

Nutrition Program Standards for Medicaid Paid Home Delivered Meal Programs

**Prepared by:
Department of Human Services
Seniors and People with Disabilities
Office of Home and Community Supports
500 Summer Street, NE, E-10
Salem, OR 97301**

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1. Program Purpose

- A. Medicaid paid home delivered meals are modeled on the senior nutrition program that is part of the continuum of care designed to support independent living of older Oregonians under the Title III (Grants to State and Community Programs on Aging) and Title VI (Grants for Native Americans) of the Older Americans Act (OAA).
- B. Medicaid paid home delivered meals objectives parallel the objectives of the OAA nutrition programs: to provide an opportunity for older individuals to live their years in dignity by providing healthy, appealing meals; promoting health and preventing disease; reducing malnutrition risk and improving nutritional status; linking older adults to community based services; and providing an opportunity for meaningful community involvement, such as through volunteering.
- C. Adequate nutrition, on a daily basis, is the key to a person maintaining the adequate health necessary to live at home. Frequent contact with others provides a means to monitor the participant's health, well-being, and safety. The programs across the state strive to accomplish this by providing home delivered meals. Although the primary service is nutritious meals, other nutrition services are expected of Medicaid paid meal providers including nutrition screening, education, and counseling.

2. Nutrition Programs Service Description

A. Home Delivered Meals – General Description

Meals that are delivered to homebound individuals are critical to maintaining independence and allowing Medicaid eligible individuals to remain in their own homes. Home delivered meals must meet the 2005 Dietary Guidelines for Americans and provide a minimum of 331/3% of the current daily recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and the 2005 Dietary Guidelines for Americans (Published by the Secretaries of the Department of Health and Human Services and USDA). Individuals who receive home delivered meals tend to have more health problems than others who receive meals at congregate

meal sites and may be unable to leave their homes because of increasing age or short-term/long-term health problems. Programs can provide nutritional support through the delivery of one meal per day. Other nutrition interventions may provide additional nutrition services and support to individuals at risk of malnutrition or food insufficiency.

A unit of service for home-delivered meals is one complete meal, meeting one-third of the recommended daily allowance, served to one eligible individual.

B. Medicaid Paid Home Delivered Meal Eligibility Criteria

To be eligible for Medicaid paid home delivered meals, a person must meet all of the following criteria:

- a. Be a Medicaid eligible individual;
- b. Be receiving Medicaid paid in-home services through Seniors and People with Disabilities Division (SPD) as defined in Oregon Administrative Rules chapter 411, division 030;
- c. Be unable to leave the home and unable to prepare nutritious meals based on injury, illness, medical condition or an incapacitating disability, or be otherwise isolated;
- d. Lack natural supports or other Medicaid paid in-home services to meet meal preparation assistance needs;
- e. Be assessed as in need of and prior authorized for Medicaid paid meals by SPD or Area Agency on Aging (AAA) Title XIX case manager or assigned staff with authority to authorize Medicaid paid meals;
- f. Be willing to eat the meal within a reasonable time frame or have proper temperature controlled storage available;
- g. Live within the service area boundaries designated by the AAA or service provider, or live outside the AAA service area boundaries and:
 - i. Be able to make arrangements to have a AAA contracted meal picked up and delivered to the eligible individual's home; or
 - ii. Use a non-AAA service provider who delivers to the individual's home address.
- h. Program applicants who are determined ineligible to receive home-delivered meals but who need food assistance should be

directed to the nearest AAA or to appropriate food assistance programs.

C. Client Assessment

a. *Client Assessment for Home Delivered Meals*

The AAA Title XIX or SPD case manager or other authorized staff has the responsibility for determining eligibility for Medicaid paid home delivered meals and for authorizing payments to providers in accordance with Oregon Administrative Rule 411-040-0000 and chapter 411, division 002, Payment Limits in Community Based Care.

Nutrition providers are expected to verify the meal recipient's eligibility for a home delivered meal with the AAA Title XIX or SPD case manager or staff before starting meal delivery.

b. *Changes in Situation*

If at any time a meal provider become aware of changes in the participant that may affect the home delivered meal eligibility, the meal provider is expected to contact the AAA Title XIX or SPD staff. This includes if the meal provider becomes aware that a participant no longer needs the meal service (for example due to a move, death, hospitalization) as meal providers may be the first to know of the change. Likewise, AAA Title XIX or SPD staff must notify the meal provider if they are aware of the need for changes to the service.

3. Nutrition Provider Basic Requirements

- A. Meal donations must not be solicited from individuals receiving Medicaid paid home delivered meals.
- B. Nutrition providers must be able to provide at least one hot meal or other appropriate meal at least once a day, five or more days per week. For providers serving outside of AAA service area boundaries, meal deliveries of up to five fresh meals, if packaged to remain fresh, per week per delivery is allowable.
- C. In rural areas where the frequency of serving hot meals five or more

days 1 per week is not feasible, or the delivery service is less than daily but at a minimum once per week, nutrition providers must provide a written request to the State agency for approval of a lesser frequency of meal service. This request must include a statement as to why it is not feasible to serve at least five hot meals per week. SPD must consider the request and make a determination.

- D. All providers must administer to all meal recipients, the OAA Nutrition Screening Survey at the time of intake and at annual update. Each meal provider should develop appropriate policies or procedures for review of the nutrition screening checklist and for making appropriate referrals if participants score at a high nutrition risk. Providers may obtain this screening survey from the DHS website at:
http://www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml
- E. Meal participants should be advised by nutrition providers to keep an emergency food shelf at home, in case inclement weather or other such emergencies prevents meal delivery. A good resource for additional information is with the Oregon State University's Extension Service Family and Community Development web site
<http://oregonstate.edu/Dept/ehe/>
- F. Nutrition providers shall make available nutrition education to participants receiving meals at a minimum of quarterly. Nutrition education subjects will be based on the needs of the participants and should be culturally appropriate. Section 6 of these standards provides detailed information about nutrition education expectations.
- G. When frozen home delivered meals are provided, the nutrition services provider will assure the availability of adequate storage capacity for frozen meals and contact the SPD/AAA Title XIX staff if the storage is questionable or if concerns arise about the capacity of the client or caregiver to prepare frozen meals appropriately.
- H. Home-delivered meal drivers, delivery people and other businesses that provide services to program participants must be trained to identify and are expected to alert the SPD or AAA Title XIX staff authorizing the home delivered meal services if the worker is aware of any changes in the participant's condition or circumstances that

may impact the health or safety of the eligible individual.

- I. Meal preparation site management is essential to the success of a comprehensive, safe, and vital meal program. A successful program must include, but is not limited to these components:
 - a. Daily temperature checks with a food thermometer at the time food leaves the production area, upon arrival if food is prepared off site, and again at serving time. Records of these temperatures checks should be kept in the nutrition program files.
 - b. Staffing: To be knowledgeable of the aging network system and services, sensitive to aging issues and competent in food service management.
 - c. Nutrition and meal services: To provide safe and appetizing meals that meet nutritional requirements; meals that adapt to the client satisfaction; opportunities for nutrition education
 - d. Outreach to the community: To create general public awareness of meal program and services.
 - e. Volunteer opportunities: To provide a volunteer program that cultivates purposeful and responsible involvement.
- J. All providers must comply with applicable federal, state and local code and regulations relating to the public health, safety, and welfare, and to food preparation is required in all stages of food service operation.
- K. Copies of all current inspection reports by health department staff, registered sanitarian, or fire officials should be kept on file by the provider and posted at the meal preparation site.
- L. Personnel and volunteers associated with the home delivered meals programs should be trained in the most recent FDA Food Code practices for sanitary handling of food, and in emergency procedures. Personnel should observe agency safety policies and procedures and shall comply with the provisions of state and local safety rules.
- M. Meal Providers must develop, implement, and annually update an operating policy manual containing, at minimum, the following information:

- a. Fiscal Management
 - b. Food Service Management
 - c. Safety and Sanitation
 - d. Staff Responsibilities
 - e. Emergency/Disaster Plan
- N. Persons handling food/food service will do so in compliance with the Food Protection Program, which adopted the 1999 FDA Food Code with Oregon Amendments (information on the Food Code may be found at <http://www.dhs.state.or.us/publichealth/foodsafety/rules.cfm> including Oregon's Food Sanitation Rules (OAR's OAR 333-150 through 333-162, et al)), Oregon Revised Statutes 624.010 through 624.992 et al and in compliance with local public health code regulating food service establishments.
- O. Compliance with State of Oregon Public Health Code and local licensing standards for food preparation, storage and delivery, as well as any preparation or distribution standards issued by the Older Americans Act/Oregon Project Independence nutrition standards. See <http://www.dhs.state.or.us/publichealth/foodsafety/manual.cfm> website for the Food Safety Training Manual.
- P. All nutrition service providers will have a back-up plan to insure meal recipients will receive meals during emergencies, weather related conditions, and natural disasters. The plan could include shelf-stable emergency meal packages, four-wheel drive vehicles; volunteer arrangements with other community resources, or other methods of assuring food availability.
- Q. The meal provider shall develop procedures for regularly (does not have to be daily) taking and documenting meal temperature of the last meal served on each route. State health code requires maintenance of a cold temperature of 40 degrees or less and a hot temperature of 140 degrees or more. This documentation must be available on request.

4. Administrative and Program Requirements

It is required of all Medicaid paid providers that the program:

- A. Solicit the advice of a dietitian or individual with comparable expertise in the planning of nutritional services;
- B. Provide meals that comply with current Dietary Guidelines (the 2005 Dietary Guidelines) for Americans published by the Secretary and the Secretary of Agriculture and the Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research;
- C. Provide to each participating individual a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the program provides one meal per day;
- D. To the maximum extent feasible, are adjusted to meet any special dietary needs of program participants;
- E. Provide meals that are appealing to program participants;
- F. Enter into contracts that limit the amount of time meals must spend in transit before they are delivered so as not to jeopardize the health or safety of participants;
- G. Comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment and supplies used in the storage, preparation, service, and delivery of meals to an older individual;
- H. Ensure that meal providers carry out such services with the consideration of meal participants and other individuals knowledgeable with regard to the needs of older individuals and individuals with physical disabilities (excluding Developmental Disabilities) served by SPD;
- I. Ensure that nutrition services will be available to Medicaid-eligible older individuals and people with physical disabilities;
- J. Provide for nutrition screening and, where appropriate, for nutrition education and counseling (see Section 6);

- K. If a provider wishes to discontinue service, the provider must notify the SPD in writing of the intent to close the home delivery meal program 15 days in advance of notifying participants;
- L. The provider must notify participants of the home delivery meal program intent to discontinue services at least 30 days prior to the last day of home delivered meal service;
- M. On a timely basis, the program must provide consistent and accurate documentation and reporting of meals provided to each eligible individual and submit billing records using the standard procedures and forms as designated by SPD;
- N. Verify an individual meal recipient's eligibility for the service with the AAA or SPD staff before the commencement of services and also if there has been an interruption in service;
- O. Conditions or circumstances that place the older person or person with disabilities or their household at high risk must be brought to the attention of SPD or AAA Title XIX staff for follow-up;
- P. Ensure that all meal delivery drivers have provided evidence of acceptable criminal history pursuant to Oregon Administrative Rule chapter 411, division 007, to protect the safety of meal participants.

5. Food Service Sanitation/Safety Requirements for Home-Delivered Meals

- A. When Home-delivered meals are dispatched from a central meal preparation site, they shall be individually plated, packaged, and prepared for transportation. Food must be prepared, packaged and transported with the least possible manual contact, using suitable utensils, and on surfaces that prior to use have been cleaned, rinsed and sanitized to prevent cross contamination.
- B. Effective procedures for sanitizing dishes, equipment and work areas should be written, posted, and followed consistently.
- C. Delivery of each meal will be in accordance with the following procedures:

- a. The meal will be delivered directly to the participant or as otherwise directed by the participant within acceptable food safety guidelines.
 - b. With the permission of the participant, home-delivery drivers shall place all frozen or chilled meals not intended for immediate use in the freezer or refrigerator as appropriate.
 - c. Frozen or chilled meals will be clearly labeled and have a final date the meal can safely be consumed. The HDM driver must report to the SPD or AAA Title XIX case manager or staff authorizing the meals any signs of inconsistent consumption of meals or other nutritional concerns.
 - d. The meal delivery driver or a supervisor of volunteer drivers will assure daily recording of delivery of each meal to each participant.
 - e. The meal provider shall develop procedures for taking and documenting meal temperature of the last meal served on each route. This documentation must be available to the SPD or AAA Title XIX case manager or staff upon request.
- D. Meal Packaging Supplies, Carriers and Safety
Meal packaging supplies and carriers will be used that assure that hot foods are packaged and transported in separate carriers from cold foods.
- E. Meal carriers used to transport food will be enclosed and equipped with insulation and supplemental hot or cold sources as needed to maintain appropriate temperatures.
- F. Meal carriers will be cleaned and sanitized daily.
- G. Refrigerated Foods
Food requiring refrigeration will be pre-chilled in less than 4 hours and held at or below 40 degrees Fahrenheit throughout transport.
- H. Hot Foods
Food requiring heated storage will be held at or above 140 degrees Fahrenheit throughout transport.

- I. Volunteer and Paid Driver Training
All volunteers and paid delivery drivers should be trained in safe food handling procedures. Each provider should develop written procedures for all aspects of meal services including such training. Regular training should be provided to reinforce safe food handling practices.
- J. Training and procedures should include:
 - a. Client confidentiality.
 - b. General delivery procedures to the homebound.
 - c. Sanitation requirements.
 - d. Safe food handling practices.
 - e. Protocol for emergency situations with homebound participant.

6. Nutrition Education

- A. Nutrition Education is the process by which individuals gain the understanding, skills and motivation necessary to improve and protect their nutritional well-being through their food choices. Nutrition education, as defined by the Administration on Aging, is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers.
- B. Each home delivered meal nutrition provider shall provide nutrition education at a minimum of quarterly.
- C. Nutrition education services shall be planned for home delivered meal participants in accordance with these standards. Nutrition education services should be culturally appropriate.
- D. Suggested Nutrition Education Goals:
 - a. To create positive attitudes toward good nutrition and provide motivation for improved dietary practices;
 - b. To provide adequate knowledge and skills necessary for critical thinking regarding diet and health so the individual can make appropriate food choices from an increasingly complex food supply;
 - c. To assist the individual in identifying resources for continuing

access to sound food and nutrition information.

E. Suggested Nutrition Education Content:

A nutrition education program makes available information and guidance concerning:

- a. Food, including the kinds and amounts of food that are required to meet one's daily nutritional needs (The Food Guide Pyramid);
- b. Nutrition, including the combination of processes by which the body receives substances necessary for the maintenance of its functions and for growth and renewal of its components, i.e., ingestion, digestion, absorption, metabolism, and elimination;
- c. Behavioral practices, including the factors which influence one's eating and food preparation habits;
- d. Consumer issues, including the management of food purchasing power to obtain maximum food value for the money spent.

F. Nutrition Education Resources

Methods for nutrition education can include speakers, newsletters, printed materials, bulletin boards, displays, videos, the Internet, etc. The educational materials can be self-generated or materials may be obtained from various nutrition oriented agencies and entities.

Examples of these are:

The American Dietetic
Association
216 West Jackson Blvd.,
7th Floor
Chicago, IL 60606
<http://www.eatright.org/>
Phone: 1-800-877-1600
Fax: 1-312-899-4899

The Oregon Dairy Council
10505 SW Barbur Blvd.
Portland, OR 97219
<http://www.oregondairycouncil.org/>
Phone: 1-503-229-5033
Fax: 1-503-245-7916

Nasco Nutrition Teaching Aids
4825 Stoddard Road
Modesto, CA 95356-9318
<http://www.enasco.com/nutrition>
Phone: 1-209-545-1600
Fax: 1-209-545-1669

NCES, Inc.
1904 East 123rd Street
Olathe, KS 66061-58886
<http://www.ncescatalog.com/>
Phone: 1-877-623-7266
Fax: 1-800-251-9349

G. Other websites that can provide nutrition education materials include:

- <http://www.diabetes.org/>- Website of the American Diabetes Association.
- <http://www.nal.usda.gov/fnic/foodcomp/srch/search.htm> - USDA website, Information about the Dietary Guidelines for Americans and the RDA's for seniors.
- <http://www.pueblo.gsa.gov/>- Government website with information both free and for a fee.
- <http://www.my.webmd.com/nutrition>- Information about nutrition and disease.
- <http://www.aarp.org/healthguide>- General nutrition and wellness information for seniors.
- <http://www.health.gov/nhic>- Federal health website, general information and a calendar with monthly national health observances.
- <http://www.cdc.gov/nccdphp>- Provides chronic disease information.
- <http://www.cdc.gov/health/diseases.htm>- Provides an alphabetized listing of diseases and information about the diseases.
- <http://extension.oregonstate.edu/fcd/> -Nutrition and food safety resources.
- <http://extension.oregonstate.edu/locations.php/> Also check your phone book for county Extension offices(usually listed under local government in county seats).
- <http://www.fsis.usda.gov/>- Provides food safety information for consumers from the U.S. Department of Agriculture.

H. Information from these groups can be used to promote appropriate nutritional practices and prevention of chronic diseases in the

population served. 2005 Dietary Guidelines, Recommended Dietary Allowance (RDA), and Dietary Reference Intake (DRI) information, explanation, and education are available at <http://www.nal.usda.gov/fnic/etext/000105.html> and <http://nutritionandaging.fiu.edu/>

- I. Various aspects of nutrition may be chosen during particular months of the year. The federal NHIC website calendar provides some focus and opens avenues for coordination of events with health care providers for increased impact of nutrition education programs.
- J. Links on the above listed web sites can also take seekers to additional sources of information.
- K. Nutrition Counseling
A more specialized activity that may be included as a component of the nutrition education program is nutritional counseling.
- L. The Administration on Aging defines nutrition counseling as the provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use, or chronic illness, about options and methods for improving nutritional status, performed by a health professional in accordance with state law and policy.¹
- M. Nutritional counseling is the process of providing individualized, professional guidance to assist elders in adjusting their daily food consumption to meet their health needs. The objective of nutritional counseling is modification of behavior. This objective is accomplished when individuals understand how to make wise food choices.
- N. Nutritional counseling is an important component of a nutritional care program in which a Registered Dietitian gives professional guidance to an individual as part of a physician's treatment plan.

¹Definition of nutrition counseling retrieved August 26, 2003 from Administration on Aging website.

The service includes:

- a. Assessing present food habits, eating practices and related factors.
- b. Developing a written plan for appropriate nutritional counseling.
- c. Translating the written plan with the individual.
- d. Planning follow-up care and evaluating achievement of objectives.

- O. Nutrition counseling may be provided to participants where appropriate.
- P. Nutrition projects shall maintain the following documentation of nutrition counseling and education:
Documentation for home delivered meals shall include:
 - a. Date of distribution
 - b. Copy of distributed materials
 - c. Number of participants receiving materials
- Q. Nutrition Outreach
Nutrition outreach is designed to seek out and identify, on an ongoing basis, the maximum number of eligible individuals. Outreach activities will assure that the maximum number of eligible individuals in the program area have the opportunity to participate in nutrition services.

7. Menus and Menu Planning

- A. Each meal served by the Medicaid paid home delivered meal providers must meet the 2005 Dietary Guidelines and must contain at least one-third of the current Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Science-National Research Council.
- B. Present regulations in the Older Americans Act specify that meals shall comply with the 2005 Dietary Guidelines for Americans published by the United States Department of Agriculture and the United States Department of Health and Human Services
http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1

- C. A minimum of 33 1/3 percent of the recommended allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences must be present in each meal.
- D. The new Dietary Reference Intakes (DRIs) provide values for men and women aged 51-70 and over 70 years. The DRI values include an RDA or an Adequate Intake for nutrients with no established RDA, and a Tolerable Upper Intake Level. For more information, please refer to: <http://www.nal.usda.gov/fnic/etext/000105.html> and <http://nutritionandaging.fiu.edu/>
- E. The newer DRIs include RDAs for older adults that are higher than the 1989 RDAs for vitamins B-12, C, D, E, K, folate, calcium, and magnesium. The DRIs provide equations to calculate an individual's energy requirements based on activity level (the EER).
- F. Special needs of the elderly and people with physical disabilities must be considered in menu planning. To help assure that menus will address the nutritional needs, menu planning should be designed to:
 - a. Include a variety of foods;
 - b. Avoid too much fat, saturated fat, and cholesterol;
 - c. Include foods with adequate complex carbohydrates and fiber;
 - d. Avoid too much refined carbohydrates (sugars);
 - e. Avoid too much sodium;
 - f. Provide an appropriate number of calories to help maintain a ideal body weight.
- G. Meal Patterns
A menu pattern is best used as a menu-planning tool rather than as a standard for nutrition adequacy or as a compliance tool. Menus should be planned and written for a minimum of four weeks and be certified and then signed by a Registered Dietician or Nutritionist.
- H. Nutrition providers are required to evaluate meals for meeting nutritional requirements using computer-assisted nutrient analysis and registered dieticians (or individuals with comparable experience) to assure nutrient adequacy of meals. There are a variety of nutrient analysis and meal production software products

available. Some examples can be found at:

- Computrition www.computrition.com
- Food Processor, Esha Research www.esha.com
- Dine Healthy www.dinesystems.com
- Mealformation Software www.mealformation.com
- Nutribase 2001 Clinical, CyberSoft www.nutribase.com

- I. The Dietician or Nutritionist will certify that each meal will meet one-third of the Recommended Dietary Allowances.
 - a. Each meal certified as having met the nutrient requirements should be served as written.
 - b. Food substitutions should be infrequent, of similar nutritional value, not reduce or radically alter the nutritional content, and consultation and approval by a Registered Dietician or Nutritionist shall be sought.
 - c. Any departure from the certified menu must be documented and initialed on the nutrition providers official file copy of the menu and/or nutrient analysis form.

- J. The following sample meal pattern does NOT assure that the necessary 1/3 of the DRIs are met but serves as an example of food groups and recommended servings.

- K. A food identified and counted in one food group category cannot be counted as a food in another food group category. Example: A fruit identified as dessert cannot also be counted toward a service of fruits and vegetables.

- L. Specific foods must be listed on the menu pattern form to enable the dietician to properly evaluate daily menus. Example: Listing “fruit in season” is not adequate for the dietician to make a specific determination of the menu items.

- M. The updated sample meal pattern on the next page is based on the newer DRIs. It provides approximately 685 calories per meal. The number of servings for each food group are based on USDA’s Food Guide: Background and Development, Table 5 Nutrient Profiles for Food Groups and Subgroup Composites.

Food Group	Servings per meal	Dietary Guidelines Servings per day
Bread, cereal, Rice, Pasta	1 slice bread 2 cooked rice or pasta 2 cup cooked cereal	6 or more servings daily*. Include whole grains & fortified foods such as brown rice, 100% WW bread and bran product
Vegetables	2 cup chopped or cooked 1 cup raw leafy vegetables	3 or more servings daily*. Look for dark green, red, orange and/or yellow for best nutrients.
Fruits	1 medium fruit 3/4 cup fruit juice 2 cup canned fruit	2 or more servings* Deep-colored fruit typically has more nutrients.
Milk, yogurt and cheese	1 cup milk or yogurt 1 1/2 to 2 ounces cheese	3 or more servings* Select low or nonfat products
Meat, poultry, fish, dry beans, eggs, and nuts	2 to 3 ounces meat, poultry or fish 1 to 1-1/2 cups cooked dried beans 2 eggs 4 Tablespoons peanut butter	2 or more servings Include lean/lower fat choices of meat, beans are good source of fiber, protein and other nutrients.

* Sedentary adults need the smaller number of servings.

Limit fats, oils and sweets.

Select and prepare foods with less salt or sodium

See: Tufts University's modified Food Guide Pyramid for Older Adults at:

http://nutrition.tufts.edu/docs/pdf/releases/071220_ModifiedMyPyramid.pdf

N. Sample Menus

Below are three different kinds of menus which meet/exceed the requirement for 1/3 of the Recommended Dietary Allowance and the Dietary Reference Intake. One is a traditional meal, one is a salad type menu, and the final is a soup and sandwich menu.

a. *Traditional meal*

- 2 c. Tossed salad with oil and vinegar or other low salt dressing.
- 1 Tablespoon of salad dressing
- 2 c. Pasta (enriched spaghetti or rotini)
- 2 c. tomato based spaghetti sauce with 2 oz. meat as ground meat or meat balls and 1 oz. shredded cheese as a topper
- 2 c. green beans (frozen beans are lower in sodium)
- 1 slice French type bread with 1 tsp. margarine or butter
- 8 oz. 1% milk
- 2-3 oz. carrot cake

b. *Salad type meal*

- 1/2 c. cottage cheese (low sodium if available and tolerated)
- 1 c. mixed salad greens (spinach, romaine, or loose leaf lettuce)
- orange sections equivalent to one medium orange
- 1/3 c. mixed diced dried fruit
- 2 T. carrots
- 1 bran muffin
- 1 tsp. margarine or butter
- 8 oz. 1% milk
- 1-2oz. brownie

c. *Soup & Sandwich meal*

- 2 slices of white or wheat bread
- 2-3 slices tomato
- 2 lettuce leaves (romaine is higher in Vitamin A)
- 3 oz. roast beef
- 8 oz. split-pea soup
- 8 oz. 1% milk
- 2 c. pear halves (2)

- O. Beverages that are provided with home delivered meals do not contribute to the nutrient intake of the meal. They do however enhance fluid intake of participants.
- P. Use herbs and spices to flavor foods and limit the total amount of sodium per meal. The [2005 Dietary Guidelines for Americans](#) recommends consumption of less than 2,300 mg (approximately 1 tsp of salt) or less of sodium per day. 16. If all “from scratch” cooking is taking place in a facility, it is much easier to control the sodium intake than if processed foods are being incorporated into the meals. These menus are for a general/regular diet. A variety of meal types are available due to computer menu analysis. Standardized recipes that support the menu and recommendations should be used and available.
- Q. Special Menus
To the maximum extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference and provide flexibility in designing meals that are appealing to program participants.

8. Participant Input

Each service provider will establish a means of soliciting participant input on appropriate matters relating to Home-Delivered Nutrition Program services. Information may be obtained through focus groups, advisory councils, suggestion boxes, or surveys. Suggestions may also come from food production staff, site managers, home delivered meal drivers, and food purveyors.

APPENDIX A

The OAA required screening survey includes the following questions:

Instructions: For all yes answers that apply to you or someone you know, circle the number at the end of the question. Total all your circled numbers (your yes answers). This is the Total nutritional score.

Nutrition Checklist	YES
I have an illness / condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits, vegetables or milk products.	2
I have three or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last six months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL =	_____

Total your nutritional score. If it's: 0-2 - Good! Recheck your nutritional score in six months.

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

6 or more - You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietician 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.

(This questionnaire is part of the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, American Dietetic Association and National Council on Aging. Funded in part by a grant from Ross Products Division, Abbott Laboratories.)