

Chapter 3

Title III and Title VII of the Older Americans Act (OAA)

DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK

Chapter 3: Older Americans Act (OAA)

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Section I: Purpose, Goals, Legal Basis and Legal Authority

PURPOSE, GOALS, LEGAL BASIS AND LEGAL AUTHORITY OF TITLE III AND TITLE VII OF THE OLDER AMERICANS ACT PROGRAM AND SERVICES:

The purpose, goals, legal basis and legal authority of Title III and Title VII of the Older Americans Act (OAA) program and services are outlined in this chapter under “Service Requirements” in separate sections with similar headings. These sections are as follows:

- A.** General Policies
- B.** Area Agencies on Aging
- C.** Service Providers
- D.** OAA, Title IIIB—Supportive Services
- E.** OAA, Title IIIC—Nutrition Program Policies
- F.** OAA, Title IIID—Disease Prevention and Health Promotion Services Program
- G.** OAA, Title IIIB—Multipurpose Senior Centers
- H.** OAA, Title IIIE—National Family Caregiver Support Program
- I.** OAA, Title VII—Vulnerable Elder Rights Protection Activities

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PURPOSE OF TITLE III OF THE OLDER AMERICANS ACT AND LEGAL AUTHORITY

Purpose of the Chapter: This chapter expresses general policy guidance for the administration of the Title III, OAA program in Florida. All subrecipients of Title III, OAA funding will be held accountable for adherence to these policies.

PURPOSE OF TITLE III (as stated in the OAA) AND LEGAL AUTHORITY:

- A.** It is the purpose of Title III to encourage and assist state agencies and Area Agencies on Aging (AAAs) in entering cooperative arrangements for:
- 1.** Planning and delivering aging programs and services;
 - 2.** Concentrating resources to develop greater service capacity; and
 - 3.** Fostering the development and implementation of comprehensive and coordinated systems to provide supportive services and multipurpose senior centers for older individuals:
 - a.** Attain and maintain maximum independence and dignity in a home environment and the capability of self-care with appropriate supportive services;
 - b.** Remove individual and social barriers to economic and personal independence;
 - c.** Provide a continuum of care;
 - d.** Secure the opportunity to receive managed in-home and community-based long-term care services; and
 - e.** Encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist on a voluntary basis.

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- B.** Agencies include State Units on Aging, such as the Department of Elder Affairs (DOEA). Other agencies include:
1. Area Agencies on Aging;
 2. Agencies that administer home and community-based care programs;
 3. Indian tribes, tribal organizations, and native Hawaiian organizations;
 4. Voluntary organizations or other private sector organizations providing supportive services, nutrition services and senior centers; and
 5. Organizations representing or employing older individuals or their families.

- C.** Specific legal authority for the provisions of this act is as follows:

Older Americans Act, Title III, Part A—General Provisions; Purpose; Administration, Sections 301 through 316

42 U.S.C. 3021 through 3030c

Older Americans Act, Title III, Section 307(a) (10)—direct service provision by AAA

45 CFR, Part 74—Suspension/Termination of AAA

45 CFR, Parts 81 and 90—Title VI of the 1964 Civil Rights Act —Non-discrimination

45 CFR, Part 84—Section 504 of the 1973 Rehabilitation Act—Nondiscrimination—disability

45 CFR, Part 1321—Hearings

45 CFR, Parts 1321.11(a), 1321.53—AAA Role

Administrative Procedures Act, Section 120.57(2), F.S.

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DESIGNATION OF PLANNING AND SERVICE AREAS (PSAs) FOR PROGRAM ADMINISTRATION:

- A. The Department, as Florida's State Unit on Aging, has designated eleven (11) Planning and Service Areas:

PSA: Counties Included in each PSA:

1. Escambia, Okaloosa, Santa Rosa, Walton
2. Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
3. Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
4. Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia
5. Pasco, Pinellas
6. Hardee, Highlands, Hillsborough, Manatee, Polk
7. Brevard, Orange, Osceola, Seminole
8. Charlotte, Collier, Desoto, Glades, Hendry, Lee, Sarasota
9. Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
10. Broward
11. Miami-Dade, Monroe

- B. It is the policy of DOEA to maintain the integrity of these boundaries for all program planning and administration. The Department shall set specific objectives, in consultation with the AAAs, for each PSA to ensure that services, which are Title III-funded, will be targeted to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The state will provide written descriptions of how specific program development, advocacy, and outreach efforts focused on the needs of these individuals must be undertaken.

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- C.** Under federal regulations, any unit of general purpose local government, region within a state recognized for area-wide planning, metropolitan area, or Indian reservation may make application to be designated as a PSA.
- D.** If the Secretary of the Department finds that an AAA has failed to comply with federal or state laws, including the area plan requirements of this section, regulations or policies, the state may withhold a portion of the funds to the AAA available under this title.
- E.** The Secretary of the Department shall not make a final determination to withhold funds under paragraph (D) without first affording the AAA due process in accordance with procedures established by the Department.

At a minimum, such procedures shall include:

- a. Providing notice of an action to withhold funds;
 - b. Providing documentation of the need for such action; and
 - c. Conducting a public hearing concerning the action at the request of the AAA.
- F.** If the Department withholds the funds, it may use the funds withheld to directly administer programs under this title in the PSA served by the AAA for a period not to exceed 180 days, except as provided in section G, below.
- G.** If the Department determines that the AAA has not taken corrective action, or if the Department does not approve the corrective action, during the 180-day period described in section F above, the Department may extend the period for not more than 90 days.
- H.** The Department shall establish and follow appropriate procedures to provide due process to affected parties, if it initiates an action or proceeding to:
 - 1. Revoke the designation of the AAA under section OAA 305(a);
 - 2. Designate an additional PSA in the state;
 - 3. Divide the state into different PSA; or
 - 4. Otherwise affect the boundaries of the PSAs in the state.

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- I. The procedures described in Section H above shall include:
 1. Providing notice of an action or proceeding described in Section H;
 2. Documenting the need for the action or proceeding;
 3. Conducting a public hearing for the action or proceeding;
 4. Involving AAAs, service providers, and older individuals in the action or proceeding; and
 5. Allowing an appeal of the decision of the Department in the action or proceeding to the Assistant Secretary of the Administration for Community Living.

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DESIGNATION OF AREA AGENCY ON AGING:

- A. The Department shall designate an AAA whose responsibility shall be to develop a plan for the PSA.
- B. The designated AAA shall be one of the following:
 - 1. An established office on aging operating within the PSA;
 - 2. Any office or agency of a unit of general purpose local government which is designated to function only for serving as an AAA by the chief elected official of the governmental unit;
 - 3. Any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act only on behalf of such combination for this purpose; or
 - 4. Any public or non-profit private agency in a PSA or any separate organizational entity within such agency which can and will engage only in the planning of a broad range of supportive and nutrition services for the elderly, under the supervision of the Department.
- C. If a multipurpose agency is designated as the AAA, all responsibilities for OAA Title III programs must be delegated to a sole organizational unit which has full authority and capability to prepare and administer the area plan.
- D. A regional or local agency of state government may not be designated as an AAA.
- E. If a new AAA is to be designated, the "right of first refusal" shall be given to a unit of general purpose local government if:
 - 1. The boundaries of such a local governmental unit are reasonably contiguous with the PSA; and
 - 2. There is an office or agency designated by the chief elected official for serving as the area agency.
- F. If a new area agency is to be designated and the appropriate unit of general purpose local government chooses not to exercise its right as stated in this section, preference shall be given to an established office on aging, if applicable; otherwise, designation may be from any other agency permitted in this section.

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- G.** In accordance with federal regulations, designation of an AAA is presumed to be continuous unless withdrawn for cause or voluntarily discontinued. A competitive Request for Proposal (RFP) process will be used to identify the organization best qualified to be the designated AAA whenever an AAA is designated.
1. The Department of Elder Affairs (DOEA) will develop the RFP.
 2. A recommendation will be made to the DOEA Secretary based on the bid review team's evaluation.
 3. The actual designation will be made by the DOEA Secretary, as the director of the state unit on aging.
 4. The contract with the new AAA will not be awarded until an area plan is submitted and accepted.

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RESCINDING DESIGNATION OF AN AREA AGENCY ON AGING:

- A.** In accordance with Section 430.04, F.S., the Department of Elder Affairs has the authority to rescind designation of an AAA whenever, after reasonable notice and opportunity for a hearing, it finds that:
1. An AAA does not meet the requirements of the Code of Federal Regulations; or
 2. An area plan or plan amendment is not approved by the Department; or
 3. There is substantial failure in the provision or administration of an approved plan to comply with provisions of the OAA, as amended, the applicable federal regulations, state statutes or administrative rules; or
 4. Activities of the AAA are inconsistent with the statutory mission prescribed in the OAA.
- B.** At least 90 days prior to the intended action of rescinding the designation of the AAA, and after the AAA has been afforded due process to correct deficiencies, the DOEASecretary will be responsible for determining the relevant facts and circumstances which warrant such action and prepare a written notification to the agency announcing the intention to rescind designation. The notification shall be delivered to the executive director of the AAA and the board of directors by U.S. Certified Mail, return receipt requested, or by hand delivery. The notification shall contain the following:
1. A statement of the basis for the decision to withdraw the designation as an AAA, including the citation of specific legal or contractual provisions that were allegedly violated;
 2. Information on the facts, circumstances, and evidence which substantiate the decision;
 3. Information on the technical assistance given by DOEAS staff to identify and help with corrective action for deficiencies of the AAA;
 4. The effective date of the proposed rescinding of designation; and

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5. A statement that the AAA may:
 - a. Submit further information to justify its position;
 - b. Review any pertinent evidence on which the withdrawal is based;
 - c. Attend a public hearing conducted by the Department involving the rescinding of its designation.
- C. DOEA shall conduct a public hearing within 30 days of the notice of the intent to rescind designation. The public hearing shall be noticed in the Florida Administrative Weekly to allow participation by the AAA, service provider, older individuals, and other interested parties.
- D. DOEA shall render a final written decision within 30 days after the public hearing. A copy of the hearing record will also be provided to the AAA in accordance with Chapter 120.57(2)(b) F.S. If DOEA upholds its original decision to rescind designation of the AAA, the decision shall include the reasons and the following information:
 1. A statement of the AAA's right to request a hearing regarding the adverse decision in accordance with Chapter 120.57, F.S.;
 2. A statement of the AAA's right to request an appeal regarding the adverse decision with the Assistant Secretary of the ACL.
- E. If the AAA requests a hearing, DOEA shall withhold rescinding designation until the hearing decision is rendered.

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CONTINUITY OF SERVICES:

- A.** In the event the Department, as the State Unit on Aging, withdraws an AAA's designation or an AAA voluntarily withdraws, the Department shall:
 - 1.** Require the AAA to provide a written plan for the continuity of services in the affected PSA for the Department's approval and implementation;
 - 2.** Designate a new AAA in a timely manner; and
 - 3.** Obtain the transfer of program, financial and property records, both current and prior years, including all documentation of service provider contracts from the AAA.
- B.** If necessary, to ensure continuity of services, for a period up to 180 days after the effective date of the withdrawal of the designation of AAA, the Department may:
 - 1.** Perform the responsibilities of the AAA; or
 - 2.** Assign the responsibilities of the AAA to another agency in the PSA.
- C.** The 180-day period may be extended by the Assistant Secretary of the ACL under 45 CFR 1321, if requested by the Department.

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ROLE OF THE SERVICE PROVIDER:

Each service provider is responsible for:

- A.** Planning and conducting activities as indicated in the area plan in accordance with the approved service provider application or other contract documentation;
- B.** Establishing priorities and methods for serving older persons with greatest economic or social need with attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Such methods must conform to state and AAA policies; and
- C.** Familiarizing its staff with this policy handbook and referenced authorities and for carrying out all activities in compliance with federal and state statutory and regulatory requirements

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COORDINATION WITH THE COMMUNITY CARE FOR THE ELDERLY (CCE) PROGRAM:

Requirements for coordination between OAA and CCE programs:

- A.** The AAA is responsible for ensuring that the planning and administration of the OAA program is coordinated with the CCE program.
- B.** At the service provider level, the OAA program and CCE program shall be effectively coordinated to maximize benefits to older persons.

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COORDINATION WITH MEDICAID CAPITATED LONG-TERM CARE PROGRAMS:

Requirements for coordination between OAA and Medicaid capitated long-term care programs:

- A.** Consumers shall not be dually enrolled in an OAA Program and a Medicaid capitated long-term care program, except for consumers in need of OAA Legal Assistance services and OAA Congregate Nutrition Services, including transportation to and from congregate meal sites. If the MLTC consumer participates in recreational activities at the meal site, the provider shall not bill the service to the OAA Program.
- B.** The Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program enrollee referral process, listed below, is a provider reference for OAA providers and managed care plans (MCPs) regarding a SMMC LTC enrollees' access to OAA congregate nutrition services.

SMMC LTC Enrollee Referral Process

- A.** SMMC LTC MCPs must coordinate with local OAA nutrition service providers in each of the planning and service areas (PSAs) to access congregate nutrition services, and transportation to congregate meal sites, if needed. Coordination includes contacting the service provider, with the enrollee's documented consent (to be maintained by the MCP).
- B.** The nutrition service provider will access the enrollee's current assessment information from CIRTIS and prioritize the enrollee for services. In addition to frailty, priority is based upon OAA targeting criteria. The MCP must ensure the enrollee has a current "701B assessment" in CIRTIS upon making the referral.
- C.** The nutrition services provider will notify the SMMC LTC MCP case manager prior to release of an SMMC LTC enrollee from the OAA congregate nutrition services priority list. If an individual is receiving OAA congregate meal services prior to Enrollment Management System (EMS) release, then there will be no interruption in the individual's OAA services. The priority list for OAA congregate nutrition services is managed by the local OAA provider.
- D.** The SMMC LTC MCP case manager must provide the completed "DOEA Congregate Meal Nutrition Services Referral Form #243" to the nutrition service provider, (to be maintained by the nutrition service provider). The nutrition service provider will contact the enrollee to begin services.

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COORDINATION OF SUPPORTIVE SERVICES FOR MENTALLY IMPAIRED AND PHYSICALLY IMPAIRED OLDER PERSONS

Requirements for coordinating supportive services are as follows:

- A.** Area plans shall address the coordination of supportive services.
- B.** At the service provider level, the OAA program shall provide coordination and cooperate with local community mental health provider agencies, and agencies assisting individuals with physical disabilities, making referrals as needed.

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COOPERATION WITH ADULT PROTECTIVE SERVICES:

Area Agencies on Aging and service providers shall cooperatively respond to requests for assistance from the Department of Children and Families (DCF) Adult Protective Services (APS) staff and assist as appropriate with efforts to prevent adult abuse, neglect, or exploitation. Priority for services shall be given to victims of abuse, neglect, or exploitation. Activities related to DCF APS referrals shall be done in accordance with the APS Referrals

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LICENSURE AND SAFETY REQUIREMENTS FOR PROVIDERS:

Each service provider must meet existing state and local licensure, certification, and safety requirements for the provision of services. Each service provider is responsible for determining the requirements applicable in the area(s) it serves.

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REASONABLE ACCESS TO INFORMATION AND REFERRAL SERVICES: A statutory requirement, applicable to all AAAs, is the obligation to ensure that all older persons in the PSA have reasonably convenient access to information and referral services. Each area plan requires an assurance concerning these essential services.

Requirements for Information and Assistance:

- A.** All providers of OAA, Title III services are to be responsive to requests for assistance from older persons or on behalf of older persons and provide comprehensive information on the full range of available public and private long-term care programs, options, services providers, and resources within a community, that can meet the needs inferred from the contact (phone, email, walk-in, etc.), including information on the availability of integrated long-term care services, and federal or state programs that provide supports through home and community-based services programs.;
- B.** Assess the problems and capacities of the individuals;
- C.** Link individuals to the opportunities and service that are available;
- D.** To the maximum extent practical, ensure that the individuals receive the services needed by adhering to established follow-up procedures when necessary;
- E.** Serve the entire community of older individuals, particularly;
 - Older individuals with greatest social need;
 - Older individuals with greatest economic need; and
 - Older individuals at risk for institutional placement.
- F.** Each AAA shall ensure that up-to-date resources of agencies and organizations targeting services to elders, persons with disabilities and caregivers, is maintained and made available to the community. Agencies and organizations listed in the statewide aging resource database shall meet the criteria that guide the inclusion and exclusion of providers in the Aging and Disability Resource Center (ADRC) resource directory.
- G.** This policy refers to an administrative or advocacy response to a request for assistance and is considered an administrative function rather than a direct community service.
- H.** All providers of OAA, Title III services are to be responsive to opportunities to advance public knowledge about the OAA program by public presentations (speaking to groups, appearing on television or radio shows, or press releases). Such public information should acknowledge the financial support provided by OAA, Title III for community programs serving older persons.

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LEADERSHIP AND ADVOCACY:

All providers of OAA, Title III services undertake the inherent obligation to provide area or community leadership on aging issues and to serve as the advocate and focal point for the elderly within the community in cooperation with agencies, organizations, and individuals participating in activities under the area plan monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which affect the elderly. "Advocacy" is initiating positive changes in public or private policies and attitudes towards older persons, acting to improve, modify, or eliminate situations which adversely impact on lives of older persons, or expressing support for older persons and their interests. Advocacy activities may be broadly supportive of the general interests of older persons or may involve specific activities on behalf of individuals.

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RESTRICTIONS ON LOBBYING:

Federal regulations provide restrictions on the use of OAA, Title III funds for lobbying or political advocacy. In general, the restrictions apply to attempts at influencing elections, partisan contributions, and the introduction or enactment of legislation and legislative liaison activities. Unallowable lobbying with federal funds includes such activities as direct electioneering or participation in campaigns, direct lobbying to politically influence federal or state legislation, and efforts to generate concerted public action on a legislative issue. (The detail of these restrictions is contained in 29 CFR Part 93, 2 CFR Part 200, and 45 CFR Part 93))

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CLIENT CONFIDENTIALITY:

Confidentiality Requirements:

- A.** All providers of OAA, Title III services are responsible for maintaining confidentiality of information obtained in the delivery of services. No information about an older person, or obtained from an older person by a service provider, AAA, or the state agency may be disclosed in a form that identifies the person, without the informed consent of the person or of his or her legal representative, unless disclosure is required by court order, operations, payment and treatment, or for program monitoring by authorized federal, state, or local monitoring agencies. It should be understood by older persons that failure to provide informed consent may preclude referral to another service agency.
- B.** Specific policies regarding confidentiality include:
 - 1.** Information contained in the DOEA Client Information and Registration Tracking System (CIRTS) will be disclosed only in accordance with established DOEA procedures.
 - 2.** Neither the state, nor a state agency, may require any provider of legal assistance under Title III to reveal any information that is protected by the attorney-client privilege.
 - 3.** Information may be disclosed to the public by the state agency or the state only if such information could be disclosed under Section 652 of Title 5, U.S.C., by an agency of the United States.
 - 4.** The minimum requirement for safeguarding files and records is a locked cabinet or file.

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COMMUNITY PARTICIPATION:

One of the primary features of the OAA, Title III program is county and community involvement in the planning and funding of the system of services for older persons. Each service provider must seek to expand the sense of community participation by expanding the use of volunteers, by involving qualified local persons in both policy making or advisory capacities, by collecting and analyzing information on the needs, opinions and preferences of older persons, by employing qualified staff from local sources, and by securing the required non-federal financial share (local match).

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TARGETING ECONOMIC OR SOCIAL NEEDS AND OUTREACH EFFORTS:

Targeting Methodology:

- A.** Older Americans Act, Title III funding provides services to persons 60 years of age or older, regardless of income or assets. The OAA mandates that preference be given to providing services to older individuals with the greatest economic or social needs and individuals at risk of institutional placement, with attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.
- B.** Each AAA's area plan shall include objectives and a methodology by which providers will address the targeting requirement.
- C.** AAAs shall ensure that service providers have approved written procedures for prioritizing individuals to receive services when resources are insufficient to meet the demand for services. Examples of indicators which may be used for identifying older persons with a high probability of service need are:
 - 1. Functional impairment or disability;
 - 2. Inadequate housing and environment;
 - 3. Homebound;
 - 4. Living alone;
 - 5. Low-income minority;
 - 6. Limited English proficiency;
 - 7. Isolation and lack of access to social and recreational activities;
 - 8. Caregiver "burn out," or
 - 9. High-risk nutritional status.

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Outreach Efforts: Outreach is an access service, and is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources.

Agencies must ensure that outreach efforts are conducted to identify older persons with the greatest economic or social needs, with attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and to inform these elders of the availability of supportive and nutrition services. For additional information, see the outreach service description in Appendix A.

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NON-DISCRIMINATION POLICIES:

All providers of OAA services shall make every effort to actively recruit and employ qualified older persons and undertake the responsibility to administer their programs in compliance with federally mandated non-discrimination policies. Specific requirements are:

Legal Authority for Non-Discrimination Policies:

- A.** Non-discrimination based on race, color or national origin (45 CFR Part 80 and 81); Title VI of the Civil Rights Act of 1964, as amended.
- B.** Non-discrimination based on handicap in programs or activities receiving federal financial assistance (45 CFR 84),

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Affirmative Action Plans:

- A.** To ensure equal employment opportunity for minorities, women and persons with disabilities, each provider of OAA, Title III services must develop and adhere to an affirmative action plan.
- B.** Affirmative action plans are to address agency policies relating to:
 - 1.** The recruitment, hiring, placement, training and education of employees;
 - 2.** The dissemination of policies;
 - 3.** The identification of the responsible official of the agency;
 - 4.** The design of an effective program for monitoring status and progress in equal employment;
 - 5.** A grievance procedure for applicants or employees; and
 - 6.** The Americans with Disabilities Act.

STAFF TRAINING:

AAA and Service Provider Responsibilities:

- A.** Each AAA is to identify annual training requirements and sources of funding for training for:
 - 1.** Service provider staff;
 - 2.** AAA staff;
 - 3.** Board of directors; and
 - 4.** Advisory council.
- B.** Service provider applications shall address staff development and training, indicating the pre-service, orientation, and in-service training to be provided and the sources of funding.

CONFLICT OF INTEREST:

Conflict of Interest Standards:

- A.** "Conflict of interest" is a situation wherein a person may be perceived as having private interests or multiple public agency duties and responsibilities, which may interfere with the ethical conduct of duties and responsibilities being rendered to an agency funded with OAA, Title III funds.
- B.** Because of the potential for "conflict of interest," AAAs and service providers must adhere to the following minimum policies regarding board of directors' voting membership:
 - 1.** No DOEA employee may be a member;
 - 2.** No AAA or provider may employ, in any capacity, any member of its governing board or any family member of a person on the board (i.e., brother, sister, child, parent, grandparent or spouse); and
 - 3.** No AAA may make a sub-grant or subcontract with any service provider, if a member of the AAA's board is also a member of the provider's staff, board of directors or advisory council.
- C.** No AAA or service provider will give preference for services to older individuals because of a contract or commercial relationship that is carried out to implement Title III, unless stipulated by OAA or DOEA contracts or policies.
- D.** Voting members of the AAA's Board of Directors shall not include a member of the AAA's Advisory Council.

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PURPOSE: This section provides policy and guidance on the role and responsibilities of the AAAs in Florida. The policies apply to the AAAs as recipients of OAA, Title III funds and provide guidance for AAAs in managing the network of service providers in the PSA.

Area Agency on Aging Authority and Capacity:

- A.** The AAA is a public agency or non-profit, private corporation designated by the State Unit on Aging to carry out the provisions of the OAA, as amended, at the sub-state level. The AAA serves as the advocate for older persons and is the agency responsible for fostering the development of a comprehensive and coordinated system of service delivery for older persons in the PSA.
- B.** The OAA and federal regulations provide guidance on the types of agencies that may be designated to perform AAA functions and provide specific procedures to be followed in the process of designating a new AAA.
- C.** There will be only one AAA designated in each PSA.
- D.** If a multi-purpose (umbrella) agency is the designated AAA, all authority and responsibility for AAA functions must reside in a single organizational unit of the multi-purpose agency.
- E.** The designated AAA must have sufficient legal authority and administrative capacity to plan, coordinate, implement, and supervise the area plan for the PSA.
- F.** The board of directors of the AAA is the legally recognized entity designated as the AAA. The responsibility, accountability, and liability for the prompt and complete execution of contractual obligations to DOEA or other agencies rest with the board of directors.
- G.** Each AAA must have written procedures for complying with its statutorily mandated functions. All policy and procedures must be approved by the AAA board of directors and shall be made available for review by DOEA staff upon request.

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ROLE OF THE AREA AGENCY ON AGING (AAA):

Each AAA is responsible for the following activities:

- A.** Planning, coordinating, administering, and assessing a comprehensive and coordinated system of services to older persons in the PSA. The AAA is limited to engaging in only those activities which are consistent with its statutory mission prescribed in the OAA or policies prescribed by the state, which is given authority and responsibility "to develop policies governing all aspects of programs operated under Part 1321 grants to state and community programs on aging" in 45 CFR, Parts 1321.11(a) and 1321.53.
- B.** Hiring qualified staff at sufficient capacity to develop the area plan and to perform the functions of an AAA as prescribed in federal and state regulations and in this handbook.
- C.** Selecting, administering, and evaluating a network of service provider agencies which are responsible for the provision of services to older persons. Specific objectives must be established by the AAA for providing services to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- D.** Ensuring the use of outreach efforts that will identify eligible individuals, with special emphasis on older individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- E.** Establishing priorities and methods for serving older persons with greatest economic or social need with attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- F.** Conducting annual evaluations of the effectiveness of outreach efforts in reaching low-income minority persons and older persons living in rural areas.
- G.** Identifying, allocating and coordinating available resources to achieve the most effective program for older persons.
- H.** Developing program activities to provide the types of services most needed and provide them in the locations most appropriate to serve those older persons in greatest economic or social need.

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- I.** Conducting advocacy activities including:
 - 1.** Soliciting comments from the public on needs of older persons through public hearings.
 - 2.** Representing the interests of older persons to local officials and public and private agencies and organizations.
 - 3.** Monitoring, evaluating, and, where appropriate, commenting on all policies, programs, hearings, levies, and community actions which affect older persons.
 - 4.** Carrying out activities in support of the Long-Term Care Ombudsman Program in the PSA.
- J.** Engaging in efforts directed at furthering research projects or innovative approaches to service delivery.
- K.** Conducting outreach activities to identify older Indians in the PSAs and informing such older Indians of the availability of assistance under the OAA, if there is a significant population of older Indians in the PSA.

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DIRECT PROVISION OF SERVICE BY THE AREA AGENCY ON AGING (AAA):

- A.** Area Agencies on Aging will not directly provide supportive, nutrition, or in-home services, except as specifically approved by the Department.
 - 1.** Any AAA wishing to provide direct service must determine the basis for the exception by a review of Section 307(a)(8) OAA, and submit a written request for exception. Such requests for exception must:
 - a.** Include the basis for the exception which is either:
 - i.** Based on the need to assure an adequate supply of the service; and/or
 - ii.** Based on the service being directly related to the AAA's administrative functions; and/or
 - iii.** Based on the service being provided more economically, and with comparable quality, by the AAA
 - b.** Include verifiable evidence and documentation to support such a request for exception;
 - c.** Include precise measurable objectives for the proposed service;
 - d.** Include a plan for an objective economic evaluation of the exception, which will address a comparative analysis of the AAA provided direct services and equivalent services as rendered through a service provider agency;
 - e.** Be routed to DOEA; and
 - f.** Be approved by the DOEA in writing.
 - 2.** Approval by DOEA for an AAA to perform direct services will be valid for not more than one area plan cycle. During the cycle, the AAA must work with local service providers to develop the capacity to perform the service if the exception no longer meets the criteria cited in A 1 above.
- B.** Provision of direct services by the AAA will not be incorporated in the area plan without specific prior approval of the DOEA.

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POLICY ON AAA STAFFING AND ORGANIZATION:

- A.** Each AAA will have an active, functioning, policymaking board. For AAAs that are free-standing, private, non-profit agencies, this is the board of directors. For AAAs that are within a multipurpose agency, there must be an equivalent multi-member policymaking body.
- B.** Each member of the policy making board must reside and/or work in the PSA. The board of directors should be representative of all geographic areas of the PSA to the degree feasible.
- C.** Each AAA must have a qualified full-time employee designated as the AAA executive director, or an equivalent title. Section 20.41 (7) F.S. requires the AAAs appoint an executive director in consultation with the Secretary of the Department of Elder Affairs. The individual must have complete authority over staff and routine activities of the AAA. "Full-time" is defined as having no conflicting or competing duties, responsibilities, or assignments and a normal scheduled workweek of not less than 40 hours. "Qualified" is defined as meeting the education, experience, and training specified for the position. The following are minimum qualifications for the AAA executive director:
 - 1.** Bachelor's degree from an accredited college or university in public administration, social work, or a related academic area, with a minimum of five years of professional and/or administrative supervisory experience in social, economic, health, or rehabilitative services. A Master's degree can substitute for one year of the required work experience.
 - 2.** Professional or non-professional work experience may be substituted for the required college on a year for year basis.
 - 3.** Extensive experience in project management and/or community organization and planning related to elderly services is preferred.
- D.** Each AAA must have:
 - 1.** A qualified, full time person responsible for the financial activities of the AAA;
 - 2.** A qualified, full time person responsible for the program activities of the AAA;
 - 3.** A qualified person responsible for the planning activities of the AAA;

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4. A qualified person responsible for the monitoring activities of the AAA;
 5. A designated person responsible for the advocacy activities of the AAA; and a designated person for the Client Information and Registration Tracking System (CIRTS) administration.
- E.** The AAA is responsible for transmitting information about information and assistance and case management services to the Elder Helpline and other applicable agencies when such information is made known to the AAA. Each AAA must designate a resource staff person who is responsible for disseminating information. The information must be maintained in a current Information and Referral (I & R) directory and be available to Elder Helpline staff. The AAA must also list its agency in the area telephone directory under "Area Agency on Aging."
- F.** Each AAA is responsible for developing written documentation, approved by the board of directors, supporting each of these personnel requirements:
1. Job descriptions must be established for each position funded by Title III, OAA, and associated unpaid positions.
 2. The minimum education, training, experience, and qualifications necessary for each position must be established.
 3. A salary range for each position must be established. Salary ranges must be reasonably consistent with equivalent positions in state government (i.e., positions with similar duties and responsibilities and similar training, education, and experience qualifications).
 4. An approved organizational chart or charts illustrating the structure and relationship of positions, units, supervision, and functions must be developed.
 5. Personnel policies, which are incorporated into agency operating procedures, must be developed which address, at least, the following topics:
 - a. Employee recruitment and hiring;
 - b. Lines of authority and supervision;
 - c. Work schedules and hours of operation;
 - d. Employee compensation;

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- e.** Employee fringe benefits;
 - f.** Incentive compensation (2 CFR Part 230);
 - g.** Employee evaluation and promotion;
 - h.** Leave;
 - i.** Confidentiality and privacy;
 - j.** Employee discipline and termination;
 - k.** Employee grievance procedures;
 - l.** Accidents, safety, and unusual incidents;
 - m.** Transportation/travel;
 - n.** Employee conduct;
 - o.** Employee pre-service and in-service training and staff development;
and
 - p.** Procedures for selecting the AAA executive director.
- G.** Each AAA shall give preference to qualified persons age 60 and over when hiring to fill OAA-funded positions.

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AREA AGENCY ON AGING ADVISORY COUNCIL:

Advisory Council Requirements:

- A.** Each AAA must establish an advisory council to advise the AAA on matters relating to the development and coordination of services for older persons. .
 - 1.** The council shall advise the agency relative to:
 - a.** Developing and administering a DOE A approved area plan, and operations conducted under the plan;
 - b.** Conducting public hearings;
 - c.** Representing the interests of older persons; and
 - d.** Reviewing and commenting on community partner organization policies, programs, and actions that affect older persons with the intent of assuring maximum responsiveness to older persons.
 - 2.** **Council Composition:** The council shall include older individuals and representatives of older individuals who will enhance the role of the AAA in developing and administering a department-approved area plan. The advisory council shall be made up of:
 - a.** Older individuals, age 60 and older, including minority individuals and older individuals residing in rural areas who are clients or who are eligible to participate in OAA programs. (More than 50 percent of the membership must be 60 years of age or older);
 - b.** Family caregivers of individuals, age 60 and older, including minority individuals and older individuals residing in rural areas;
 - c.** Representatives of older individuals;
 - d.** Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
 - e.** Representatives of supportive service provider organizations,
 - f.** Persons with leadership experience in the private and voluntary sectors;
 - g.** Local elected officials; and

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h. The public.

B. Review and Approval at the Local Level of the Multi-Year Area Plan:

- 1.** The AAA advisory council must have the opportunity to provide input into the development of the multi-year area plan. The signature of the advisory council chairperson is required prior to the plan's submission to DOEA.

C. Review and Approval at the Local Level of the Area Plan Update:

- 1.** The AAA advisory council must review and sign-off on the area plan annual update. The signature of the advisory council chair is required prior to the annual update's submission to DOEA.

D. The advisory council must review and approve the AAA's area plan as a prerequisite for the plan's submission to DOEA.

E. The AAA advisory council acts in an advisory capacity only, and is not authorized to establish policy or make decisions concerning the OAA, Title III program.

F. The following additional guidelines apply to the AAA advisory council:

- 1.** Membership selection should closely represent the demographics of the PSA. All counties in the PSA must be represented to the extent possible.
- 2.** The following individuals may not be voting members of the AAA advisory council:
 - a.** DOEA employees;
 - b.** AAA employees and members of the AAA's board of directors;
 - c.** Employees of service provider agencies under the area plan;

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- d.** Members of the boards of directors of service provider agencies operating under the area plan; and
 - e.** Immediate family members of an AAA employee (i.e., spouse, parent, grandparent, child, brother, or sister).
- 3.** In any instance where the AAA's advisory council membership conflicts with the preceding membership guidelines, the AAA must prohibit the identified member(s) from voting on any issue and act to comply with the guidelines within 90 days of discovery.
- 4.** The AAA's advisory council must develop, adopt, and maintain by-laws. These by-laws must be available to the public. They must, at a minimum, specify the purposes and procedures of the advisory council, the number of members, terms of membership, procedures for selection of members, and frequency of meetings. By-laws must also contain specific policies and procedures to identify and eliminate or reduce potential conflict of interest in council membership.
- 5.** AAA advisory council meetings must be held at least quarterly. Minutes of the proceedings of the meetings shall be accurately recorded, promptly transcribed, and distributed to the membership, including ex-officio members.
- 6.** Copies of the by-laws and minutes of advisory council meetings must be available for review by the Department and the public.
- 7.** Non-voting membership or ex-officio members may be chosen to provide technical expertise or broad program insight.

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PUBLIC INFORMATION:

Public Information Requirements - Each Area Agency on Aging (AAA) shall:

- A.** Develop a public information program that routinely provides the news media with information about programs, activities, and needs of older individuals throughout the PSA.
- B.** Ensure providers receive relevant information contained in policy, technical assistance, and informational issuances of the AAA and DOEA, including this handbook, fiscal administration manuals, and their revisions.
- C.** Adopt a policy of freedom of dissemination of information. The area plan, program and financial reports, and other documents not subject to confidentiality restrictions shall be available to the public for review upon request. All federal and state policies and procedures must also be available to the public for review upon request. Such information is to be available at reasonable times in the administrative offices of the AAA for review by interested persons upon specific request, including news media representatives. Each AAA must develop procedures for responding to requests for information under this policy.
- D.** Adopt procedures for responding to requests for copies of documentation. A reasonable amount, not to exceed the actual cost, may be charged for making copies to satisfy requests for information from outside the Florida aging network.
- E.** Provide positive program publicity at the AAA and provider levels to enhance community support of, and cooperation with the objectives of the OAA, Title III program.
- F.** Ensure that the public information policy maintains confidentiality regarding persons who are clients or applicants for services.

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AAA ADVOCACY, PROGRAM DEVELOPMENT, OUTREACH AND LEADERSHIP ROLE:

Each AAA is statutorily mandated to represent the views, concerns, and interests of older persons with the greatest economic and social needs, with attention to low income minority older individuals within its geographic area of responsibility. The AAA must establish policies and procedures and execute its duties and responsibilities with due consideration for the views of older persons, groups representing older persons, elected officials, social, civic, and community organizations and agencies, as well as the public. The AAA must develop the area plan with reasonable opportunity for public input and must act to effectively obtain the views of older persons on the community's need for services. The AAA must also have procedures for prompt responses to requests for information from citizens, older persons, or media representatives. Specific responsibilities of the AAA for advocacy and program development are included in the OAA. It should be noted, however, that lobbying or political advocacy using federal funds is prohibited.

Program Development and Coordination Requirements—Each AAA shall:

- A.** Ensure, through management leadership activities, effective program development and coordination to ensure a more efficient, complete, and comprehensive service delivery system. These activities include technical assistance, training, advocacy, public information, inter-agency communication, community participation, and coalition building;
- B.** Establish cooperative agreements and understandings with community service agencies not under the area plan to extend, expand or improve services available to older persons;
- C.** Develop service provider agency capacity to perform services under the area plan efficiently, effectively and economically;
- D.** Plan realistic initiatives for program development and coordination, which will achieve measurable results within a defined time;
- E.** Establish, in accordance with the OAA, Section 306(a)(b)(H), effective procedures for coordination with specified federally-sponsored programs; and
- F.** Enter arrangements, as specified in the OAA, with organizations providing day care services for children to provide opportunities for older individuals to aid or assist, on a voluntary basis, in the delivery of such services to children.

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PROVIDER APPLICATION AND REVIEW PROCESS:

- A.** Each AAA must establish written procedures for accepting applications for funding from current or potential service provider agencies.
- B.** The Department will provide a standardized service provider application (SPA) to be used by AAAs to develop area-specific service provider applications. This application will incorporate the essential elements needed to support a contract under the area plan for OAA, Title III funding.
- C.** Implement the approved area plan through contracts with service provider agencies.
- D.** Establish written policies, procedures, criteria, and standards for purchasing and procurement of goods and services on an open and competitive basis.
- E.** To obtain OAA, Title III funds to provide services under the area plan, an applicant agency shall submit a SPA or an equivalent proposal to the AAA, in accordance with directions provided by the AAA.

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- F.** Any local public agency or any private nonprofit agency or organization incorporated under the laws of the State of Florida is eligible to apply for OAA, Title III funding. Private, profit-making agencies are eligible to apply for OAA, Title III funding, but in accordance with Chapter 287, F.S., may not receive advance funding for contractual services. A regional or local agency of the state may not be a service provider under an area plan.
- G.** The framework for the SPA is developed by the Department and includes the basic requirements, instructions and formats for requesting funds to provide DOEAs-funded services administered by the AAA. The SPA is intended to serve as a guide for the AAA in the development of PSA-specific applications to address local needs and initiatives. Approval and oversight of the AAA's service provider application process is the responsibility of the AAA board of directors.
- H.** The minimum standards for handling service provider applications for funding under the area plan are as follows:
- 1.** The AAA must be responsive to requests for technical assistance concerning the application process on a basis that is fair to all applicants.
 - 2.** Applications received must be evaluated to ensure that they meet minimum criteria. Each application must include the following:
 - a.** A proposal of supportive or nutritional services consistent with the proposed area plan or Request for Proposal (RFP);
 - b.** Meaningful and realistic program objectives which comply with DOEAs minimum service standards and policies;
 - c.** A realistic plan on how the service needs of low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas will be met, ensuring that services will be provided to them in accordance with their needs, rather than in proportion to their percentage of the population served.
 - d.** incorporation of reasonable, necessary and allowable budget information in agreement with DOEAs grants accounting standards;
 - e.** A proposal including cost effective services in a defined geographic service area;

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- f.** A proposal including sufficient staff qualified by experience, education, and training to ensure proper and efficient program and fiscal accountability;
 - g.** Verifiable assurances that the providers' activities will be operated in accordance with OAA, Title III regulatory requirements; and
 - h.** Responsiveness to the instructions contained in the service provider application.
- 3.** The AAA will determine the number of copies to be submitted and whether the use of a "draft" application for prior review and critique will be required.
- 4.** The AAA will perform a critical review of each application accepted.
- 5.** Each applicant will be provided information regarding the discrepancies noted by a separate written critique.
- 6.** AAAs are urged to meet with the applicants to discuss the review and evaluation findings.
- 7.** In the event the AAA receives applications from more than one provider agency proposing to provide essentially the same services, the AAA may apply the following considerations in its evaluation process:
 - a.** Prior experience of the applicant in providing supportive or nutrition services for older persons;
 - b.** Extent of community support and local funding for the applicant; and
 - c.** Recommendation of the AAA advisory council because of a qualitative and quantitative review and comparison of all applicants.
- 8.** The AAA shall notify unsuccessful applicants and inform them of their right to obtain a hearing in accordance with procedures approved by the AAA's board of directors.
- 9.** In those cases, where the accepted application contains weaknesses, discrepancies, or omissions, the AAA will arrange a meeting with the potential provider agency. The AAA is responsible for coordinating and conducting the meeting. The AAA will clearly identify all revisions required to make the application "approvable" and ensure the service provider understands the requirements and time frame for accomplishment.

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- 10. The service provider must complete all revisions noted by the AAA and respond within the negotiated time frame with a fully acceptable application.
- C. The AAA is responsible for assuring that each application approved for OAA, Title III funding conforms to the applicable statutory and regulatory requirements.

Note: Approval of AAA contracts and policies and procedures is the responsibility of the AAA board of directors.

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REQUEST FOR PROPOSAL (RFP) AND INVITATION TO BID (ITB):

- A.** The AAAs must competitively bid contracts for DOEAF-funded services at least every six years in accordance with applicable state and/or federal regulations. The “Request for Proposal” or the “Invitation to Bid” may be used by the AAA to obtain proposals for purposes of gaining economy, efficiency and effectiveness in the delivery of services to older persons.
- B.** Each AAA shall have specific policies and written competitive solicitation procedures to ensure all interested agencies are offered a fair opportunity to submit responsive proposals. Approval and oversight of the AAA’s competitive solicitation process is the responsibility of the AAA board of directors.

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TECHNICAL ASSISTANCE AND TRAINING:

AAA and DOEA Requirements Regarding Technical Assistance and Training:

- A.** Each AAA must provide an on-going program of technical assistance and training, both programmatic and financial, to service providers under the area plan. The AAA may provide technical assistance by verbal and written communications, during on-site visits, at training or workshop sessions, or during other conferences and meetings.
- B.** Each AAA must provide technical assistance to applicants, potential service providers, other agencies and organizations of the PSA, and the public concerned with the needs of older persons.
- C.** Technical assistance may result from specific requests or may result from an apparent need for such assistance based on reports, assessments, inquiries, or other information received by the AAA.
- D.** The AAA may request technical assistance from the Department in responding to policy issues and inquiries that cannot be addressed locally.
- E.** The AAA must develop an annual pre-service and in-service training plan. The plan must address topics appropriate to the AAA staff, board, advisory council and provider agencies. The required ADRC operations pre-service and in-service training may be incorporated into this annual training plan.
- F.** The AAA is required to offer at least quarterly training for new case managers of any DOEA-funded program. As applicable, the topics must include:
 - 1. DOEA Care Plan and Certification;
 - 2. Adult Protective Services (APS) Reporting Requirements;
 - 3. DOEA APS Referral Tracking Tool; and
 - 4. DOEA APS Referrals Operation Manual. Other training topics may include:
 - 1. DOEA Policy Notices and Transmittals;
 - 2. DOEA Programs and Services Handbook Overview;
 - 3. Aging Network Overview;
 - 4. CIRTIS Data Entry and Reporting Requirements;
 - 5. Record-Keeping Requirements; and
 - 6. Confidentiality Requirements.

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- G.** All aging network staff responsible for conducting screening and assessments using the Department Screening (701S), Condensed Assessment (701A), Congregate Meals Assessment (701C), and the Comprehensive Assessment (701B) must be trained and certified as required by DOEA policy.

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ENSURING QUALITY OF SERVICE:

AAA Requirements Regarding Quality of Service Provision:

- A.** Each AAA shall establish procedures to assure quality of services delivered. Service providers under the area plan must indicate in their application the methods to be used to assure delivery of high quality services. In addition to an internal evaluation and the use of management controls designed to verify the quantity, quality, economy, and appropriateness of service, each provider must establish procedures to solicit the views of older persons regarding services rendered.
- B.** Each AAA must determine the adequacy of the methods and procedures used by service providers to obtain the views of clients about the quality of service. The area plan is to include any standards, criteria, or specific procedures which are to be used by service providers in evaluating quality of service. The AAA may provide policy guidance to assure impartiality, anonymity, and adequacy of a service satisfaction sample. The AAA may also specify appropriate policy requiring service providers to measure evidence of service dissatisfaction. The AAA will monitor a service provider's methodology for determining client satisfaction.

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AAA COORDINATION WITH OTHER STATE/FEDERAL DOEA FUNDED PROGRAMS:

Each AAA must be aware of other state/federal programs, their activities and level of participation in the PSA. These programs include:

- A. Adult Care Food Program
- B. Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program.
- C. Emergency Home Energy Assistance for the Elderly Program (EHEAP)
- D. Local Services Program (LSP)
- E. Long-Term Care Ombudsman Program (LTCOP)
- F. Medicaid Home and Community-Based Services (HCBS) Programs
 - a. Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC)
 - b. Program of All-Inclusive Care for the Elderly (PACE)
- G. Senior Community Service Employment Program (SCSEP) (OAA Title V)
- H. Senior Corps (Foster Grandparents, Senior Companion, and Retired Senior Volunteers), AmeriCorps, and Learn and Serve America.
- I. Serving Health Insurance Needs of Elders (SHINE) Program
- J. Office of Public and Professional Guardian (OPPG)

When coordinating with any of the programs listed above, the AAA shall illustrate in the area plan the services to be funded in the PSA. Planning for services in the PSA shall integrate the OAA and other DOEA-funded programs. For additional information see DOEA's Summary of Programs and Services.

AAA COORDINATION WITH TITLE V, OAA PROGRAM:

Each AAA must be aware of the SCSEP (OAA Title V) program, including the number and distribution of the subsidized positions in the PSA, and document the support provided to the aging network and the services supporting older persons that are attributable to the Title V, Senior Community Service Employment Program.

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SUPPORT FOR ELDERLY INDIVIDUALS WITH ALZHEIMER'S DISEASE AND RELATED MEMORY DISORDERS:

Each AAA must include initiatives relating to support for individuals with Alzheimer's disease and related memory disorders. The AAA must develop service provider capacity to support this initiative. Information regarding Florida's Alzheimer's Disease Initiative is contained in Chapter 5 of this Handbook.

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PURPOSE AND LEGAL AUTHORITY

This section provides policy guidelines applicable to service provider agencies under the OAA, Title III. Supplemental requirements for nutrition service providers are contained in Section 5 of this chapter. Special requirements applicable to acquisition, renovation, and construction grants for multipurpose service centers are contained in Section 9 of this chapter.

SPECIFIC LEGAL AUTHORITY:

Older Americans Act, Title III, Part A—General Provisions; Purpose; Administration, Sections 301 through 316 42 U.S.C. 3021 through 3030c-1

Older Americans Act, Title III, Part A, Section 306(a)(b)(H) 42 U.S.C. 3026

Older Americans Act, Title III, Part B, Section 321 42 U.S.C. 3030d

Older Americans Act, Title III, Part C, Subpart 1, Section 331 42 U.S.C. 3030e

Older Americans Act, Title III, Part C, Subpart 2, Sections 336, 337, 339 42 U.S.C. 3030e, f, g

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SERVICE ELIGIBILITY FOR OLDER AMERICANS ACT PROGRAMS:

The provider of a Title III, OAA service, is under obligation to ensure that each client receiving a service is eligible for the service. A brief description of eligibility criteria is provided in this section for selected services.

Recipient Eligibility Criteria:

- A. Title III B, Supportive Services,** require that service recipients be 60 years of age or older except for Information, Caregiver Training/Support, and Education/Training services, regardless of income, assets, or ability to pay. Although services are provided at no cost, voluntary contributions are accepted. Priority for services must be targeted to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- B. Title III C1, Congregate Meals -** Persons eligible to participate in the congregate meals program at no cost, with the opportunity to contribute to the cost of meals include:
 - 1. Persons 60 years of age or older and their spouses of any age;
 - 2. Disabled persons under 60 years of age who reside with persons over 60 years of age and accompany the eligible older client to the site;
 - 3. Disabled persons under 60 years of age who reside in housing facilities occupied primarily by older persons and at which congregate nutrition services are provided, when the participation of such individuals does not pose a threat to the well-being of the older clients and when such participation does not prevent the participation of older persons and their spouses; and
 - 4. Persons under 60 years of age on days they provide meal related volunteer services when the participation of such individuals does not prevent the participation of older persons and their spouses.

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- C. Title III C2, Home Delivered Meals**—Persons eligible to participate in the home delivered meals program at no cost, with the opportunity to contribute to the cost of meals include:
1. Persons age 60 years or older who are disabled, homebound, or isolated and who have no one available to aid with meal preparation.
 2. The spouse of the recipient, regardless of age or condition; and
 3. A disabled person under age 60 years who resides with an eligible client, whom the disabled person is dependent upon for care.
- D. Title III D, Disease Prevention and Health Promotion Services**
1. Persons 60 years of age or older.
 2. Services are targeted to persons residing in medically underserved areas.
- E. Title III E, National Family Caregiver Support Program**—Services are provided to family caregivers of older individuals who are 60 years of age or older and grandparents or older individuals who are relative caregivers of children not more than 18 years old or individuals with a disability. Grandparents or older individuals who are relative caregivers of children must be 55 years of age or older.
- F. Title VII, Vulnerable Elder Rights Protection Activities**- Elder abuse, neglect, and exploitation prevention services are delivered to individuals, regardless of age.

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COUNTING PERSONS SERVED:

Methodology for Counting Persons Served:

- A.** One of the more difficult concepts in service delivery for many providers is planning for and counting the persons served. This is because of two complicating factors – unduplicated persons and period of service. For the federal annual report, the time frame is October 1 through September 30, and the contract time frame is January 1 through December 31.
- B.** Service provider agencies are expected to serve older persons of a county, multi-county area, or a community within a county. The service area contains a certain number of older persons. The service provider agency must know the relative impact being made in that service area. It is important to know whether provider programs and services are reaching 3% or 30% of the older persons in the service area. This factor is labeled as the number of unduplicated older persons served by the provider. There must be a beginning and ending point for counting these persons. The beginning may be calendar year, fiscal year, contract year or any other understood period. **Each person is counted only once during the period.** The number of unduplicated persons served by the provider is the number of different persons served, whether they obtain one unit of one service (e.g., one meal); many units of one service (e.g., many meals); or several units of multiple services (e.g., 240 hours of Homemaker service and 100 Home Delivered Meals). Counting begins anew when a new period starts (e.g., a new contract period).
- C.** The concept of unduplicated persons is also applied to specific services. For service providers delivering multiple services, this means that planning for each service must include an estimate of the number of unduplicated older persons by each service during a given time. An example would be “Homemaker services will be provided over the year to 110 persons for 4,800 units of service (hours).”
- D.** For most services the count of unduplicated persons increases rapidly early in the period, then the rate of increase reduces sharply. This contrasts with the number of units of service, which are relatively constant throughout the year. Note that adding the separate counts of “unduplicated persons” by each service is not a source to obtain information on the “unduplicated persons served by the provider.” Combining these separate counts of unduplicated persons will not provide the correct count for the provider agency because the same individual is likely to receive multiple services.

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SERVICE STANDARDS:

Service Standard Requirements:

- A.** For each service, there is a service standard which prescribes the quality requirements and performance criteria applicable to the services. These standards are contained in Appendix A of this handbook. Additional Title III C standards are in Section 5 of this chapter. Each service standard includes a definition of the service, unit of service, goal of service, and standards for the service.
- B.** Program, fiscal, contract review, or monitoring/quality assurance visits may involve a review of local procedures and activities to assure that minimum service standards are understood by service provider staff and that each service delivered meets or exceeds the quality standards expected.

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REVIEW OF AREA PLAN:

- A.** Each service provider agency must be knowledgeable regarding the concepts and planning factors contained in the AAA's area plan for the PSA.
- B.** Providers must deliver services in accordance with the area plan.
- C.** Providers should attend public hearings on the area plan and express their views regarding its contents. This helps to ensure that the area plan represents the best approach to a comprehensive and coordinated system of service delivery to older persons.

COMMUNITY SUPPORT:

Community Support Standards:

- A.** One of the unique features of the OAA, Title III program is the deliberate intent to involve community participation in all aspects of service. Each service provider must be able to document community support and participation in the planning and delivery of services.
- B.** Community support includes, but is not limited to, the following:
 - 1.** Inviting the public's input into local service delivery planning efforts;
 - 2.** Volunteer recruitment efforts; and
 - 3.** Soliciting local government officials and the private sector for cash and in-kind contributions to support programs and services.

BUILDING COMMUNITY SERVICE SYSTEMS:

Improvement and Expansion of Services Available to Older Persons:

- A.** OAA, Title III providers shall try to improve and expand the services available to older persons. One method of accomplishing this task is to obtain additional sources of funding for services, such as discretionary grants for specific service, research, training, or demonstration projects. Grant funding may be available from private charitable foundations or other public programs. Service providers should be alert for such opportunities and submit responsive proposals.
- B.** In those instances, where the OAA, Title III service provider is not the CCE program provider, operating procedures shall be established to ensure coordinated service delivery at the community level. Each OAA, Title III provider shall have arrangements for individual referrals between agencies and for cooperative agreements to ensure that there is no overlapping of service responsibilities or duplication of effort in services to the frail elderly.
- C.** Each OAA, Title III service provider shall also have cooperative arrangements with community mental health provider agencies for appropriate linkages and referrals of older persons.
- D.** Each OAA, Title III service provider shall be responsive to CARES and Department of Children and Families staff involved in SSI-related services and adult protective services.
- E.** Each OAA, Title III service provider shall function as an advocate for the elderly in the community.
- F.** Each OAA, Title III service provider shall also function as a focal point for the concerns of older persons in inter-agency coalitions developed to stimulate community change (e.g., housing, zoning, transportation, health care planning, and accessibility for persons with disabilities).

ASSESSMENT OF COMMUNITY SERVICE NEED:

- A.** The AAA is responsible for comprehensive planning to meet the needs of elders in the PSA. Each service provider has an obligation to identify and report unmet needs, analyze service delivery, and offer constructive comments or suggestions to the AAA. An efficient, effective and economical service delivery system can be developed through this shared responsibility.
- B.** Each service provider must be thoroughly informed about the needs in the community for services to older persons, both in quantitative and qualitative terms. The AAA is a source of statistical, demographic, and needs indicator information. In many instances, service provider agencies may also perform needs assessment surveys or obtain information from waiting lists, key informants, and public input. Studies done by public planning agencies, community service agencies, or commercially oriented information sources such as the chamber of commerce may be of use. The service provider should use research from a variety of sources so that community needs can be assessed from several viewpoints.
- C.** Service providers must plan service delivery based on sound, factual data-making informed judgments about service needs in the community using accurate descriptions of existing resources, and forecasts of future trends. The service providers' assessments of community need for services to older persons should explain why certain services are necessary and confirm the AAA's analysis of need.

SERVICE DELIVERY STRATEGIES and TARGETING OBJECTIVES:

- A.** Each service provider must be able to assess service needs in the community, analyze possible responses to the current service need, and develop a service delivery strategy based on the most effective use of available resources.
- B.** In developing a strategy for service delivery, service providers must analyze how service delivery can be provided most successfully. The provider should consider such basic concepts as single or multiple service sites and in-home service delivery or service delivery at an operating site or senior center (or combinations of these methods). Some services require specialized training or licensing for provider staff while other services can use volunteers with only limited training. Some services may require an approved facility (e.g., Adult Day Care); other services may require access to transportation and escorting services to be feasible (e.g., Congregate Meals). Efforts by the provider at the strategy stage can be a solid basis for cost effective and efficient service delivery.

Selection of Specific Services to be Offered:

- A.** After assessing service needs of the community and carefully developing the strategy of service delivery, the service provider must consult with the AAA to determine the specific services that are to be offered in the community. There must be a rationale for selecting the services to be offered; and, by the same token, each service provider must have a basis for deciding which services are not to be available and a reasonable explanation why they are not available. This step involves the hard decisions necessary to maximize the impact of the limited public programs available for services to older persons. Service providers must address the basic decision of providing a wide or narrow range of services for older persons. A wide range of various services allows the service provider to offer a continuum of services, but, only a limited quantity or frequency of each service. A narrow range of services permits a greater impact, more intensity or more frequent services, but offers few service options.
- B.** In planning the array of services to be offered, service providers must be able to justify the rationale for selecting which services will be available. This is the process of finding the best service array for the provider, the community and for older persons. These difficult decisions involve both the AAA and the service provider working together. The service array decisions should be based on sound logical analysis, and should be periodically reviewed to assure that the choices in effect are still clearly the best options for that specific community and service provider.

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- C.** Each service provider in consultation with the AAA must set a specific targeting objective for the provision of services to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for services rather than in proportion to their percentage of the population. The targeting objective shall specify the number of individuals in these groups to be served on an annual basis.

ALLOCATION OF RESOURCES:

Allocation of Resources Requirements:

- A.** The allocation of resources is the responsibility of the service provider. It is understood, however, that the AAA will be accountable for final decisions in these matters.
- B.** Each service provider has a limited amount of resources to be used for service delivery. After selecting the service array, the next decision is to allocate resources, at least tentatively, for maximum benefit and impact.
- C.** The resource allocation activity also involves decisions as to the number, qualifications and training necessary to ensure adequate staff is available for service delivery.

SERVICE PREFERENCE AND ASSESSMENT OF INDIVIDUAL NEEDS:**Service Preference and Individual Needs Assessment:**

- A. Statutory Requirement:** Service preference in OAA, Title III programs refers to the statutory requirement that services will be provided to older individuals with preference given to those with greatest economic and/or social needs. Attention shall be given to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. They shall be served in accordance with their need for service instead of their proportion in the population. Service providers should consider the following in serving targeted populations:

1. Targeted community outreach;
2. Strategic location of service sites;
3. Specialization in types and methods of services offered; and
4. Selection of responsive and sensitive staff.

In areas where a substantial number of persons are of limited English proficiency, the services of workers who are fluent in the language spoken by a predominant number of such older individuals (Spanish, Creole, etc.) shall be provided. In addition, the AAA shall ensure that assistance is made available to older individuals with limited English proficiency to facilitate their access to and participation in services under Title III. The AAA shall also provide guidance to providers under the area plan on awareness of cultural sensitivities, considering linguistic and cultural differences.

- B. Local Procedures:** Each service provider, in its application, must describe the local methods and procedures for carrying out the statutory and area plan requirement for giving preference to those older persons of greatest economic or social need, with special attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- C. Intake Process:** Older persons referred for services or who request services shall be screened by service provider during an intake process. The screening process is intended to ensure that the targeted populations are given preference without excluding others from participating in service to the extent services are available.

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- D. Evaluation of Economic and/or Social Status:** A service provider must evaluate an individual's economic or social status in a non-threatening, non-invasive manner, and with the utmost respect for an individual's right to privacy. Service providers must devote special attention to the selection and training of staff assigned to perform this function. The intake procedures must be non-discriminatory, appropriate to determine the individual's need and priority to services, and applied consistently to all applicants. The intake process must be flexible enough to adapt to a homebound person; a patient awaiting hospital discharge; persons of widely varying ethnic, cultural, and language characteristics; or persons with widely varying disabilities.
- E. Prioritization of Individuals:** Staff should use expertise and sound judgment in prioritizing individuals. It may be appropriate during the screening/intake interview to inquire about sources of income, levels of financial resources, and informal support systems to explore eligibility for other types of economic or supportive services, such as Food Stamps, Supplemental Security Income, Medicaid, low-income housing, or Low-Income Home Energy Assistance programs.
- F. Preference for Services:** Preference for services may be given to those persons of greatest social or economic need, with attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas if the service is available and appropriate to the specific needs of the individual. The service provider may limit or restrict services, even to individuals who are judged to be in a group to receive preference, if the service is not deemed necessary or appropriate. For example, not all persons of greatest economic or social need should be provided such in-home services as homemaker or home-delivered meals.
- G. Asset, Income, and Contributions Prohibition:** Service providers are cautioned that decisions regarding service provision cannot be based on a determination of assets or income, nor on a required amount or frequency of contributions.
- H. Discretionary Service Provision:** The service provider may perform or deliver services to the extent of the agency resources and service capacity for those individuals judged to need services, but who do not qualify for preference in service delivery. If there is no availability of a specific service, the provider should refer the person to another community resource, or utilize an assessed consumer prioritization list, if appropriate.

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- I. **Timely Assessment of Need for Services:** Each service provider must have reasonable local procedures to handle requests for service based on urgent need (e.g., discharge from a hospital to home) and a methodology for timely assessment of the need for services.

- J. **Procedure for Handling Clients with Special Behaviors:** Each service provider must have reasonable, written local procedures to handle situations involving unruly, disruptive, abusive or belligerent persons receiving services. The local procedures should ensure that the rights of all individuals are protected and that services are delivered in a non-discriminatory manner. An advisory council may provide the appropriate mechanism to make recommendations in these situations.

SUBCONTRACTS FOR SERVICES:

Subcontracting Requirements:

- A.** The AAA may allow a service provider under the area plan to subcontract with another agency to deliver one or more specific service(s).
- B.** Service providers are responsible for exercising independent judgment in the selection of the subcontractor that can best meet the service needs of the older persons within the service area.
- C.** As required under the area plan, the service provider, as the prime contractor, must perform the following tasks prior to subcontracting for specific services:
 - 1.** Identify in the provider application the intention to subcontract one or more specific services, identify the service(s) to be subcontracted, the amount of funds dedicated to subcontracted services, and the units of service to be provided by the subcontractor.
 - 2.** Adhere to the policies of the AAA regarding competitive bidding or non- competitive negotiations. Competitive procurement must be conducted a minimum of every six years.
 - 3.** Resolve, to the satisfaction of the AAA, the following requirements:
 - a.** Non-federal financial participation;
 - b.** Methodology for contributions;
 - c.** Methodology for reporting the number of unduplicated persons and units of service;
 - d.** Methodology for CIRTS reporting; and
 - e.** Audit trail for financial transactions.
- D.** If the service provider intends to subcontract with a profit-making organization, prior approval must be obtained from the AAA before contract execution.

REFERRALS FOR SERVICES:

Service Provider Requirements:

- A. Knowledge of Available Services:** Service provider agencies must be aware of the service array available in the community from both public and private agencies and organizations.
- B. Inability to Provide Services:** When an older person cannot be served because of the nature of the service need or the lack of service capacity within the provider's available resources, efforts shall be made to offer an appropriate referral to another agency.
- C. ELDER HELPLINE:** When a service provider receives a referral from the ELDER HELPLINE, the provider shall respond to that referral within 14 business days or sooner, as established in the service provider's policies and procedures, in an effective, and appropriate manner.

ORGANIZING THE AGENCY:

Service Provider Agency Organization Requirements:

- A. Nonprofit, Charitable Agencies:** Service provider agencies, if not public agencies, must be incorporated under the laws of Florida. Throughout the remainder of this section, the usage will refer to a service provider as if it were a nonprofit, charitable agency.

Public or For-Profit Agencies: For service providers that are public agencies or profit-making agencies, it is understood that the general policies expressed may in some cases require adaptation depending on the type of agency.

- B. Incorporation:** Incorporation requires that a charter, board of directors and by-laws be developed and application for incorporation be made to the Secretary of State. To retain status as a corporation, an annual report must be filed, and a fee paid to the Secretary of State.
- C. IRS Tax Code:** Nonprofit agencies should seek recognition from the Internal Revenue Service under Section 501C (3) of the IRS Tax Code as charitable organizations.
- D. Board of Directors:** The recruitment and selection of a well-qualified, highly motivated, and broadly representative board of directors is crucial to the effectiveness of the service provider agency. Members of the board of directors are ultimately responsible for the success or failure of the enterprise. Their expertise and qualifications should encompass a wide range of business management, administrative, and technical skills.
- E. Organizational Structure:** The organizational structure of the OAA, Title III service provider agency should be determined and displayed on one or more organizational charts. These are sketches or diagrams, which show lines of authority and responsibility from the board of directors. Organizational charts should also delineate all job titles and positions including unpaid volunteers, the advisory council, lines of supervision, and any coordination linkages within the organization.

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- F. Principle Person Responsible:** Each service provider's board of directors must establish procedures for selection of the principal person responsible for accomplishment of service under the area plan. Qualifications will be disclosed in the written personnel policies as required in the service provider application. **NOTE:** The term "Executive Director" used in this chapter refers to the principal person responsible for the OAA, Title III program, unless the context indicates otherwise.
- G. Oversight Responsibility:** Each AAA will have oversight responsibilities regarding the required qualifications, the selection process, and the ultimate selection of any executive director with responsibility for OAA, Title III service delivery under the area plan. Oversight refers to supervision and review of the qualifications and selection process. The AAA's oversight responsibility also applies to a reviewing the qualifications of the executive director when a new service provider agency under the area plan is selected.
- H. Acting Executive Director:** At any time, there is a vacancy for an executive director, the service provider must delegate an "acting" executive director. An "acting" executive director may not serve for **more than 120 calendar days** without prior written approval of the AAA.
- I. Executive Director Compensation:** The AAA must establish a consistent and uniformly applied policy limiting the salary range of the executive director to be paid with OAA, Title III funds.

PERSONNEL POLICIES:

Service Provider Personnel Policies Requirements:

- A. Written Personnel Policies:** Each service provider must develop written personnel policies covering, at least, the topics identified in the provider application. These policies must receive approval of the board of directors (or equivalent policy- making board).
- B. Current Personnel Policies:** Personnel policies must be current and may be prepared and published in booklet form. Personnel policies will be adhered to in all activities and practices of the agency.
- C. Employee Benefits:** The benefits and privileges available to employees including “fringe benefits” must be explicitly stated in the written personnel policies.
- D. Continuity of Care:** Each service provider will ensure that personnel policies do not have an adverse impact on the availability of supportive and nutrition services during holiday periods.

STAFF POSITION DESCRIPTIONS AND QUALIFICATIONS:

Service Provider Staff Descriptions and Qualifications Requirements:

- A. Written Job Descriptions:** Each service provider must develop written job descriptions for each position used in service delivery in the OAA, Title III program, including unpaid (volunteer) positions. Each job description should include the following elements:
1. Job title;
 2. Position description;
 3. List of duties;
 4. Identification of how the position is supervised and by whom;
 5. Identification of other lines of authority; and
 6. Minimum training, education, and experience required.
- B. Functions, Responsibilities, and Tasks:** All significant functions, responsibilities, and tasks to be undertaken by the service agency must be allocated to specific position descriptions.
- C. Salary Pay Range:** Each position paid by OAA, Title III funds must have a written salary/wage pay range giving minimum and maximum amounts. The salary/wage range must be reasonably related to the training, education, experience, and responsibilities for the position. The salary/wage range documentation must be approved by the board of directors (or equivalent policy making board) and must be used in planning the provider budget information.
- D. Consideration of Older Workers:** When preparing the minimum training, education, and experience portion of a position description, service providers are urged to develop the requirements so that older workers may qualify for employment based on experience rather than formal education or specific training.

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STAFF SELECTION, TRAINING AND EVALUATION:

Staff Selection, Training and Evaluation Requirements:

- A. Staff Recruitment:** Recruiting, hiring, and retaining qualified staff to fill the positions represented by the written job descriptions is the responsibility of each service provider.
- B. Training and Staff Development:** Training and staff development is a major function of each service provider. In the service provider application, there must be a staff development and training plan to address the full range of training needs for the OAA, Title III program. All new staff will need at least a brief orientation to the agency, its community role, its service and resource development activities, and its staff functions. Certain activities will require new employees to undergo pre-service training or supervised training on-the-job prior to assumption of job responsibilities. Regular ongoing in-service training needs will vary with the provider's activities and the services being offered. Training workshops and activities must be documented in employees' files.
- C. Employee Performance:** Each service provider must have a methodology for evaluating employee performance at least annually. Evaluations must be documented and kept confidential.
- D. Non-discrimination Requirements:** Each service provider must ensure that employment practices are in accordance with non-discrimination requirements.

MANAGING SERVICE PROVIDER ACTIVITIES:

Service Provider Management Activities:

- A. Written Operating Procedures:** Each service provider must have clearly written operating procedures to guide staff, including volunteers, in their tasks of delivering services.
- B. Insurance Coverage:** Each service provider must obtain reasonable and adequate insurance, including general liability coverage, directors and officer's insurance and worker's compensation insurance. The board of directors shall determine the types of insurance coverage and amounts based on the functions and activities of the agency and prudent business judgment.
- C. Bond Coverage:** Each service provider must obtain bonding coverage for individuals who handle cash or cash equivalent in the performance of their assigned tasks.
- D. Financial and Compliance Audit:** Each service provider under OAA, Title III must obtain the services of an independent auditor for a financial and compliance audit.
- E. Record Retention:** Each service provider must act to assure that all program, financial, and property records, supporting documents, statistical reports and other documentation pertaining to OAA, Title III funding will be retained for a period of six years after termination of the annual contract. If an audit has been initiated and the audit findings not resolved at the end of six years, the records must be retained until resolution of the audit findings.
- F. Record Transfer to AAA:** Each service provider must transfer all current and prior years' program, financial and property records to the AAA in the event of suspension, termination, or non-renewal of funding to the service provider agency.
- G. Record Disposal:** Disposal of records after the six years' retention period will be in accordance with the state and federal policies and procedures approved by the AAA, as applicable.
- H. Licensure Requirements:** Service providers must fully comply with all applicable state and local licensure, health, fire safety, and sanitation requirements.

DATA COLLECTION AND REPORTING:

Data Collection and Reporting Requirements—Each Service Provider Must:

- A. Promulgate** clear and adequate procedures to collect information and compile reports. Accurate, verifiable information is essential for program, financial and client reporting.
- B. Retain** records in enough detail to record services performed, expenditures made, and clients served. Reports submitted must be timely, accurate, and verifiable.

MEASURING RESULTS AND MAKING ADJUSTMENTS:

- A. Self-Assessment:** Service providers should frequently compare actual units of service delivered with planned units of service and compare planned number of unduplicated persons with actual number of unduplicated persons served. This tracking of units and unduplicated persons, by service, is to ascertain that the projections made in the application were realistic and that service levels are appropriate.
- B. Optimum Level of Service Delivery:** Each service provider is accountable for the optimum level of service delivery and must ensure that levels of service delivery are reasonably uniform throughout the year (or contract period).
- C. High Level of Service Delivery:** A high level of service delivery early in the period, which cannot be sustained, may cause a reduction in service availability late in the period. The reduced service level may result in anxiety, frustration and potential harm to older persons receiving services.
- D. Low Level of Service Delivery:** Low levels of service delivery at the onset, building to excessive levels at the end of the period, are a poor use of resources and an indicator of poor management practices. This situation may result in having clients who have demonstrated needs being unable to obtain services.
- E. Seasonal Fluctuations:** Many service providers do experience seasonal fluctuations in levels of service delivery. However, care must be taken not to utilize resources inefficiently in low service delivery periods or develop unrealistic service expectations in peak periods.

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- F. Tracking Actual Performance:** Service providers shall track actual performance and propose adjustments to the AAA.

Adjustments: Adjustments may be necessitated by the following changes in circumstances:

1. Priority of needs for service (e.g., greater need for Homemaker than anticipated due to high number of hospital discharges);
2. Unavailability of local resources, such as trained, qualified staff to perform the service (e.g., vacancies for Home Health Aide, or extended sick leave for the staff person doing Counseling);
3. Financial resource allocation (e.g., increased costs for Transportation, unplanned use of paid staff for Home Delivered Meals); or
4. Environmental factors (e.g., loss of donated meal site for Congregate Meals or weather conditions reducing attendance at Congregate Meals).

- G. Technical Assistance:** After the service provider has determined the causes of over/under service utilization, appropriate adjustments within funding, staff, and management resources available to the service provider, technical assistance should be requested from the AAA concerning the revision of service objectives.

- H Management Cycle:** Service provider agencies must complete the management cycle by utilizing actual performance information as a starting point for developing the service provider application for succeeding years.

- I. Management of Financial Affairs:** The service provider must manage the agency's financial affairs so that expenditure of OAA, Title III funds is at a rate commensurate with service delivery. Each service provider, working with the AAA, must ensure the optimal use of OAA funds to meet the needs of elders.

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VOLUNTEER SERVICE:

Use of Volunteers and SCSEP Participants:

- A. Maximization of Volunteers:** Each service provider can maximize its service delivery capacity using volunteer resources. Non-profit agencies will need the services of dedicated volunteers to serve on the board of directors and any local citizens' advisory council. Volunteers may be recruited, trained, and utilized in many roles within the service delivery system.
- B. Volunteer Resources:** Service provider agencies should plan and develop volunteer resources. This requires a concerted effort to:
1. Develop jobs/duties suitable for volunteers;
 2. Recruit and provide orientation to volunteers with appropriate interview and placement activities;
 3. Provide pre-service training, on-the-job training, and annual in-service training;
 4. Training on prevention of elder abuse, neglect, and exploitation, shall be included during the initial training session;
 5. Provide supervision;
 6. Evaluate the volunteer's performance; and
 7. Provide appropriate recognition.

Volunteer activities should be recorded and quantified into hours and value to the provider agency. When calculating the dollar value for volunteer hours, the hourly rate published by the independent sector should be used as a standard.

- C. SCSEP Workers:** When possible, work with the local Senior Community Service Employment Program (SCSEP) by serving as a host site for program participants.
- D. Volunteer Activity Report:** Area Agencies on Aging are required to submit an OAA Annual Volunteer Activity Report (VAR) electronically. Service provider agencies shall request and receive technical assistance from AAA for the VAR. The Department of Elder Affairs Office of Volunteer & Community Services (OVCS) is available to provide additional interpretation if needed. The AAA should forward the request to OVCS for review and a response.

DETERMINING CLIENT SATISFACTION:

Client Satisfaction:

- A. Service Delivery and Quality Goals:** The underlying goal of service delivery is to meet the need of the older person for supportive and nutrition services. The ultimate test for service quality is the level of client satisfaction with the service as delivered, and whether the older person's perceived need for service is being met.
- B. Determining Client Satisfaction:** Each service provider must have a mechanism for objectively determining the level of client satisfaction or dissatisfaction with the services delivered. Each service provider must indicate in the service provider application the methods to be used to ensure a high level of participation in determining satisfaction with the services delivered. Such methods may include the following:
1. Suggestion boxes;
 2. Client interviews;
 3. Surveys;
 4. Questionnaires;
 5. Agency or site visits;
 6. Advisory councils;
 7. Public meetings; and
 8. Other methods for obtaining feedback on quality of services.

Strengths and Weaknesses of Survey Methodology: Service providers should be knowledgeable about the strengths and weaknesses of each of the survey methods undertaken.

Evidence of Client Dissatisfaction: Service providers should be alert for evidence of "dissatisfaction" with services delivered (e.g., anonymous complaints, "no-shows," service drop-outs, and, in the nutrition program, plate waste).

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Special Efforts to Determine Client Satisfaction: Any method for obtaining views of older persons must recognize the special needs of individuals who are homebound, hearing or visually impaired, mobility challenged, or those affected by language, ethnic, or cultural barriers. Special efforts must be undertaken to include representation from these groups in surveys.

- C. Sample Survey Requirement:** Each service provider is required to periodically and systematically survey a sample of older persons being served to objectively determine the level of client satisfaction. The information obtained is to be used to improve services and must be made available to AAA monitoring staff as requested.
- D. Advisory Council:** Service providers with multiple service sites are encouraged to create an advisory council, inclusive of older people, to advise on matters concerning service delivery and advocate on behalf of older persons in the community. Client satisfaction results shall be reviewed by the service provider's advisory council. Based on these reviews, the advisory council should make any necessary recommendations to improve Title III services

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DOCUMENTATION AND REPORTING OF UNUSUAL INCIDENTS:

Unusual Incident Reporting and Documentation Requirements—Each AAA and Service Provider shall:

- A.** Notify the Department immediately but no later than forty-eight (48) hours from the Contractor's awareness or discovery of conditions that may materially affect the Contractor's or Subcontractors ability to perform the services required to be performed. Such notice shall be made orally to the Department's Contract Manager (by telephone) with an email to immediately follow *including the Contractor's plan for provision of services*.
- B.** Maintain files on unusual incidents (e.g., an accident, exposure to bloodborne pathogens, injury, illness, altercation involving services or clients, and other reportable conditions as specified by the Department by contract);
- C.** Have written procedures to investigate, report, and record unusual incidents;
- D.** The Contractor shall immediately report knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96-ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon the Contractor, Subcontractors, and their employees.
- E.** The reporting requirements are associated with any conditions that may materially affect the Contractors or Subcontractors ability to perform the services required to be performed. Such conditions include, but are not limited to the following:
 - Meal site closure or suspension of services;
 - Provider terminations; or
 - Building or service site issues.

These incident reporting requirements are in addition to the requirements set forth by Chapters 39 and 415, F.S., related to "professionally mandatory reporters" and the required reporting of suspected abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline.

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SUPPORTIVE SERVICES:

This section sets forth the OAA requirements for Title IIIB supportive services. Title IIIB supportive services are defined in Appendix A, Service Descriptions and Standards.

PURPOSE AND LEGAL AUTHORITY:

Supportive Services Requirements:

- A. Priority Supportive Services:** The Older Americans Act requires each state to ensure that an adequate proportion of the amount allocated to a PSA for OAA, Title IIIB supportive services be expended to deliver the following three categories of service:
- 1. Access Services:** Services such as Transportation, Outreach, Information and Referral, and Case Management;
 - 2. In-home Services:** Services including Homemaker, Home Health Aide, Home Repair, Companionship, Telephone Reassurance, Chore, Respite and other supportive services for families of elderly victims of Alzheimer's disease and other neurological and organic brain disorders of the Alzheimer's type; and
 - 3. Legal Assistance:** The area plan must contain assurances that AAAs will give priority to legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
- B.** The AAA must award Title IIIB supportive service dollars to fund the priority areas in Part A above within the PSA in the following minimum funding percentages:
- 1.** Access Services - 20 percent
 - 2.** In-home Services - 8 percent
 - 3.** Legal Assistance - 1 percent
- C.** DOEA may waive the percentage funding requirement in Part B above if the AAA demonstrates that services being furnished in the area are sufficient to meet the need. The procedures required for waiver are set forth in the OAA Section 306(b)(2)(A) through (D).

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- D.** Other services the area agencies may support with Title IIIB funds include the following:
- 1.** Companionship, Counseling, Emergency Alert Response System, Education/Training, Employment, Escort, Housing Improvement, Health Support, Interpreting/Translation, Material Aid, Recreation, Shopping Assistance, or Telephone Reassurance.
 - 2.** Case Management for clients requiring in-home and community-based services such as Adult Day Care, Chore, Homemaker, Home Health Aide, Personal Care, Respite, or Therapies.
 - 3.** Acquisition, alteration, renovation, or construction of facilities to serve as multipurpose senior centers.

Legal Authority:

Older Americans Act, Title III Grants for State and Community Programs on Aging;
Part B—Supportive Services and Senior Centers, Section 321

Older Americans Act, Title III, Part B, Section 306(b)(2)(A) through

(D) 42 U.S.C. 3030d

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NUTRITION PROGRAM POLICIES

Purpose:: To set forth policies and procedures governing the operations of nutrition services under Title IIIC of the OAA.

Purpose of Nutrition Awards or Contracts: The AAA may award nutrition service funds received under Title IIIC for the provision of nutrition services that assist older individuals in Florida to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment, and nutrition counseling. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need.

LEGAL BASIS: The legal basis for Title IIIC nutrition programs is found in the OAA of 1965, as amended, Title III Grants for State and Community Programs on Aging; Part C, Nutrition Programs.

SPECIFIC LEGAL AUTHORITY:

Older Americans Act, Title IIIC Subpart 1, Section 331 42 U.S.C. 3030e

Older Americans Act, Title IIIC, Subpart 2, Sections 336, 337, 339 42 U.S.C. 3030f, g, g-21

The National Nutrition Monitoring and Related Research Act of 1990 (Public Law 101- 445)

U.S. Department of Health and Human Services Public Health Service Food and Drug Administration, Food Code

<http://www.fda.gov/food/foodsafety/retailfoodprotection/foodcode/default.htm>

U.S. Department of Agriculture (<http://www.usda.gov>)

Americans with Disabilities Act – 42 U.S.C. 12101

Healthy People 2020 (<http://www.healthypeople.gov/>)

Dietary Guidelines (<http://www.health.gov/dietaryguidelines>) Chapter 509.039, Florida Statutes – Food Manager Certification

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SPECIFIC LEGAL AUTHORITY:

Older Americans Act, Title IIIC Subpart 1, Section 331 42 U.S.C. 3030e

Older Americans Act, Title IIIC, Subpart 2, Sections 336, 337, 339 42 U.S.C. 3030f, g, g-21

The National Nutrition Monitoring and Related Research Act of 1990 (Public Law 101- 445)

U.S. Department of Health and Human Services Public Health Service Food and Drug Administration, Food Code
<http://www.fda.gov/food/foodsafety/retailfoodprotection/foodcode/default.htm>

U.S. Department of Agriculture (<http://www.usda.gov>)

Americans with Disabilities Act – 42 U.S.C. 12101

Healthy People 2020 (<http://www.healthypeople.gov/>)

Dietary Guidelines (<http://www.health.gov/dietaryguidelines>)

Chapter 509.039, Florida Statutes – Food Manager Certification

Chapter 64E-11, Florida Administrative Code - Food Hygiene

Chapter 468.509 Florida Statutes - Dietitians/Nutritionist

Chapter 64B8 Florida Administrative Code – Dietitians/Nutritionist

DASH Diet (<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm>)

SELECTION OF NUTRITION PROGRAM SERVICE PROVIDERS:

Selection Criteria:

A. General Rules:

1. An AAA may make awards for congregate and home-delivered nutrition services to a provider that furnishes either or both services. Providers must meet the requirements of this part.
2. Contracts are awarded through a competitive process. Such process shall include evaluation of each bidder's experience in providing services to older individuals.

B. Existing Congregate and Home-Delivered Nutrition Program Providers:

Each AAA will give primary consideration where feasible, in contracting for the provision of congregate and home delivered meals to organizations which:

1. Have demonstrated an ability to provide quality congregate and home delivered meals efficiently and reasonably; and
2. Have furnished assurances to the AAA that the organization will maintain efforts to solicit voluntary support and that funds made available under this title to the organization will not be used to supplant funds from non-federal sources.
3. Make every attempt to efficiently and responsibly meet the cultural and/or ethnic culinary needs of participants of congregate and home delivered meals.

C. Service Area and Selection of Nutrition Providers:

Each nutrition service provider under an area plan shall operate within the boundaries of the area established in the award document. A nutrition service area must be of sufficient size for:

1. Economical delivery of meals;
2. Efficient provision of nutrition education, outreach, nutrition counseling; and
3. Coordination and linkage of nutrition activities with related services programs in the service area.

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D. Selection of Nutrition Providers within a Service Area: Awards shall be made to congregate nutrition service providers serving an annual average of at least 100 meals per day, five or more days a week within the designated service area, but not necessarily at each site.

1. AAA approved exceptions for providers operating in sparsely populated rural areas include:

Provision of:

- a. Less than 100 meals per day; and
- b. Meals at least five days a week at sites throughout the service area, but not necessarily five days a week at each site.

NOTE: Providers operating in a sparsely populated rural area must provide outreach as set forth in this handbook (See Appendix A, Service Descriptions and Standards.)

2. A provider of nutrition services shall target older persons in greatest economic and social need; low-income older individuals; including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

E. Nutrition Provider's Responsibilities When Establishing New C-1 Sites:

1. Obtain AAA approval for establishment of additional C-1 sites, which can include the use of local restaurants.. When there is a break in service at an existing C-1 location, the Nutrition Provider must notify and receive approval from the AAA in order for the C-1 site to resume services and billing.
2. Determine interest and capability of the potential site. .
3. Determine the number of meals per day, week or month that will be available to C-1 recipients.
4. Establish written policies and procedures in accordance with the Program and Services Handbook and applicable state and local regulations. Written policies and procedures must address at a minimum the following:

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- a. Handling and storage of administrative documentation;
 - b. Client registration requirements;
 - c. Client reporting requirements;
 - d. Client donations;
 - e. Instructions on how to obtain meal credits;
 - f. The C-1 meal schedule;
 - g. Project menus;
 - h. Project evaluation;
 - i. Program restrictions, i.e., maximum number of meals available to a participant per month, gratuities, and taking meals out for consumption elsewhere;
 - j. Provision of nutrition education;
 - k. Nutrition Program's monitoring of the site using the Nutrition Program Compliance Review form;
 - l. Nutrition Program review of public health department review of restaurant;
 - m. Monthly billing; and
- 5. Develop a survey for determining participant satisfaction concerning:
 - a. If the meal option is meeting the recipient's needs;
 - b. The quality of the meals; and
 - c. The service provided by C-1 site volunteers/staff.
- 6. Evaluate potential site for appropriateness. Evaluation must include, but is not limited to the following:
 - a. Location in an underserved area;
 - b. Accessibility to elders in the community;
 - c. Diversity of service area;
 - d. If using a restaurant, Assurance that is a fixed facility and meets the standards in Florida Administrative Code 64E-11;
 - e. Compliance with all Americans with Disabilities Act (ADA) accessibility requirements;
 - f. If using a restaurant, review of the three most recent health inspections.
 - g. Capability of meeting the administrative and operational demands of the program as outlined below.

F. Restaurant Provider's Responsibilities:

1. To become a C-1 meal site, a potential sites, including restaurants, must have the appropriate capabilities to administer components of the program to include but not limited to:
 - a. Serving elders in a dignified and culturally sensitive manner;
 - b. Permitting unannounced access to the food preparation area to the local nutrition provider, AAA or State Agency staff;
 - c. Providing adequate space, permitting elders the opportunity to dine in a comfortable setting;
 - d. Meeting or exceeding the local food service licensing, health regulations, and fire regulations;
 - e. Following the Program and Services handbook regulations for OAA Title III C meals;
 - f. Providing a pre-defined meal or meal options to authorized individuals; and
 - g. Developing menus by collaborating with the nutrition provider staff and qualified dietitian. If using a restaurant, the menu used should be the current restaurant menu to the greatest extent possible. The pre-defined menu or menu options must comply with the Program and Services handbook and
approved by nutrition program's RD prior to use.
2. All C-1 sites, including restaurants, must be willing to perform at a minimum the following tasks:
 - a. Provide participants with a written menu(s);
 - b. Follow the procedures established by the nutrition provider to validate that participants are registered and authorized for consumption of C-1 meals served;
 - c. Use the system established by the nutrition provider to document the total number of meals served to participants monthly;
 - d. Use the system established by the nutrition provider to document the total number of unduplicated participants;
 - e. Facilitate or permit facilitation of a nutrition education program;
 - f. Notify the Nutrition Provider immediately of any closures (temporary or permanent) or Administrative Complaints against the restaurant;
 - g. Notify the Nutrition Provider within 24 hours of any sanitation inspections and provide a copy of the report;

PLANNING FOR NUTRITION SERVICES:

Nutrition Planning Requirements:

- A. Objectives:** Nutrition service providers must establish measurable objectives related to the needs of eligible individuals in the approved service area and objectives must address the following requirements:
1. Targeted individuals to be served;
 2. Services to be provided, including the number and frequency of meals to be served in congregate and in home-delivered settings; and
 3. Plans for monitoring progress towards achieving objectives.
- B. Priority for Services:** Nutrition services under the OAA should be reserved for those individuals age 60 years and older who have been identified as being in greatest economic or social need, and especially low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural area. Additional factors which should be considered in establishing priority include those older persons who:
1. Cannot afford to eat adequately;
 2. Lack the skills or knowledge to select and prepare nourishing and well- balanced meals;
 3. Have limited mobility which may impair their capacity to shop and cook for themselves; or
 4. Have a disabling illness or physical condition requiring nutritional support or have been screened at a high nutritional risk.

C. Nutrition Provider Staff, Consultants, and Volunteer Required

Training/Credentials: Nutrition service providers shall cooperate with the AAA to ensure that training will be provided for both paid and volunteer staff.

1. Job specific training shall be available for each staff member.

Each nutrition service provider shall set aside sufficient budgetary funds for training, including in-service training. This may include the payment of a tuition fee, travel, and per diem to local, statewide, or out-of-state training programs designed to expand staff capacity to effectively carry out nutrition services.

2. **Food Protection Manager Training:** Nutrition Programs that operate a kitchen and have three or more employees at one time engaged in the storage, preparation, display, or service of food must identify an individual as the manager and that manager must be a Certified Food Protection Manager, unless the manager is a qualified dietitian (refer to Nutrition Planning, Section E).

The manager must be present during the food service operation. Programs that do not prepare their own food must have a Certified Food Protection Manager responsible for the storage, display, and serving of food for meal sites, but the Certified Food Protection Manager does not have to be present always. (Refer FAC 64E-11). New managers must be certified as a Food Protection Manager within 90 days of employment. The AAA may grant an extension up to 180 days.

3. **Employee Food Safety Training Requirements:** All food service staff and volunteers must receive annual training by a RD, or competent Certified Food Protection Manager under the direction of the RD, on the prevention of foodborne illness. Staff and volunteers must be trained prior to assuming food service assignments.
4. On-going training plans should be based upon information obtained through the evaluation of training sessions and needs identified at that time, as well as staff requests.

Approved Certified Food Protection Manager Training Programs:

A. Nutrition Consultant:

1. Each nutrition service provider shall obtain the advice of a qualified dietitian in planning and providing nutrition services. The number of consultation hours should be based on the size and complexity of the nutrition service provider and may be established by the AAA.
2. The qualified dietitian shall be either a provider employee or an independent consultant, hired by the project (paid or in-kind.) **The dietitian paid by the project's food service vendor is not acceptable in this position.**

Qualified Dietitian Definition: For the Florida, elderly nutrition program, a "qualified dietitian" is a licensed or licensed registered dietitian. The following define criteria for a registered dietitian and a licensed dietitian.

Registered Dietitians (RD) are credentialed through the Commission on Dietetic Registration (CDR.) RD's must provide a copy of their current CDR card upon hire. RD's must remain credentialed through CDR throughout the duration of their employment

Licensed Dietitian/Nutritionist (LD or LD/N) are credentialed through the Florida Department of Health (DOH.) LD or LD/N's must provide a copy of their current State of Florida Dietitian/Nutritionist license upon hire. LD or LD/N's must remain licensed throughout the duration of their employment.

NOTE: A change in qualified dietitian requires a funding application packet to be submitted to the AAA, containing the following information:

For a Licensed and Registered Dietitian:

- a. A resume for the provider's qualified dietitian,
- b. A copy of the individual's current registration with the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics; and
- c. A copy of the individual's current Florida license with the Department of Health(Refer to F.A.C. Chapter 64B8.)

For a Licensed Dietitian:

- a. A resume for the provider's qualified dietitian,
- b. A copy of the individual's current Florida license with the Department of Health (Refer to F.A.C. Chapter 64B8.)

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3. Responsibilities and functions of the qualified dietitian shall include, but not be limited to, the following:
 - a. Participation in developing menus with input from the advisory council (Reference: Section 1);
 - b. Ensuring all menus as written meet nutritional criteria as required by DOEA (refer to Menu Planning, Development, Review, and Approval Requirements section);
 - c. Approval of all menus (as indicated by an authorizing signature and date on each weekly or monthly approved and posted menu) 4 weeks prior to implementation;
 - d. Monitoring, at least annually, every meal site using the current Nutrition Program Compliance Review form;
 - e. Monitoring, at least annually, every food service vendor's sanitation inspection reports;
 - f. Reviewing corrective action plans of food service vendors for all significant or high priority findings on sanitation inspection reports;
 - g. Participation in development and review of food service contract annually for adherence to current nutritional requirements and delivery components of the food service vendor contract (See Food Service Contract Requirements);
 - h. Participation in developing and approval (as indicated by an authorizing signature and date) of the annual and monthly nutrition education plan and coordinate the provision of nutrition education so it is effective and appropriate;
 - i. Providing staff and volunteer training in areas of nutrition, food service management, and food safety;
 - j. Participation in the development of client satisfaction preference assessment tools, and review assessment of results;

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- k. Providing nutrition counseling for clients, if nutrition service provider authorizes it for clients that have high-risk nutritional scores (any score higher than 5.5 on the assessment tool). This service must be provided by a Florida Licensed Dietitian (FAC Chapter 64B8- 43). Any dietitian providing nutrition counseling should be covered by malpractice insurance.

B. Technical Assistance: Each nutrition service provider should:

- 1. Inform the AAA of technical assistance needs for quality improvement and corrective action measures.
- 2. Provide technical assistance to its contract agencies, other related clients, and its advisory council.

C. Records and Reports: Nutrition providers are required to:

- 1. Develop and maintain a record on each client which documents the following:
 - a. Eligibility for services;
 - b. Information related to emergency care;
 - c. The need for, and referral to, other appropriate services.
- 2. Obtain information related to congregate clients within three days of determination of status as a client rather than a guest.
- 3. Obtain information related to homebound clients prior to receipt of a home-delivered meal. In the event of an emergency, a home-delivered meal may be provided prior to assessment.
- 4. Establish recording procedures, in accordance with AAA policy, which ensure the accuracy of the number of eligible client meals served each day.
- 5. Submit all required reports promptly.
- 6. Provide access to all records and reports on demand for audit, assessment or evaluation by authorized representatives of the AAA, state or federal agencies.

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- D. Monitoring, Assessment and Evaluation:** Each provider will be subject to the monitoring policies and procedures of the Department.
- E. Advisory Council:** All nutrition providers must establish and maintain either a project advisory council made up of representatives from each congregate nutrition site, or a site council at each congregate nutrition site. The nutrition advisory council shall advise the nutrition program director on all matters relating to the delivery of nutrition services within the program area. All recommendations of the council shall be taken into consideration. Clients may establish site councils in addition to advisory councils with concurrence of the provider director.
1. These councils must be comprised of at least 51% clients of the nutrition program, and must meet a minimum of two times per year (as evidenced by dated sign in sheet).
 2. Advisory councils must meet the following additional requirements:
 - a. The council shall not function in a policymaking or decision-making capacity. An advisory council should not be confused with the provider or contractor board of directors, which is a legal entity with policy-making authority. No member of the board of directors or employee of the provider or contractor may serve on the advisory council except as an ex-officio member. No immediate family member of a part-time or full-time employee of the grantee or contractor may serve on the advisory council.

No DOEA staff member may serve on the advisory council.
 - b. Advisory Council Roles and Responsibilities:
 - i. Serve in an advocacy role to ensure that the program serves the elderly;
 - ii. Provide means for participating clients to express their views on the services provided;
 - iii. Assist with client satisfaction surveys;

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- iv. Make recommendations to the nutrition program director regarding food preferences of clients, days and hours of dining center, operations and locations and dining center furnishings regarding disabled clients.
 - v. Advise and make recommendations to the nutrition director regarding supportive social services to be conducted at dining centers; and
 - vi. As an organized group, provide support and assistance to the ongoing development of the nutrition program.
- F. **Public Information and Dissemination:** Each nutrition service provider, in cooperation with the AAA, is responsible for the development and dissemination of information regarding services throughout its service area. Providers will be expected to utilize all appropriate media sources to keep the public informed about the nutrition program for the elderly. (All providers should coordinate with the AAA in conducting special informational events, such as Older Americans Month, public hearings, conferences, etc.).
 - 1. Area Agencies on Aging must ensure that relevant informational material received, such as policy clearances, technical assistance, pertinent grant or other funding opportunities, meetings and information issuances is documented in a timely fashion.
 - 2. Public information activities must conform to policies concerning confidentiality and public notice.
- G. **Coordination of Services:** A nutrition service provider must utilize existing social service resources in provision of necessary services. Such efforts shall include joint planning, sharing of information, and negotiation of joint funding agreements in operation of programs for the elderly.

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FOOD SERVICE:

Meals served by nutrition providers can either be prepared directly by the provider (i.e., self-preparation kitchen that serves one meal site or central kitchen which serves multiple meal sites) or through a written contractual agreement with a vendor (i.e., nearby schools, restaurants, or hospitals) or a food service management company. Meal production must comply with local, state (FAC 64E-11) and, if applicable, federal regulations (United States Department of Agriculture and Food and Drug Administration).

CONTRACTS WITH PROFIT-MAKING ORGANIZATIONS:

Contract Requirements:

- A. Contracts/Subcontracts:** Nutrition service providers may enter contracts or subcontracts with profit-making organizations for nutrition services only with prior written approval of the AAA. Contracts for the provision of food may be executed only with those vendors who supply meals from premises that have a valid permit, license, or certificate issued by the appropriate regulatory authority. The service provider shall comply with all federal, state, and local laws, ordinances, and codes for establishments that are preparing, handling, and serving food to clients.

The vendor must submit its three most recent sanitation inspection reports to the Nutrition Provider. If a vendor has one temporary closure and/or twelve (12) high priority violations in the preceding twelve month period, the inspection reports shall be sent to the AAA for further review. The AAA will then decide if the vendor has taken appropriate action to ensure food safety compliance in order to prevent repeat violations. The vendor must agree to notify the Nutrition Provider immediately for any closure or Administrative Complaint related to food safety. The vendor must agree to notify the Nutrition Provider within twenty-four (24) hours of any sanitation inspection and provide a copy of the report to the Nutrition Provider. It is not recommended that the AAA contracts, or subcontracts, with any vendor who has more than one temporary closure and/or more than twelve (12) high priority violations in the twelve-month period prior to entering into a contract or during a twelve-month contract period

- B. Subcontracts:** If the Title III service provider subcontracts for meals, it is the responsibility of the AAA to ensure that the provider monitors the subcontractor. The AAA must also monitor the subcontractor's performance either directly or via communication with the Nutrition Provider. The Title III service provider must monitor the subcontractor on-site at least once per year during the contract period, with follow-up visits for corrective action or quality improvements made as needed.

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1. **Cooperative Monitoring:** Whenever multiple service providers utilize the services of a single food service vendor's production kitchen; the service providers may elect to monitor the subcontractor on a cooperative basis. One nutrition service provider may monitor on behalf of other providers. Cooperative monitoring must be arranged for in advance and approved by the appropriate AAA(s). For the AAA to approve cooperative monitoring, the following conditions shall be met:
 - a. The individual conducting the food service vendor monitoring shall have demonstrated knowledge of sanitation, food handling, food preparation, and food storage principles, and preferably be a Certified Food Protection Manager or a qualified dietitian;
 - b. The subcontractor's monitoring was completed in accordance with Chapter 1, Section 3 of this handbook;
 - c. Monitoring may include review of all aspects of kitchen management including, but not limited to:
 - i. All local and state level health department inspections,

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- ii. Meal/menu-related invoices;
 - iii. Food staff certifications;
 - iv. Staff in-service documentation;
 - v. Standardized recipes; and
 - vi. Standardized recipes to monitor for nutrient compliance.
- 2. **Written Monitoring Report:** All written reports documenting the monitoring visit and any other reports required by the project will be reviewed by the AAA for validation of the documented services. The AAA must notify the Department's RD in writing within 48 hours of any changes in food service vendors.
- 3. **Corrective Action Plans:** All subcontracted food service vendors must provide a written corrective action plan to the Nutrition provider for any high priority or significant findings on sanitation inspections. These corrective action plans must be approved by the provider's RD. Additionally, the AAA monitor should ensure the accuracy of all reports and require corrective action plans, if appropriate, to ensure that deficiencies are remedied.

MENU REVIEW AND APPROVAL:

- A. Menu Planning:** The menus shall be planned and provided to the qualified dietitian for review no less than **six calendar weeks** in advance of implementation.
- B. Menu Approval:** All menus must be approved at least **four calendar weeks** prior to implementation. All menus must be approved in writing by a qualified dietitian. The approving qualified dietitian's signature and date must be documented on each page of the approved and posted menu. The approving signature verifies that all menus comply with DOEA menu standards and applicable supporting nutrient analysis documentation is maintained. The AAA qualified dietitian or the nutrition program Qualified Dietitian may approve the menus. A qualified dietitian employed by the food vendor may not approve the menus, because this is a conflict of interest.
- C. Menu Cycle:** Nutrition Programs may choose to offer two types of menu cycles:
 - 1. Preselect Menu:** daily menu offers only one entrée; or
 - 2. Selective Daily Menu:** offers two to three entrée choices.

The preselect menu cycle shall be no less than 4 weeks in rotation of different food combinations to assure variety of colors, flavors, and textures. Preselect cycle menus shall run for a maximum of six months before changing, and food items should not be repeated on consecutive days or consecutive days of the week.

Meal sites offering a selective menu (i.e., buffet style meal service or kiosk) may decrease the menu rotation and the same menu item may be repeated on consecutive days or consecutive days of the week. However, the program must monitor acceptance and ensure menu fatigue is avoided. Selective menus shall run for a maximum of six months before changing.

- D. Menu Revisions:** The AAA or nutrition program qualified dietitian may require menu revisions based upon a review or the results of client satisfaction surveys. Requested menu revisions will be given to the service provider at least two weeks prior to scheduled menu implementation.
- E. Menu Corrections:** Copies of corrected menus must be resubmitted to the AAA or nutrition program qualified dietitian within one week of receipt of comments or as otherwise directed.

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- F. Menu Posting:** Approved preselect menus shall be dated and posted in a conspicuous location at each congregate nutrition site in a font size large enough for easy review by the participants. Nutrition programs that prepare their meals must also post a copy of their menus in the food preparation area.

Select Menu (i.e., buffet style or kiosk) approved menu shall be dated and posted on/near the buffet style serving line and should be printed in font size large enough for easy review.

- G. Menu Retention:** Dated and approved menu with supporting menu related documents must be kept on file, as served for a period of two years for audit purposes.
- H. Menu Adherence:** Approved menus shall be followed as written.
- I. Menu Substitutions:** A comprehensive menu substitution policy and procedure must be developed and approved by the nutrition program's qualified dietitian. The menu substitution policy must be available for the site manager's use. Each meal site shall maintain an on-site record of all substitutions that occur during the calendar year. Menu substitutions shall be minimal, but are allowed under the following conditions:
1. Menu substitutions must be from the same food group and provide equivalent nutritional value. For example, a fruit high in Vitamin C must be substituted with another fruit high in Vitamin C.
 2. Prior to use the nutrition program's qualified dietitian must approve the menu substitution policy and procedures and the menu substitution list. It is encouraged that the menu substitution list be inclusive and thorough.
 3. Documentation of all menu substitutions must be kept on file for at least two years for monitoring purposes. The documentation must include the date of substitution, the original menu item, the substitution made, the reason for the substitution and the signature of the employee authorizing the substitution. Finally, the volume and frequency of substitutions must be justified by the reasons provided. For example, a seasonal fruit may be substituted for a canned fruit.

J. Menu Development:

1. Menus should be developed with consideration for the:
 - a. Special needs of the elderly;
 - b. Religious, ethnic, cultural, and regional dietary practices or preferences of clients, if reasonable and feasible;
 - c. Variety of food and preparation methods including color, combinations, texture, size, shape, taste, and appearance;
 - d. Seasonal availability of foods;
 - e. Availability of equipment for food preparation or meal delivery service; and
 - f. Budget.
2. **Menu Development Methods:** Menus may be developed using two different methods, computer assisted nutrient analysis or component meal pattern.
 - a. The computer assisted nutrient analysis method.
 - b. The component meal pattern menu development method..

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3. **Nutrient Requirements:** All meals, regardless of development method, will provide each participating older individual with a minimum of 33 1/3 percent of the current Dietary Reference Intake (<http://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes>) and comply with the current Dietary Guidelines for Americans. The values required meet the nutritional needs of a moderately active 70+ female, reflecting the predominant state wide demographic. The AAA may authorize a Nutrition Program to alter the nutrient requirements of their menus if most the senior population served by the Nutrition Program differs from the statewide demographic. DOEA must be provided advance notification, in writing of the demographic differences of the site(s) and the exact menu changes.
4. **Computer Assisted Nutrient Analysis Menu Development:**
This method of menu development must comply with the following:
 - a. DOEA menu development standards ensuring compliance with the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture (<http://www.health.gov/dietaryguidelines/>);
 - b. Providing a minimum of 33 1/3 percent of the Dietary Reference Intake/Adequate Intake (DRI/AI) for moderately active 70+ females as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is provided per day;
 - c. Providing a minimum of 66 2/3 percent of the DRI/AI, for a moderately active 70+ female, if two meals are provided per day;
 - d. Providing 100 percent of the DRI/AI, for a moderately active 70+ female, if three meals are provided per day;
 - e. Any special dietary needs of program clients to the maximum extent practicable; and
 - f. 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. Ref. Chapter 64-E-11-Food Hygiene, F.A.C. (<http://fac.dos.state.fl.us>).

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Computer-Assisted Menu Development Requirements:

Targeted Nutrients: Table One represents the most current Dietary Reference Intakes and daily compliance range for target nutrients. The following nutrients are required to be analyzed for each component of each menu item: calories, protein, fat, fiber, calcium, zinc, sodium, potassium, vitamin B6, vitamin B12, vitamin C, and vitamin A (vegetable-derived/carotenoid sources). Calories, protein, fat, fiber, calcium, vitamin B6, and vitamin C must be provided in adequate amounts daily. Vitamin A, vitamin B12, zinc, magnesium, sodium, and potassium may be averaged over one week. Sodium may be averaged over one week; however, no one-meal amount may exceed 1000 milligrams. It is recommended that fortified foods should be used to meet vitamin B12 needs. Holidays and birthday celebration meals (two or fewer meal types per calendar month) may be excluded from the nutrient analysis.

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	1 meal/day 33 1/3 % DRI/AI	2 meals/day 67% DRI/AI	3 meals/day 100% DRI/AI
Macronutrients			
Kilocalories (1)	600	1200	1800
Protein grams (1) ~20% of total Kcal >14 grams from entrée per meal	30	60	90
Carbohydrate grams (1) ~50% of total Kcal	75	150	225
Fat grams (1) 20-35% of total Kcal	20	40	60
Saturated fat (1) <10% total Kcal	Limit intake		
Added sugars (1) <10% of total Kcal or 45 grams/day	Limit intake		
Dietary Fiber grams (2)	7	14	21
Vitamins			
A *(ug/d)(2)	233	46	700
C (mg/d) (2)	25	50	75
D (mcg/d) (2)	*6.7	*13.3	*20
E (mg/d) (2)	5	10	15
Thiamine (mg/d) (2)	0.37	0.73	1.1
Riboflavin (mg/d) (2)	0.37	0.73	1.1
B6 (mg/d) (2)	0.5	1.0	1.5
Folate (ug/d) (2)	133	267	400
B12 (mcg/d) (2)	0.8	1.6	2.4
Minerals			
Calcium (mg/d) (2)	400	800	1200
Copper (ug/d) (2)	300	600	900
Iron (mg/d) (2)	2.7	45.3	8
Magnesium (mg/d) (2)	106.7	213.3	320
Zinc (mg/d) (2)	2.7	5.3	8
Potassium (mg/d) (1))	1567	3134	4700
Sodium (mg/d) (1)	<767	<1533	<2300

RDA's are in bold type and AI's are in ordinary type followed by an asterisk ().

- (1) Value for 70 +, moderately active female, USDA interpretation of the Dietary Guidelines for Americans 2015 U.S. Department of Agriculture. U.S. Department of Health and Human Services. <http://www.health.gov/dietaryguidelines/2015/guidelines/appendix7/>
- (2) Used highest DRI value for ages > 70-year-old female by Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, includes the 2015 updated recommendations for calcium and vitamin D.

Component Meal Pattern Requirements for Menu Development: This method of menu development must comply with the following:

- A.** DOEA menu development standards ensuring the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture (<http://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes/dri-tables>).
- B.** Provide the minimum meal servings of the 1800-calorie component meal pattern to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a moderately active 70+-year-old female;
- C.** Provide a minimum of two times the minimum meal servings of the 1800-calorie component meal pattern, if two meals are provided per day;
- D.** Provide a minimum of three times the minimum meal servings of the 1800-calorie component meal pattern, if three meals are provided per day;
- E.** Any special dietary needs of program clients to the maximum extent practicable; and
- F.** 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. Ref. Chapter 64-E-11- Food Hygiene, F.A.C. (<http://fac.dos.state.fl.us>).

The 1800-calorie component meal pattern has been developed to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a moderately active 70+-year-old female (requirements for those programs that are not using computerized nutrient analysis). Holidays and birthday celebration meals (two or fewer meal types per calendar month) may be excluded from the component meal pattern requirement. The component meal pattern may be deficient in vitamin E, vitamin B12, and Zinc, therefore additional nutrition education for participants on the selection of foods that are good sources of these nutrients shall be provided.

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Items that provide the following target nutrients should be identified on the menu.

Vitamin C – must provide at least 25 mg per meal.

Vitamin A – must provide at least 233 ug at least three times per week,

Menu Focus: Whole grains and high fiber foods should be included as much as possible. It is recommended that fortified foods should be used to meet vitamin B12 needs. The use of nutrient dense foods, as well as fortified and enriched products, should be a priority.

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DIETARY GUIDELINE MEAL PATTERN REQUIREMENT FOR ONE MEAL PER DAY

Food Group	Servings/M meal	Daily Dietary Guideline Recommendations
Grains	2 servings: (1/2 cup (cooked) pasta or rice, 1 cups cereal, 1 slice of bread (1 ounce each)	6-ounce equivalent servings daily. Include 3-ounce equivalent of whole grain high fiber foods
Vegetable	1.7 servings: 3/4 cup cooked or 1-1/2 cups raw equivalent measure (may serve an additional fruit instead of a vegetable)	2 ½ cups (5 servings daily). Serve a variety of vegetables, including those that are dark green, red, and orange.
Fruit	1 serving: ½ cup (4 ounces) or equivalent measure	1.5 cups (4 servings daily) Focus on whole fruits and include those that are deeply colored fruits such as oranges.
Dairy	1 serving: 1 cup (8 ounces) or equivalent measure	3, 1-cup equivalent servings daily. Select low-fat products
Protein Foods	1.7 serving: 2-ounce edible portion or equivalent measure	5 ounce-equivalent servings daily
Fat	1 serving: 1 teaspoon or equivalent measure is optional	Select foods lower in fat and saturated fat. Limit total fat to 30%, saturated 10% (20%)
Dessert	Optional	Select foods high in whole grains, low in fat and sugar
Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, per seasonal preferences	

*Limit saturated fat, sodium, and added sugar

The Dietary Guideline Meal Pattern is based on the DRI for energy. It provides approximately 600 calories per meal. The number of servings for each food group is based on the USDA's ChooseMyPlate.gov for food groups and. These profiles represent the quantities of nutrients and other components that one can expect to obtain on average from one serving of food in each group. Serving sizes are based on the MyPlate (<http://www.choosemyplate.gov>). Although this meal pattern is based on food servings recommended in the Dietary Guidelines and Choose My Plate, it does not ensure that meals meet 1/3 of the DRI/AI and Dietary Guidelines.

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Food Group Components and Serving Sizes: Serving size shall meet or exceed the guidelines listed in this section. Some foods are classified in more than one food group. However, a serving of a food can only be counted in one food group within the same meal. For example, dried beans may be counted as either a meat alternate serving or as a vegetable serving, but not both in the same meal. Likewise, cottage cheese may be counted as either meat alternate serving or milk alternate serving, but not both.

- A. Grains:** A serving of bread is generally 1 slice (1ounce); ½ cup pasta or grain product, or 1 ounce of ready-to-eat cereal. A variety of enriched and/or whole grain bread products, particularly those high in fiber are recommended. Serving sizes are:

Grains		Amount that counts as 1-ounce equivalent of grains	Common Portions and ounce equivalents
Bagels	WG*: whole wheat RG*: plain, egg	1 "mini" bagel	1 large bagel = 4-ounce equivalents
Biscuits	(baking powder/buttermilk–RG*)	1 small (2" diameter)	1 large (3" diameter) = 2-ounce equivalents
Breads	WG*: 100% whole wheat RG*: white, wheat, French	1 regular slice 1 small slice French 4 snack-size slices rye bread	2 regular slices = 2-ounce equivalents
Bulgur	Cracked wheat (WG*)	1/2 cup cooked	
Cornbread	(RG*)	1 small piece (2 ½" X 1 ¼" X 1 ¼")	1 medium piece (2 ½" X 2 ½" X 1 ¼") = 2-ounce equivalents
Crackers	WG*: whole wheat, rye, RG*: saltines, snack crackers	5 whole wheat crackers 2 rye crisp breads 7 square or round crackers	
English muffin	WG*: whole wheat RG*: plain, raisin	1/2 muffin	1 muffin = 2-ounce equivalents

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Grains		Amount that counts as 1 ounce equivalent of grains	Common Portions and ounce equivalents
Muffins	WG* whole wheat RG* bran, corn, plain	1 small (2 ½ "diameter)	1 large (3 ½" diameter) = 3-ounce equivalents
Oatmeal	(WG)	½ cup cooked 1 packet instant 1 ounce (1/3 cup) dry (regular or Quick)	
Pancakes	WG*: whole wheat, buckwheat RG*: buttermilk, plain	1 pancake (4 ½ "diameter) 2 small pancakes (3" diameter)	3 pancakes (4 ½ "diameter) = 3-ounce equivalents
Ready-to-eat breakfast cereal	WG* toasted oat, whole wheat flakes RG* corn flakes, puffed rice	1 cup flakes or rounds 1 ¼ cup puffed	
Rice	WG*: brown, wild RG*: enriched, white, polished	½ cup cooked 1 ounce dry	1 cup cooked = 2 ounce equivalents
Pasta- spaghetti, macaroni noodles	WG*: whole wheat RG*: enriched, durum	½ cup cooked 1 ounce dry	1 cup cooked = 2-ounce equivalents
Tortillas	WG*: whole wheat, whole grain corn RG*: flour, corn	1 small flour tortilla (6" diameter) 1 corn tortilla (6" diameter)	1 large tortilla (12" diameter) = 4-ounce equivalents

*WG = whole grains, RG = refined grains. This is shown when products are available both in whole grain and refined grain forms. Source: ChooseMyPlate.gov.

1. Increase servings of whole grain, wheat, bran, rye bread, and cereal products, to provide adequate complex carbohydrates and fiber.
2. Limit high-fat bread and bread-alternate selections such as biscuits, quick bread, muffins, cornbread, dressings, croissants, fried hard tortillas and other high fat crackers to limit total fat as well as saturated fat.
3. Bread alternates do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains. These foods are included in the vegetable food group.

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- B. Vegetables:** A serving of vegetable, including dried beans, peas, lentils, lima beans, potato, plantains, sweet potato, and corn is generally the following:

	Amount that counts as 1 cup of vegetables	Amount that counts as ½ cup of vegetables
Dark Green Vegetables		
Broccoli	1 cup chopped or florets 3 spears 5" long raw or cooked 1 cup cooked	
Spinach	1 cup cooked 2 cups raw is equivalent to 1 cup of vegetables	1 cup raw is equivalent to ½ cup of vegetables
Raw leafy greens: spinach, romaine, watercress, dark green leafy lettuce, endive, escarole	2 cups raw is equivalent to 1 cup of vegetables	1 cup raw is equivalent to ½ cup of vegetables
Red and Orange Vegetables		
Carrots	1 cup, strips, slices, chopped, raw, or cooked 2 medium 1 cup baby carrots (about 12)	1 medium carrots About 6 baby carrots
Tomatoes	1 large raw whole (3") 1 cup chopped, sliced, raw, canned, or cooked	1 small raw whole (2 ¼" diameter) 1 medium canned
Tomato juice	1 cup	½ cup
Sweet potato	1 large baked (2 ¼" or more diameter) 1 cup sliced or mashed, cooked	
Winter squash (acorn, butternut, hubbard)	1 cup cubed, cooked	½ acorn squash, baked = ¾ cup
Beans and Peas		
Dry beans and peas (such as black, garbanzo, kidney, pinto, soy bean beans, black eyed peas, or split peas	1 cup whole or mashed, cooked	

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	Amount that counts as 1 cup of vegetables	Amount that counts as ½ cup of vegetables
Starchy Vegetables		
Corn, yellow, or white	1 cup 1 large ear (8" to 9" long)	1 small ear (about 6" long)
Green peas	1 cup	
White potatoes	1 cup diced, mashed 1 medium boiled or baked potato (2 ½" to 3" diameter) French fried: 20 medium to long strips (2 ½" to 4" long) (Contains added calories from solid fats.)	
Other Vegetables		
Cabbage, green	1 cup, chopped or shredded Raw or cooked	
Cauliflower	1 cup pieces or florets raw or cooked	
Celery	1 cup, diced or sliced, raw or cooked 2 large stalks (11" to 12" long)	1 large stalk (11" to 12" long)
Cucumbers	1 cup raw, sliced, or chopped	
Green or wax beans	1 cup cooked	
Green peppers	1 cup chopped, raw, or cooked 1 large pepper (3" diameter, 3 ¾" long)	1 small pepper
Lettuce, iceberg or head	2 cups raw, shredded, or chopped = equivalent to 1 cup of vegetables	1 cup raw, shredded, or chopped Equivalent to ½ cup of vegetables
Onions	1 cup chopped, raw, or cooked	
Summer squash or zucchini	1 cup cooked, sliced, or diced	

Source: <http://www.ChooseMyPlate.gov>

1. Fresh or frozen vegetables are preferred.
2. Vegetables as a primary ingredient in soups, stews, casseroles, or other combinations dishes should total ½ cup per serving.

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C. **Fruits:** A serving of fruit is generally the following:

	Amount that counts as 1 cup of fruit	Other amounts (count as ½ cup of fruit unless noted)
Apple	½ large (3.25" diameter) 1small (2.5" diameter)1 cup sliced or chopped, raw or cooked	½ cup sliced or chopped, raw or cooked
Applesauce	1 cup	1 snack container (4 oz.)
Banana	1 cup sliced 1 large (8" to 9" long)	1 small (less than 6" long)
Cantaloupe	1 cup diced or melon balls	1 medium wedge (1/8 of a medium melon)
Grapes	1 cup whole or cut-up 32 seedless grapes	16 seedless grapes
Grapefruit	1 medium (4" diameter) 1 cup sections	½ medium (4" diameter)
Mixed fruit (fruit cocktail)	1 cup diced or sliced, raw or canned, drained	1 snack container (4 oz.) drained = 3/8 cup
Orange	1 large (3-1/16" diameter) 1 cup sections	1 small (2-3/8" diameter)
Orange, mandarin	1 cup canned, drained	
Peach	1 large (2 ¾" diameter) 1 cup sliced, diced, raw, cooked, or canned, drained 2 halves, canned	1 small (2" diameter) 1 snack container (4 oz.) drained = 3/8 cup
Pear	1 medium pear (2.5 per lb.) 1 cup sliced, diced, raw, cooked, or canned, drained	1 snack container (4 oz.) drained = 3/8 cup
	Amount that counts as 1 cup of fruit	Other amounts (count as ½ cup of fruit unless noted)
Pineapple	1 cup chunks, sliced or crushed, raw, cooked, or canned, drained	1 snack container (4 oz.) drained = 3/8 cup
Strawberries	About 8 large berries 1 cup whole, halved, or sliced, fresh or frozen	½ cup whole, halved, or sliced
Watermelon	1 small wedge (1" thick) 1 cup diced or balls	6 melon balls
Dried fruit (raisins, prunes, apricots, etc.)	1/cup dried fruit is equivalent to 1 cup fruit. ½ cup raisins; ½ cup prunes; 1/cup dried apricots	¼ cup dried fruit is equivalent to ½ cup fruit 1 small box raisins (1.5 oz.)
100% fruit juice (orange, apple, grape, grapefruit, etc.)	1 cup	½ cup

Source: <http://www.ChooseMyPlate.gov>

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1. Frozen or canned fruit must be packed in juice or water.
2. Title III funds may only pay for full strength fruit juices. The only exception to this requirement is cranberry juice.

D. Dairy:

1. One cup low-fat, fat-free, buttermilk, low-fat chocolate milk, soy milk, or lactose- free milk fortified with Vitamins A and D should be used. Milk should be served from its original container, usually 8 ounces in size. Any deviations from this policy should be submitted in writing to the AAA's qualified dietitian for approval.
2. Low-fat or fat-free milk is recommended for the general population.
3. Powdered dry milk or evaporated milk may be served at congregate meal sites, but not for the main meal except for cultural or religious reasons. Each powdered milk or evaporated milk serving size must be equivalent to one cup of milk. Powdered milk may be used with frozen home-delivered meals and emergency meals.
4. Dairy alternates, listed in the chart below, may be provided in place of milk (for the equivalent of one cup of milk).
5. All milk containers must have a clearly labeled expiration date.
6. Policies and procedures shall be developed, and implemented, to address instances when milk is received, e.g., without an expiration date, past the expiration date, past the sell-by date, past the best-by date, or past the use by date.

Dairy Alternates
1 cup yogurt
1 ½ ounce hard cheese (Cheddar, Monterey, Provolone, Colby, American Mozzarella, Swiss, Parmesan) or 2 ounces processed cheese (American)
8 ounces tofu (processed with calcium salt)
1 ½ cup ice milk/ice-cream
1 ½ cup cottage cheese 1% fat
1 ½ cup custard

Source: <http://www.ChooseMyPlate.gov>

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- E. Protein Foods:** Two to three ounces edible portion of meat, poultry, fish, or meat alternate (or a combination of) should be provided for the lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating. A one-ounce equivalent of a meat alternate includes:

	Amount that counts as 1 ounce equivalent in the Protein Foods Group	Common portions and ounce equivalents
Meats	1 ounce cooked lean beef 1 ounce cooked lean pork or ham	1 small steak (eye, round, or filet) = 3 ½ to 4-ounce equivalents 1 small lean hamburger = 2 to 3-ounce equivalents
Poultry	1-ounce cooked chicken or turkey, without skin 1 sandwich slice of turkey (4 ½" x 2 ½ x" 1/8")	1 small chicken breast half = 3-ounce equivalents ½ cornish game hen = 4-ounce equivalents
Seafood	1-ounce cooked fish or shell fish	1 can tuna, drained = 3 to 4-ounce equivalents 1 salmon steak = 4 to 6-ounce equivalents
Eggs	1 egg	3 egg whites = 2-ounce equivalents 3 egg yolks = 1-ounce equivalents
Nuts and seeds	½ ounce of nuts (12 almonds, 24 pistachios, 7 walnut halves) ½ ounce of seeds (pumpkin, sunflower, or squash seeds, hulled, roasted) 1 Tablespoon of peanut butter or almond butter	1 ounce of nuts or seeds = 2-ounce equivalents
Beans and peas	¼ cup of cooked beans (black, kidney, pinto, or white beans) ¼ cup of cooked peas (chickpeas, cowpeas, lentils, or split peas) ¼ cup of baked beans, refried beans ¼ cup (about 2 ounces) of tofu 1 oz. tempeh, cooked ¼ cup roasted soybeans 2 Tablespoons of hummus	1 cup split pea soup = 2-ounce equivalents 1 cup lentil soup = 2-ounce equivalents 1 cup bean soup = 2-ounce equivalents 1 soy or bean burger patty = 2 ounce equivalents

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1. A one ounce serving or equivalent portion of meat, poultry, or fish may be served in combination with other high protein foods.
2. Except to meet cultural and religious preferences and for emergency meals, avoid serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive meals or on consecutive days.
3. Cooked dried beans, peas, or legumes intended as the meat alternative for any meal may not also count toward the fruit/vegetable requirement for the same meal.
4. Nuts and seeds may be used to meet no more than one-half of the meat alternative meal requirements, and must be appropriately combined with other meats/meat alternates to fulfill the requirement.
5. Cured meat products, such as ham, smoked or polish sausage, corned beef, dried beef, luncheon meats, and hot dogs are very high in sodium and the use of these type products must be limited to no more than once a week. Bacon is not considered a meat alternate, since it provides primarily fat, sodium, and few other nutrients.
6. Vegetable protein products or textured vegetable protein (VPP or TVP) are low cost alternatives and are effective in increasing the protein intake of program clients. The recommended ratio of protein product to meat is 20:80.
7. Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non- imitation product) cannot be served as meat alternates.

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Portion Control Guide—Protein Foods	
Food Item	Required Portion Size = 3 ounces
Cottage cheese—2 ounces by weight = $\frac{1}{4}$ cup	6 ounces by weight = $\frac{3}{4}$ cup
Chicken	1 drumstick and 1 thigh or $\frac{1}{2}$ breast = 3 ounces
Chili, soups	Must serve at least 1 $\frac{1}{2}$ cup containing 3 ounces of meat or meat alternate to provide one meal
Cooked dried beans and peas	1 $\frac{1}{2}$ cup
One egg = 1 ounce	3 eggs
Lasagna, Macaroni and Cheese, Beef or other Meat Stew, Meat Casseroles	1 $\frac{1}{2}$ cup
Meat Loaf 1 slice 2" x 4" x 2" = 4 ounces	4 ounces (yield from a 20" x 12" x 2" pan = 33 servings)
Pizza 3 $\frac{1}{4}$ "x 7" = 3 ounces M/MA	10 servings per 18" x 26" pan or 5 + servings from 12" x 20" pan
Roast Meats	3 ounces
Sandwiches, sliced meats/cheese Salad type fillings	3 ounces 3 ounces = $\frac{3}{4}$ cup filling
Spaghetti sauces with ground beef	1 cup
Tofu	4 ounces

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F. Prepared Fish Products:

Fish Product	Serving or Portion Size
Fish sticks, Frozen Fried Breaded, 60 percent fish	Six 1-ounce sticks = 3 ounces cooked fish
Fish sticks, Frozen Raw Breaded, 72 percent fish	Six 1-ounce sticks = 3 ounces cooked fish
Fish portions, Frozen, Fried Battered. There is no standard portion for this product. Specify 45 percent fish and require a certificate of inspection	9-ounce portion = 3 ounces cooked fish
Fish portions, Frozen, Fried Breaded	6-ounce portion = 3 ounces cooked fish
Fish portions, Frozen, Raw Breaded 75 percent fish	6-ounce portion = 3 ounces cooked fish
Fish portions, Frozen, Unbreaded	4-ounce portion = 3 ounces cooked fish

G. Additional Menu Development Considerations:

- Canned Soups:** Most canned soups do not contain enough meat to make a substantial contribution to the meat requirement. For example: Bean soup or Pea Soup: A 1-cup serving of soup contains $\frac{1}{2}$ cup beans or peas. This is equivalent to one ounce of Meat/Meat Alternative. It would take 3 cups to provide the required 3 ounces of Meat/Meat Alternative.
- Hot Dogs/Frankfurters:** Red meat (beef, pork, etc.) and poultry (turkey, chicken) hot dogs that do not contain meat by products, cereals, binders, or extenders:
 - 1 ounce of product provides 1 ounce of cooked lean meat. Look for products labeled "All Meat", "All Beef", "All Pork", etc. If a single hotdog equals 2 ounces, it will take one and a half hot dogs to equal a 3-ounce portion.
 - Hot dogs containing meat by-products, cereals, binders, or extenders are not acceptable on an ounce-for-ounce basis. Product labeling will indicate the presence of any such ingredients.

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- c. If using hotdogs containing extenders or binders, only the cooked or lean meat portion of the product can be used toward the Meat/Meat Alternatives requirement. Obtain product information from the manufacturer if necessary.

H. Accompaniments, Condiments, and Product Substitutes:

1. Include traditional meal accompaniments as appropriate, e.g., condiments, spreads, and garnishes. Examples include: mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, salad dressing with tossed salad, and margarine with bread or rolls. Whenever feasible, provide reduced fat alternatives.
2. Salt substitutes shall **not** be provided. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy coffee creamer, salt, and sugar may be provided, but shall not be counted as fulfilling any part of the nutritive requirements.
3. Sugar, condiments, seasonings or dressings intended for self-service use shall be provided only in individual packages or from dispensers that protect their contents.

I. Fat:

1. Minimize use of saturated fat in food preparation. Fats should be primarily monounsaturated and polyunsaturated vegetable oils, such as olive, peanut, corn, safflower, canola, cottonseed, and soybean oils.
2. The use of butter or fortified margarine as a spread for the bread is optional because of the emphasis on reducing fat content of the meals.

J. Desserts:

1. Dessert may be provided as an option to satisfy the caloric requirements or for additional nutrients. However, effort must be made to limit the amount of added sugar in the food preparation.
2. Preferred desserts include fresh, frozen, or canned fruit packed in their own juice, and low-fat products made with whole grains and/or low-fat milk.

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3. Pudding made with low-fat milk, low-fat ice cream, ice milk, or frozen yogurt may be served where feasible due to the increased calcium needed by the elderly.
 4. High-fat baked goods such as brownies, cakes, cobblers, cookies, and pies should be limited to once a week.
- K. Beverages:** In addition to beverages listed on the posted menu, drinking water should be available at all times. .
- L. Functional Foods:** Functional foods are foods in which the concentrations of one or more ingredients have been manipulated or modified to enhance their contribution to a healthy diet. Examples include everything from fruits, vegetables, grains and legumes, to fortified or enhanced foods. Nutrition programs are encouraged to use functional foods in menus whenever possible. Additional information regarding functional foods can be found at <http://www.eatright.org>.
- M. Dietary Supplements:** Dietary supplements encompass a wide range of products, including but not limited to vitamins, minerals, amino acids, and herbs. Although some older adults may need dietary supplements for health enhancement and/or to assist in meeting daily nutrient needs, they cannot be included in nutrition program meals.
- N. Modified Diets:** Modified or therapeutic medical diets may be provided as required by the client's special needs and medical condition.
1. **Documentation:** A written or documented verbal order must be on file for everyone receiving a modified diet, and the order should be reviewed annually with the client's healthcare provider.

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2. **Therapeutic Diet:** A therapeutic diet is an individualized diet prescription written by a medical professional that defines the client's daily intake for specific nutrients, i.e., an insulin-controlled diabetic diet would specify grams of carbohydrates, protein, fat and calories. For each client requiring a therapeutic diet, it is the responsibility of the qualified dietitian to develop an individual diet plan that provides the exact prescription of the prescribing medical professional and is adapted to the individual's food preferences as much as possible. Therapeutic diets require in-depth planning, counseling, and on-going supervision by a qualified dietitian.
3. **Modified/Therapeutic Menu:** Modified or therapeutic menus must be planned and prepared under the supervision of a Qualified Dietitian.
4. **Malpractice Insurance:** It is recommended that any dietitian providing therapeutic diet instruction be covered by malpractice insurance.
5. **Manual of Medical Nutritional Therapy:** A current Florida Manual of Medical Nutritional Therapy must be used as the basis for therapeutic or modified menu planning.
6. **Feasibility/Appropriateness of Modified/Therapeutic Diet:** In determining feasibility and appropriateness, the provider must determine whether:
 - a. There are sufficient numbers of persons needing special menus to make their provision practical.
 - b. The food and skills necessary to prepare the special menus are available in the AAA.
7. **Texture Modified Meals:** Modifying food texture and consistency may help older adults with chewing and swallowing problems. Chopping, grinding, pureeing, or blending foods are common ways to modify food textures. Texture modified food has the same nutritive value of solid foods and can be just as tasty and appealing. Serving sizes should account for any dilution to the food item during the preparation process. Thickened liquids are often required for individuals with dysphagia. The provision of such foods should be planned and prepared under the advice of a qualified dietitian.
8. **Adaptive Equipment:** When feasible and appropriate, reasonable attempts will be made to provide appropriate food containers and utensils for clients with disabilities.

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- O. Emergency Meals:** Nutrition programs are required to develop and have available written plans for continuing services for congregate and home delivered meals during weather-related or other emergencies including food procurement. Programs may offer shelf- stable meals to clients for later use. In accordance with NOI 020520-1-I-SWCBS, Emergency Home Delivered Meals (EHDM) must be reported in CIRTS with the aggregate number of meals received by the Nutrition Provider (after receipt).

Client specific information shall be maintained by the Nutrition Provider for audit purposes. This information must include the following:

- Client Name
- Client Signature
- Client ID Number
- Date of meal received by client

In the event there are no emergencies requiring the distribution of EHDM, Nutrition Providers are responsible for having a distribution plan for these meals.

The guidelines for shelf stable meals are:

9. Nutrient content of the meal must meet all requirements of the program and be approved by the AAA or nutrition program qualified dietitian.
10. Only top-grade, non-perishable foods in intact packages shall be included.
11. Cans are to be easy open, with pull tabs whenever possible.
12. All individual foods packages are to be labeled with expiration dates. All foods must be shelf stable. (Note: Meals with a multiple year shelf life, if stored properly, can be retained from one year to another and may help contain costs.)
13. Fruit and vegetable juices are to be 100 percent pure juices.
14. Dried fruit must be packed in an airtight container.
15. When applicable, easy-to-read preparation instructions should be included.

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- O. Holiday Meals:** Nutrition programs are required to develop and have available written procedures that address congregate meal site holiday closures including, but not limited to, the following items:
1. Holiday closing schedule - The State of Florida recognizes the following holidays for employees: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Friday after Thanksgiving Day, and Christmas Day. Providers must receive prior written authorization from the AAA for any additional planned closing dates. Also, providers must ensure that planned holiday closings do not result in the closure of a congregate meal site for more than four (4) consecutive day meal service days, which may or may not include weekend days.,
 2. Requirements for provision of meals - The provision of congregate services during site closures must be addressed in the AAA/provider contract. Providers must meet all requirements of the program and be approved by the AAA or nutrition program qualified dietitian.
 3. Reporting of meals - Nutrition programs must meet all requirements for reporting of service units

FOOD PURCHASING/PREPARATION STANDARDS:

Food Purchasing and Preparation Standards:

- A. Food Purchasing:** All food purchasing shall be transacted in accordance with DOEA policies and procedures, F.A.C. 64E-11 (Food Hygiene code), state, and federal regulations and food service contract provisions.
- B. Quality, Sanitation, and Safety:** Nutrition programs shall purchase food from sources that comply with all federal, state, and local laws relating to food quality, labeling, sanitation, and safety. Food shall be safe for human consumption, sound and free of spoilage, filth or contamination. Food from unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents, or swells shall not be used.
1. Food in hermetically sealed containers shall be processed in an establishment operating under appropriate regulatory authority.
 2. All milk products used and served must be pasteurized. Fluid milk shall meet Grade A quality standards, as established by law.
 3. All meats, poultry, and shellfish shall be obtained from a source that is licensed under a state or federal regulatory program.
 4. Only clean eggs with shells intact and without cracks or checks, pasteurized liquid, frozen, or dry eggs or pasteurized dry egg products shall be used except for commercially prepared and packaged peeled hard-boiled eggs. Pasteurized liquid, frozen, or dry eggs or egg products shall be substituted for shell eggs in the preparation of recipes calling for uncooked eggs, such as Caesar salad, hollandaise or béarnaise sauce, noncommercial mayonnaise, eggnog, ice cream, and egg fortified beverages.
 5. All ready-to-eat, or drink, foods shall have an expiration date, use-by date, sell-by date, or best-by date. All food and drinks must be received prior to the expiration date, use-by date, sell-by date, and/or best-by date.
- C. Commercial Processors of Food:** All foods the provider purchases and uses in a nutrition program for the elderly must meet standards of quality for sanitation and safety applying to commercially processed foods.

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- D. Use of Donated Food:** Nutrition programs may use contributed and discounted foods only if they meet the same standards of quality, sanitation, and safety as apply to foods purchased from commercial sources. Acceptable items include:
1. Fresh fruits and vegetables received clean and in good condition; and
 2. Food collected from a food bank, which can be prepared and served before the expiration date, use-by date, sell-by date, or best-by date.
- E. Unacceptable Food Items:** In accordance with the Florida Food Code, unacceptable items include:
1. Food that has passed its expiration date, use-by date, sell-by date, or best-by date;
 2. Home canned or preserved foods;
 3. Food cooked or prepared in an individual home;
 4. Prepackaged unpasteurized juice (including unpasteurized apple cider);
 5. Any road-kill;
 6. Wild game donated by hunters; and
 7. Fresh or frozen fish donated by sportsmen.
- F. Frozen Foods:** Foods, which are frozen for later consumption by clients, must meet applicable local, state, and federal standards. Equipment and methods for freezing must also meet these standards.
- G. Group Food Purchasing:** Providers are encouraged to participate in group food purchasing or regional or local power buying coalitions provided this method can efficiently and responsibly meet the cultural and/or ethnic culinary needs of congregate and home-delivered meal participants.

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Meal Cost Analysis: Calculation of the full cost of a meal is an essential food service management practice. This information is important for determining a suggested donation per meal and for informing clients of the full cost of the meal.

Meal Cost Calculation: Each program that prepares its own meals shall calculate the component cost of meals provided per the following categories:

- A. **Raw food:** All costs of acquiring foodstuffs to be used in the program.
- B. **Labor:**
 - 1. **Food service operation:** All expenditures for salaries and wages, including valuation of volunteer hours for personnel involved in food preparation, cooking, delivery, serving, and cleaning of dining centers, equipment, and kitchens.
 - 2. **Project management:** All expenditures for salaries and wages, including valuation of volunteer hours for non-food service operations of the program.
- C. **Equipment:** All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than \$1,000.
- D. **Supplies:** All expenditures for items with a useful life or less than one year and an acquisition cost of less than \$1,000.
- E. **Utilities:** All expenditures for gas, electricity, water, sewer, waste disposal, etc.
- F. **Other:** Expenditures for all other items that do not belong in any of the above categories (e.g., rent, insurance, fuel for vehicles) to be identified and itemized.

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FOOD PREPARATION AND SAFETY STANDARDS:

- A. Regulations:** In all phases of the food service operation (storage, preparation, service, and delivery of meals), nutrition programs shall adhere to the state and local fire, health, sanitation, and safety regulations applicable to the types of food preparation and meal-delivery systems used by the program. State regulations to the hygienic preparation and serving of food are stated in the Chapter 64E-11, Food Hygiene, F.A.C. (<http://fac.dos.state.fl.us/>). F.A.C. 64E-11 is referenced as the guidelines for all food handling referenced in the “Food Preparation and Safety Standards” section.

If applicable, the current food permits and/or inspection report, issued by the Department of Health or the Department of Business and Professional Regulation shall be posted or on file.

- B. Sanitation Program:** All Title III central kitchens and vendors must maintain a written, formal sanitation program that meets or exceeds the minimum requirements of state, federal, municipal, or other agencies authorized to inspect or accredit the food service operation.
- C. Food Handling, Preparation and Service:** All staff working in the preparation of food must be under the supervision of a Certified Food Protection Manager (see Planning for Nutrition Services, Part C.) Food shall be prepared, plated, and transported with the least possible manual contact, with suitable utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination.

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- D. Cleaning and Sanitizing:** Effective procedures for cleaning and sanitizing dishes, equipment, food contact surfaces, work areas, serving and dining areas shall be written, posted or readily available, and followed (refer to 64E-11, FAC.)
- E. Safety:** Material Safety Data Sheets (MSDS) must be readily available on all chemicals used by the nutrition program. Employees must be informed about potentially dangerous chemicals used in the workplace and how to safely use them (<http://www.msdssearch.com>). Toxic materials, such as cleaners and sanitizers, shall be maintained in the original container or transferred to a clearly labeled appropriate container. Toxic materials must be stored separate from food, food equipment or single-service articles. Sanitizers, detergents, or other cleaning compounds shall be stored separately from insecticides, rodenticides, and other poisonous or toxic materials using methods such as different storage cabinets or separate areas of a room. Ref. Occupation Safety & Health Administration (OSHA) 1910.1200(g).
- F. Quality and Quantity of Meals:** Tested standardized quantity recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of all meals.
- G. Food Palatability:** All foods must be prepared and served in a manner to preserve optimum flavor and appearance, while retaining nutrients and food value.
- H. Portion Control:** Nutrition programs must use standardized portion control procedures and equipment to ensure that each served meal is uniform and to reduce plate waste.
- I. Potentially Hazardous Foods:** Potentially hazardous food is any food or food ingredient, natural or synthetic, which requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious toxigenic microorganisms. Potentially hazardous foods that may cause foodborne illness include, but are not limited to:
 - 1.** Any food that consists in whole or in part of milk or milk products, shell eggs, beef, poultry, pork, lamb, fish, shellfish, tofu, soy protein foods, cooked rice, beans, potatoes, or other heat-treated plant foods;

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2. Chicken salad,, pasta salad,, , tuna salad, potato salad, and other mixed foods containing potentially hazardous ingredients or dressings;
3. Raw seed sprouts;
4. Cut fruit; and
5. Garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified in the definition.

J. Temperature and Time Control Requirements:

1. Cooling temperature requirements:

- a. Potentially hazardous foods requiring refrigeration after preparation, such as, chicken salad, , tuna salad, potato salad, or other mixed foods containing potentially hazardous ingredients or dressings shall be prepared from chilled products with a minimum of manual contact and shall be rapidly cooled to an internal temperature of 41° F. or below within four hours.
- b. Shell eggs do not apply if placed in a refrigerated unit immediately upon delivery.

2. Internal cooking temperature requirements:

- a. Eggs, fish, meat, and pork must meet an internal temperature of 145° F.
- b. Comminuted food (chopped, flaked, ground, or minced such as; ground beef, sausage, and gyros) must meet an internal temperature of 155° F.
- c. Stuffing, stuffed meat, or poultry must meet an internal temperature of 165° F.
- d. Fresh, frozen, or canned fruits and vegetables that are cooked for hot- holding must meet an internal temperature of 140° F for 15 seconds.

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- e. Microwave cooking temperatures for raw animal foods must be to a temperature of 165° F. in all parts of the food, allowed to stand for 2 minutes after cooking, covered to retain heat and stirred or rotated during cooking for even distribution of heat.
- f. Potentially hazardous foods that have been cooked and then refrigerated, or frozen, shall be reheated rapidly to a minimum of 165° F. for 15 seconds throughout all parts of the food before being served or placed in hot food storage equipment.

K. Holding temperature requirements:

- 1. Hot-holding temperatures for all hot foods are 140° F. or above.
- 2. Cold-holding temperatures for all cold foods are 41° F. or below.
- 3. Frozen foods shall be maintained frozen solid.

M. Meal Temperature Documentation Requirements: Temperature checks shall be taken, and documented, daily. Documentation shall be maintained for at least two years. Documentation must include at a minimum:

- 1. Time menu items delivered;
- 2. Each menu item and serving size;
- 3. Temperature(s) of each potentially hazardous menu items must be taken:
 - a. When the food is received by the nutrition site;
 - b. If there is more than 30 minutes between when the food is received at the meal site and when it is served, then a time and a temperature of each food item must be documented again at the time the meal is served; and
 - c. If a nutrition provider prepares the meal on site, then temperature must be taken and recorded when the food is leaving the production area.

Food grade probe-type thermometers must be used; other thermometers such as infrared thermometers, which do not insert into food cannot be used to take food temperatures. Thermometers must be correctly calibrated at least weekly, to ensure accuracy. Thermometers must be clean and sanitized between uses.

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N. Hazard Analysis Critical Control Point:

1. Hazard Analysis Critical Control Point (HACCP) is a proactive, comprehensive, science-based food safety system that allows operators to continuously monitor their establishments and reduce the risk of foodborne illness. The Florida Administrative Code does not currently require HACCP plans; however, nutrition programs that prepare their meals are encouraged to incorporate them into their operations to improve food safety at all levels of food service.
2. A HACCP Plan involves seven principles:
 - a. **Analyze hazards:** Potential hazards associated with a food, and measures to control those hazards, are identified. The hazard could be biological (i.e. microbe,) chemical (i.e. toxin,) or physical (i.e. ground glass or metal fragments).
 - b. **Identify critical control points:** These are points in a food's production at which the potential hazard can be controlled or eliminated from its raw state, through processing and shipping, to consumption by the client. Examples include cooking, cooling, packaging, and metal detection.
 - c. **Establish preventive measures with critical limits, for each control point:** For example, for a cooked food, this might include setting the minimum cooking temperature and time required to ensure the elimination of any harmful microbes.
 - d. **Establish procedures to monitor the critical control points:** Such procedures might include determining how and by whom cooking time and temperature should be monitored.
 - e. **Establish corrective actions** to be taken when monitoring shows that a critical limit has not been met. For example, reprocessing or disposing of food if the minimum cooking temperature is not met.
 - f. **Establish procedures to verify that the system is working properly:** For example, testing time and temperature recording devices to verify that a cooking unit is working properly.

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- g. Establish effective record keeping documenting the HACCP system:** This would include records of hazards and their control methods, the monitoring of safety requirements, and action taken to correct potential problems. Each of these principles must be backed by sound scientific knowledge. For example, published microbiological studies on time and temperature factors for controlling foodborne pathogens.

NOTE: A HACCP principles guide for operators of food service is available at <http://www.fda.gov/Food/GuidanceRegulation/HACCP/ucm2006801.htm>

- O. Food Service Employees/Volunteers:** All food preparation staff must work under the supervision of a Certified Food Protection Manager who ensures the application of hygienic techniques and practices in food preparation and service. A Certified Food Protection Manager is an individual who has successfully completed a Department of Health approved food safety and sanitation course and maintains a current certificate of completion.

- 1. Employee Orientation:** Any new staff or volunteer having contact with food service must have a general orientation to safe food handling and sanitation practices.
 - 2. Employee Health and Hygiene:** Employees can transmit foodborne illnesses through cross contamination of food, improper food temperature control, and food handlers' personal hygiene and medical condition.

All food handlers must adhere to 64E-11 FAC along with the standards set forth in the Nutrition Program Compliance Review form.

P. Suspected Foodborne Illness Outbreak Procedure:

- 1.** Nutrition programs should have a plan in place to respond to a suspected foodborne illness outbreak.

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2. Employees or volunteers shall direct all calls from clients claiming they became sick from a congregate or home delivered meal they consumed to the manager or person in charge immediately. An incident report collecting the following information shall be completed:
 - a. What is the name, address, and telephone number of person calling, including date and time of call?
 - b. Who became ill and what were the symptoms?
 - c. Was the illness diagnosed by a healthcare provider? Obtain healthcare provider's name if diagnosed.
 - d. What food and/or drinks were consumed?
 - e. What was the location, date, and time the food was consumed?
 - f. What is the name of person who served the food?
3. Evaluate the information promptly. Consider that a foodborne disease outbreak may have occurred when two or more persons experience a similar illness, usually gastrointestinal, after eating a common food.
4. If a foodborne outbreak is suspected, the following contacts shall be notified immediately:
 - a. Area Agency on Aging;
 - b. Local health department;
 - c. Department of Elder Affairs;
 - d. Food vendor (if applicable); and
 - e. Attorney and insurance agent.

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NUTRITION SERVICES INCENTIVE PROGRAM (NSIP):

The Nutrition Services Incentive Program (NSIP) is a cash allotment or commodity program that supplements funding of food used in meals served under the OAA. It is intended to provide incentives for the effective delivery of nutritious meals to older individuals. NSIP allows programs to increase the number and/or the quality of meals served. Florida has opted for cash payments in lieu of donated foods. This decision was based upon the preferences of the nutrition program directors. Nutrition programs are not qualified for USDA commodities from any source.

A. OAA Law and Federal Regulation Requirements for NSIP funds:

1. Only Title III nutrition program providers receive funds.
2. Nutrition programs shall use the funds to purchase U.S. grown foods.
3. Nutrition programs use funds to provide meals to eligible clients.
4. Nutrition program shall report meal counts of eligible meals to the AAA as required for the purposes of NSIP.
5. Each program shall develop and utilize a system for documenting meals included in the NSIP meal count. Acceptable methods for documenting meals served include:
 - a. Obtaining a signature from each client on a daily or weekly congregate meal service log or on a daily or weekly home delivered meal route sheet; or
 - b. Obtaining a signature from the congregate meal site manager/coordinator or the home delivered meal deliverer on a daily or weekly congregate meal service log or on a daily or weekly home delivered meal route sheet. The meal route sheet must include the client's name, address, and number of meals served.

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B. NSIP Meal Count-Eligible Meals: Area Agencies on Aging shall submit a meal count to the DOEA each year that includes all eligible meals served during the previous federal fiscal year (FFY), October 1 through September 30. DOEA will submit this information to the Administration for Community Living (ACL) in November of each year. This meal count will be used by the ACL to calculate NSIP grants for the next FFY. Ref: Section 311(42 U.S.C. 3030a). For a meal to be included in the NSIP meal count, the following conditions must be met:

1. DOEA menu development standards.
2. The meal shall be served to an eligible client.
3. The meal shall be served by an agency that has received a grant under the OAA Title III. Ref. OAA Section 311(42 U.S.C. 3030a).
4. The meal is served by a nutrition service provider who is under the jurisdiction, control, management, and audit authority of the AAA and the DOEA.

NOTE: OAA-funded congregate meals served to a long-term care enrollee can be included in the NSIP reporting; however, HDM funded in whole or in part under Statewide Medicaid Managed Care Long-Term Care, Home Care for the Elderly, Community Care for the Elderly (except clients who are not assessed a co-payment for the meal), or other means-tested programs cannot be included in the NSIP count.

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NUTRITION ASSISTANCE PROGRAM:

The Nutrition Assistance Program, aka Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps, helps individuals who meet eligibility requirements to buy food.

Providers shall offer referrals to clients who desire food assistance or who have a need identified on DOEA Forms 701S, 701A, 701B, or 701C.

An online application is available at the Automated Community Connection to Economic Self-Sufficiency (ACCESS) website (<http://www.myflorida.com/accessflorida>).

The provider may refer clients to a case manager for assistance in completing the application process.

If available, the provider may refer clients to the Aging and Disability Resource Center for online Food Assistance Program application assistance, using a voice recognition signature.

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FOOD SERVICE CONTRACT PROVISIONS:

Food Service Contract Requirements:

- A. Food Service Contracts:** Food service contracts are defined as contracts for the purchase of meals or portions of meals or for food preparation.
- B. Adherence to Standards:** All service providers must adhere to all standards set forth herein and incorporate the “Menu Planning, Development Review, and Approval Requirements” section of this handbook.
- C. Competitive Bidding Time Frame:** Competitive bidding for food service vendor contracts must be conducted a minimum of every six years.
- D.** Nutrition Programs are encouraged to ensure that their food service vendors use production kitchens located within the state of Florida. Any nutrition provider wanting to do business with a vendor that maintains meal preparation kitchens outside the state of Florida must seek prior approval from DOEA and ensure the production kitchen follows the Food and Drug Administration and the United States Department of Agriculture and any other applicable federal or state regulation.
- E.** Preference may be given to vendors requiring the least amount of delivery time needed to facilitate meal quality. Multiple vendors’ contracts may be required to ensure meal sites offer culturally appropriate meals with limited meal delivery transit time.
- F. Bid Specifications and Terms:** Food service vendor contracts should include, but not be limited to, the following specifications:
 - 1. Delivery:**
 - a. Transportation:** Trucks and vans capable of holding food at the required temperature and are clean and well maintained;
 - b. Delivery sites:** Addresses and location of dining centers to be served;

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c. Delivery Schedule:

- i. Number of days per week and specific days of required service;
- ii. Number of holidays and days when meals are not to be served;
- iii. Number of meals served with a time schedule for ordering additional or cancellation of daily meal counts; and
- iv. Delivery schedules with a description of the time span between food packaging and delivery (to the extent possible not to exceed 4 hours). Preference should be given to the vendor that provides the best quality and the shortest time span between packaging and delivery of hot food.

d. Containers:

- i. Food packaging style for transport;
- ii. Food transport equipment specifications; and
- iii. Responsibility for purchase and maintenance of the food transport equipment.

2. Menus: Menus shall be written per DOEA standards specified in this handbook and include the following:

- a. Name and title of person who completed the menus;
- b. Name and title of person who approved the menu;
- c. Statement indicating which menu development methodology the vendor is utilizing:
 - i. Menus must indicate serving sizes of all components; and

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- d. Requirement that menus must be submitted to the project director at least six calendar weeks in advance of implementation. Nutrition Program's qualified dietitian must approve menus.
 - e. Provision for evaluation of menu acceptability and menu revisions; and
 - f. Requirement to obtain prior approval by the nutrition service provider's qualified dietitian for all menu substitutions outside of a pre-approved menu substitution list.
- 3. **Food Safety and Sanitation:** The following food safety and sanitation requirements must be addressed in the vendor contract:
 - a. Requirement for documentation of a food safety management program within the facility that meets or exceeds the minimum requirements of federal, state, municipal, or other agencies authorized to inspect or accredit the food service operation;
 - b. Requirement to provide documentation of the three most recent food preparation inspections conducted by the state regulatory authority;
 - c. Requirement to provide a written plan of correction for any high priority or significant findings on sanitation inspections;

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- d. Requirement to notify the Nutrition Provider immediately for any closures or Administrative Complaints regarding food safety; and notify the Nutrition Provider within 24 hours of any sanitation inspections;
 - e. Description of vendors' delivery standards and sanitation that includes holding temperatures for transporting and serving food; and
 - f. Right of the nutrition program, AAA, or Department staff to inspect the food preparation and storage areas.
4. **Food Service:** The following food service topics must be included:
- a. Number of meals and unit price for meals and other food served;
 - b. Breakdown of bid price for the raw food cost, labor, transportation, equipment, paper and plastic supplies, profit and other costs;
 - c. Food provided, including:
 - i. Entrée;
 - ii. Grain;
 - iii. Vegetable;
 - iv. Fruit;
 - v. Milk;
 - vi. Juice;
 - vii. Salad;
 - viii. Beverage;
 - ix. Cream/substitution;
 - x. Condiments; and
 - xi. Butter/margarine.
 - d. A provision stating that the nutrition program is not required to pay for food not meeting the proper specifications.

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- e. A provision stating that the nutrition program will procure food from other sources at the vendor's additional expense, if the vendor: fails to deliver a meal or any portion of a meal, delivers food that was spoiled, out of date, or otherwise inedible.
- f. A provision addressing supply of substitution food items to be kept at the meal site in case a substitution is necessary. If a supply of substitution items is kept on site, then a system must be in place to ensure all food items are used prior to the product's expiration date, use-by date, sell-by date, or best-by date.
- g. Provision for napkins, table covering, home-delivered meal containers, paper towels, and table service, including plates, cups, glasses, and silverware. The vendor shall provide specifications of the disposable supplies (each vendor shall be requested to provide samples of proposed packaging with the bid).
- h. Administration:
 - Schedule and method of payment to the food vendor;
 - Sales tax exemption;
 - Responsibility for product liability insurance and property damage;
 - Bonding;
 - Requirement that the vendor's financial records are open for audit purposes;
 - AAA approval; and
 - Binding time of the contract, as well as the termination process agreed upon by both parties.

NOTE: All food service contracts with profit-making organizations shall have prior approval from the AAA.

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CONTRIBUTIONS FOR NUTRITION SERVICES:

Procedures for Client Contributions:

- A. Contributions:** Clients will be given an opportunity to voluntarily and confidentially contribute to the cost of the service.
- B. No eligible individual shall be denied a meal because of failure to contribute.**
- C. Privacy and Confidentiality:** Nutrition providers shall establish procedures to protect the privacy and confidentiality of each client relative to his/her contribution.
- D. Use of Contributions:** All nutrition contributions shall be used to increase the number of meals, expand the meal service, facilitate access to nutrition services, and/or to provide nutrition counseling and nutrition education.
- E. Nutrition Assistance Program aka SNAP, (formerly Food Stamps):** Nutrition service providers may apply for authorization to accept Nutrition Assistance Program as contributions. Authorization may be obtained from USDA Food and Nutrition Services.

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Procedures for Handling Contributions: Procedures must be established by each provider in accordance with DOEA guidelines for handling funds collected to insure against loss, mishandling, or theft.

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LEFTOVER FOOD:

Procedures for Handling Leftover Food:

- A. Leftover food from a congregate meal site or from a home delivered meal route may not be transported back to the preparation site.
- B. Leftover food shall be stored properly or discarded at the congregate nutrition meal site.
- C. Leftover food may not be frozen to be served as client meals later.
- D. Leftover food may be served as seconds at a congregate meal site or on a home delivered meal route. **NOTE:** If a congregate meal client requests a second meal, then the meal must be opened and presented to the individual for consumption at the congregate meal site.
- E. The second meal may be counted only if served in its entirety as written on the posted menu.
- F. The nutrition provider should observe trends of foods typically left over and if due to client refusal, then consider revising the menu to accommodate most of the client's meal preferences.

DISPOSAL OF UNEATEN FOOD:

Foods, which have been served and not eaten, shall be discarded unless they are in their original containers and unopened (e.g., carton of fruit juice, packaged crackers.) Employees or volunteers shall not take food from kitchens or sites, except when packaged, taken and counted as a home-delivered meal to an eligible client.

SAFETY OF FOOD AFTER IT HAS BEEN SERVED:

The client is responsible for food safety after the food has been served to the client and if it is removed from the congregate nutrition meal site. Providers may post a sign stating: "For health reasons, taking out potentially-hazardous foods from the meal site is not recommended. Doing so is at your own risk." The risk of foodborne illness should be stressed and should be addressed through nutrition education.

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OUTREACH:

All nutrition service providers must ensure that outreach services are available to ensure participation of the maximum number of eligible older persons. Outreach services must be provided in accordance with this Handbook. See Appendix A – Service Descriptions and Standards.

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NUTRITION EDUCATION:

Congregate nutrition education is regularly scheduled culturally sensitive nutrition, physical fitness, or health information presentations and instruction to clients and caregivers in a group setting. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to make informed food, activity, and behavioral choices that can improve their health and prevent chronic disease. Home-delivered nutrition education is a formal program of regularly scheduled individual distribution of culturally sensitive nutrition, health, physical activity, and disease prevention information.

Providers shall conduct nutrition education as follows:

- A.** Nutrition education activities shall be planned, directed, and provided by a qualified dietitian, cooperative extension agents, or trained meal site or wellness coordinators, under the direction of the qualified dietitian.
- B.** Nutrition education is provided at each site and distributed to each home delivered meal client a minimum of once a month. If a congregate meal site is in a restaurant setting, then nutrition education may follow the home delivered meal requirements.
- C.** The provider's qualified dietitian or the AAA's designated qualified dietitian, shall develop a written annual nutrition education plan that documents subject matter, presenters and materials to be used.
- D.** Congregate sessions shall be a minimum of 15 minutes in length.
- E.** Each nutrition service provider shall maintain written documentation, for monitoring purposes that include the date of the presentation, name and title of presenter, lesson plan or curriculum, and number of persons in attendance. The documentation requirement for materials delivered to homebound clients, or restaurant-based congregate meal site clients, shall include the date of distribution, copy of distributed material, and number of clients receiving the information.

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NUTRITION COUNSELING:

Nutrition counseling provides one-on-one individualized advice and guidance to persons, who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medications use, or chronic illness. Nutrition counseling includes options and methods for improving an individual's nutritional status. A qualified dietitian or a registered dietetic technician, under the supervision of a qualified dietitian evaluates the client's nutritional needs, conducts a comprehensive nutrition assessment, and develops a nutrition care plan in accordance with Chapter 64-B8-43, Florida Administrative Code. Based on the individual's needs and with appropriate contact with the individual's healthcare provider and caregiver, the qualified person referred to above develops and implements, or supervises the development and implementation, of the nutrition care plan. The initial counseling session, to the extent possible, must be face-to-face.

- A. Provider Qualifications:** A qualified dietitian who is covered by liability insurance shall provide nutrition counseling. A licensed dietitian employed by a county health department is covered by the state's sovereign immunity protection (section 768.28(9), F.S. A registered dietetic technician may assist the licensed dietitian in the screening and assessment process.
- B. Documentation:** A qualified dietitian shall keep applicable written client records that include the nutrition assessment, the nutrition care plan, dietary orders, nutrition advice, progress notes, and recommendations related to the client's health or the client's food or supplement intake, or any client examination or test results, in accordance with Chapter 64B8-44, Florida Administrative Code.
- C. Client Contributions:** Clients shall be given the opportunity to contribute to the cost of the nutrition counseling service.

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CONGREGATE MEALS

Program Requirements:

- A. Eligibility:** Congregate Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with preference to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition to meeting established eligibility, individuals must be mobile, not homebound, and physically, mentally, and medically able to attend a congregate nutrition program in accordance with written AAA guidelines.

Other individuals eligible to receive a congregate meal include:

1. The recipient's spouse, regardless of age or disability;
2. Individuals with disabilities, regardless of age, who reside at home with, and accompany older eligible individuals to, the congregate site;
3. Individuals with disabilities regardless of age who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided; and
4. Individuals, regardless of age, providing volunteer services during the meal hours.

Meals served to the above eligible clients shall be included in the NSIP meal count.

B. Site Accessibility and Suitability:

1. **Basic Conditions:** Providers must ensure that congregate nutrition sites are established as follows:
 - a. Within proximity to most eligible individuals' residences as feasible, preferably within walking distance;
 - b. With attention to locations in multipurpose centers, schools, churches, or other appropriate community facilities; and

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- c. Located in a facility where individuals will feel free to visit. The selection shall also ensure the type and location of the facility so as not to offend the cultural and ethnic preferences of the individuals in the service area.

Whenever feasible, the nutrition provider may request assistance from the local transportation providers to transport clients to and from the dining site.

2. **Responsible Individual:** There must be an individual, either volunteer or paid staff, who is responsible for all activities at the site.
3. **Physical Plant Standards:** Sites should be clean and neat, have adequate lighting and ventilation, and meet all applicable health, fire, safety, and sanitation regulations.
4. **Dining Equipment and Arrangement:** There should be equipment, including tables and chairs, which are sturdy and appropriate for older persons. Tables should be arranged to ensure an appropriate, pleasant atmosphere and to encourage maximum socialization among the clients. There should be adequate aisle space between tables to allow for persons with canes, walkers, crutches, or wheelchairs to maneuver easily.
5. **Table Settings:** Appropriate settings, acceptable to the nutrition advisory council, should be provided. If disposable dinnerware is used, it must be of a quality that is sturdy to prevent buckling, spillage, melting, bending, and splintering. It must also be non-porous to prevent leakage and must be sanitary and attractive.
6. **Separation of Dining and Food Preparation Areas:** Provision should be made for separation between the dining area and the food preparation area, if food is prepared and served in the same facility.
7. **Adequate Time of Operation:** The site should be open each day meals are served, for a period adequate for all clients to leisurely eat a meal. Lunch meals should be served between 10:30 a.m. and 2:30 p.m., unless there is prior approval from DOEA.
8. **Supportive Services:** To the maximum extent feasible, the site should have available sufficient space and time for the provision of needed supportive services.

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9. **Celebrations:** Provisions should be made for the celebration of special occasions.
10. **Fire, Safety & Sanitation Inspections:** Nutrition providers must have documentation on file that all congregate meal sites are inspected for fire, safety, and sanitation in accord with local requirements at least annually.
11. **Food Temperature Documentation:** Nutrition providers must have documentation on file that temperatures of all potentially hazardous foods are taken and recorded daily at the time of delivery to the meal site and immediately before serving, if there is more than 30 minutes between delivery and serving time of meal. If meals are prepared on site, then the temperature of potentially hazardous foods must be taken immediately before serving.
12. **Taking Food Home:** The safety of food after it has been served to a client and when it has been removed from the dining center is the responsibility of the client. This policy must be available and posted at each meal site.
13. **Carry-Out Meals:** Carry-Out Meals are not allowed.
14. **Local Services Program (LSP) Congregate Meal Service:** As the Legislature appropriates Local Services Program (LSP) funds to be used for meals to high risk clients in some areas of the state, congregate meal clients may be provided a meal to consume in the home. The provider must ensure "proper storage and heating facilities are available in the home (as evidenced by a completed DOEA Form 217) and the participant is able to consume the second meal independently or with available assistance and within the expiration date indicated on the meal." Providers that serve congregate clients a meal to consume at home are required to establish a food safety system that has been tested to maintain safe food temperatures per the Florida Administrative Code, 64E-11. Food safety education must be administered and documented for each client that is provided with a meal to consume at home. The AAA must approve the provider's food safety system and food safety education materials prior to implementation. Meals must meet the OAA nutritional requirements to be claimed for Nutrition Services Incentive Program (NSIP) reimbursement. Also, the meal will be counted as a home-delivered meal.

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Statewide Medicaid Managed Care Long-Term Care OAA Congregate Meal Service:

Nutrition providers cannot bill for OAA Title III C1 if meals are being paid for by another funding source such as SMMC or Adult Care Food Program, or if included in private pay rate.

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HOME-DELIVERED MEALS

Program Requirements:

- A. Eligibility:** Home-Delivered Meal Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with preference given to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition to meeting established eligibility, individuals must be homebound, or physically, mentally, or medically unable to attend a congregate nutrition program in accordance with written AAA guidelines.

Other individuals eligible to receive home-delivered meals include:

1. The spouse of a homebound eligible individual, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
2. Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and
3. Individuals at nutritional risk who have physical, emotional, or behavioral conditions that would make their service at a congregate nutrition site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.

B. Requirements for Home-Delivered Meal Providers:

1. **Frequency:** At a minimum, each provider shall be able to deliver meals to homebound participants and serve home-delivered meals at least once a day, five or more days a week. Providers are encouraged to provide meals seven days a week.
2. **Meal Service:** Home-delivered meals may be hot, cold, frozen, dried, or canned with a satisfactory storage life, and must conform to all standards contained in this handbook.
3. **A Client/Home Evaluation Form** for frozen meals should be on file for each client receiving a home-delivered frozen meal.

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4. **Multiple Meals:** More than one meal may be delivered for consumption each day, provided proper storage and heating facilities are available in the home, and the client can consume the second meal either alone or with available assistance.
5. **Menu development and Nutrient Requirement:** Menus must be written in accordance with DOEA standards (See section: "Menu Development Review and Approval Requirements").

Note: Community Care for the Elderly Lead Agencies must comply with the requirements for home delivered meal providers.

C. Basic Conditions for Food Packaging and Transportation: All nutrition programs shall have equipment that maintains the safe and sanitary handling of all menu items during the time between the completion of the cooking process through the end of the serving or delivery period.

1. The time between the completion of food preparation and the delivery to the homebound client, to the extent possible, should not exceed four (4) hours.
2. All hot home-delivered meals for the lunch meal shall be delivered to the client no earlier than 10:30 a.m. and no later than 2:30 p.m.
3. All food shall be individually packaged.
4. Cold and hot food shall be packaged and packed separately.
5. Food utensils shall be completely wrapped or packaged to protect them from contamination.
6. Food containers should be sectioned so that food doesn't mix, leak, or spill.
7. All food shall be packed in secondary insulated food carriers that can maintain food temperatures at 140° F. or higher or at 41° F. or lower.
8. Food carriers must be constructed as to prevent food contamination by dust, insects, animals, vermin, or infection.
9. Food carriers should be enclosed to protect food from contamination, crushing, or spillage and be equipped with insulation and/or supplemental sources of heat and/or cooling as necessary to maintain safe temperatures.
10. Food carriers must be clean and sanitized, or use containers with inner liners that can be sanitized.

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11. Each provider shall monitor their HDM meal routes. Providers shall monitor the meal temperatures of all hot and cold potentially hazardous food items. Routes shall be monitored on a random and rotating basis; however, each route must be monitored at least annually. When temperature noncompliance is reported or identified, on a route, the provider must monitor that route on a weekly basis until adequate corrective action has been achieved.

- D. **Frozen Meals:** When frozen meals are delivered to clients, the temperature shall be a maximum of 20° F, or the food shall be frozen solid.

Cold Meals (meals not requiring heating before consumption: i.e. sandwich): When cold meals are delivered to clients, the temperature shall be a maximum of 41° F.

Home-Delivered Frozen and Cold Meals: Elderly clients who receive frozen or cold meals must be evaluated using DOEA Form 217 before choosing, is option and at least annually thereafter. The nutrition provider shall ensure that:

1. **Home Equipment:** The client or caregiver has the needed equipment in the home (electricity, a stove with an oven that works, a working microwave oven, or a working toaster oven, and a freezer in which to store the meals).
2. **Ability to Follow Directions:** The client or caregiver has both the physical and mental capability to follow cooking directions and use the equipment.
3. **Dated and Labeled:** The frozen meals shall be dated and clearly labeled. Instructions for storage and cooking shall be provided in large print. If milk is received frozen, the container must have an expiration date; and the milk must be received and scheduled to be consumed prior to the expiration date.
4. **Emphasis on Following Directions:** The importance of following directions is emphasized with clients on a regular on-going basis.
5. **Inability to Follow Instructions:** Clients who may be unable to follow the instructions should not receive frozen meals in the home.
6. **Multiple Meals:** More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home and the client can consume the second meal independently or with available assistance.

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- E. High-Risk Individuals Needing Additional Meals:** When feasible, programs should have a policy and procedure in place to offer additional meals to clients who are at high nutritional risk. Guidelines for programs to determine who is eligible for additional meals are as follows:
1. The individual is at high nutritional risk, as indicated on the assessment tool.
 2. The individual must not have other resources to provide additional meals.
 3. The individual must have facilities to store meals that may be delivered.
 4. The individual must be able, or have a friend or family member available, to operate kitchen equipment, which is required to later reheat prepared, delivered meals for consumption.
- F. Referral to Other Services:**
1. **Screening:** Home-delivered meals clients shall be screened for need for other services and referred as appropriate.
 2. **Referral:** Persons who can function sufficiently well should be referred to congregate nutrition programs, when such programs are available.

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DOEA Form 2017

Nutrition Program Policies

**Attachment 1:
Client Evaluation Form for Cold or Frozen, Home-Delivered Meals**

NAME: _____

ADDRESS: _____

PHONE: _____

IN EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

Rating: Place an "X" in the appropriate space.

PHYSICAL EVALUATION:

_____ GOOD _____ FAIR _____ POOR

If poor, please explain: _____

EYESIGHT: GOOD _____ FAIR _____ POOR _____

If poor, please explain: _____

ABILITY TO MOVE AROUND IN KITCHEN: (GENERAL MOBILITY; WALKER, CANE, ETC:)

GOOD _____ FAIR _____ POOR _____

If poor, please explain: _____

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ABILITY TO PERFORM SMALL MOTOR TASKS (ARTHRITIS?)

GOOD_____ FAIR_____ POOR_____

If poor, please explain: _____

MENTAL EVALUATION: (ALZHEIMER'S, CONFUSION, ETC.)

GOOD_____ FAIR_____ POOR_____

If poor, please explain: _____

COOKING FACILITIES:

YES

NO

Working Refrigerator

Working Freezer

Working Oven

Working Toaster Oven

Working Microwave

ADDITIONAL COMMENTS: DO YOU FEEL THIS CLIENT HAS THE NECESSARY EQUIPMENT AND IS PHYSICALLY AND MENTALLY CAPABLE FOR HANDLING FROZEN OR COLD HOME-DELIVERED MEALS?

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Evidence-Based Disease Prevention and Health Promotion Services

PURPOSE AND LEGAL AUTHORITY:

The primary purpose of the Title IIID Evidence-based Disease Prevention and Health Promotion program is to provide services and activities that have been demonstrated through rigorous evaluation to be effective evidence-based programs to assist older adults in maintaining a healthy lifestyle. As set forth by the Older Americans Act, the Department shall give priority to areas of the State that are medically underserved, and areas where there are large numbers of older individuals who have the greatest economic need for Title IIID services. Additionally, the OAA requires targeting services to older individuals with the greatest economic need and individuals with greatest social need, with particular attention to low-income individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Title IIID services may be provided through the following venues:

- A. Senior centers;
- B. Congregate meal sites; and
- C. Other appropriate senior locations.

Legal Basis: The legal basis for Title IIID services is found in the Older Americans Act of 1965 as amended.

Specific Legal Authority:

Older Americans Act, Title III, Part D, Sections 361 42

U.S.C. 3030m, n

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Evidence-Based Disease Prevention
and Health Promotion Services

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SERVICES OFFERED:

- A.** A Matter of Balance (MOB)
- B.** Active Living Every Day
- C.** Arthritis Foundation Exercise Program
- D.** Arthritis Self-Management Program
- E.** Applied Suicide Intervention Skills Training (ASIST)
- E.** Brief Intervention and Treatment for Elders (BRITE)
- F.** Chronic Disease Self-Management Program
- G.** Chronic Pain Self-Management Program
- H.** Counseling (Gerontological)
- I.** Counseling (Mental Health/Screening)
- J.** Diabetes Empowerment Education Program (DEEP)
- K.** Diabetes Self-Management Program
- L.** Enhance Fitness
- M.** Enhance Wellness
- N.** Fit & Strong!
- O.** Health Eating Every Day
- V.** Healthy Ideas

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Evidence-Based Disease Prevention and Health Promotion Services

- W.** Healthy Moves for Aging Well
- X.** HomeMeds
- Y.** Nutrition Counseling
- AA.** Medication Management
- BB.** Physical Fitness
- CC.** Powerful Tools for Caregivers
- DD.** Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- EE.** Programa de Manejo Personal de la Arthritis
- FF.** Programa de Manejo Personal de la Diabetes
- GG.** Stepping On
- HH.** Stay Active and Independent for Life (SAIL)
- II.** Stress-Busting Program for Family Caregivers
- JJ.** Tai Chi for Arthritis
- KK.** Tai Chi/Tai Ji Quan: Moving for Better Balance
- LL.** Tomando Control de su Salud
- MM.** Un Asunto de Equilibrio
- NN.** Walk with Ease

Descriptions of these services are included in Appendix A, Service Descriptions and Standards, of this Handbook.

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Section III: Service Requirements

Evidence-Based Disease Prevention and Health Promotion Services

ELIGIBILITY:

Program Eligibility Requirements:

- A. Persons Eligible:** Persons 60 years of age or older.
- B. Targeted Services:** Services should be targeted to persons:
 - 1. Residing in medically underserved areas; and
 - 2. Residing in areas where many older individuals have the greatest economic need for services.
 - 3. Low-income older individuals, including low-income minority elders, older individuals with limited English proficiency, and older individuals residing in rural areas.
- C. Restriction:** Evidence-based disease prevention and health promotion services shall not include services for which payment may be made under Title VIII and Title XIX of the Social Security Act (42 U.S.C. 1395 et seq.).

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PURPOSE AND LEGAL AUTHORITY:

Purpose of Section 8: This section describes the procedures for obtaining OAA, Title IIIB funding for the acquisition, renovation and construction of Multipurpose Senior Centers (MPSCs), when funding is available.

Specific Legal Authority:

Older Americans Act, Title III, Part B, Sections 321(b)(2) 42
U.S.C. 3030d

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MULTIPURPOSE SENIOR CENTER CONTRACTS:

Multipurpose Senior Center Requirements and Definitions:

- A. Acquisition/Renovation/Construction of Multipurpose Senior Centers:** The AAA in the area plan may allocate OAA, Title IIIB funding for the acquisition, renovation or construction (A/R/C) of multipurpose senior centers (MPSC) in the PSA.
- B. Definitions:** For purposes of this Section, the following additional definitions apply:
- 1. Acquisition:** Obtaining ownership of an existing building (including a mobile facility) in fee simple or by lease arrangement for 10 years or more for use as a MPSC.
 - 2. Renovation:** Making modifications or alterations to an existing facility that are necessary for its effective use as a MPSC. Renovation may include restoration, repair, expansion and all related improvements.
 - 3. Construction:** Building a new facility, including the costs of land acquisition, architectural and engineering fees and construction costs. Refer to the noted section in 2 above regarding an exception.
 - 4. Cost of Personnel:** The costs of professional and technical personnel to operate or staff the MPSC will not be included in the A/R/C proposal or funding award.
- C. Special Conditions:** Acquisition or construction will not be approved until it has been determined that leasing or renovating a suitable facility is not practical.
- D. Cost of Fixtures:** The cost of fixtures may be included in the project if essential for operation as a MPSC.

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LOCATION OF MULTIPURPOSE SENIOR CENTERS:

Location Considerations and Requirements:

- A. Location:** Each AAA will carefully consider the placement of MPSCs, giving preference to location in areas with the greatest incidence of older persons with social or economic need, with attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- B. Special Considerations:** Specific consideration is to be given to:
1. Transportation accessibility;
 2. Neighborhood security;
 3. Convenience for collocation of services; and
 4. Availability of supportive and nutrition services to be provided at the MPSC.

NOTE: A minimum of at least 3 services must be provided.

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MULTIPURPOSE SENIOR CENTER PROPOSALS AND PROJECTS:

Inclusion in Area Plan:

- A. Funding:** Each AAA intending to identify a specific project for an A/R/C contract will designate OAA, Title III funding for this purpose in the area plan.
- B. Application:** Such projects identified in the area plan will then be formalized by a specific application from a local applicant agency for the necessary A/R/C funding.

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PLANNING ACQUISITION, RENOVATION, OR CONSTRUCTION (A/R/C) PROJECTS:

A/R/C Planning Phase:

A. Planning Activities: Each AAA will perform and document the planning activities preceding an A/R/C application. The following criteria should be considered:

1. Analyzing the need for a MPSC in a county/city/community;
2. Determining the essential services and activities which will take place in the MPSC; and
3. Evaluating the potential buildings and sites suitable for a MPSC.

B. Ad Hoc Committee: During this planning phase, the AAA is encouraged to designate an ad hoc committee of local officials, older persons and community representatives to thoroughly consider the community needs, preferences and priorities for MPSC development, and examine potential facilities or locations.

1. **Emphasis on Community Resources:** The emphasis should be on using community persons and resources to develop the MPSC project while the AAA provides technical assistance and documents the planning process.
2. **Use of Existing Buildings:** In the planning stage, the suitability of existing buildings will be determined and the decision to lease/purchase/construct must be made Existing buildings must also be considered from the standpoint of renovation requirements and costs.

C. Professional Services: The services of an architect or engineer may be appropriate in the planning phase, whether the decision is made to use an existing facility or, if this is not feasible, to construct a new facility.

D. Resolution of Issues: The planning phase must realistically resolve the following issues:

1. **Location** of the MPSC;
2. **Services** to be offered for older persons;
3. **Land/facility** acquisition to be by lease or purchase;
4. **Renovations** necessary for effective use of an existing building;

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5. **Feasibility** of a construction project if no existing building is suitable;
 6. **Funding source** to be used for the A/R/C project;
 7. **Local matching funds** are sufficient;
 8. **Resources** are available to operate and maintain the facility after the A/R/C phase;
 9. **Funding source** for on-going activities and staff after the A/R/C phase;
 10. **Assurances** that older persons have equitable access and usage of the MPSC and costs are pro-rated if there are multiple funding sources involved;
 11. **Resolution** of technical questions about the architectural and/or engineering requirements; and
 12. **Application selection** for the public or private non-profit agency responsible for the MPSC project.
- E. **Planning Phase:** The planning phase is to clearly develop and document the following descriptions:
1. **Number** of older persons and their needs to be met by the MPSC project;
 2. **Services, benefits and activities** to be provided by the center;
 3. **Location** and neighborhood of the center;
 4. **Transportation accessibility** to the MPSC;
 5. **Estimated costs and funding** resources available for the MPSC;
 6. **Resources** available to operate and maintain the MPSC;
 7. **Potential for collocation and coordination** of CCE services using the MPSC as a focal point; and
 8. **Potential** for use of the MPSC for the following groups of recipients:
 - a. Title III, Older Americans Act;
 - b. Alzheimer's Disease Initiative;

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- c.** DOEA or Department of Children and Families residents of Adult Living Facilities or Adult Family Care Homes; and
- d.** Home Care for the Elderly or Community Care for the Elderly programs for provision of adult day care if recipients are physically and mentally capable of participation.

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A/R/C PROJECT APPLICATIONS:

A/R/C Application Process and Requirements:

- A. Applicant:** The applicant agency or the sponsoring organization must develop an application for funding and ensure the required local matching resources are available.
- B. DOEA Approval:** Approval for A/R/C projects to proceed must be obtained from DOEA. The application must clearly detail the specifics of the MPSC project. The project proposed must be responsive to the requirements outlined below:
 - 1. Acquisition:** The application must include:
 - a. Long-Term Lease:** Specify whether the facility acquisition is by long term lease (10 years or more), payable in advance (lump sum); or, in fee simple purchase.
 - b. Descriptive Specifications:** Incorporate complete, current descriptive specifications of the physical facility and must include current design and construction documents on the building.

The inclusion of photographs and sketches are encouraged for supplemental information.
 - c. Architectural Requirements:** Meet the architectural requirements specified in paragraph 8-7 a (7) below.
 - d. Existing Facility Requirement:** Specify that renovations are being made by the current owner/seller to meet MPSC standards prior to acquisition.
 - e. Down Payment:** Specify if acquisition is proposed utilizing a down payment from OAA. Title III funds and a realistic program for paying the balance is included.
 - f. Interest Payments:** Direct payment of interest from OAA, Title III funds is a non-allowable cost.

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2. **Renovation:** The application must include the following:
 - a. A complete description and drawings of the facility prior to the renovation;
 - b. A description of the proposed renovation actions and associated architectural drawings; and
 - c. Complete details regarding the current ownership and tenancy of the land and building(s) involved in the renovation.
3. **Construction:** The application must include the following:
 - a. Current ownership and tenancy of the land on which construction is proposed;
 - b. Complete description of the construction proposal; and
 - c. Complete architectural specifications and drawings.

C. **Application Submittal--Applicant:** All MPSC project applications must be submitted to the AAA as follows:

1. Utilizing the formats and instructions prescribed by DOEA;
2. Ensuring all information is complete, accurate and responsive to the requirements; and
3. Within the time frame determined by the AAA.

Application Submittal—AAA: The AAA is to review and critique the application, notifying the applicant of required revisions, additions, or corrections required. The initial application is considered a **draft** until it is accepted and approved by the AAA.

D. **Approved Application:** The application as approved by the AAA must include:

1. The critique of the application by the AAA;
2. A specific statement of support and approval of the A/R/C project by the AAA board of directors;

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- 3. A specific assurance that Title III, OAA funding is available to the AAA; or, if not, identify the resources proposed; and
 - 4. A specific assurance that the A/R/C project is included in the area plan; or, if not, an area plan revision must be attached.
- E. Advertising for Bid Proposal:** The AAA will formally notify the applicant that advertising for bids may proceed only after notification is received from DOEA that the project application follows MPSC requirements.
- F. Pre-application Steps:** The AAA may devise and utilize a more extensive system of pre-application steps to be used in the planning and application development stages to guide the ad hoc committee in the project planning.

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A/R/C ASSURANCES:

Regulatory and Other Compliance Requirements:

- A. Regulatory Compliance:** Each applicant for OAA, Title III funding for A/R/C of a multipurpose senior center must ensure compliance with the following health, safety and application requirements:
1. Section 504 of the Rehabilitation Act of 1973;
 2. National Historical Preservation Act;
 3. Flood Protection Act. (If a facility is to be in a flood prone area, there must be evidence that flood insurance will be provided.);
 4. Davis-Bacon Act and other mandatory federal labor standards;
 5. Architectural Barriers Act of 1968;
 6. "Life Safety Code", NFPA No. 101;
 7. All applicable state or local building codes. (In the absence of these codes, compliance with Chapter 12 of the Standard Building Code must be ensured.);
 8. All applicable state and local health, sanitation and zoning codes or ordinances; and
 9. Americans with Disabilities Act.
- B. Other Requirements:** Other assurances required of MPSC projects are that:
1. The facility will be used for the purposes for which it was acquired:
 - a. For 10 years or more, if acquisition or renovation is funded by OAA, Title IIIB; or
 - b. For 20 years, if construction is funded by OAA, Title IIIB.
 2. Sufficient funds will be available to meet the non-federal share of the A/R/C costs.

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3. Sufficient funds will be available for effective use of the facility for the purposes for which the A/R/C project was approved.
4. The facility will not be used and is not intended to be used for sectarian instruction or as a place for religious worship.
5. In the case of construction or purchase, an assurance that no existing facilities in the community were available or suitable for leasing as a MPSC.
6. The facility will be adequately insured.

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APPROVAL OF A/R/C PROJECTS:

DOEA Approval Process:

- A. Completed Applications:** The AAA shall provide DOEA with two copies of the application after it has received AAA approval.
- B. DOEA Review:** DOEA will review the application and obtain architectural/engineering review of the drawings and specifications from a consulting architect.
- C. DOEA Notification:** DOEA may notify the AAA of any deficiencies that must be corrected prior to approval.
- D. DOEA Approval:** When deficiencies have been corrected, DOEA will provide an approval notification to the AAA that OAA, Title III funding for this project may be contracted to the applicant agency.

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SPECIAL CONSIDERATION FOR RENOVATION OR CONSTRUCTION PROJECTS:

Special Competitive Bid Procedure:

A. Building Construction: The applicant undertaking renovation or construction projects must utilize a competitive bid procedure to obtain building construction services. All applicants must ensure that:

1. **Form HHS 514:** Form HHS 514 "Requirements for Federally Assisted Construction Regarding Labor Standards and Equal Employment Opportunity" is incorporated in the bid specifications and contracts.
2. **Federal Wage Determination:** Federal wage determination information in accordance with the Davis-Bacon Act must be obtained prior to developing bid specifications and contracts. A wage determination is a listing of the rates of pay for laborers and mechanics prevailing in the locality as determined by the U.S. Secretary of Labor.
3. **Request for Wage Determination:** Six weeks prior to the anticipated date of need, the applicant agency or its consulting architect must request the wage determination information through DOEA.
4. **Labor for Federally Assisted Projects:** Laborers or mechanics on federally assisted construction projects shall not be paid less than these prevailing wages regardless of any contracting relationship that may exist between a general contractor or sub-contractor and such laborers and mechanics.
5. **Labor Prohibition:** The use of piecework or contracts for personal services to circumvent the federal labor provisions is prohibited.
6. **Contracts Over \$2,000.00:** A wage determination must be requested for all prime contracts more than \$2,000.00 and all sub-contracts regardless of the amount. The request must include the following information as outlined in Technical Handbook for Facilities Engineering and Construction Section 1.5.3, Information on Federal Wage Rate and Labor Standards:
 - a. Estimated advertising date;
 - b. Estimated bid opening date;
 - c. Estimated value of the contract;

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- d. Type of work (construction or renovation);
- e. Project location (city, county, state);
- f. Project name and concise description of project work to be performed; and
- g. Crafts needed.

B. Architect or Engineer Services: The services of an architect or engineer (A/E) are required on all renovation or construction projects costing \$5,000.00 or more. In addition, the A/E must be registered in Florida; and, if possible, be selected for professional knowledge and experience relating to the design for and special needs of older persons.

A/E Service Agreement: The services of the A/E are to be formalized by a written service agreement. The A/E agreement shall provide for all services necessary to the successful implementation of the MPSC Project including:

1. **Completion Schedule:** Preparation of a schedule for completion of each phase of the work, (i.e., schematic design, design development and construction documents);
2. **Pre-construction Conference:** Provision for attendance at a pre-construction conference;
3. **Monthly Site Visits:** Site visits at least monthly after the start of the renovation or construction project;
4. **Final Inspection:** A final inspection of the renovation or construction project in conjunction with the project applicant, contractors, AAA staff, DOEA representative and DOEA consulting architect;
5. **Compliance Assurance:** Assurance that the A/E is aware of and will comply with all requirements of the Davis-Bacon Act, Federal Labor Standards, the Architectural Barriers Act and NFPA No. 101 "Life Safety Code;"
6. **Smoke Detectors:** Assurance that an adequate number of approved smoke detectors will be included in the MPSC project;
7. **Women and Minorities:** Assurance that Form HHS 514, and, where applicable, the goals and timetables for women and minorities in the construction industry are included in the bid specifications and construction contracts;

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8. **EEO:** Assurance that all bid specifications or construction contracts over \$10,000 shall include the Equal Employment Opportunity (EEO) clause and the standard EEO contract specifications;
9. **Prioritization of Activities:** A prioritization of renovation or construction activities, to be utilized in case of bid costs exceeding estimates;
10. **Design Documents for Construction:** For construction projects the A/E must provide the following design documents prepared to professional standards for review by the DOEA consulting architect.
 - a. **Schematic design** documents.
 - b. **Construction documents** (including construction drawings and specifications suitable for bid specifications).
 - c. **Design development** documents (upon completion of project).
11. **Design Documents for Renovation:** The AAA may also require the design documents described above be prepared for renovation projects. In this event, DOEA will likewise review design documentation prior to contracting for renovation;
12. **Compensation:** Compensation for basic A/E services shall be determined by a fixed fee. The allowable fixed fee shall not exceed that which prevails for comparable services in the project area, for an equivalent renovation or any construction project. Reasonable A/E fee may be comparable to six to ten percent of the project cost;
13. **Disallowed Costs:** Costs incurred by the A/E for additional consultant services for work expected to be included in the basic fee for A/E services shall not be allowed as an additional cost to the project; and
14. **Waiver:** If the requirement for A/E services creates a major difficulty for an applicant, the applicant may request a waiver from DOEA through the AAA specifying the facts and circumstances which make obtaining A/E services a hardship and proposing a reasonable alternative procedure for ensuring that the renovation or construction proposed can meet all requirements for MPSC funding under OAA, Title III.

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- C.** Each AAA, which has an approved application for renovation or construction projects pending, must provide technical assistance to the applicant to assure contracting procedures are observed and that received bids are responsive to the bid specifications.
- D.** After renovation or construction has begun, the AAA must remain current on project progress, render technical assistance as needed, and make sure reports are submitted to the DOEA, as may be required.

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EMPLOYMENT UTILIZATION REPORT:

Monthly Employment Utilization Report Requirements:

- A. DOL CC 257:** All building contractors performing work on projects more than \$10,000 are required to submit a Monthly Employment Utilization Report, DOL CC 257, to the area Office of Federal Contract Compliance Programs (OFCCP) by the fifth day of the month following the month being reported.
- B. Work Hour Utilization:** This report requires the work hours' utilization information covering the contractors' and/or subcontractors' aggregate work force performing work on both federal and non-federal funded construction projects within the geographic area.
- C. Failure to Report:** Failure to report may result in contracts being cancelled, terminated or suspended in whole or in part; and, the contractor may be declared ineligible for further federally-assisted construction contracts.

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OBLIGATION OF OAA, TITLE III FUNDS FOR A/R/C PROJECTS:

Specific Requirements:

- A. Project Approval Obligation:** The approval of an A/R/C project obligates the OAA, Title III funding for this purpose.
- B. Obligated Funds Time Schedule:** Because A/R/C projects may be built or acquired over a period, it may be necessary to provide a time-scheduled release of the obligated funds particularly for renovation or construction projects.
- C. Expenditures:** Expenditures may occur over several fiscal, area plan years or contract periods.
- D. Caution:** Care must be taken to re-contract with the A/R/C applicant agency if there is an unexpended balance of the funds obligated for this approved project.

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MONITORING OF A/R/C PROJECTS:

Specific Requirements:

- A.** The AAA must conduct monitoring of the progress on A/R/C projects including construction progress in accordance with Chapter 1, Section III of this handbook.
- B.** The AAA must ensure that funds are expended for the purposes expressed in the application and that progress is being made in accordance with the approved construction schedule.
- C.** The applicant must conduct on-site labor standards compliance interviews for renovation and construction projects in accordance with Chapter 1, Section III of this handbook.

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COMPLETION OF A/R/C PROJECTS:

Specific Requirements:

- A. DOEA On-Site Inspection:** When the applicant determines that the MPSC is ready for acceptance, the applicant will notify the AAA. The AAA will subsequently notify DOEA. A time and date will be established for on-site inspection by the DOEA consulting architect.

- B. On-Site Inspection Results:** After acceptance by the DOEA consulting architect, DOEA will verify to the AAA that the facility has been accepted as meeting MPSC requirements.

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ANNUAL VERIFICATION:

Specific Requirements:

- A. Annual Evaluation:** The AAA will annually verify that the facility continues to be used for the purposes for which it was acquired, renovated or constructed and that the assurances given in the A/R/C Assurances on pages 196-197 are still valid for the following period:

 - 1. Ten years after acquisition or renovation; or
 - 2. Twenty years after construction.
- B.** This verification is done using DOEA Form 207 or equivalent (Attachment 1).
- C.** For purposes of efficiency or economy, any AAA may arrange with any other AAA to perform this annual verification.
- D.** If the AAA determines that the use of the facility has changed and/or that the assurances required are invalid, action will be taken in accordance with the recoupment procedures as outlined in the Recapture of Payments (see page 208_, by prompt notification to DOEA of the verification results.

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RECAPTURE OF PAYMENTS:

Recoupment Procedures:

- A. Recoupment:** If it is determined that the MPSC is not being used for the purposes for which the OAA, Title III funds were approved, the Administration for Community Living (ACL) may require the applicant to repay the funds or a portion thereof.

Waiver: This requirement may be waived by the Assistant Secretary for Aging under unusual circumstances.

- B. Acquisition or Construction:** The federal government is entitled to recapture a portion of federal funds from the owner of a senior facility, if within 10 years of acquisition or 20 years after completion of construction:

1. The owner ceases to be public or non-profit agency; or
2. The facility is no longer used for multi-purpose senior center activities.

- C. Recoupment Formula:** The amount recovered is that portion of the current fair market value of the facility equal to the percentage of federal funds contributed to the original cost.

- D. Federal Share:** When the state has determined that funds will be returned by a senior center provider, a check for the federal share must be made out to DOEA and submitted through the AAA to the DOEA Division of Financial Administration.

- E. Disposition:** DOEA will notify the Administration for Community Living Regional Office in Atlanta of the receipt of recaptured federal funds and request disposition instruction.

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REQUESTING A WAIVER OF FEDERAL PAYBACK:

Federal Payback and Waiver Procedures:

- A. **Federal Waiver Authority:** The Assistant Secretary for Aging in Washington, D.C., has the authority to grant a waiver of the payback of federal funds owed for construction or acquisition of a senior center.
- B. **DOEA Waiver Authority:** DOEA has the authority to grant a waiver of the payback of federal funds owed for the renovation of a senior center.
- C. **Grantee Responsibility:** The grantee agency will inform the contractor (usually the AAA) of plans to vacate the existing facility.
- D. **Contractor Responsibility:** The contractor will inform the grantee that the original contract commitment period (for 10 or 20 years) has not been fulfilled and pursuant to their agreement a percentage of federal funds must be repaid.
- E. **Amount of Payback:** The amount of payback owed for construction or acquisition is based upon the following criteria:
 - 1. The fair market value of the senior center.
 - 2. Percentage of the fair market value equal to the percentage of the original federal share of the grant.

Example: If fair market value is \$100,000, and the federal government's original share of the facility costs was 75%, then the government is owed \$75,000, or a request for waiver of the federal payback amount must be approved.
- F. **Waiver Request:** The grantee agency then requests from the contractor a waiver for the amount owed and justifies its request.
- G. **Contractor Approval of Waiver Request:** The contractor (usually the AAA) approves or disapproves this request and forwards the request along with its reasons for approval or disapproval to the DOEA.

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- H. DOEA Approval of Waiver Request:** If this waiver is for a facility that was funded for renovations, the Secretary of DOEA will approve or disapprove the request. A written notice of the waiver action regarding federal payback will be sent to the regional office of the ACL.

Note: If the waiver request is for renovations, the process ends here at the State level: **STOP!** If the waiver request involves funding for acquisition or construction, then the process continues as indicated below: ↓

- I. Federal Regional Office Approval of Waiver Request:** If the waiver is for a facility funded for acquisition or construction, the DOEA forwards the waiver request along with a memo concurring or not concurring with the contractor's letter of approval or disapproval to the regional office of the ACLA.
- J. Federal Assistant Secretary for Aging Approval of Waiver Request:** The regional office of the ACL forwards the request to the Assistant Secretary for Aging in Washington, D.C. who will then approve or deny the waiver request.
- K. Federal Response Time:** Once the waiver request leaves DOEA, the usual response time from Washington, D.C. is six to eight weeks.
- L. DOEA Notification:** DOEA will notify the AAA of the waiver action decided by the assistant secretary. The AAA will notify the contracting agency that will take appropriate action with respect to the sponsoring agency that requested the waiver.

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SELECTION OF FOCAL POINTS:

Collocation of Services: Each MPSC funded under Title III, OAA must be given special consideration for designation as a focal point for collocation of services.

STAFFING AND OPERATION OF THE MPSC:

A/R/C Funding Prohibition: The funding designated for A/R/C cannot be used to provide staffing for senior center operation or for costs of operating or maintenance. Each applicant for A/R/C funding must realistically plan to obtain resources for this purpose to meet the requirements of the annual MPSC verification.

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COMPLETION OF 10 OR 20 YEAR COMMITMENT:

Procedures for Completion of Commitment:

- A. Facility File Closure:** When a MPSC has completed its 10-year (acquisition or renovation) or 20-year (construction) commitment and has achieved its final anniversary date, the file on this facility can be closed.
- B. Retention Guidelines:** State title retention guidelines stipulate that the contract should be retained for 5 years thereafter.
- C. Final Anniversary Date:** The AAA will inform the Department that the facility is approaching the final anniversary date. The AAA and the Department should maintain the original (or a copy) of the contract and the final DOEA-AA Form 207, Annual Verification.
- D. AAA Notification of File Closure:** The AAA is to inform the Department in writing upon closing out a MPSC file.

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SENIOR CENTER ANNUAL VERIFICATION FORM ACQUISITION/RENOVATION/CONSTRUCTION

Facility Name: _____	
Address: _____ (Street) (City) (Zip)	
Telephone: () _____ Contact Person: _____	
Project Type (Check one): ___ Acquisition ___ Renovation ___ Construction	
Date Verification Period Begins: _____ Ends: _____ Anniversary Date	
The owner has assured that the facility will be used as a multipurpose senior center for not less than ten years after acquisition or renovation or not less than 20 years after construction (Check appropriate choice.)	
The following information has been verified within three months of the anniversary date of the project. The items listed below follow Federal and State requirements. ___ 1) The owner of the facility is a public or nonprofit private agency or organization. ___yes ___no ___ 2) The facility continues to be used for the purposes for which it was acquired/renovated/constructed. ___yes ___no.	
If "no" was checked for 1 or 2 above, note the changes in ownership or status changes/actions that affect Federal reversionary interests.	

Area Agency on Aging

Date

DOEA Form 207, July 2008

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National Family Caregiver Support Program

PURPOSE AND SPECIFIC LEGAL AUTHORITY:

Purpose of : The purpose of Title III, Part E, of the OAA, as amended, is to enable AAAs and entities that AAAs contract with, to provide multifaceted systems of support services to the following individuals:

- A.** Family caregivers; and
- B.** Grandparents or older individuals, 55 years of age or older, who are relative caregivers of children not more than 18 years old or individuals with disabilities.

Specific Legal Authority:

Older Americans Act, Title III, Part E, Sections 371-376 42
U.S.C. 3030s

Developmental Disabilities Assistance and Bill of Rights Act, Section 102 42
U.S.C. 6001

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National Family Caregiver Support Program

DEFINITIONS

Term:

Child: Individual not more than 18 years old or an individual with a disability.

Family Caregiver: Adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Frailty: The older individual is determined to be functionally impaired because the individual:

- A.** Is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- B.** Due to cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Grandparent or older individual who is a relative caregiver: Grandparent or step grandparent of a child, or a relative of a child by blood, marriage or adoption who is 55 years old or older, and who meets the following conditions:

- A.** Lives with the child;
- B.** Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver for the child; and
- C.** Has a legal relationship to the child, legal custody or guardianship, or is raising the child informally

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CAREGIVER SUPPORT PROGRAMS/SERVICES:

Caregiver support programs/services shall include the services listed below. Refer to the Appendix A, Services Descriptions and Standards, for a description of each service. The Caregiver Support Services Program components are designated in the Client Information and Registration Tracking System (CIRTS) as follows:

- A. Caregiver Support Services (OA3E):** The following services are intended to provide direct help to caregivers who provide care for elder recipients (60 and older). These services assist in the areas of health, nutrition and financial literacy and help caregivers in making decisions and problem solving related to their caregiving roles and responsibilities.

Elder recipients (60 and older) must meet the frailty requirement to be eligible to receive OA3E caregiver respite services as follows:

1. Adult Day Care/Adult Day Health Care
2. Respite Services (Direct Pay, Facility-Based and In-Home)

A caregiver of an elder recipient (individual 60 or older who meets the frailty requirement) may receive supplemental services, without receiving respite services.

The frailty requirement for elder recipients (60 and older) does not apply to the following OA3E caregiver services:

3. Caregiver Training/Support
4. Counseling (Gerontological and Mental Health)
5. Education/Training
6. Financial Risk Reduction (Assessment and Maintenance)
7. Information
8. Intake
9. Outreach

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10. Referral/Assistance
11. Screening/Assessment
12. Transportation

- B. Caregiver Supplemental Services (OA3ES):** At least ten percent (10%), but no more than twenty 20 percent (20%), of the total Title III E funds shall be used to provide supplemental support services. OA3ES supplemental services are available to elders age 60 and older, or grandparents and non-parent relative caregivers, age 55 and older, enrolled in OA3EG (grandparent) caregiver programs. The elder must meet the frailty requirement to be eligible to receive supplemental services under OA3ES.

The frailty requirement does not apply to the OA3EG program recipients. The following services are provided to complement the care provided by caregivers.

1. Chore Services
2. Housing Improvement
3. Legal Assistance
4. Material Aid
5. Specialized Medical Equipment, Services and Supplies

- C. Grandparent or Non-Parent Relative Support Services (OA3EG):** At least five percent (5%), but no more than ten percent (10 %), of the total Title III E funds shall be used to provide support services to grandparents and older individuals who are relative caregivers. Services for non-parent relative caregivers (55 and older) caring for children under the age of 18 and children aged 18 and older with disabilities designed to help meet their caregiving obligations include:

1. Caregiver Training/Support
2. Child Day Care
3. Counseling (Gerontological and Mental Health)
4. Education/Training
5. Legal Assistance

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6. Outreach
7. Referral/Assistance
8. Screening/Assessment
9. Sitter
10. Transportation

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POPULATION SERVED AND PRIORITY:

Population Served: Services under a State program shall be provided to:

- A. Family caregivers; and
- B. Grandparents and older individuals who are relative caregivers of children not more than 18 years old or individuals with a disability.

Prioritization within Population Served: Services under a State program shall give priority to older individuals under the following conditions:

- A. Those with greatest social and economic need, paying attention to low- income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- B. Those providing care and support to persons, including children, with severe disabilities.

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OAA Registered Services

OLDER AMERICANS ACT (OAA) REGISTERED SERVICES:

Registered Services are the cluster of services for which the ACL requires the collection of client-specific data as a component of NAPIS (National Aging Program Information System) reporting.

OAA registered services:

- A.** Adult Day Care
- B.** Adult Day Health Care
- C.** Chore
- D.** Congregate Meals
- E.** Escort
- F.** Home-Delivered Meals
- G.** Home Health Aide
- H.** Homemaker
- I.** Nutrition Counseling
- J.** Personal Care
- K.** Respite
- L.** Screening and Assessment

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PURPOSE AND LEGAL AUTHORITY:

Purpose of Title VII: Allotments are made to states under Title VII of the OAA to pay for the cost of carrying out vulnerable elder rights protection activities. This section focuses on vulnerable elder rights protection activities which include establishment of an Office of Long-Term Care Ombudsman; programs to address the prevention of elder abuse, neglect and exploitation; and, legal assistance development.

Legal Basis: The legal basis is found in the Older Americans Act of 1965 as amended.

- A. General State Provisions
- B. Ombudsman Programs
- C. Prevention of Elder Abuse, Neglect and Exploitation
- D. State Legal Assistance Development Program

Specific Legal Authority:

Older Americans Act, Title VII, Subtitle A, Chapter 1 (Sections 701-705); Chapter 2 (Section 711-713); Chapter 3 (Section 721); Chapter 4 (Section 731) Subtitle C (Section 761-765)

42 U.S.C. §§ 3058, 3058a-d, 3058f-j, 3058bb-ee

Sections 400.0060-0091, F.S.—Ombudsman Program

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DESCRIPTION OF TITLE VII VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES:

Title VII, Prevention of Elder Abuse, Neglect and Exploitation Program Services Include:

- A. Information:** The program is intended to provide information to the public on ways to conduct outreach, identify and prevent elder abuse, neglect and exploitation. Activities may include provision of:

1. Published literature such as brochures, pamphlets and posters;
2. Videos;
3. Training materials;
4. Public service announcements; and
5. Radio broadcasts.

The above list of activities is not all-inclusive.

- B. Education/Training:** The program should include education/training for individuals, professionals, and paraprofessionals in relevant fields on the identification, prevention and treatment of elder abuse, neglect and exploitation (including financial exploitation) with focus on prevention and enhancement of self-determination and autonomy.

- C. Coordination Efforts:** Area Agencies on Aging and providers shall be knowledgeable of and coordinate activities with Department of Children and Families, Adult Protective Services staff, as well as with other programs that have as their focus vulnerable older individuals, including:

1. Long-Term Care Ombudsman Program;
2. Protection and advocacy programs;
3. Facility and long-term care provider licensure and certification programs;
4. Medicaid field office staff;
5. Victim assistance programs;

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6. State and local systems; and
 7. Agencies and courts of competent jurisdiction.
- D. Technical Assistance:** Area Agencies on Aging shall provide technical assistance to providers on any of the above program functions as they relate to elder abuse, neglect and exploitation (including financial exploitation). Education and training may be conducted in a variety of settings such as:
1. Forums
 2. Workshops
 3. Seminars
 4. Conferences
 5. One-on-one, etc.

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USE OF ALLOTMENTS:

The State Unit on Aging (Department of Elder Affairs) is required to work to enhance and improve the state's overall system for the prevention and treatment of elder abuse, neglect and exploitation (including financial exploitation), and protection of older individuals' dignity and rights in the delivery of protective services. In this way, the Department is an ally of the state protective services agency in working for more effective services for vulnerable older people.

The Department and/or AAAs may design services to develop, strengthen, and carry out programs for the prevention and treatment of elder abuse, neglect, and exploitation, including:

Service Design:

- A.** Providing public education and outreach to identify and prevent elder abuse, neglect and exploitation (including financial exploitation).
- B.** Conducting training for individuals, professionals and paraprofessionals, in relevant fields on the identification, prevention and treatment of elder abuse, neglect and exploitation (including financial exploitation), with focus on prevention and enhancement of self-determination and autonomy.
- C.** Providing technical assistance to programs that provide or have the potential to provide services for victims of elder abuse, neglect and exploitation (including financial exploitation) and for family members of the victims.
- D.** Conducting special and on-going training sessions for individuals involved in serving victims of elder abuse, neglect and exploitation (including financial exploitation) on the following topics:
 - 1.** Self-determination;
 - 2.** Individual rights;
 - 3.** State and federal confidentiality requirements; and
 - 4.** Other topics determined by the state agency to be appropriate

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COORDINATION:

In developing and enhancing local programs and services for the prevention of elder abuse, neglect and exploitation (including financial exploitation) of older individuals, the state agency shall coordinate the programs with other state and local programs and services for the protection of these vulnerable adults. These services and programs may include:

Coordination with Other State and Local Programs such as:

- A. AAA:** Area Agency on Aging programs;
- B. Department of Children and Families:** Aging and Adult Protective Services;
- C. Agency for Health Care Administration:** Facility and long-term care provider licensure and certification programs under the Agency for Health Care Administration;
 - 1.** Licensure and certification programs for facility and long-term care providers; and
 - 2.** Medicaid fraud and abuse services, including those provided by the Medicaid Fraud Control Unit.
- D. Victim Assistance Programs** located in the following areas:
 - 1. Crime Victim Compensation:** Florida Office of the Attorney General, Bureau of Victim Compensation, The Capitol, PL-01, Tallahassee, FL 32399. This office aids victims of crimes.
 - a.** Victim assistance is provided in each of the twenty judicial circuits. Access to this assistance is through the toll-free Victim Services Information and Referral Line: 1-800-226-6667.
 - b.** Types of assistance include the following:
 - i.** Wage loss;
 - ii.** Loss of support;
 - iii.** Disability allowance;
 - iv.** Funeral/burial related expenses;

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- v. Treatment expenses;
 - vi. Prescriptions;
 - vii. Eyeglasses;
 - viii. Dentures;
 - ix. Prosthetic devices;
 - x. Mental health counseling;
 - xi. Property loss reimbursement for the elderly (60 years of age and older); and
 - xii. Domestic violence relocation.
- 2. **Sheriff's Office:** Crime Prevention, Community Services Bureau, in local Sheriff's Office. Educational programs may be available in your area. Contact your local Sheriff's office for information.
- 3. **Law Enforcement:** Victim Witness Program. This service provides counseling support for victims of violent crime. Contact your local law enforcement office for information.

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FLORIDA LONG-TERM CARE OMBUDSMAN PROGRAM:

Statutory Requirements: Per Title VII, Section 712, a state agency shall establish and operate an Office of the State Long-Term Care Ombudsman. The program shall, without interference by any executive agency, undertake to discover, investigate, and determine the presence of conditions or individuals that constitute a threat to the rights, health, safety, or welfare of the residents of long-term care facilities. The office shall be headed by an individual who shall be as follows:

- A. Known as the State Long-Term Care Ombudsman; and
- B. Selected from among individuals with expertise and experiences in the following fields:
 - 1. Long-term care, and
 - 2. Advocacy.

State Requirements:

Florida Statutes: In Florida, Chapter 400, Part I, F.S. establishes the Long-Term Care Ombudsman Program and lists the program's requirements related to the OAA, and how the state of Florida complies with these requirements. These requirements are:

- A. Establish an Office of State Long-Term Care Ombudsman headed by the state ombudsman;
- B. Establish a State Long-Term Care Ombudsman Council to serve as an advisory body to the state ombudsman;
- C. Establish a process for designing local districts covering the state in which individuals certified as ombudsmen carry out the duties of the state ombudsman program; and
- D. Establish a process for appointment as a certified ombudsman including application, level 2 background screening, 20 hours of initial training, and 10 hours of continuing education.

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Purpose: The Program's primary purpose is to provide ombudsman services to residents residing in long-term care facilities such as:

- A. Nursing homes;
- B. Assisted living facilities; and
- C. Adult family-care homes.

Responsibilities: Responsibilities of the Long-Term Care Ombudsman Program include the following areas:

- A. **Complaints:** Identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities relating to actions or omissions by providers of long-term care services, other public agencies, guardians, or representative payees that may adversely affect the health, safety, welfare, or rights of residents.
- B. **Administrative Assessments:** Conduct an annual review of conditions in each long-term care facility noting needed improvements and making recommendations to enhance the quality of life for residents.
- C. **State and Federal Compliance:** Analyze, comment on, and monitor the development and implementation of federal, state and local laws, regulations and policies with respect to long-term care and to the health, safety, welfare and rights of the residents of long-term care facilities in the state and recommend changes in such laws, regulations and policies as appropriate.
- D. **Information:** Provide information to public agencies, legislators and others regarding the services provided by the program and problems and concerns of residents of long-term care facilities.
- E. **Statewide Reporting System:** Establish a statewide reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities.
- F. **Support for Family and Resident Councils:** Provide technical support for the development of resident and family councils in long-term care facilities.

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G. Annual Report: Prepare an annual report describing the activities carried out by the office, the state council, the districts, and the local councils in the year for which the report is prepared. The state ombudsman shall submit the report to the secretary, the United States Assistant Secretary for Aging, the Governor, the President of the Senate, the Speaker of the House of Representatives, the Secretary of Children and Families, and the Secretary of the Agency for Health Care Administration at least 30 days before the convening of the regular session of the Legislature.

The report shall, at a minimum:

1. Contain and analyze the data collected concerning complaints about and conditions in long-term care facilities and the disposition of such complaints.
2. Evaluate the problems experienced by residents.
3. Analyze the successes of the ombudsman program during the preceding year, including an assessment of how successfully the program has carried out its responsibilities under the Older Americans Act.
4. Provide recommendations for policy, regulatory, and statutory changes designed to solve identified problems; resolve residents' complaints, improve residents' lives and quality of care; protect residents' rights, health, safety, and welfare; and remove any barriers to the optimal operation of the State Long-Term Care Ombudsman Program.
5. Contain recommendations from the State Long-Term Care Ombudsman Council regarding program functions and activities and recommendations for policy, regulatory, and statutory changes designed to protect residents' rights, health, safety, and welfare.
6. Contain any relevant recommendations from the representatives of the State Long-Term Care Ombudsman Program regarding program functions and activities.

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Grievance Procedures

Please refer to Appendix D, “Minimum Guidelines for Recipient Grievance Procedures,” located in this Handbook