

Nutrition Services Program Manual

Montana Senior Nutrition

Aging Services Bureau



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

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Table of Contents

Requirements of the Older Americans Act (OAA)	2
Requirements of the OAA Title III-C	3
Nutrition Requirements of the Older Americans Act (OAA)	4
Modified Diets and Liquid Supplements	5
Are Restaurants Allowed to be Used to Provide Title III-C Funded Meals	6
Is the Nutrition Facts Label a substitute for the DGA and DRI Requirement	6
Nutrition Education	7
Nutrition Counseling	7
DETERMINE Your Health checklist: Nutrition Screening Initiative (NSI)	8
Nutrition Services Incentive Program (NSIP)	9
Senior Farmer’s Market Nutrition Program (SFMNP)	10
Calculating a Cost of Meal	10

The purpose of this manual is to provide a set of guidelines and standards for the implementation of Nutrition Service programs. These programs are designed to meet the nutritional needs of older adults and ensure their overall well-being. By establishing minimum requirements that align with nationally recognized best practices, this manual aims to promote consistency and quality across different implementation sites.

The manual draws information from various sources to ensure its accuracy and relevance. The [Older Americans Act](#) serves as a primary legislative framework for programs and services targeting older adults in the United States. [Montana Administrative Rules](#) provide specific guidelines and regulations applicable to the state of Montana. The [Nutrition and Aging](#) website offers valuable resources and information related to nutrition and aging, including research, guidelines, and tools. Lastly, the [Administration for Community Living's \(ACL\)](#) website is a reliable source for federal government initiatives, policies, and resources concerning older adults and their well-being.

By incorporating information from these sources, the manual can provide up-to-date and evidence-based guidance for implementing Nutrition Service programs. It helps program administrators, service providers, and other stakeholders to understand the requirements, responsibilities, and best practices associated with delivering effective nutrition services to older adults.

Requirements of the Older Americans Act (OAA)

The requirements of the Older Americans Act (OAA) are important for several reasons:

1. **Reducing hunger and food insecurity:** The OAA aims to address the issue of hunger and food insecurity among older individuals. By providing nutrition services, such as meals, the program helps ensure that older adults have access to regular, nutritious food, reducing the risk of malnutrition and hunger.
2. **Promoting health and well-being:** The OAA recognizes the importance of nutrition in promoting the health and well-being of older individuals. By meeting the nutrition requirements, the program can provide meals that are not only appetizing but also nutritionally balanced. This helps older adults maintain good health and manage chronic conditions, thereby improving their overall well-being.
3. **Disease prevention and health promotion:** The OAA Nutrition Program includes activities aimed at disease prevention and health promotion. By providing nutritious meals, the program can contribute to preventing diet-related diseases and promoting healthy aging. Adequate nutrition plays a crucial role in maintaining optimal health and preventing health complications.
4. **Social determinants of health:** Food security is considered a social determinant of health, which means that access to sufficient, safe, and nutritious food is essential for good health outcomes. By ensuring that older adults have access to quality food and meals, the OAA addresses a fundamental aspect of their health and well-being.

In terms of eligibility for nutrition services, the OAA extends its benefits to various groups:

- Individuals aged 60 years and older: This is the primary group eligible to receive nutrition services under the OAA.
- Spouses of individuals aged 60 years and older: The OAA recognizes that spouses of older individuals may also benefit from nutrition services, regardless of their age.
- Volunteers: Individuals of any age who provide volunteer services during meal hours can also be eligible to receive nutrition services.
- People with disabilities: The OAA extends eligibility to people with disabilities who live in housing facilities where mainly older adults reside and where congregate nutrition services are provided. Additionally, people with disabilities who reside with eligible older adults can also qualify for nutrition services.

For home-delivered meals specifically, eligibility criteria include:

- Persons aged 60 years or older who have a need either temporally or permanent for a home-delivered meal. This ensures that older individuals who are unable to leave their homes or face geographical barriers can receive nutritious meals at home.
- Individuals with disabilities under the age of 60 who reside with eligible individuals: The OAA recognizes the need to support individuals with disabilities who live with eligible older adults.
- Spouses of home-delivered meal consumers: In some cases, the spouse of a home-delivered meal consumer may also be eligible if it is determined to be in the best interest of the consumer, based on criteria established by the Area Agency on Aging (AAA).

Requirements of the OAA Title III-C

The requirements of OAA Title III-C, which covers Congregate Nutrition Services (Section 331) and Home-Delivered Nutrition Services (Section 336), are as follows:

Congregate Nutrition Services (Section 331):

1. Operating Days: Nutrition projects must operate five (5) or more days a week, except in rural areas where it may not be feasible. In such cases, a lesser frequency must be approved by the State agency.
2. Meals: The projects must provide at least one hot or other appropriate meal per day. Additionally, they may offer any additional meals that the grant or contract recipient chooses to provide.
 - a) Take-out meals can be requested from a congregate meal site if proper safe food handling conditions can be followed and documented.
 - i. Participants can request a take-out meal for reasons including:
 - i. The participant has a family member or friend who cannot get to the congregate meal site for a short period of time.

- ii. The participant has a family member or friend who is unable to get to the congregate meal site and there is no home delivered meal program in their area.
 - iii. The participant has requested an additional meal for themselves to take home a meal to eat at a later time.
- 3. Congregate Settings: The meals must be provided in congregate settings, which may include adult day care facilities and multigenerational meal sites.
- 4. Nutrition Services: The projects must provide nutrition education, nutrition counseling, and other nutrition services as appropriate, based on the needs of the meal participants.

Home-Delivered Nutrition Services (Section 336):

- 1. Operating Days: Similar to Congregate Nutrition Services, home-delivered nutrition projects must operate on five or more days a week, except in rural areas where it may not be feasible. In such cases, a lesser frequency must be approved by the State agency.
- 2. Meals: The projects must provide at least one home-delivered meal per day. These meals can consist of hot, cold, frozen, dried, canned, or fresh foods, and as appropriate, supplemental foods. Additional meals may be provided at the discretion of the grant or contract recipient.
- 3. Nutrition Services: Home-delivered nutrition projects must also offer nutrition education, nutrition counseling, and other nutrition services as appropriate, based on the needs of the meal recipients.

The OAA also specifies the responsibilities of State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) in implementing the OAA Nutrition Program. It establishes standards and requirements to ensure the provision of nutritious meals, reduce food insecurity, promote socialization, promote health, and delay the onset of adverse conditions among older adults.

Nutrition Requirements of the Older Americans Act (OAA)

Section 339 of the Older Americans Act (OAA) outlines the basic nutrition requirements that must be met by the OAA Nutrition Program. These requirements ensure that the meals provided are of high quality and contribute to the health and well-being of older adults. The basic nutrition requirements listed in the OAA are as follows:

- 1. Compliance with the most recent [Dietary Guidelines for Americans](#): The OAA mandates that meals provided through the program must comply with the most recent edition of the Dietary Guidelines for Americans. These guidelines provide evidence-based recommendations for healthy eating patterns, considering various age groups and specific nutritional needs.
- 2. Meeting thirty-three and one-third percent (33 1/3%) the [Dietary Reference Intakes \(DRIs\)](#): The OAA requires that meals provided should supply nutrients to meet at least thirty-three and one-third percent of the Dietary Reference Intakes. DRIs are a set of guidelines that specify the recommended

daily intake levels of essential nutrients for different age groups and genders, serving as a basis for assessing and planning dietary intake.

- a) Local AAAs shall submit menus on an annual basis for review to a Registered Dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services.
 - i. The menu review is to be completed, signed and dated by the Registered Dietitian or individual with comparable education listed above.
 - ii. The AAAs may utilize the SUA's Registered Dietitian to review menus if they cannot find a suitable individual.
- b) *A Menu Creation Toolkit can be found in Attachment A.*

3. Compliance with state and local public food and health codes: The meal service and facilities must meet the standards set by state and local public food and health codes for safe and sanitary foodservice. Many state public health departments adopt the [Food Code](#) established by the Food and Drug Administration (FDA) as a reference for food safety and sanitation practices. This requirement ensures that the meals are prepared and served in accordance with health and safety regulations. Policies for Montana's regulations can be found at <https://dphhs.mt.gov/publichealth/fcss/retailfood/>.
4. Appealing to older adults: The OAA emphasizes that the meals provided should be appealing to older adults. This requirement recognizes the importance of considering the sensory preferences and cultural background of older individuals in order to promote enjoyment and satisfaction with the meals. By making the meals appetizing, it increases the likelihood of older adults consuming them and deriving the necessary nutritional benefits.

By incorporating these nutrition requirements into the OAA, the program strives to provide meals that are not only safe and nutritious but also enjoyable for older adults. Meeting these standards helps ensure that the OAA Nutrition Program effectively supports the health, well-being, and overall quality of life of older individuals.

Modified Diets and Liquid Supplements

Where feasible and appropriate, modified diets prescribed by a physician are provided to meet the medical needs of eligible participants. Feasibility and appropriateness are determined by the providers Registered Dietitian.

The use of liquid supplements at federally funded Senior Meal Programs is permitted under the supervision of a physician or a Registered Dietitian. Liquid supplements are not considered an NSIP eligible meal. The protocol that must be followed to distribute a liquid or nutritional supplement is as follows:

1. Fill out the Nutrition Screening Assessment – “Determine You Nutritional Health Checklist” on the individual needing the nutritional supplement.
2. If the individual has a score that puts them in the high-risk category, liquid supplement can be started

for a limited amount of time.

3. Inform the local AAA's Registered Dietitian or the SUA's Registered Dietitian when the supplement has been started.
4. Monitor the individual's health status.
5. If the individual's intake continues to be poor, have the individual discuss with their physician and contact the local AAA's Registered Dietitian or the SUA's Registered Dietitian to perform a more detailed nutrition assessment.

Are Restaurants Allowed to be Used to Provide Title III-C Funded Meals?

Yes, restaurants can be used to provide Title III-C funded meals. The decision of selecting meal caterers, vendors, or food suppliers is up to the discretion of the SUAs, AAAs or local nutrition service providers. While the OAA does not specifically address this issue, it allows flexibility in choosing meal providers.

Many states have utilized restaurants not only to prepare meals but also to serve them as congregate meal sites. In some cases, local restaurants act as caterers or vendors. This approach is often employed in rural areas or to cater to specific populations, such as racial or ethnic minorities.

Certain states have implemented restaurant voucher programs, partnering with grocery store food facilities or hospital food facilities to expand service options. For example, the CHAMPSS program in Kansas collaborates with the Hy-Vee grocery chain. These alternative meal providers must still comply with the state's standards or guidelines for meeting the nutritional requirements of the OAA, including consulting with Registered Dietitian nutritionists or nutrition professionals and adhering to state and local health regulations.

For successful implementation, dietitians working with AAAs or local nutrition service providers should collaborate with the restaurants to develop suitable menus and negotiate appropriate food service contracts with the agency's financial or contracts personnel. The [Aging and Nutrition Resource Center](#) offers valuable information on this topic and can be a helpful resource for nutrition innovators in this field.

Is the Nutrition Facts Label a substitute for the DGA and DRI Requirement?

No. The Dietary Guidelines for Americans (DGAs) and the Dietary Reference Intakes (DRIs) are comprehensive guidelines and recommendations developed by expert panels and organizations such as the U.S. Department of Agriculture (USDA) and the National Academy of Medicine. They provide evidence-based guidance on nutrient intake levels and dietary patterns for promoting health and preventing chronic diseases.

The DGAs and DRIs consider various factors such as age, sex, physiological condition, and specific health needs. They consider a wide range of nutrients and their interactions, as well as the overall dietary patterns that contribute to optimal health. These guidelines provide a more comprehensive and nuanced approach to nutrition and health than the simplified information provided on a Nutrition Facts label.

While the Nutrition Facts label can be a useful tool for consumers to make informed choices about packaged foods, it does not provide the same level of detail and individualization as the DGAs and DRIs. It primarily

focuses on a limited number of nutrients required by law to be listed on the label, such as calories, fat, cholesterol, sodium, carbohydrates, fiber, sugars, and protein.

In summary, while the Nutrition Facts label can be a helpful tool for understanding the nutrient content of packaged foods, it should not be used as a substitute for the DGAs and DRIs when it comes to planning a balanced and healthy diet that meets individual nutritional needs. The DGAs and DRIs provide more comprehensive and personalized guidance based on scientific evidence.

Nutrition Education

Nutrition education is a valuable intervention that aims to provide information, instruction, and training to older adults and caregivers participating in the Older Americans Act (OAA) programs. The primary goal of nutrition education is to support individuals in making informed choices about their food, nutrition, and physical activity behaviors, ultimately leading to the maintenance or improvement of their health and addressing nutrition-related conditions.

When designing nutrition education programs for OAA participants and caregivers, it is crucial to ensure that the content aligns with the Dietary Guidelines for Americans. These guidelines provide evidence-based recommendations for healthy eating patterns and are updated regularly to reflect the latest scientific research.

The information and materials provided in nutrition education programs should be accurate, culturally sensitive, and regionally appropriate. Cultural sensitivity ensures that the content respects and considers the diverse backgrounds, beliefs, and practices of the target population. Regional appropriateness takes into account local food availability, cultural preferences, and traditional dietary patterns.

To ensure the credibility and quality of nutrition education interventions, it is essential to have oversight from a Registered Dietitian or an individual with comparable expertise. These professionals possess the knowledge and skills necessary to accurately interpret and communicate nutrition information and can provide expert guidance to meet the specific needs of OAA participants and caregivers.

In summary, an effective nutrition education intervention for OAA participants and caregivers involves the dissemination of accurate, culturally sensitive, and regionally appropriate information and is overseen by a Registered Dietitian or someone with comparable expertise. By empowering individuals with the knowledge and skills to make healthy food choices, nutrition education can contribute to maintaining or improving their health and addressing nutrition-related conditions.

Nutrition Counseling

Nutrition counseling is a service offered by Registered Dietitians, which aims to provide personalized guidance and support to individuals who are at nutritional risk due to various factors such as health or nutrition history, dietary intake, chronic illness, or medication use. It can also extend to caregivers who require assistance in managing the nutrition of their loved ones.

The [Academy of Nutrition and Dietetics](#), a professional organization for Registered Dietitians, has established standards for nutrition counseling. These standards ensure that the counseling is tailored to the individual's specific needs and goals. The counseling sessions are conducted on a one-on-one basis with a Registered Dietitian, who has the expertise to assess the client's nutritional status, identify areas for improvement, and develop a personalized plan.

During nutrition counseling, the Registered Dietitian will typically assess the client's current dietary habits, medical history, and any medications they may be taking. They will work collaboratively with the client to set measurable goals for improving their nutrition status. These goals may include achieving a healthy weight, managing chronic conditions through diet, improving nutrient intake, or addressing specific nutritional deficiencies.

The Registered Dietitian will provide evidence-based recommendations and practical strategies to help the client make positive changes to their diet and lifestyle. They may offer guidance on meal planning, portion control, food selection, label reading, and behavior modification techniques. Additionally, they may address any concerns or questions the client may have regarding nutrition and provide ongoing support and monitoring to track progress towards the established goals.

The ultimate aim of nutrition counseling is to empower individuals to take control of their own nutrition and make sustainable changes that support their overall health and well-being. By providing individualized guidance and measurable goals, nutrition counseling can help individuals make informed choices about their diet and optimize their nutrition status.

DETERMINE Your Health checklist: Nutrition Screening Initiative (NSI)

The DETERMINE Your Nutritional Health checklist is a tool developed by the American Academy of Family Physicians, the National Council on the Aging, and other organizations as part of the Nutrition Screening Initiative. It is designed to assess the risk of poor nutritional status or malnutrition among older adults.

The checklist consists of several warning signs for poor nutrition, and individuals are scored based on their responses to the questions. The warning signs included in the checklist are:

1. Disease
2. Eating Poorly
3. Tooth Loss/Mouth Pain
4. Economic Hardship
5. Reduced Social Contact
6. Multiple Medicines
7. Involuntary Weight Loss/Gain
8. Needs Assistance in Self-Care

9. Elder Years Above Age 80

Each item is assigned a certain number of points, and the total score is calculated by adding up the points for each item. A score of six or higher indicates a high nutritional risk according to the Administration on Aging (AOA) and the Montana SUA.

The purpose of the DETERMINE checklist is to identify individuals who may require nutritional intervention or support. By assessing an individual's nutritional risk level, healthcare professionals and caregivers can determine appropriate interventions and monitor changes in nutritional status over time. This tool can be used to evaluate the effectiveness of nutrition programs for older adults by comparing scores before and after implementing interventions.

It's important to note that the DETERMINE Your Nutritional Health checklist should be completed annually for older adults receiving congregate meals, home-delivered meals, and nutrition counseling, as required by the Administration on Aging and the Montana SUA. The results of the checklist should be recorded in the designated reporting system.

Please consult healthcare professionals or relevant organizations for assistance in completing the DETERMINE checklist and for further guidance on nutritional health and screening.

The current OAA approved Nutrition Risk Assessment form can be found in Attachment B.

Nutrition Services Incentive Program (NSIP)

The Nutrition Services Incentive Program (NSIP) is a program authorized by Section 311 of the Older Americans Act (OAA). Its purpose is to support the OAA Congregate and Home-Delivered Nutrition Programs by providing incentives to serve more meals to eligible individuals. NSIP allocations are available to states, territories, and eligible tribal organizations that provide nutrition services in adherence to the requirements of the OAA.

It's important to note that the Administration for Community Living (ACL) does not have the legal authority to waive these requirements. The OAA requirements that can be waived are listed in OAA Section 316, and they do not include the NSIP requirements in Section 311 or the nutrition requirements in Section 339.

One crucial condition of NSIP, as stated in Section 311(d)(4), is that each state agency must promptly and equitably disburse NSIP funding, which should only be used to purchase domestically produced food such as milk, fruit, vegetables, or protein products that are part of a meal.

NSIP funding is provided through a Congressional appropriation to ACL. States/territories receive OAA allocations for nutrition services, including Title III-C1 (congregate), Title III-C2 (home-delivered), and NSIP. NSIP funding typically constitutes around 16% of the total OAA nutrition services funding before allowable transfers among Titles III-B and C occur.

The NSIP statute mandates that states distribute funds promptly and equitably, considering all nutrition providers (congregate meal and home-delivered) in the equitable distribution of funding. Montana determines

each area NSIP allocation by the combined congregate and home-delivered meal counts of eligible meals reported in Capstone for the previous federal fiscal year.

NSIP funds shall not be used for administration, indirect costs, or other nutrition services such as education, counseling, oral nutrition supplements, groceries, or specialized utensils. Additionally, NSIP funds should not be used to purchase bags of groceries or food boxes, as they do not constitute a meal.

Examples of appropriate uses of NSIP funds include:

1. Purchasing domestically produced protein sources such as milk and/or meat.
2. Allocating a percentage of funds from NSIP to cover a portion of the cost of a meal.
3. Purchasing domestically produced food to supplement a partial meal that, on its own, does not meet OAA nutrition requirements (e.g., some shelf-stable meals) in order to ensure it becomes a complete meal that meets OAA nutrition requirements. For instance, if a meal lacks a dairy component or has insufficient vegetables or fruit, NSIP funding might be used to add a carton of milk, a packet of non-fat dry milk, or a domestically produced piece of fresh fruit to meet the OAA NSIP meal requirements and report it as an NSIP meal.

In all cases, it is important to maintain documentation that verifies food purchases meet NSIP requirements, specifically domestically produced food such as milk, fruit, vegetables, or protein products that are used in a meal.

Senior Farmer's Market Nutrition Program (SFMNP)

The Senior Farmer's Market Program (SFMNP) is designed to support older adults aged 60 and over in accessing fresh and nutritious food. The program has income requirements, which state that older adults must have an income at or below 185% of the federal poverty level. As of 2021, this translates to a maximum monthly income of \$1,986 for an individual or \$2,686 for a couple.

In Montana, approximately 1,700 older adults are currently benefiting from the SFMNP. Participants in the program receive coupons that can be used to purchase fresh fruits, vegetables, and raw honey produced within the state. These coupons are only valid at participating Farmer's Markets and can be used between June 1st and October 31st.

If you are interested in learning more about referring participants to the Senior Farmer's Market Program and its administration in Montana, it is recommended to visit the website of the [Community Food & Agricultural Coalition \(CFAC\)](#). CFAC works in coordination with the Montana SUA to administer the program.

Calculating a Cost of Meal

Calculating the total cost per meal is important for reasons including monitoring monthly expenditures, explaining the program's budget to various stakeholders, ensuring correct pricing, and advancing the business acumen.

A variety of components contribute to the full cost of a meal:

1. **Overhead Costs:** These include rent or lease expenses for the space, property taxes, insurance, and other administrative expenses. These costs are necessary for the operation of the establishment but are not directly tied to the production of each individual meal.
2. **Equipment Costs:** The initial investment in kitchen equipment such as ovens, stoves, refrigerators, and other specialized appliances, as well as ongoing maintenance and repairs, are factored into the overall cost.
3. **Ingredients and Supplies:** Apart from the raw food costs, there are additional expenses related to ingredients and supplies used in food preparation, such as spices, condiments, cooking oils, and cleaning supplies.
4. **Marketing and Advertising:** Costs associated with marketing and advertising efforts to promote the program and attract participants are part of the overall expenses. This may include expenses for print materials, online advertising, website maintenance, social media campaigns, and public relations activities.
5. **Utilities:** The cost of utilities like electricity, gas, water, garbage and sewer services required to operate the program should be taken into account.
6. **Licenses and Permits:** Programs must obtain various licenses and permits to operate legally. These may include health department permits and other regulatory requirements.
7. **Taxes and Fees:** Taxes, payroll taxes, need to be accounted for. Additionally, credit card processing fees or other transaction fees associated with payment methods used by customers can also affect the overall cost.
8. **Contingencies and Miscellaneous Expenses:** It's important to account for unexpected expenses, contingencies, and miscellaneous costs that may arise during the operation of the meal site. This can include unforeseen repairs, legal fees, accounting services, or unforeseen events such as natural disasters or health inspections that require immediate action.

Each of these factors contributes to the overall cost of a meal and needs to be considered by programs when determining the pricing of meals. Overall, calculating the total cost per meal provides valuable financial insights, enables effective budget management, supports decision-making, and contributes to the long-term success of your meal program.

An example of calculating a cost of a meal is provided in Attachment C.

Attachment A

Menu Creation Toolkit

Visit <https://acl.gov/senior-nutrition/DGAtoolkit> for more information on menu planning.

	Protein	Grain	Milk/Milk Alternatives	Fruits and/or vegetables	Oils/Fats
Serving Size	1 oz	½ cup or 1 oz	1 cup	½ cup	1 Tbsp.
Servings Per Meal	Minimum 3	1-2	Minimum 1	Minimum 2	Varies
Portion Size Equivalents	<ul style="list-style-type: none"> • 1 egg • ½ cup (4 oz) legumes (beans and lentils) • 1 oz cooked meat, fish, poultry • 1 oz cheese • 2 Tbsp. peanut butter • 1/3 cup nuts • ¼ cup cottage cheese • 1 oz tofu 	<ul style="list-style-type: none"> • 1 slice (1 oz) bread • 4 oz starchy vegetable • ½ cup cooked pasta, rice, noodles • 1 oz ready-to-eat cereal • 2" slice cornbread • 1 slice French toast • ½ English muffin • 4-6 crackers (1 oz) • 1 tortilla, biscuit, waffle, pancake, muffin • ½ bagel, 3-4" diameter • 1 small sandwich bun • ½ cup cooked cereal • ½ large hotdog/hamburger bun • ½ cup bread dressing/stuffing 	<ul style="list-style-type: none"> • 8 oz milk • 8 oz milk alternative, such as lactose-free, soy, almond, or oat milk • 1 ½ oz of cheese • ½ cup calcium processed tofu • Calcium fortified, ready-to-eat cereal • Powdered calcium-fortified beverage mix; must have serving of water to accompany • 4-6 oz of calcium fortified juice • 1 cup yogurt • ¼ cup nonfat powdered dry milk per 1 cup water 	<ul style="list-style-type: none"> • ½ cup cooked, frozen or canned, fruit • ½ cup 100% fruit juice • 1/3 cup cranberry juice • ¼ cup dried fruit • 15 grapes • ½ cup cooked, drained fresh, frozen, canned, or raw vegetable • 1 cup raw leafy greens • ½ cup tomato juice • ½ cup 100% vegetable juice 	<ul style="list-style-type: none"> • 1 Tbsp. oil • 1 Tbsp. margarine or butter • 1 Tbsp. mayonnaise

Menu Examples

State Senior Nutrition Programs	Menu Example 1	Menu Example 2	Menu Example 3	Menu Example 4
Bristol Elder Services, Massachusetts	Grilled chicken, peach salsa, parsley mashed potatoes, brussels sprouts, whole-wheat bread, mixed berries	Shrimp with pesto cream, mashed potatoes, riviera vegetable, whole-wheat bread, mixed fruit	Chicken stew with vegetables, white/brown rice, biscuit, mandarin oranges	Turkey stir-fry, lo mein noodles, whole-wheat roll, pineapple oranges
Dexter Senior Center, Michigan	Stuffed pepper, garlic mashed redskin potatoes, garden salad, strawberries with topping, whole-wheat dinner roll	Chef salad, chicken noodle soup, crackers, apple, pita bread	Potato crunch pollock with wild and whole-grain pilaf; green beans; cucumber, tomato, and onion salad; diced watermelon, dinner roll	BBQ pulled chicken, bun, corn O'Brien, collard greens with lemon and vinegar, cinnamon applesauce
El Dorado County, California	Sesame chicken, fried wild rice, stir-fry vegetables, mandarin oranges, fortune cookie, milk	Southwestern stuffed bell pepper, garden salad, potato roll, apple crisp, milk	Beef stew with roasted sweet potatoes and root vegetables, cornbread, pineapple, milk	Pork tamale verde, refried beans and cheese, Spanish rice, orange, milk
Habersham County, Georgia	Macaroni and cheese, black-eyed peas, collard greens, cornbread, fresh fruit, milk	Fajita chicken, fiesta rice, pinto beans, lettuce/tomato, flour tortilla, fresh fruit, milk	Sausage patty, cheese grits, hot spiced apples, grape juice, biscuit	Beef and bow tie casserole, country corn, green beans, wheat bread, vanilla wafers, milk

State Senior Nutrition Programs	Menu Example 1	Menu Example 2	Menu Example 3	Menu Example 4
Johnson County, Kansas	Smoked polish sausage, Delmonico potatoes, glazed carrots, multigrain bread, strawberry swirl pudding or diet vanilla pudding	Tuna salad, lemon orzo pasta salad, beet salad, club crackers, fresh fruit	Loaded potato casserole, whole kernel corn, stewed tomatoes, wheat bread, pineapple tidbits	Eggplant parmesan, rotini pasta, Italian green beans, breadstick, raisins
St. Mary's County, Maryland	Tilapia Veracruz, rice pilaf, seasoned spinach, whole-wheat dinner roll, pears	Low-sodium V8 juice, pork loin, low-sodium gravy, baby lima beans, seasoned broccoli florets, whole-wheat dinner roll, hot spiced apples	Orange juice, 5-spice chicken, rice pilaf, seasoned zucchini, whole-wheat dinner roll, pineapple	Fruit juice blend, chicken sandwich on a bun, 3-bean salad, chickpea salad, mandarin oranges
Wasilla Area Seniors, Alaska	Beef lo mein, steamed rice, vegetables, soup or salad, dessert	Chicken and dumplings, dinner roll, vegetables, soup or salad, dessert	Swiss steak, roasted potatoes, vegetables, soup or salad, dessert	Cheese manicotti, garlic bread, vegetables, soup or salad, dessert

Full program menus for these facilities are linked below.

- [Baltimore County, Maryland](#)
- [Bristol Elder Services, Massachusetts](#)
- [Dexter Senior Center, Michigan](#)
- [El Dorado County, California](#)
- [Habersham County, Georgia](#)
- [Jasper County, Iowa](#)
- [Johnson County, Kansas](#)
- [St. Mary's County, Maryland](#)
- [Wasilla Area Seniors, Alaska](#)

Attachment B

DETERMINE YOUR NUTRITIONAL HEALTH

NUTRITION RISK ASSESSMENT

Good nutritional health has many benefits, including disease prevention, health promotion and increased recovery time from sickness and injury. The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you are at risk.

If you have a potential risk factor, check the back of this form for some practical tips that can reduce these risk factors.

NAME _____

BIRTH DATE _____ MEAL SITE _____

TO COMPLETE THE ASSESSMENT: Read the statements below. Circle the number in the **YES** column for those statements that apply to you. Add up the circled numbers for your Total Score.

	YES
1. I, or someone close to me, have an illness or condition that has caused me to change the amount and/or kind of food that I eat.	2
2. I eat less than 2 meals per day	3
3. I eat few fruits and vegetables, or milk products.	2
4. I have 3 or more drinks of beer, wine, or liquor almost every day.	2
5. I have tooth or mouth problems that make it hard for me to eat.	2
6. I don't always have enough money to buy the food I need.	4
7. I eat alone most of the time	1
8. I take 3 or more different prescribed or over-the-counter drugs a day.	1
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
10. I am not always physically able to shop, cook and/or feed myself.	2
<i>Resource: The Nutritional Screening Initiative</i>	TOTAL SCORE

What your TOTAL SCORE means

0-2: Good job! You are not at risk for complications from malnutrition. Recheck in 12 months.

3-5: You are at moderate nutritional risk. Review the list on the back of this form for tips on ways to improve your nutritional health. Ask for help to improve your eating habits.

6 or more: You are at high nutritional risk. Talk to your primary health care provider to see how you can improve your nutritional health.

All congregate and home delivered meal participants should complete an annual assessment.

If you answered **YES** to any statement on the assessment, review the following for some practical tips that can reduce this risk factor and improve your nutritional health.

1. Choose foods from all the food groups every day to make sure that you get all the nutrients you need to protect your immune system and your strength.
2. When you are at your Senior Center, ask if you can purchase an extra meal to take home. You should aim for three good meals a day.
3. Always make sure to select the fruits and vegetables offered at your meal site.
Have canned, frozen or fresh fruits and vegetables on hand at home to include with every meal and snack. You need 2 cups of fruit and 2 ½ cups of vegetables a day.
4. Add milk to your cereal, soups, and hot drinks. Have some with each meal. You need 3 servings a day to protect your heart, blood pressure, bones, and teeth.
5. Get in the habit of having a glass of milk, water, or herbal tea with each meal or snack. Keep a water bottle nearby all day. Drinking enough fluids helps your medications to work better and keeps your circulation and bowels in good working order.
6. Too much alcohol keeps your body from getting the nutrition it needs. Ask your Senior Center Director if there is a local group or number you can contact to get help. You can also call your Area Agency on Aging at 1-800-551-3191 for more information.
7. Choose soft foods to eat and ask your Senior Center if they can chop or puree foods until you get the help you need from your doctor or dentist.
8. Talk to the local Area Agency Information and Assistance Specialist, Center director or public health department to find out what programs are available in your community.
9. Ask someone at the Senior Center if they can meet for a meal during the week or weekend, when the Center is closed. Eating with others improves your appetite.
10. Many medications and herbs can interfere with your appetite and your ability to get all the nutrients you need from the foods you eat. Always let both your pharmacist and doctor know about all the herbs, medications and vitamins you are taking.
11. Losing or gaining too much weight in a short period of time is dangerous to your health. Talk to your doctor immediately and find out what can be done to change this pattern.
12. Ask the Senior Center Director about local assistance programs in your area that may be able to help you. Also, ask if you can buy frozen meals for the weekends or when the Center is not open. For more help, contact an Information and Assistance Specialist through your local Area Agency on Aging at 1-800-551-3191.

**DETERMINE YOUR
FOOD RISK FACTORS**

MALNUTRITION AND FOOD INSECURITY RISK ASSESSMENT

We want to enhance the nutrition services to assess malnutrition and food Insecurity. The only way we can stop malnutrition is to identify it early and intervene. Screening for malnutrition **allows us to identify which older adults are at risk**. For this reason, it is important that we screen **ALL** older adults that score 6 or

higher on the Determine your Nutritional Health screening tool for malnutrition. A local health agency can be the best resource to help connect older adults to the services they need if they do, in fact, have positive malnutrition and/or food insecurity screening results. See current screening tool below to determine risk and refer appropriately to the local health agency for appropriate services.

<p>ASK EVERYONE that Scores over 6</p>	<p>2 question Malnutrition Screen Tool (MST)</p> <p>1. Have you recently lost weight without trying? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much weight have you lost?</p> <p><input type="checkbox"/> 2-13 lbs. (Score 1) <input type="checkbox"/> 14-23 lbs. (Score 2) <input type="checkbox"/> 24-33 lbs. (Score 3) <input type="checkbox"/> 34 lb. or more (Score 4) <input type="checkbox"/> Unsure (Score 1)</p> <p>Weight loss score _____</p> <p>2. Have you been eating poorly because of a decreased appetite?</p> <p><input type="checkbox"/> No (Score 0) <input type="checkbox"/> Yes (Score 1)</p> <p>Appetite Score _____</p> <p>Total Score for question 1 and 2 _____</p>	<p>How to Score:</p> <p>MST = 0 or 1 = NOT At Risk (Eating well with little or no weight loss)</p> <p>MST= 2 or more = At Risk (Eating poorly and/or recent weight loss)</p> <p><input type="checkbox"/> Ask if ok to refer to Dietitian for follow-up.</p>
<p>ASK EVERYONE that scores over 6</p> <p><input type="checkbox"/> Food Secure <input type="checkbox"/> Food Insecure</p> <p>A response of “often true” or “sometimes true” to either question = positive screen for Food Insecurity.</p>	<p>Two Question Food Insecurity Questions</p> <p>I’m going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.</p> <p>1. “We worried whether our food would run out before we got money to buy more.” Was that often true, sometimes true, or never true for your household in the last 12 months? _____</p> <p>2. “The food that we bought just didn’t last, and we didn’t have money to get more.” Was that often, sometimes, or never true for your household in the last 12 months? _____</p>	<p><input type="checkbox"/> Refer to Dietitian. <input type="checkbox"/> EBS to complete FoodShare Application. <input type="checkbox"/> Provide a list of food pantries and community meals.</p>
<p>Food Insecure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>MST Malnutrition Screen Score:</p> <p><input type="checkbox"/> Not at Risk (0 to 1) <input type="checkbox"/> At Risk (2 or more)</p>	

Attachment C

Visit <https://www.nanasp.org/node/59> for the editable Excel version of the meal calculator and other meal cost worksheets.

Total Cost of Meal Worksheet						
Month						
Operating Days for month:						
Food Cost Calculation	total number of meals served in the	Eligible Congregate Meals				
		Eligible HDM Meals				
		Staff Meals				
		Volunteers Meal				
		Guests Meals				
		Total number of meals served				
	Inventory	Beginning Inventory				
		Add Total Purchases				
		Subtract Closing Inventory		<i>What percent of this month's total meal cost is related to food?</i>		
		Total monthly cost of food	\$ -			
FOOD COST PER MEAL						
Labor Cost Calculation	Employee information	employee name	hours per day	hourly rate + benefits	days/mn	monthly employee
					0	\$ -
					0	\$ -
					0	\$ -
					0	\$ -
					0	\$ -
					0	\$ -
	Total monthly cost of labor				\$ -	
LABOR COST PER MEAL			<i>What percent of this month's total meal cost is related to labor?</i>			
Other Cost	Cost of doing business	rent				
		gas				
		electric				
		phone				
		repair(s)				
		other				
		other		<i>What percent of this month's total meal cost is related to other?</i>		
	Total monthly cost of other					
OTHER COST PER MEAL						
THIS MONTH'S TOTAL COST PER MEAL (TCM)			\$ -			