk products.	2	0	☐
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0	☐
I have tooth or mouth problems that make it hard for me to eat.	2	0	☐
I don't always have enough money to buy the food I need.	4	0	☐
I eat alone most of the time.	1	0	☐
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0	☐
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0	☐
I am not always physically able to shop, cook and/or feed myself.	2	0	☐
Total Score			☐

Total Your Nutritional Score. If it's –

0-2 **Good!** Recheck your nutritional score in **6 months**.

3-5 You are at **moderate** nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in **3 months**.

6 + You are at **high** nutritional risk. Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. To learn more about the Warnings Signs of poor nutritional health, see the DETERMINE warning signs attachment.

Answer these only if client received home delivered meals or adult day care services.

Activities of Daily Living (ADL)
Do you have any difficulties with:

1. Bathing	I ☐	A ☐	D ☐
2. Dressing	I ☐	A ☐	D ☐
3. Transferring/Walking	I ☐	A ☐	D ☐
4. Toileting	I ☐	A ☐	D ☐
5. Eating	I ☐	A ☐	D ☐

Instrumental Activities of Daily Living (IADL)
Do you have any difficulties with:

1. Using the Telephone	I ☐	A ☐	D ☐
2. Shopping	I ☐	A ☐	D ☐
3. Preparing Meals	I ☐	A ☐	D ☐
4. Housekeeping	I ☐	A ☐	D ☐
5. Taking Medications	I ☐	A ☐	D ☐
6. Finance & Money	I ☐	A ☐	D ☐

I = Independent A = Assistance D = Dependent

Interviewer: _____ Site: _____ Phone _____

The Nutrition Checklist is based on the Warning Signs described below. Use the word DETERMINE to remind you of the Warning Signs**DISEASE**
Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY
Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN
A healthy mouth, teeth and gums are needed to eat. Missing, loose, or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

ECONOMIC HARDSHIP
As many as 40% of older Americans have incomes of less than $6,000 per year. Having less -- or choosing to spend less -- than $25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT
One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES
Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN
Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF-CARE
Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80
Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

Attachment E

Congregate Nutrition/Nutrition Intervention OAAPS Collection

Per 7.39 of the Service Standards, Congregate Nutrition providers will supply the OAAPS Reporting Template (FORM CF-049) for both Home-Delivered Nutrition and Nutrition Intervention service (thus 2 separate reports must be generated for the Home-Delivered Nutrition service contract).

Client First	Client Last	DOB	Gender (M/F/Other/Unk)	Household Status (A/WO/LTC/Unk)	Rural (Y/N/Unk)	Poverty Status (P/BP/AP/Unk)	Minority Status (Y/N)	Hispanic (Y/N)	Race (see chart)	ADL Count (1,2,3+,Unk)	IADL Count (1,2,3+,Unk)

NOTE – ALL FIELDS MUST BE COMPLETED, NO MISSING FIELDS ARE ACCEPTABLE.

Client First = Program participant's first name
Client Last = Program participant's last name
DOB = Date of birth
Gender = Program participant's gender - must choose **M** (male), **F** (female),**O** (other) or **UNK** (unknown)
Household Status = A household includes the related family members and all the unrelated people, if any, who share the housing unit - must choose **A** (lives alone), **WO** (with others), **LTC** (resides in long term care facility), **UNK** (unknown)
Rural When determining RURAL status, please refer to this link for guidance: https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes - must choose **Y** (yes), **N** (no) or **UNK** (unknown)
Poverty Status = whether the program participant is at, above or below poverty - - must choose **P** (at poverty), **BP** (below poverty), **AP** (above poverty) or **UNK** (unknown)

NOTE - Poverty Guidelines can be accessed at the following link: http://www.dhss.delaware.gov/dhss/dss/fpl.html

Minority Status = minority status is defined as Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaskan Native - must choose **Y** (yes) or **N** (no)
Hispanic = whether the program participant is of Hispanic decent, choose **Y**(yes) or **N**(no)

Race = enter the appropriate race using the guide below

American Indian or Alaskan Native
Asian or Asian American
Black or African American
Native Hawaiian or Pacific Islander
White
Unknown

Attachment E (cont'd)

Congregate Nutrition/Nutrition Intervention OAAPS collection (cont'd)

ADL Count = Total number of Activities of Daily Living required assistance. (If a client receives 3 or more, indicate with a "3+").
IADL Count = Total number of Instrumental Activities of Daily Living required assistance. (If a client receives 3 or more, indicate with a "3+").

Example below

ADL		**IADL**	
eating	0	preparing meals	1
dressing	0	shopping for personal items	1
bathing	1	medication management	1
toileting	1	money management	0
transferring	0	using telephone	0
walking	0	doing light housework	0
Total	**2**	doing heavy housework	0
		transportation ability	1
		Total	**4**

Independent = 0

Assisted or dependent = 1

This example would be counted as 3+

Attachment F **Month:_____Year:_____**

Congregate Service Units	Total
A. Enter the total number of unduplicated participants served.	
B. Enter the total number of meals served to eligible persons.	
C. Enter the number of medical food meals (2 cans = 1 meal).	
D. Enter the number of therapeutic/modified meals.	
E. Enter total number of nutrition screenings obtained.	
1. Enter the total number of unduplicated nutrition screenings	
2. Enter the total number of high nutrition risk unduplicated screenings obtained - (score =/> 6).	
3. Enter percentage of unduplicated high risk nutrition screenings obtained - (E2/E1).	
F. Enter the number of nutrition education sessions.	
1. Enter the Audience Size	
H. Enter the number of total individual nutrition counseling sessions completed for congregate participants.	
1. Number of these at high nutritional risk.	
2. Total Time Units (15 min =1 unit).	
I. Number of training sessions offered to staff/ volunteers.	

Definitions to Congregate Nutrition Report – (Attachment G)

- **A.** Unduplicated participants
- **B.** Total meals served
- **C.** Total medical foods (canned supplements)
- **D.** Total number modified meals

E. Nutrition screening: All participants in the Senior Nutrition Programs should be screened annually using the DETERMINE Nutrition Screening Assessment Tool. Understandably, getting 100% completion – especially in congregate centers – is difficult. The numbers of returned screening forms for both congregate and home delivered meals participants and the percentage scoring higher than a 6 (high nutritional risk) needs to be reported. Breaking the reporting of this tool down by home delivered/congregate and high/low nutrition risk will allow greater understanding of the nutritional well-being of our participants.

High Nutritional Risk (defined): per the DETERMINE Nutrition Screening form to score a 6 or greater. Anyone at high nutritional risk should be targeted for nutrition education/counseling/assessment/support

F. Nutrition Education: Defined as an intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Nutrition education may be delivered in person, via video, audio or online or by the distribution of hardcopy materials (i.e. newsletters)

- Service Unit for Nutrition Education = 1 Session
    - Examples include 1 presentation = 1 session
    - 1 social media message = 1 session
    - 1 newsletter = 1 session (even if it contains more than 1 article)
    - 1 set of hardcopy materials = 1 session
- Audience Size
    - Audience size is to be determined by the estimated audience for your nutrition education session.
    - Examples include
        - Group diabetes session 50 attendees, Estimated Audience=50
        - Social media message, you have 1000 followers on your account, Estimated Audience=1000
        - Posted You Tube Video about healthy eating, 250 views, Estimated Audience=250

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G. Nutrition counseling/individualized nutrition education: (per participant)

Individualized guidance to those at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medication use, or to caregivers. Counseling is provided one on one by a registered dietitian and addresses the options and methods for improving nutritional status. Please report the total number of individual counseling sessions per quarter, the number of those at nutrition risk and the amount of time spent (measured in 15-minute units). For example, if 10 individual counseling sessions were conducted during the first quarter, 9 of those scored a 6 or better on the nutrition screening form, and each took 60 minutes (4 quarters per person) you would report 10 (H), 9 (H1), 40 (4 units x 10 counseling sessions) (H2).

H. Total Number of Training Sessions: Please report the total number of sessions offered to staff/volunteers.