

TITLE III-CONGREGATE NUTRITION PROGRAM Sept. 1, 2016

(A) Purpose

"Congregate nutrition program" means a program that consists of administrative functions; meal production; the provision of nutritious, safe, and appealing meals for eligible consumers in a group setting; and the provision of the nutrition-related services described in rules 173-4-01 to 173-4-10 of the Administrative Code. The purpose of a congregate nutrition program is to promote health, to reduce risk of malnutrition, to improve nutritional status, to reduce social isolation, and to link older adults to community services.

(B) Unit of Service

One meal in compliance of this rule to an eligible participant at a nutrition site, senior center or some other congregate setting.

(C) Minimum requirements for a congregate nutrition program:

- (1) Eligibility and enrollment:
Before the provider provides a meal to a person, the provider shall verify the person's eligibility under rule 173-4-02 of the Administrative Code.
- (2) Frequency of meals: The provider shall keep at least one congregate dining location in its nutrition project open for business to provide meals for at least one mealtime per day to consumers on five or more days per week unless approved by COA.
- (3) Carry out meals: The provider may not use Title III funds to pay for regularly-provided carry- out meals, but may bill for meals sent home with consumers to prepare them for anticipated closing of congregate dining locations for weather-related emergencies.
- (4) Menus:
 - (a) The provider shall only offer menus approved by a dietitian.
 - (b) Nutritional Adequacy: Meals must comply rule 173-4-05, 173-4-05.1 and 173-4-06 of the Administrative Code.
 - (c) The provider shall have a system to offer ingredient information on meals provided to the consumers.
 - (d) The provider shall have menus posted or available to consumers at the congregate center.

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- (e) The provider shall list the serving size for each food items on each production menu.
- (5) Voluntary contributions: This service is subject to voluntary contributions but exempt from cost sharing and must comply with rule 173-3-07 of the Administrative Code, Older Americans Act: consumer contributions.
- (a) The provider shall provide each consumer with the opportunity to voluntarily contribute to a meal's cost and the provider shall accept the voluntary contributions. When soliciting for voluntary contributions, the provider shall:
 - (i) Protect each consumer's privacy and confidentiality with respect to the consumer's contribution or lack of contribution; and,
 - (ii) Establish appropriate procedures to safeguard and account for all contributions.
 - (iii) Clearly inform each consumer that he/she has no obligation to contribute and that the contribution is purely voluntary. It is the consumer who determines how much he/she is able to contribute toward the meal's cost. The provider may not deny a consumer a meal because the consumer does not contribute
 - (b) The provider shall use all collected contributions to expand the congregate nutrition program for which the contributions were given and to supplement (not supplant) funds given to the provider to operate the program.
 - (c) The provider may not choose to base suggested contribution levels on a means test. Instead, the provider may choose to base suggested contribution levels on one or more of the following options:
 - (i) A suggested contribution;
 - (ii) A set range of suggested contribution levels based on income ranges from the United States census bureau; and,
 - (iii) The meal's actual cost. For a person whose self-declared income is at or above 185% of the poverty line, the provider shall encourage a voluntary contribution based on the meal's actual cost.
- (6) Records: The provider shall develop and utilize a system for documenting each meal served. Acceptable methods for documenting meals served include one the following:

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- (a) An electronic system: For each meal served, the system must collect the consumer's name, date and an identifier (e.g. electronic signature, fingerprint, password, swipe card, bar code) unique to the consumer and produce reports upon request for monitoring purposes.
 - (b) A manual system: For each meal served, the provider must maintain a record of the consumer's name, date and handwritten signature of the consumer. If the consumer is unable to produce and handwritten signature, the consumer's handwritten initials, stamp, or mark are acceptable if the method is documented in the consumer record.
- (7) Reporting: Individual client reporting by meal site is required in the specified electronic client registration and billing system as outlined in the COA NAPIS Manual.
- (8) The provider shall offer nutrition health screening to consumers at least annually in accordance with 173-4-09 of the Administrative Code.
- (9) The provider shall offer Nutrition Education to consumers at least two times a year in accordance with 173-4-08 of the Administrative Code.
- (10) Food safety and sanitation:
- (a) The provider shall maintain current food service licensure and demonstrate food safety compliance as determined by the local health department that has jurisdiction in the location where the provider serves the meal.
 - (b) Council on Aging representatives will report any reasonable cause to believe the provider is out of compliance with food safety laws to the appropriate authority.
 - (c) Regardless of whether the food items are purchased or donated, the provider shall only use food items from a source approved by the AAA.
 - (d) The provider shall not reuse a food item that has been served to a consumer that is a time/temperature controlled for safety food.
 - (e) The provider may not serve food obtained from food banks or other food sources that surpasses its use by date or expiration date.
 - (f) The provider shall develop written materials on the procedure for allowing a consumer to remove items from the congregate nutrition program after the consumer finishes eating.

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(11) Food temperatures:

(a) Thermometers:

- (i) To protect the integrity of packaged food (e.g., milk carton or thermal meal container), a provider may use an infrared thermometer that measures the food's surface temperature.

If the provider measures the packaged food's temperature with an infrared thermometer and finds that the food does not meet standards, the provider shall use a probe thermometer to measure the food's internal temperature. Before inserting a probe thermometer into the food, the provider shall clean and sanitize the probe thermometer and practice proper hand-washing technique

(b) Monitoring:

- (i) A provider who produces food on site shall measure the food temperatures when the food is ready to serve. For holding, hot food must remain $\geq 135^{\circ}\text{F}$. Cold food (including milk) must remain $\leq 41^{\circ}\text{F}$. If the temperatures do not meet standards, the provider shall reheat hot food to at least 165°F or chill cold food to maintain $\leq 41^{\circ}\text{F}$.
- (ii) A provider who receives ready to serve food, from food preparers, shall measure the food temperatures upon receiving the food from the food preparers and prior to serving. Hot food must remain $\geq 135^{\circ}\text{F}$. Cold food (including milk) must remain $\leq 41^{\circ}\text{F}$. If the temperatures do not meet standards, the provider shall not accept the food.
- (iii) A provider who receives chilled food (requiring re-thermalization) from a food preparer, shall measure the food temperature upon receiving the food, unless another procedure is approved by COA. Chilled food must be received $\leq 41^{\circ}\text{F}$. If the temperatures do not meet standards, the provider shall not accept the food.
- (iv) A provider who receives chilled food (requiring re-thermalization) from a food preparer shall measure the food temperature after reheating. Food must be heated to at least 165°F prior to serving.
- (v) A provider who receives chilled food (requiring re-thermalization) from a food preparer, shall measure the food temperature prior to serving. Hot food must remain $\geq 135^{\circ}$. Cold food (including milk) must remain $\leq 41^{\circ}\text{F}$.

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- (12) Food-borne illness:
 - (a) The provider shall promptly notify the local health department when any person complains of a food-borne illness.
 - (b) Provider will immediately (within one hour of awareness) notify Council on Aging Provider Services Manager of any occurrence or receipt of a complaint regarding a food-borne illness.

- (13) Emergencies: The provider shall develop and implement written contingency procedures for emergency closings due to short-term weather-related emergencies, loss of power, kitchen malfunctions, natural disasters, etc. In the procedures, the provider shall include:
 - (a) The provider shall notify consumers of emergency closings by using broadcast media, by posting on its website, by telephone or by any combination of the three.
 - (b) To prepare for emergency closings, the provider shall distribute information to consumers on how to stock an emergency food shelf.

- (14) Major Unusual Incidents (MUI): COA requires notification within one hour of applicant's awareness of a MUI such as any alleged, suspected, or actual occurrence of an incident/event that could adversely affect the health or safety of a consumer, the credibility of provider's staff or organization, or any incident in which COA or provider may have liability; lawsuit or potential lawsuit.

- (15) Staff training: The provider shall develop a training plan that includes orientation and annual continuing education.
 - (a) Orientation: The provider shall assure that each employee, including each volunteer who participates in meal preparation, handling or delivery receives orientation on topics relevant to the employee's job duties before the employee performs those duties.
 - (b) Continuing education: The provider shall assure that each employee, including each volunteer who participates in meal preparation, handling or delivery completes continuing education each year on topics relevant to the employee's job duties.
 - (c) The provider shall make, and retain, a written record of each employee and volunteer's completion of orientation and continuing education. The record shall include topics covered during the orientation and continuing education.

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(16) Quality assurance:

- (a) Each year, the provider shall implement a plan to evaluate and improve the effectiveness of its operations and services to ensure continuous improvement.
- (b) In the plan, the provider shall include a review of the existing operation, any modifications the provider made to responded to changing needs or interests of consumers, staff, or volunteers; and proposed improvements. improvement.
- (c) The provider shall offer consumers opportunities to give feedback on current and future menus.

Based on rule 173-4-05.1 and 173-4-05.1

Effective 09/01/2016

Promulgated Under: 119.03

Statutory Authority: 173.01;173.02; 173.392; Section 305 (a)(1)(C) of the Older Americans Act of 1965, 70 Stat. 210, 42 U.S.C. 3001, as amended by the Older Americans Act Reauthorization Act of 2016; 45 C.F.R. 1232.11 (July1, 2016).

Rule Amplifies: 173.392; Section 331 of the Older Americans Act of 1965; 79 State. 210, 42 U.S.C. 3001, as amended by the Older Americans Act Reauthorization Act of 2016.