



Aging Program Directive

APD#
Revised APD # 15-03-02

Disposition:
Revisions to APD 15-03-02 on pages 22, 24, 46, and 48 increasing weekly allowable carbohydrate grams from 75 to 85 grams

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Program Area:
Congregate Meals

Origin:
Bureau of Aging Services

Contact:
Bureau of Aging Services
RA-paagingservices@pa.gov
(717) 772-1221

Subject: REVISED - POLICIES AND STANDARDS FOR THE DEPARTMENT OF AGING NUTRITION SERVICES

To: COUNTY COMMISSIONERS
AREA AGENCIES ON AGING
EXECUTIVE STAFF
PENNSYLVANIA COUNCIL ON AGING
ADMINISTRATION ON AGING, REGIONS I, II, III
COMPTROLLER
PENNSYLVANIA ASSOCIATION OF AREA AGENCIES ON AGING

From: 
Teresa Osborne
Secretary

LEGISLATIVE / REGULATORY REFERENCE:

The Pennsylvania Department of Aging (PDA) nutrition programs, which include meals funded by Title III Part C Subparts 1 and 2 and the Nutritional Services Incentive Program (NSIP), i.e., congregate meals, home delivered meals, and meals served at Adult Day Care (ADC) centers are authorized under Title III and Title VI of the Older Americans Act (OAA) 42 U.S.C. §§3001-3058ee.

Purpose:

- The purpose of this Aging Program Directive (APD) is to revise the current APD #15-03-02 by replacing the amount of weekly carbohydrates served from “a weekly average of seven grain servings shall be served in a seven-day-a-week program. Carbohydrates in any meal shall be limited to no more than 75 grams” to “the weekly average of carbohydrates shall not exceed 85 grams. This change allows more flexibility in menu planning.

- Nutrition services provided through Title III of the Older Americans Act (OAA) are designed to promote better health and well-being for older individuals through improved nutrition. This APD is directed to all Area Agencies on Aging (AAAs), AAA staff and AAA contractors or vendors responsible for the administration of the Department of Aging's funded nutrition programs including congregate, home delivered, and adult day service meals.

Background:

OAA Section 339 (42 U.S.C. §§ 3030g-21) requires a state to:

1. Establish and operate nutrition projects that solicit the expertise of a dietitian or individual with comparable expertise in the planning of nutrition services;
2. Ensure that the project provides meals that comply with the Dietary Guidelines for Americans (DGA);
3. Provide each participating older individual a minimum of one-third of the Dietary Reference Intakes (DRIs) if one meal is served, a minimum of two-thirds of the DRIs if two meals are served, or one-hundred percent of the DRIs if three meals are served, and
4. Ensure that meals comply with applicable provisions of state and/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.

All AAAs and contractors with responsibilities for administering PDA funded meal programs shall put into effect the meal requirements as prescribed in this APD.

Revisions to the weekly average of carbohydrate limit was made based on the feedback from the Nutrition Advisory Council (NAC).

Directives: To enhance the administration of aging nutrition services already in place.

Attachments: Attachment I(a): DETERMINE Checklist (English)
 Attachment I(b): DETERMINE Checklist (Spanish)
 Attachment I(c): DETERMINE Checklist Resources
 Attachment II(a): Traditional Menu Pattern (Congregate and Home Delivered Meals)
 Attachment II(b): Traditional Menu Pattern
 Attachment III(a): Food-Based Pattern Plan (Congregate and Home Delivered Meals)
 Attachment III(b): Food-Based Menu Pattern
 Attachment IV: Food-Based Menu Planning Guides Based on USDA National Nutrient Database for Standard Reference

Attachment V: Food Sources of Selected Nutrients

Attachment VI: Protein Sources and Sodium Content by Serving Size

Attachment VII: Calorie Count and Meal Pattern Portions Chart for Mixed Dishes (Adapted from DietaryGuidelines.gov)

Attachment VIII: Utilizing DASH Guidelines

Attachment IX: Lacto-Ovo Vegetarian Guidelines

Attachment X: Sample Form for Therapeutic Diet Orders

Attachment XI: Traditional Menu Pattern Based on Nutrient Analysis

Attachment XII: Food Based Menu Pattern

Page 22, Section II.8, Item C:

Grains/Enriched Bread – One to two grain servings shall be served in each meal. The weekly average of carbohydrates shall not exceed 85 grams. Whole-grain bread product may be served fifty percent of the time with a goal of providing an average of seven grams of fiber daily in each meal served.

Page 24, Requirements for a Food Based Pattern Section, Item F:

Grains/Enriched Bread – One to two grain servings shall be served at each meal. The weekly average of carbohydrates shall not exceed 85 grams. Whole-grains or whole-grain bread products shall be served a minimum of fifty percent of the time as part of the goal to provide an average of seven grams of fiber daily at each meal served.

Page 46, Attachment II(b): Traditional Menu Pattern:

Component/Nutrient	Minimum Amounts to Include in Each Meal	Comments
Grains	1 to 2 grain servings shall be served in each meal.	a. The weekly average of carbohydrates shall not exceed 85 grams. b. Foods such as pasta, rice, cereals, barley and noodles shall be counted towards the grain requirement and these foods are not part of the vegetable component c. Whole-grain products may be served 50% of the time as part of the goal to provide fiber.

Page 48, Attachment III(b): Food-Based Menu Pattern:

Component/Nutrient	Minimum Amounts to Include in Each Meal	Comments
Grains	1 to 2 grain servings shall be served in each meal. For most meals there can be only 1 grain served with a high carbohydrate vegetable (potatoes, corn, lima beans, peas). The weekly average of carbohydrates shall not exceed 85 grams.	a. Whole-grain products shall be served a minimum of 50% of the time as part of the goal to provide an average of 7 grams of fiber daily b. Foods such as pasta, rice, cereals, barley and noodles are counted towards the grain requirement and these foods

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Definitions

1. Approved Dietitian – An individual with a bachelor’s degree in dietetics who has successfully completed the national examination of the Commission on Dietetic Registration (CDR) and maintains continuing education requirements as established by the CDR. The Dietitian/Nutritionist shall be licensed in Pennsylvania pursuant to the State Board of Nursing regulations at 49 PA. Code Chapter 21, Professional and Vocational Standards for Licensing Dietitian Nutritionists.
2. Congregate Meal – A meal authorized under Title III Part C Subpart 1 of the OAA providing nutrition services in group settings. Services shall include: nutrition screening, education, nutrition assessment, nutrition counseling as appropriate, opportunities for social engagement, and meaningful volunteer roles.

Reference: [OAA Title III Part C, Nutrition Services, Section 331](#)

3. DETERMINE Your Nutritional Health Checklist – A tested and validated tool developed through the Nutrition Screening Initiative (NSI). The Administration for Community Living (ACL) requires the use of the DETERMINE checklist to calculate nutritional risk annually.
4. Dietary Approach to Stop Hypertension (DASH) Diet – A dietary pattern promoted by the National Heart, Lung, and Blood Institute to prevent hypertension and cardiovascular disease and to control hypertension. The DASH diet is rich in fruits, vegetables, whole grains, and low-fat dairy foods; includes meat, fish, poultry, nuts, and beans; and is limited in sugar-sweetened foods and beverages; red meat; and added fats.

Reference: [NIH Dash Eating Plan Info](#)

5. Dietary Guidelines for Americans (DGA) – The Dietary Guidelines for Americans are based on the most recent scientific evidence review, providing information and advice for choosing a healthy eating pattern. Dietary Guidelines for Americans is reviewed, updated if necessary, and published every five years.

Reference: [Dietary Guidelines](#)

6. Dietary Reference Intakes (DRIs) – Reference values of nutrients used primarily by nutrition and health professionals. DRIs are the basis for assessing and planning diets of healthy people and are also used as a basis for federal nutrition and food programs.

Reference: [Dietary Reference Intake Tables and Reports](#)

7. Edible Protein Portion – The cooked protein portion of the entrée, excluding bone and skin weight.

8. Elderly Nutrition Program (ENP) – Program providing meals and related nutrition services to aging individuals in congregate facilities such as senior centers; or by home delivery to older individuals who are homebound due to illness, disability, or geographic isolation. Nutrition Services Incentive Program (NSIP) funding is part of the ENP meal funding. Services are targeted to those in greatest social and economic need with particular attention to individuals with low incomes, minority status, living in rural communities, limited English proficiency, and at risk of institutional care

Reference [OAA Title III Part C, Nutrition Services](#)

9. Emergency Meals – Meals that generally consist of shelf-stable items that do not require refrigeration or frozen meals that can be delivered prior to need. Meals may be provided when weather, center emergencies, or other temporary organizational situations prohibit the AAA from providing regular meal service for a defined period of time. When used, emergency meals are considered a congregate or home delivered ENP meal.
10. Food and Drug Administration (FDA) – Agency of the United States Department of Health and Human Services responsible for protecting and promoting public health through the regulation and supervision of food safety, tobacco products, dietary supplements, prescription, and over-the-counter pharmaceutical drugs (medications), vaccines, biopharmaceuticals, blood transfusions, medical devices, electromagnetic radiation emitting devices (ERED), cosmetic, and veterinary products.
11. FDA Food Code – Rules that assist food control jurisdictions at all levels of government by providing scientifically sound technical and legal basis for regulating the food service industry.

Reference: [2013 FDA Food Code](#)

12. Food Service Provider (FSP) – An organization or contracted Food Service Vendor (FSV) responsible for the activities performed and resources needed to prepare meals including procuring, preparing, distributing, and serving of food and the cleaning of equipment in facilities related to meal service. The FSP may work directly for the AAA, be contracted through the AAA, or be a subcontracted meal provider.
13. Food Service Vendor (FSV) – An organization responsible for providing ENP meals. This includes senior community centers, restaurants, school and hospital cafeterias, catering operations, and many other formats. The FSV operates through a contract with the AAA or as a subcontracted meal provider.
14. Fresh Vegetable or Fruit – A vegetable or fruit that has not been cooked or frozen prior to serving.
15. Home Delivered Meal (HDM) – A meal authorized under Title III Part C Subpart 2 of the OAA which authorizes meals and related nutrition services to older individuals who are homebound. In addition to meals, services shall include: nutrition screening, nutrition education, nutrition assessment, and nutrition counseling as appropriate.

Reference: [OAA Title III Part C, Nutrition Services, OAA Section 336](#)

16. Lacto-Ovo Vegetarian – Meal plan eliminating animal flesh but allowing dairy and egg products.
17. Meal – Any foods or combination of foods served which meet the nutritional requirements prescribed in the OAA of 1965, as amended (42 U.S.C. §§3030 F and G). The meal shall meet temperature control or time in lieu of temperature control guidelines.
 - a. Hot Meals – A meal which provides a hot entrée to participants.
 - b. Cold Meal – A meal which provides a cold entrée to participants.
 - c. Frozen Meal – A meal which provides a frozen entrée or a frozen complete meal.
 - d. Retort Pouch Meal – A flexible container in which food is placed and heated to commercial sterility in a retort or other sterilization system. Complete meals or meal components may utilize this method of packaging.
 - e. Leftover Meal – A meal that was ordered but not served. Leftover meals may be offered to an unduplicated individual to be consumed in a congregate setting and recorded as an ENP meal.
 - f. Take-out Meals – A carry-out meal that may be served for non-congregate consumption. This meal shall not be considered a congregate meal and may not be submitted for reimbursement. The AAA may determine meal content and cost to consumer.
18. Menu Choice – A selective menu offered at the discretion of the AAA to increase participant satisfaction by offering food choices for one or more menu items, including a choice between two or more entrées or side dishes. Menus are required to meet PDA menu guidelines for ENP reimbursement.
19. Menu Cycle – Menus that are repeated on a cycle basis and are used for forecasting, purchasing, scheduling and other management functions. A breakfast menu cycle shall be comprised of a minimum of two weeks of distinct menus. A lunch and dinner menu cycle shall be comprised of a minimum of four weeks of distinct menus.
20. Menu Substitutions – A food item replacing a menu item that is not available. Menu substitutions are a food equivalent to the food being changed and shall have a comparable nutrient profile.

Reference: [Attachment V](#)

21. Modified Diet – A diet based on the regular menu and designed to meet the nutritional requirements of a specific situation. The diet may be modified in consistency, flavor, techniques of service or preparation, content of specific foods or a combination of these factors. Examples include pureeing or chopping a meal, providing alternative condiments (i.e. a salt alternative) or serving a healthy dessert option.

22. Monitoring and Evaluation – Ongoing activities undertaken to determine the extent to which a program is in compliance with applicable law, policy, regulation, and contracts; determining the quality and effectiveness of programs in order to suggest ways to enhance and improve these programs.
23. Non-Perishable Foods – Foods that are shelf-stable, not potentially hazardous, and do not spoil. This may be inherent in the food (cookies, fruit, bread, crackers) or as a result of packaging.
24. Nutrient Analysis – Computer-based process of determining the nutritional content of foods and food products. Nutrient analysis can also be done using reference books which use the United States Department of Agriculture (USDA) database as their reference point.
25. Nutrient Average – Vitamin A, calcium, fat, fiber, calories, and grain serving requirements averaged over one continuous week of meal service in lieu of a daily meal requirement.
26. Nutrition Counseling – Provision of individualized guidance to individuals who are at nutritional risk because of health, nutritional history, dietary intake, medication use, or chronic illness. Counseling includes options and methods for improving nutritional status and is performed by a dietitian in accordance with state law and policy.

Reference: [OAA Title III Part C, Nutrition Services, Sections 331 and 336](#)

27. Nutrition Education – A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, and health (as it relates to nutrition) information and instruction to individuals, caregivers, or individuals and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. An individual with comparable expertise is someone who has the academic training, knowledge, and expertise of a Registered Dietitian including expertise in nutrition science, clinical nutrition, nutrition education, counseling and assessment, food service operations, health promotion, and disease prevention programs.
28. Nutrition Service Incentive Program (NSIP) – A program that provides allocation grants to states, territories, and eligible Indian tribal organizations. These grants are in addition to Title C1 and Title C2 funding and may only be used for food.
29. Offer versus Serve (OVS) – OVS recognizes consumer choice. Any consumer has the right to refuse any part of the meal. To be eligible as an ENP meal, all foods on the menu must be available in sufficient quantity and the meal shall be recorded as an ENP meal.
30. Person In Charge (PIC) – FDA Food Code Chapter 2 requires a designated person to be on site and in charge during all hours of food service operation.

The PIC is responsible for:

- a. Assuring safe food handling practices and demonstrating knowledge of foodborne disease prevention as it relates to the individual food service site.

- b. Identifying menu components which may include a food allergen through information provided by the FSV. Ninety percent of serious food allergies are caused by contact with the proteins in eight foods: milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, or soybeans.
- c. Restricting any person with a communicable disease from working or volunteering in any food service establishment in any capacity in which there is a likelihood that the person might contaminate food or food contact surfaces.
- d. Documenting food safety. Materials are available through the Pennsylvania Department of Aging, the Pennsylvania Department of Agriculture, and other resources. Information about food safety training is available at [PDA website](#) under the Health and Wellness menu.

Reference: [2013 FDA Food Code](#) Section 2.1, Supervision

- 31. Public Health Control for Food Transport – Food shall be transported to a meal service site using temperature only or time in lieu of temperature control guidelines.

Reference: [2013 FDA Food Code](#) Section 3-5, Limitation of Growth of Organisms of Public Health Concern

- 32. Selective Menu – A menu that offers consumer choice, or selection, on one or more menu components. In order for these meals to be ENP meals, the choices offered shall provide a comparable nutrient profile and be part of comparable menu component categories. For example, a consumer may be given a choice between two different fruits or two different protein sources. Serving a selective menu is at the discretion of the AAA and is not required.
- 33. Single Use Containers – A container used for transporting food where the container is disposed of after one use. Examples of single use containers include aluminum meal trays and take-out clamshell plates.
- 34. Subcontractor – A person or business assigned a portion of the obligations and tasks assigned to another party under contract.
- 35. Supplemental Nutrition Assistance Program (SNAP) – SNAP is a federal program offering nutrition assistance to eligible low-income individuals and families.
- 36. Temperature Control Unit – Equipment designed to maintain temperature when food is required to be heated, cooled or both and to remain at the target temperature (set point) regardless of the changing environment around it. Examples include a refrigerator, oven, or temperature regulated thermal unit.
- 37. Thermal Transport Units – An insulated container used to transport hot or cold foods.
- 38. Whole Meats – Protein sources which have not been ground or adulterated but left whole, i.e. roasted meats, beef cubes or tips, and chicken parts.

Chapter 1: General Requirements

I. Congregate Meal Services

- I.1 FSPs shall furnish appropriate meals in a congregate setting at least once a day, five or more days a week. Aside from meals, congregate meal services contribute to overall health and well-being by offering nutrition screening and education, nutrition assessment and counseling as appropriate, opportunities for social engagement, and meaningful volunteer opportunities. Because each senior center is not required to be open five days per week, congregate meals shall be served within the Planning and Service Area on a minimum basis of five days per week.
- I.2 There shall be a PIC at the meal site during food preparation and service. Each meal site shall document food safety training of the PIC. Materials are available through PDA, the Pennsylvania Department of Agriculture, and other resources. Information about food safety training is available on the PDA website under the [Food Services Safety Certification Resources](#).
- I.3 A person 60 years of age or older and their spouse, regardless of the spouse's age and when accompanying the eligible participant, shall be considered eligible for congregate nutrition services. All program participants shall be given the opportunity to contribute to the cost of the meal. In cases where the number of eligible applicants exceeds the number of meals which can be served, a system shall be developed and implemented which distributes meals on a fair and equitable basis. At the discretion of the AAA, eligible participants may include:
 - a. Adults with disabilities who reside in housing facilities occupied by older individuals at which nutrition services are provided.
 - b. Adults with disabilities who reside with and accompany eligible individuals.
 - c. Persons volunteering their time towards the congregate meal program regardless of their age or condition.
- I.4 ENP meals are reported through SAMS and are considered congregate meals and shall be served in a congregate setting. Meals that are not served in a congregate or home delivered setting shall not be recorded as ENP meals in SAMS with the exception of emergency meals.
- I.5 Food may be transported to a congregate meal service site using temperature control or time in lieu of temperature control guidelines for food transport as listed below.

Temperature Control for Food Transport

- a. The temperature of hot food items shall at no time drop below 135°F from the point of preparation through delivery until meal service.
- b. The temperature of cold foods shall remain at or below 41°F from the point of preparation through delivery until meal service.
- c. At a minimum, food temperatures shall be checked and recorded at the point of final preparation prior to delivery to the meal site and at the point of receipt at the meal site (where applicable).
- d. If upon receipt at a meal site food temperature checks reveal that hot foods have not been maintained at 135°F or above for a period of less than four hours, the affected foods shall not be served but must be discarded for reasons of food safety or reheated to a temperature of 165°F or higher. Food may be reheated in a microwave, oven, or stovetop. Steam tables, bain-maries, warmers, or similar hot food holding devices are prohibited for reheating foods. Food item may not be served if it has been maintained at a temperature of less than 135°F for a period greater than four hours.
- e. Cold food items that have not been maintained at 41°F or below for a period no longer than four hours or are received at a temperature of 71°F or higher shall be discarded for reasons of food safety.

Time in Lieu of Temperature Control for Food Transport

- a. Hot food items can be held without temperature control for up to four hours provided temperature is 135°F or higher directly upon removing it from temperature control (oven, stove, microwave, etc.) followed by immediate plating, packaging, and placing into the thermal transport unit for delivery. Items shall be labeled as to the time they were packed and discarded if not served within four hours
- b. Cold food items can be held without temperature control for up to four hours provided the temperature is 41°F or lower upon removal from refrigeration and does not reach 71°F at any time. Items shall be labeled with the time they were packed and discarded if not served within four hours. Cold food that reaches a temperature above 71°F at any time shall be discarded.
- c. Time of packing meals and temperature of food items when packed shall be documented at the food service site and on food transport containers.

Reference: [2013 FDA Food Code](#) Section 3-5, [Limitation of Growth of Organisms of Public Health Concern](#)

- I.6 Frozen meals may be delivered reheated or frozen. To prevent bacteria growth, foods shall meet temperature control or time in lieu of temperature control guidelines. If frozen, food shall remain frozen solid to touch through transportation and delivery.
- I.7 Food containers shall be constructed in a manner which provides for the separation of hot, refrigerated, and frozen food items during delivery.
- I.8 To assist in maintaining proper food temperatures, hot and cold foods shall be kept in separate containers from the point of preparation through delivery (if appropriate) and during meal services.
- I.9 Arrangements may be made, where feasible and appropriate, to provide meals during emergency situations such as the unexpected closing of preparation kitchens, delivery vehicle breakdown, or weather-related emergencies.
- I.10 Where feasible, AAAs are encouraged to make arrangements with schools and other facilities serving meals to children to promote and conduct intergenerational meal programs.
- I.11 The ENP meal shall provide participants with all of the required menu items; however, participants may decline any components of the planned meal. This is considered OVS which allows the choice to be left at the discretion of the participant.

II. Home Delivered Meals

- II.1 When an assessment indicates that an eligible person is in need of this service, meals shall be provided to the consumer in their home. All non-waiver program participants shall be given the opportunity to contribute towards the cost of the meal. At the discretion of the AAA, eligible participants may include:
 - a. The spouse of the eligible person regardless of age or condition if it is determined by the AAA to be in the best interest of the eligible person.
 - b. Persons volunteering their time towards the home delivered meal program regardless of their age or condition.
 - c. A disabled adult who resides with a recipient of a home delivered meal.

- II.2 At least one meal per day shall be provided within the Planning and Service Area on a minimum basis of five days per week. Daily meal delivery is not required to be made to the participant. Meals may consist of hot, cold, frozen, dried, retort pouch or canned foods. At the time of assessment for home delivered meal service, it shall be determined which food storage and preparation facilities are available.
- II.3 ENP meals reported through SAMS are considered home delivered meals and shall be delivered to a participant after an assessment is completed. Meals that are not served in a congregate or home delivered setting shall not be reported through SAMS.
- II.4 There shall be a PIC at the meal site during food preparation and service. Each meal site shall document food safety training of the PIC. Resource materials at food service sites are available through the PDA, the Pennsylvania Department of Agriculture and other resources. Information about food safety training is available at [Food Services Safety Certification Resources](#).
- II.5 Arrangements shall be made, where feasible and appropriate, to provide meals to homebound persons during emergency situations such as the unexpected closing of centers or preparation kitchens, delivery vehicle breakdown, or weather-related emergencies.
- II.6 Foods to be delivered shall be packaged individually in separate leak-proof containers with sufficient insulation to prevent heat loss by the hot foods and heat gain by the cold foods. Temperature control or time in lieu of temperature control guidelines shall be used as the public health control as defined in the in the FDA Food Code Section 3-501.
- a. Frozen meals may be delivered reheated or frozen. To prevent bacteria growth, foods shall meet temperature control or time in lieu of temperature control guidelines. If frozen, food shall remain frozen solid to touch through transportation and delivery.
 - b. Food containers shall be constructed in a manner which provides for the separation of hot, refrigerated, and frozen food items during delivery.
 - c. To assist in maintaining proper food temperatures, hot and cold foods shall be kept in separate containers from the point of preparation, through delivery to the participant.
 - d. If using time in lieu of temperature control guidelines meals or meal carriers shall be labeled to make participants aware of the four hour time and temperature control. This label shall reflect the time the food may no longer be consumed safely.
 - e. No food prepared in a private home or processed in an unregulated food processing establishment shall be used in the preparation of foods. Home canned and home prepared foods may not be used.

- II.7 AAAs shall ensure that instructions for proper handling of home delivered meals are provided to participants receiving these meals. For example, if meals are unable to be eaten right away, participants receive instructions for heating or proper storage of the meal.
- II.8 Containers for transporting individually packaged meals shall be of a type which can be easily cleaned, sanitized, and equipped with handles and secure closures.

III. Subcontracts

Only the services of those food service subcontractors which conform to all PDA meal program requirements and provide satisfactory, cost effective meal service shall be utilized.

IV. Leftover Foods and Private Pay Take-Out Meals:

- IV.1 Excess food shall not be ordered or prepared for the purpose of having leftovers. The AAA shall ensure that procedures are in place to limit leftovers such as having a reservation policy, ordering the correct number of meals, utilizing portion control when serving meals, etc.
- IV.2 Leftover meals may be offered to an unduplicated consumer to be consumed in a congregate setting and recorded as an ENP meal.
- IV.3 Leftover food and meals shall be offered as seconds if the food meets the requirements for food safety. Seconds shall not be submitted under ENP meal guidelines based on OAA definitions of congregate meals and home delivered meals.
- IV.4 Leftover foods not served to participants may be served at the senior community center site during programs and activities if: 1) the food was not a hazardous food, or 2) the food met the temperature control guidelines for time in lieu of temperature control guidelines.
- IV.5 No foods previously served to a participant shall be used in the preparation of other foods or offered for sale.
- IV.6 At the discretion of the AAA, a participant may take shelf-stable, non-perishable or potentially hazardous food home from their own meal. Allowable foods include whole fresh fruits, bread, pastries, cookies, and baked goods, unopened packaged items (such as crackers or breadsticks), and unopened self-serve containers of items such as fruit, applesauce, and fruit juices.
- IV.7 The safety of food after it is served and/or when it is removed from the meal site is the responsibility of the participant. Meal sites shall post signs relieving the meal site and the AAA of liability stemming from the removal of food from the meal site.

- IV.8 AAAs and/or centers may implement a take-out meal program at the discretion of the AAA, providing fresh or frozen meals on a private pay basis. The monies earned from the sale of these meals may provide an additional revenue stream to the AAAs. Meals provided under a take-out program do not need to meet menu requirements for congregate or home delivered meals.
- IV.9 To ensure that private pay and other meal funds are not comingled, appropriate accounting procedures shall be put into place. Before implementing a private pay/fee for service meal program, AAAs and/or providers shall develop a business plan to assure appropriate accounting procedures and practices are followed. Private pay take-out meals may not be recorded as ENP meals even if it is the same menu as served in the congregate meal setting. Title III funds or ENP funds shall not be used for take-out meals.
- IV.10 Centers shall provide information about safe food handling and temperature control guidelines for take-out food and meals. Private pay take-out meals shall meet temperature control or time in lieu of temperature control guidelines.
- IV.11 The safety of food after it is served and/or when it is removed from the meal site is the responsibility of the individual. Meal sites shall post signs relieving the meal site and the AAA of liability stemming from the removal of food from the site.
- IV.12 If hazardous foods are taken out of the facility as part of a take-out meal, that facility shall follow guidelines set forth in the FDA Food Code, Section 3-304.17.
- IV.13 Food may be taken out of a center if the center provides single use containers. Take-home food containers may not be reused at the center site.

Reference: [2013 FDA Food Code](#) Section 3-304.17

V. Provision for Participants with Disabilities

AAAs shall meet the Americans with Disabilities Act guidelines.

VI. Meal Contributions and Supplemental Nutrition Assistance Program (SNAP) Benefits

- VI.1 Collection and Use of Participant Contributions
 - a. The PDA encourages AAAs to actively solicit participant contributions to be used in expanding nutrition and supportive services. Fees for congregate and home delivered meals cannot be charged. Participants shall be able to make contributions in a confidential and private manner. Regulations established under the current Aging Program Directive on program income shall be followed for the collection and use of meal participant contributions. The PDA's policy for the collection and expenditure of program income dictates that all program income on hand as of June 30th shall be budgeted and spent during the following fiscal year.

- b. The actual meal cost and suggested meal contribution shall be posted in a conspicuous location at congregate meal sites. Actual meal cost and suggested meal contribution information shall be provided to home delivered meal participants.

VI.2 SNAP Benefits

- a. Nutrition service providers shall assist eligible persons in utilizing benefits available to them under the SNAP benefits program. Activities shall be coordinated with those agencies responsible for SNAP benefits to facilitate and encourage participation in the program.
- b. SNAP benefits will not be accepted for meal donations.
- c. SNAP benefits may continue to be utilized for private pay meals.

VII. Nutrition Screening

- VII.1 Nutrition screening shall be completed on all new consumers. The DETERMINE Your Nutritional Health checklist developed through the NSI shall be utilized as contained within the PDA assessment tool.

Reference: Attachment 1

- VII.2 Nutrition screening utilizing the DETERMINE Your Nutrition Health tool shall be conducted annually.
- VII.3 Where appropriate, AAAs shall provide nutrition education, counseling and referrals to other appropriate resources for individuals determined to be at high risk as a result of the nutrition screening.

VIII. Nutrition Education

- VIII.1 Nutrition education programs and materials as defined by the State Program Report shall be planned and reviewed by a registered dietitian or a person with comparable expertise. An individual with comparable expertise has the academic training, knowledge, and expertise of a registered dietitian including expertise in nutrition science, clinical nutrition, nutrition education, counseling and assessment, food service operations, health promotion, and disease prevention programs.
 - a. Nutrition education shall promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health information (as it relates to nutrition).
 - b. Instruction to individuals and/or caregivers in a group or individual setting will be considered nutrition education.

- c. Documentation of nutrition education shall include a description of the program and signature of a registered dietitian or individual with comparable expertise. Information may be filed as a hard copy or electronic copy and shall be available for PDA monitoring, evaluation, and technical assistance visits.
- d. The nutrition education materials posted on the PDA website have been reviewed and approved by the PDA dietitian. They are available for training purposes and when used should be documented. Nutrition education materials are located on the PDA website at [Nutrition Education Materials](#).

VIII.2 Each congregate meal site shall provide nutrition education quarterly. Once an education program is approved, it is not required that the instructor be a nutrition professional. Nutrition education shall include verbal instruction. Written materials such as newsletters or brochures may accompany instruction but may not be used independently in the congregate setting.

VIII.3 Annually, one of the education sessions at each congregate meal site may be the administration of the DETERMINE checklist from the NSI with targeted nutrition education.

Reference: [Attachment I](#)

VIII.4 ADC programs shall provide nutrition education. Education that targets ADC individuals may use materials written for the individual or caregiver. At a minimum, nutrition education shall be provided biannually. In the ADC setting, the DETERMINE checklist must be completed annually on site with a caregiver or sent home with the individual with return instructions. Nutrition education programming utilizing the results of this screening may be completed at the ADC site with the caregiver or sent home with the individual.

VIII.5 HDM programs may utilize written materials distributed to the individual or information distributed to the caregiver. At a minimum, nutrition education shall be provided biannually. In the HDM setting, nutrition screening shall be done annually and education shall be provided using the materials attached to the DETERMINE checklist. If educational information is not provided based on the nutrition screening tool then alternate nutrition education programs shall be provided.

VIII.6 Nutrition education programs presented to program individuals shall be of immediate, practical importance to those involved and shall be conducted in a manner consistent with the economic and intellectual level of participants. Program topics may include but are not limited to the following:

- a. Adequate daily nutritional intake, including meal planning and preparation and The Dietary Guidelines for Americans.
- b. The wise use of limited food dollars – shopping assistance, use of SNAP benefits and product information.

- c. Sodium and potassium.
- d. Calcium and Vitamin D.
- e. Modifying diets for the treatment of specific health conditions, e.g., diabetes, hypertension, weight control, and heart disease.

IX. Nutrition Counseling

Nutritional counseling shall be provided to individuals as appropriate. Nutrition counseling, as defined in the State Program Report, is a component of a nutritional care program in which a registered dietitian gives professional guidance to an individual as part of a medical provider's treatment plan. Nutrition counseling can be provided internally or through referral to community nutrition providers such as hospitals, diabetes clinics, or physician offices.

The service includes:

- a. Assessing current nutrition status.
- b. Developing a written plan for appropriate behavior modifications.
- c. Reviewing the written plan with the individual to ensure understanding.
- d. Planning follow-up nutrition counseling and evaluating progress toward nutrition goals.

The OAA authorizes nutrition counseling as a required, reportable service under the OAA. As a required service, nutrition counseling may be funded through OAA Title III Part C Subpart 1 for congregate meals and Title III Part C Subpart 2 for home delivered meals.

Chapter 2: Menu Development

I. Background:

One of the purposes of nutrition services provided through Title III of the OAA is to promote better health and well-being for older individuals through improved nutrition. To meet this goal, it is necessary to ensure that meals are nutritionally adequate and satisfying to program participants.

All meals provided that receive ENP funds, whether prepared on site, frozen, non-perishable, boxed, or catered, shall comply with the most recent DGAs and provide the following DRIs:

- A minimum of one-third of the DRIs when a single meal is served.
- A minimum of two-thirds of the DRIs if two meals are served.
- One-hundred percent of the DRIs if three meals are served.

All menus shall be approved by an approved dietitian and a record of this approval shall be documented.

II. Meal Requirements

- II.1 Consideration shall be given to the food preferences of individuals. Section 339 of the OAA mandates meal providers receive input from individuals. As part of the menu planning process, individual input can be obtained through individual interviews, focus groups, advisory councils, suggestion boxes, or surveys. AAAs shall obtain individual input no less than annually for the purpose of menu planning. Cost, efficiency, and day-to-day variety in food selection, pleasing combinations of colors, textures, and tastes are factors that shall be considered in menu planning.
- II.2 All menus shall be planned in accordance with the most recent version of the DGA. The minimum standards for menus will be based on the nutrient requirements as calculated using the USDA Food Pattern and DRIs using the requirements of a female, 71 years of age or older (representative of the majority of the participants in Pennsylvania's meal programs) while providing enough food to meet PDA nutrition requirements. Specific menu requirements are outlined in Attachment II and Attachment III.
- II.3 Traditional Menu Pattern Model (Attachment II) requires nutrient analysis.
 - a. The Traditional Menu Pattern model with nutrient analysis is acceptable for all meal programs.
 - b. Nutrient analysis is required for menus that incorporate the DASH menu pattern or a Lacto-Ovo Vegetarian pattern.
 - i. Modifications can be made by increasing non-meat protein sources, providing weekly or biweekly seafood servings, and offering beneficial nuts and oils as part of the meal.
 - ii. Modified menus are not required to meet the portion guidelines but shall meet nutrient requirements.
- II.4 Food-Based Menu Pattern Model (Attachment III) is acceptable for all meal programs and does not require nutrient analysis. The nutrient requirements are calculated from the USDA Food Pattern for a female, 71 years of age or older. The food-based menu incorporates an increase in food component requirements to assure nutrient adequacy. Food labels shall be used to determine calorie, fat, and sodium content of these meals.
- II.5 Each AAA shall select the set of menu requirements (traditional or food-based) that best fit the needs of the individuals they serve. If desired, the AAA may utilize a combination of sets of requirements to construct a menu cycle. For example, a AAA may elect to utilize the Food-Based Model in menu planning maintaining a Traditional Menu Pattern planning process for a vegetarian senior community center meal site. A AAA may also choose to utilize a Traditional Menu Plan for daily menu planning, but provide special occasion meals based on a Food Based Menu Model.

- II.6 Emergency meals shall comply with the meal components outlined in Attachment II but are not required to comply with specific nutrient requirements to be eligible for reimbursement.
- II.7 The same meal pattern available for the noon, evening, weekend, and holiday meals shall be used for the breakfast meal.
- II.8 The requirements for the Traditional Menu Pattern are as follows:
- a. Protein – To target the incidence of loss of skeletal muscle mass associated with aging, minimum protein requirements shall be a three ounce edible portion in the lunch or supper entrée. The total protein content of any meal served shall be a minimum of 25 grams per meal per day. Whole meat shall be served once a week in the noon and evening programs. Breakfast meals, DASH plan meals, and Lacto-Ovo Vegetarian meals shall be based solely on 25 grams of protein in each meal served.
 - b. Fruits/Vegetables – Two different servings of fruit and/or vegetables shall be served at each meal. One serving is one-half cup of drained fruits or vegetables, four ounces of juice, one piece of fresh fruit, or one cup raw leafy greens. Fresh or raw fruits or vegetables shall be provided a minimum of two times each week in the congregate setting. Home delivered meals and ADC meals are exempt from the requirement of serving fresh or raw form of fruits or vegetables.
 - c. Grains/Enriched Bread – One to two grain servings shall be served in each meal. The weekly average of carbohydrates shall not exceed 85 grams. Whole-grain bread product may be served fifty percent of the time with a goal of providing an average of seven grams of fiber daily in each meal served.
 - d. Milk/Calcium – Each meal served shall provide a calcium source with the minimum daily calcium average of 350 milligrams per meal. Because of the increased incidence of lactose intolerance in some populations, including the elderly, the minimum daily calcium average may be met using a source other than fluid milk. If religious or cultural preference by a majority of individuals at the meal site precludes the acceptance of dairy products or alternates, dairy products and alternates may be omitted and calcium enriched non-dairy foods shall be utilized. In such cases, nutrition education which specifically, but not exclusively, includes information about high calcium food and beverage sources shall be provided to individuals annually with documentation retained at the AAA. Notification and justification of this modification shall be submitted to the PDA.
 - e. Fiber – Each meal shall contain a minimum of seven grams of fiber per meal averaged over one week.

- f. Fat – A fat serving is an optional menu component. Each meal shall contain a maximum daily fat content, averaged over one week, not to exceed thirty-five percent of total calories.
- g. Sodium – A modest reduction in salt intake leads to a fall in blood pressure in both normotensive and hypertensive older individuals. The maximum daily average of sodium over one week is:
 - i. 1,300 milligrams when one meal is served,
 - ii. 1,800 milligrams when two meals are served, and
 - iii. 2,300 milligrams when three meals are served.

Note: It is encouraged that meal programs strive for a further reduction.

- h. Vitamin C – Each meal shall contain a minimum of 20 milligrams per day.
- i. Vitamin A – Each meal shall contain a minimum daily average of 250 micrograms. Because Vitamin A is a fat soluble vitamin, the requirement for Vitamin A may be averaged over a one week period.
- j. Calorie/Energy Level – To recognize declining energy needs in the aging population, daily calories in meals shall be:
 - i. A minimum of 600 calories each day and a maximum of 750 calories averaged over one week if one meal a day is served,
 - ii. A minimum of 1,200 calories each day and a maximum of 1,500 calories averaged over one week if two meals a day are served,
 - iii. And a minimum of 1,800 calories each day and a maximum of 2,200 calories averaged over one week if three meals a day are served.

Note: If a location serves a population with a majority participant profile that is different than the female, 71 years old or older cohort, menu modifications may be made and documentation retained at the AAA. Notification and justification of this shall be submitted to the PDA.

- k. Potassium – It is recommended that foods with high potassium content (more than 400 milligrams per serving) be served two to three times per week. A diet supplying at least 4.7 grams per day is associated with decreased risk of stroke, hypertension, osteoporosis, and kidney stones.
- l. Dessert is an optional menu component.

- m. All foods served as part of the meal shall be included in the nutrition analysis of the meal.

The requirements for a Food Based Pattern (Attachment III) are as follows:

- a. Protein – Minimum requirements shall be three ounces edible entrée portion in lunch or supper and the total protein content of any meal served shall be a minimum of 25 grams. Whole meat shall be served one time per week in the noon and evening programs. High fat/high sodium entrée are to be limited to no more than two meals per month. A high fat meat is one that provides more than 8 grams of fat per ounce. A high sodium entrée provides more than 650 milligrams of sodium per serving. Food labels shall be utilized for making this analysis.
- b. Fruits/Vegetables – Three servings of fruit and/or vegetables shall be served in each meal as two or three distinct foods to assure requirements for Vitamin A, Vitamin C, and fiber will be met. One serving is equal to one-half cup of drained fruits or vegetables, four ounces of juice, one piece of fresh fruit, or one cup raw leafy greens. Fresh or raw fruit or vegetables shall be provided two or more times each week in the congregate setting. Home delivered meals and ADC meals are exempt from the requirement of serving fresh or raw fruits/vegetables although they may still be served. The use of juice is discouraged as juice does not provide a source of fiber.
- c. Vitamin C – Vitamin C sources providing a minimum of 20 milligrams per serving shall be served daily with every meal. This can be done by serving one high Vitamin C source or two fair Vitamin C sources at each meal.
- d. Vitamin A – Vitamin A sources providing more than 250 micrograms per serving shall be served a minimum of three times per week per meal served.
- e. Potassium – Foods with high potassium content shall be served two to three times per week to offset elevated sodium levels. This can be done by serving one high potassium source two to three times per week or one fair potassium source at each meal beyond the use of milk and beef entrées. A high potassium food shall be served when a high sodium entrée is served.
- f. Grains/Enriched Bread – One to two grain servings shall be served at each meal. The weekly average of carbohydrates shall not exceed 85 grams. Whole-grains or whole-grain bread products shall be served a minimum of fifty percent of the time as part of the goal to provide an average of seven grams of fiber daily at each meal served.
- g. Milk/Calcium – Milk shall be served daily unless religious or cultural preference by a majority of individuals precludes the acceptance of dairy products or

alternates at a meal site. Calcium enriched non-dairy foods may be utilized. When non-dairy sources of calcium are used, entrée portions shall be adequate to replace the protein lost through the elimination of dairy products. In such cases, nutrition education which specifically, but not exclusively, includes information about high calcium food and beverage sources shall be provided to participants annually and documentation retained at the AAA. Notification and justification of this shall be submitted to the PDA.

- h. Fat – Lower fat foods are encouraged. Therefore, each meal shall contain a maximum daily fat content averaged over one week not to exceed thirty-five percent of total calories. This requirement may be met by using skim or 1% milk, low-fat condiments, poultry and fish, and limiting most processed meats.
- i. A fat serving is an optional menu component.
- j. Sodium – A modest reduction in salt intake may lead to a fall in blood pressure. Therefore, meals shall be prepared without added salt. High sodium foods defined as those providing more than 650 milligrams per meal, shall be limited throughout all menus. It is encouraged that meal programs strive for a further reduction. Food labels shall be utilized in menu planning in order to meet sodium guidelines.
- k. Calorie/Energy Level – To recognize declining energy needs in the aging population, daily calories in meals shall be:
 - i. A minimum of 600 calories each day and a maximum of 750 calories averaged over one week if one meal a day is served,
 - ii. A minimum of 1,200 calories each day and a maximum of 1,500 calories averaged over one week if two meals a day are served, and
 - iii. A minimum of 1,800 calories each day and a maximum of 2,200 calories averaged over one week if three meals a day are served.

Calorie information shall be compiled utilizing food labels or utilizing a Diabetic Exchange List Model to approximate calories.

If a location serves a population with a majority individual profile different than the female, 71 years old or older cohort, menu modifications may be made and documentation shall be retained at the AAA. Notification and justification of this modification shall be submitted to the PDA.

- l. Dessert is not a mandatory menu component.
- m. All foods served as part of the meal shall be included in the menu approval form for the meal.

References for menu planning are available in Attachments II through VIII.

III. Provision for Special Menu Needs

- III.1 Special Meals, Individual Days – Meals provided by the AAA to increase participation or acknowledge a special holiday or event may be considered special meals. Special meals may utilize a Traditional Menu Plan or Food- Based Menu Plan without nutrient analysis. Participants shall continue to have the option of OVS on these days. Documentation of special meals shall include the date and the menu served. Information shall be filed as a hard copy or electronic copy and shall be available for PDA monitoring, evaluation, and technical assistance visits. Special meals that do not meet nutrient requirements shall not be recorded as an ENP meal in SAMS and these meals may be charged as a private pay meal and served in a group setting or as take-out meal.
- III.2 Modified Meal Menus – Modified meal menus meet the regular menu pattern but contain modifications to one or more items on a regular basis. Examples include but are not limited to texture modifications, daily yogurt instead of milk, healthy dessert options that continue to meet the menu requirements, or choice in menus that continue to meet the menu requirements. The types and amounts of all items shall conform to PDA menu requirements. A health care practitioner authorization is not needed for a participant to receive modified meals. However, a nutrition program may wish to prioritize requests for modified meals.
- III.3 Special Diet Menus – Health conditions, religious requirements, or the ethnic background of the program individuals may necessitate the development of special menus that might fall outside of menu requirements. Meal programs are encouraged to provide special menus when there are sufficient numbers of interested individuals, available food service resources, and when it is economically feasible. These may include but are not limited to:
- a. Modified Diet Menus – The Title III program is designed to meet one-third of the healthy nutrition needs of the majority of aging adults while limiting fats, sodium, and the carbohydrate content of a meal while encouraging an increased intake of fruits, vegetables, and calcium rich foods. Modified menu plans shall allow individual compliance with most dietary recommendations. Individual modifications in the regular diet menus may be made to meet individual needs. Examples of modified diets include cardiac or heart healthy diets plans, reduced sodium plans allowing more than two grams of sodium, reduced fat plans, consistent carbohydrate plans, or texture modifications. Each of these diets shall meet PDA guidelines with minimal or no food choice changes. There is no requirement for a written and filed diet order for a modified diet. However, the AAA may choose to provide nutrition counseling to these participants. This is reinforced by individual choice (see Congregate Meal Service 1.10).
 - b. Therapeutic Diet Menus – Serving a therapeutic diet is at the discretion of the AAA. Therapeutic diets shall be provided only to individuals with a

current written diet prescription for medical diet modifications that can be provided by the AAA (see [Attachment X](#)). The diet prescription shall be signed by a physician, indicate the specific requirements of the diet, be kept on file, and at a minimum be reviewed and updated annually. The AAA's approved dietitian shall review and approve modified diet menus before meals are served. Examples of therapeutic diets requiring special menu modifications include renal restrictions, one gram sodium plans, protein restrictions, fat restrictions of less than 30 grams, and fluid restrictions. It is recommended therapeutic diets receive nutrition counseling when feasible.

- c. Ethnic Menus – A meal site consistently serving a population group that because of cultural bias may fall outside of the PDA menu component requirements may serve those populations alternate menus. Examples are lacto-ovo vegetarians and Asian and Indian populations. Ethnic menus not meeting menu component requirements shall be computer analyzed, received and accepted by an approved dietitian, and shall meet one-third of the DRIs.

All modified diet menus shall meet requirements for reimbursement. Therapeutic diets that are medically necessary and preapproved may not necessarily meet all nutrient requirements; however, they are still eligible for reimbursement.

Decisions to provide therapeutic diets and/or meals requiring intensive monitoring and evaluation shall be provided at the discretion of the AAA. The Agency's dietitian shall monitor these menus and meal service.

Chapter 3: Nutrition Monitoring and Evaluation

I. Nutrition Monitoring

- I.1 Each distinct type of meal served within a AAA service area is typically based on a single menu. The AAA shall employ an approved dietitian on a full-time, part-time, or contracted basis to determine the quality and effectiveness of each meal program served, consumer satisfaction, and compliance with PDA nutrition requirements and FSV contacts. Meal programs may not be self-monitored by the FSP dietitian.

The dietitian shall:

- a. Monitor each distinct type of meal served within the service area at a minimum of once per six month cycle. For example, if a service area provides a breakfast program, a congregate lunch program, and a home delivered meal program each shall be monitored separately. This will result in three monitoring visits every six months. If a service area provides both a traditional meal and a vegetarian meal, each shall be monitored. Meals do not need to be monitored at each serving site.
- b. Monitor meals at the site of meal service.
- c. Verify meal compliance of menus submitted and approved.
- d. Provide a written report to the AAA within forty-five (45) calendar days of the monitoring visit.

I.2 Monitoring shall include:

- a. Portion monitoring to assure adequate protein, carbohydrate, and vitamin compliance within the APD guidelines and the AAA contract with the FSV.
- b. Observation to assure the amount of food distributed to the meal site is adequate for meal service.
- c. Quality monitoring to assure food served is of a quality deemed acceptable for service to the individuals and meets food quality and food grade requirements set forth in the AAA contract with the FSV.
- d. Nutrition analysis of menu served to assure meals meet the nutrient profile of the menu to be served. Meals shall mirror the approved menu with substitutions providing a comparable nutrient profile.
- e. Therapeutic diet monitoring as a result of a signed order for diet and therapeutic diet adherence.
- f. Validating food item temperatures.

g. Assuring drinking water is available.

I.3 Evaluation shall include:

- a. Compliance to food service contract requirements.
- b. Assessment of the quality of the nutrition program.
- c. Professional recommendations to enhance or improve the nutrition program.

I.4 The Food Safety and Menu Compliance Monitoring is addressed in **APD 15-03-01**. The monitoring function shall be completed annually at all food preparation and service sites. Food safety and menu compliance monitoring shall be done by any representative of the AAA who is not actively engaged in the provision of the meal service at the site being monitored. No FSP or FSP representative shall self-monitor.

Chapter 4: Documentation Procedures

I. Menu Documentation:

- I.1 Each AAA is responsible for ensuring meals served by the FSP meet menu requirements.

Menus shall:

- a. Be planned in advance.
- b. Be designed to assure repetitive entrées are kept at a minimum. The AAA shall determine what repetition is acceptable. If a cycle menu is utilized there shall be at least two cycles per year and menus shall reflect seasonal adjustments. The schedule of menu changes is at the discretion of the AAA. Menus changing more than twice a year shall be submitted for approval by the AAA or an approved dietitian no less than one month prior to service.
- c. Be posted in a conspicuous location in each congregate meal site or provided to home delivered meal individuals upon their request.
- d. Be adhered to as written. All changes and/or substitutions shall be documented.
- e. Be accepted in writing by an approved dietitian as meeting the current DRI based on the meal pattern. Menus shall be approved by an approved dietitian biannually at a minimum.
- f. Be recorded in the format prescribed by the Department or on Attachment XI and XII.
- g. Have a signed Menu Approval Form to verify that each meal served meets menu policy requirements. The Menu Approval Form, signed by an approved dietitian, shall be retained and filed by day or by entire menu period (i.e. a one month menu filed with 20 days of signed menu approval forms).
- h. Utilize the specific guidelines outlined in Attachments II and III. Menu references are outlined in Attachments IV, V, VI, VII and VIII.
- i. Be kept on file. Filed as a hard copy or an electronic copy, retained on file for three years according to the PDA retention policy, and shall be available for PDA monitoring, evaluation, and technical assistance visits.

II. Menu Substitutions

- II.1 Menus may be subject to change with seasonal availability of food and/or product procurement difficulties.
- II.2 The AAA shall retain documentation of menu substitutions including date of

substitution, original menu item, and substituted menu item.

- II.3 A staff person designated by the AAA shall approve substitutions.
- II.4 Substitution documentation shall be retained with the corresponding menu cycle per retention schedule.
- II.5 Menu substitutions shall be an equivalent meal component and shall provide a comparable nutrition profile to the food unavailable (see Attachment IV and V).
- II.6 A complete menu move from one day to another does not constitute a substitution.

III. PDA Menu Review

- III.1 Menus may be requested by the PDA dietitian for review.
- III.2 Upon request, the AAA will submit a full menu cycle for all meals served.
- III.3 Menus shall be sent electronically accompanied by the PDA Menu Approval Form.

IV. Nutrition Monitoring and Evaluation

- IV.1 The dietitian shall prepare and submit a written monitoring report by mail or email stating any/all findings of the monitoring visit within forty-five (45) calendar days to the AAA.
- IV.2 If deficiencies, concerns, or exceptions are found, the FSP will have thirty (30) calendar days to submit in writing to the AAA a response to the findings and provide corrective action.
- IV.3 The AAA shall require the FSP to develop a corrective action plan including time frames for compliance. The AAA shall continue to monitor the provider's plan of correction until the provider is found to be in compliance.
- IV.4 Documentation of dietitian monitoring and evaluation shall:
 - a. Define the menu observed and provide a comparison to the approved menu.
 - b. Include nutrient analysis of the menu served.

- c. Include food temperature documentation.
- d. Include evaluation comments.
- e. Be signed by the monitoring dietitian including the date of the monitoring visit.
- f. Be retained on file at the AAA for a period of three years as an electronic or hard copy.
- g. Be submitted electronically to PDA when completed at ra-menusubmissions@pa.gov.

V. Nutrition Education:

V.1 Documentation of a nutrition education program shall:

- a. Provide at a minimum a brief overview of the program including a minimum of one objective, target audience (senior community center individual, HDM individual, ADC individual or family support individual) with a copy of any hand-out materials.
- b. Be signed by a dietitian or person with comparable expertise. Materials provided by the PDA dietitian will be so noted.
- c. Document dates of programming.
- d. Include copies of materials related to the education plan. Materials shall be retained on file at the AAA for a period of three years as electronic or hard copy

Chapter 5: General Requirements for AAA Participation in the ENP

I. Meals Eligible for ENP Cash Support

- I.1 The following criteria make a meal eligible for ENP cash support:
 - a. Meets the nutritional requirements prescribed in the most current PDA Nutrition Services APD.
 - b. Is served to an eligible individual by an agency funded through PDA.
 - c. Is served in a congregate meal setting or as a home delivered meal as defined in Section 339 (h) and (i) of the OAA, as amended.
- I.2 If a meal is claimed for reimbursement under ENP, it cannot be submitted for reimbursement under the Child and Adult Care Food Program (CACFP).
- I.3 An emergency meal may be submitted as an ENP eligible meal. Emergency meals made available to home delivered meal individuals shall be classified as home delivered meals. Emergency meals made available to congregate meal individuals can be classified as congregate meals on the day the center was not in operation and if the individual was registered for meal service on that day.
- I.4 Expenditures may not be used for alcoholic beverages, vitamin supplements, and other food and beverages excluded under the meal program guidelines.

Chapter 6: Sanitation Standards for PDA Funded Nutrition Services

- I. Compliance with applicable federal, state and local fire, health, sanitation, safety and building codes, regulations, licensor requirements and other provisions relating to the public health, safety, and welfare of individuals is required in all stages of food service operation.
- II. Persons handling food/food service shall do so in compliance with local public health codes regulating food service establishments referencing to the most recent version of the FDA Food Code as adopted by the Pennsylvania Department of Agriculture.

Reference: [FDA Food Guidance Regulation](#)

Attachment 1(a): DETERMINE Checklist (English)

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

DETERMINE YOUR NUTRITIONAL HEALTH

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

Total Your Nutritional Score. If it's –

- 0-2** **Good!** Recheck your nutritional score in 6 months.
- 3-5** **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more** **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

*These materials developed and distributed by the Nutrition Screening Initiative
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a project of:
American Academy of Family Physicians
The American Dietetic Association
National Council on the Aging, Inc.*

Remember that the warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

The Nutrition Checklist is based on the Warning Signs described below.
Use the word **DETERMINE** to remind you of the Warning Signs.

DISEASE

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

EATING POORLY

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

TOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth, and gums are needed to eat. Missing, loose or rotten teeth or dentures that don't fit well or cause mouth sores make it hard to eat.

ECONOMIC HARDSHIP

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

REDUCED SOCIAL CONTACT

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

MULTIPLE MEDICINES

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

INVOLUNTARY WEIGHT LOSS/GAIN

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

NEEDS ASSISTANCE IN SELF CARE

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

ELDER YEARS ABOVE AGE 80

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

Disease

Any disease, illness, or chronic condition that causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. People with confusion or memory loss may not remember what, when, or if they have eaten.

What you can do:

- Choose foods you are able to eat.
- Use herbs or spices to improve taste.
- Eat small meals and snacks.
- Use reminders to eat; for example, put a note on your refrigerator or bathroom mirror.

Eating Poorly

Eating too little or eating too much can lead to poor health. Eating the same foods day after day, or not eating fruits, vegetables and milk products daily also can cause poor nutritional health. And drinking alcohol can make health problems worse.

What you can do:

- Choose a variety of foods you like.
- Have fruit with breakfast and snacks.
- Limit alcohol use.
- Boost up your meals; for example, add grated carrots to sandwiches or make soups with low-fat milk instead of water.

Tooth Loss/Mouth Pain

We need a healthy mouth, teeth and gums to be able to eat a variety of foods. Missing, loose, or rotten teeth make it hard to eat; so do dentures that don't fit well or cause mouth sores.

What you can do:

- Take care of your teeth and gums!
- Be sure your dentures fit right.
- Visit the dentist regularly.
- Choose foods you are able to eat.

Economic Hardship

An estimated one in ten Americans over age 65 (almost 4 million people) live in poverty. Spending less than about \$35 per week for food makes it very hard to get the foods you need to stay healthy.

What you can do:

- Use available resources such as food stamps (SNAP Program).
- Share meals with a friend.
- Use coupons and buy store brand foods.
- Eat less expensive protein foods, such as pinto, lima and kidney beans and lentils.

Reduced Social Contact

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

What you can do:

- Share meals with a friend.
- Eat at congregate meal sites or senior centers.
- Stay in touch with family and friends.

Multiple Medications

Many older Americans take multiple medications daily. Getting older may change the way the body responds to certain drugs. The more medicines you take, the greater the chance for side effects. This may include increased or decreased appetite, change in taste, constipation, drowsiness, diarrhea, or nausea. Large doses of vitamins or minerals act like drugs and also can cause harm.

What you can do:

- Buy all medicines at one pharmacy.
- Talk to your pharmacist about the medicines you take.
- Learn about possible interactions between foods and medicines you take.
- Make a list of all your medicines, including vitamin/mineral supplements and over-the-counter medicines. Take this list to all your doctor visits.

Involuntary Weight Loss/Gain

Losing or gaining weight when you are not trying to do so is an important warning sign that shall not be ignored. Also, being either overweight or underweight increases your chance of poor health.

What you can do:

- Eat healthy foods every day.
- Stay as active as you can.
- Tell your doctor about any change in your appetite and/or weight.

Needs Assistance in Self Care

The majority of older people are able to eat and take care of themselves. However, one of every five has trouble walking, shopping, buying and cooking food and/or eating.

What you can do:

- Stay in contact with family and friends.
- Take advantage of available services such home delivered meals and food delivery programs from grocery stores or online food companies.

Elder Years Above Age 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase.

What you can do:

- Check your nutritional health often.
- Stay as active as possible.
- Treat yourself well with good meals.

What Does Your Nutritional Score Mean?

If your score is: 0 to 2

Good!

Recheck your nutritional score in 6 months.

If your score is: 3 to 5

You are at moderate nutritional risk.

See what you can do to improve your eating habits and lifestyle. A registered dietitian (RD), your office on aging, senior nutrition program, senior citizens center, county Extension service, or health department may be able to help. Recheck your nutritional score in three months.

If your score is: 6 or higher

You are at high nutritional risk.

Make an appointment to see your doctor, a registered dietitian, or other qualified health or social service professional soon. Bring this checklist to your appointment. Talk with them about any problems you may have. Ask for help to improve your nutritional health. Also, use some of the "What You Can Do" tips for each of the items you circled.

Remember

- Warning signs suggest risk, but do **not** represent diagnosis of any condition.
- If you have questions or concerns about your nutritional score, check with your health care provider.

Attachment 1(b): DETERMINE Checklist (Spanish)

Muchas veces se ignoran indicadores que muestran que nuestra salud nutricional es deficiente. Use la siguiente lista para saber si usted o alguien que usted cuida esta en riesgo nutricional. Haga un círculo alrededor del número que esta al frente de cada una de las oraciones que le aplican.

Tabla 1.

Lista para DETERMINAR su salud nutricional

Tengo una enfermedad que me hizo cambiar el tipo y la cantidad de alimentos que como	2
Consumo menos de dos comidas al día	3
Como pocas frutas, vegetales o pocos productos lácteos	2
Tomo más de 3 cervezas (12 onzas), licor (1.5 onzas), o vino (5 onzas) casi todos los días	2
Tengo problemas en la boca o los dientes que me hace tener dificultad al comer	2
No siempre tengo dinero suficiente para comprar los alimentos que necesito	4
Como solo casi siempre	1
Tomo 3 o más medicinas por día (con o sin prescripción)	1
Sin querer, baje o subí 10 libras o más en los últimos 6 meses	2
No siempre puedo ir de compras, cocinar ni alimentarme por mi condición física	2
Total de su puntaje nutricional:	

Ahora mire las siguientes páginas para aprender más sobre los indicadores de una salud nutricional pobre o mala y que puede hacer para mejorarla. Después revise la sección de “Que significa su puntaje.”

Las primeras letras de los términos en las próximas páginas completan la palabra **DETERMINE**. Use esta palabra para recordar los indicadores de una salud nutricional pobre o mala. Si alguno de estos indicadores le aplica a usted o alguien que cuida, lea las casillas que están al lado derecho de las páginas para saber **qué puede hacer y así** disminuir el riesgo. Marque las casillas de los pasos que va a tomar para mejorar su salud nutricional.

Disease (Enfermedad)

Cualquier enfermedad o condición crónica que le cambia su forma de comer, o le dificulte comer, pone su salud nutricional en riesgo. Las personas con confusión o pérdida de memoria puede que no se acuerden qué, dónde, o si ya comieron.

Lo que puede hacer:

- Elija alimentos que pueda comer
- Use hierbas o condimentos para mejorar el sabor
- Coma pequeñas comidas y meriendas
- Use recordatorios para comer; por ejemplo, en el refrigerador o en el espejo del baño

Eating poorly (Alimentándose mal)

Comer mucho o muy poquito puede llevarle a un estado de salud deficiente. Comer lo mismo todos los días, o no comer frutas, vegetales o lácteos le puede causar una salud nutricional pobre o mala. También tomar alcohol en exceso empeora los problemas.

Lo que puede hacer:

- Escoja una variedad de alimentos que le gusten
- Coma frutas con el desayuno y las meriendas
- Limite el consumo de alcohol
- Mejore sus alimentos; por ejemplo, póngale zanahoria rallada a los sándwiches o haga sopas con leche baja en grasa en vez de agua

Tooth loss/mouth pain (Pérdida de dientes/dolor en la boca)

Necesitamos una boca, dientes y encías saludables para poder comer una variedad de alimentos. Los dientes sueltos, dañados o el no tener dientes, hacen más difícil alimentarse, como también las cajas de dientes que no se ajustan bien o hieren la boca.

Lo que puede hacer:

- ¡Cúidese la boca y los dientes!
- Asegúrese que su caja de dientes ajusta
- Visite el dentista regularmente
- Elija alimentos que pueda masticar

Economic hardship (Problemas económicos)

Más o menos uno en diez Estadounidenses mayores de 65 años (casi 4 millones de personas) viven en la pobreza. Al gastar menos de \$35 por semana es muy difícil obtener los alimentos que necesita para mantenerse saludable.

Lo que puede hacer:

- Use recursos disponibles como las Estampas de Comida (Programa SNAP)
- Comparta las comidas con un amigo.
- Use cupones y compre alimentos de marcas de la tienda.
- Coma alimentos con proteína más baratos como frijoles y lentejas.

Reduced social contact (Contacto social reducido)

Un tercio de las personas mayores viven solas. Estar con otras personas a diario trae efectos positivos a su moral, bienestar y hábitos alimenticios.

Lo que puede hacer:

- Comparta las comidas con un amigo.
- Coma en sitios de congregación o centros para adultos mayores.
- Manténgase en contacto con la familia y los amigos.

Multiple medications (Variedad de Medicinas)

Muchos estadounidenses mayores toman varias medicinas al día. Envejecer cambia la manera en que su cuerpo responde a ciertas medicinas. Entre más medicinas tome, mayor el riesgo de obtener efectos secundarios. Esto puede incluir aumento o disminución del apetito, cambio de gusto, estreñimiento, mareo, diarrea o náuseas. Altas dosis de vitaminas o minerales pueden actuar como drogas causando daño.

Lo que puede hacer:

- Compre todas sus medicinas en una farmacia
- Hable con su farmacéuta sobre las medicinas que está tomando.
- Aprenda sobre posibles interacciones entre los alimentos y las medicinas que está tomando.
- Haga una lista de sus medicinas, incluyendo los suplementos y las medicinas sin prescripción. Lleve esta lista a todas sus citas médicas.

Involuntary weight loss/gain (Pérdida/ganancia de peso involuntaria)

Ganar o perder peso cuando usted no está tratando de hacerlo es un indicador importante que no debe ser ignorado. También tener sobrepeso o estar por debajo del peso incrementa su riesgo de mala salud.

Lo que puede hacer:

- Coma alimentos saludables todos los días
- Manténgase lo más activo posible
- Dígale a su doctor sobre algún cambio en su apetito o peso

Needs assistance in self care (Necesita ayuda para cuidarse a sí mismo)

La mayoría de los adultos mayores pueden comer y cuidarse a sí mismos. Sin embargo, uno de cada cinco adultos mayores tiene problemas para caminar, comprar, cocinar y/o comer.

Lo que puede hacer:

- Manténgase en contacto con amigos y la familia.
- Tome ventaja de los servicios como “Alimentos sobre ruedas” (*Meals On Wheels*) y programas de domicilio de alimentos de supermercados o compañías parahacer pedidos en línea.

Elder years above age 80 (Edad avanzada, sobre los 80 años)

La mayoría de los adultos mayores viven una vida plena y productiva. Pero a medida de que envejecen, el riesgo de fragilidad y otros problemas de salud aumentan.

Lo que puede hacer:

- Revise su salud nutricional a menudo
- Manténgase lo más activo posible
- Trátese bien con comidas saludables

¿Qué significa su puntaje nutricional?

Si su puntaje es: de 0 a 2

¡Esta bien!

Revise su puntaje en seis meses.

Si su puntaje es: de 3 a 5

Está en riesgo nutricional moderado.

Vea qué puede hacer para mejorar sus hábitos alimenticios y estilo de vida. Un dietista registrado (RD), su oficina para gente mayor, programa de nutrición para adultos mayores, centro para ciudadanos mayores, servicio de Extensión del condado, o el departamento de salud le pueden ayudar. Revise su puntaje nutricional en tres meses.

Si su puntaje es: mayor de 6

Está en alto riesgo nutricional.

Haga una cita para ver a su doctor, un dietista registrado, u otro profesional calificado del servicio social o de salud. Traiga esta lista a su cita. Hable con ellos sobre cualquier problema que pueda tener. Pida ayuda para mejorar su salud nutricional. También use algunos de los consejos sobre “Lo que puede hacer” según las casillas que marcó.

Recuerde:

Estos indicadores sugieren riesgo, pero **no** representan un diagnóstico.

Si tiene preguntas o preocupación sobre su puntaje, consulte con su proveedor de la salud.

Oficina local de Extensión

Información de contacto

Dirección: _____

Teléfono: _____ Nombre

del Contacto: _____

Notas

Attachment I(c): DETERMINE Checklist Resources

DETERMINE Checklist Resources in Other languages Are Available At:

[DETERMINE Creole version](#)
[DETERMINE Russian version](#)
[DETERMINE Chinese version](#)

Educational source to be used in individual or group settings to address areas where individuals may have indicated nutritional needs: <http://www.nyc.gov/html/dfta/html/health/nutritional.shtml>

Attachment II(a): Traditional Menu Pattern, Congregate and Home Delivered Meals

Component/Nutrient	Minimum Amounts to Include In Each Meal	Comments
<p>Protein Source – meat, poultry, eggs, cheese, fish or the protein equivalent in nuts and legumes.</p>	<p>a. A minimum of 25 grams of protein in each meal b. Lunch and Supper shall serve a minimum of 3 ounces, edible portion, in the total 25 gram requirement unless menu is excepted (lacto-ovo vegetarian, DASH plan, ethnic menu plan)</p>	<p>a. Whole meat shall be served a minimum of one time a week b. If textured vegetable proteins are used, high food quality shall be maintained c. Use of high fat and high sodium meats should be limited to no more than 2 meals a month. High fat indicates the protein portion provides more than 8 grams of fat per ounce equivalent. High sodium is defined as greater than 650 mg per serving. The regular use of highly processed meats is discouraged d. Meal programs are encouraged to serve seafood once a week. Whole fish pieces may be counted as the whole meat requirement</p>
<p>Fruits and Vegetables</p>	<p>a. Two servings of fruit and/or vegetables shall be served in each meal. One serving is ½ cup of drained fruits or vegetables, 4 ounces of juice, 1 piece of fresh fruit, or 1 cup raw leafy greens b. Two servings in a home delivered meal is considered 1 cup combined drained portion of fruits and/or vegetables served as 2 distinct foods. c. Each meal shall contain 20 mg of Vitamin C daily d. A minimum daily average of 250 micrograms of Vitamin A shall be served each week</p>	<p>a. No food may be counted in two categories unless as part of an ethnic or vegetarian menu b. Raw or fresh fruits and vegetables shall be provided at least 2 times a week in the congregate setting. Home delivered meals and ADC meals are exempt from the requirement of serving fresh or raw fruits or vegetables c. Potatoes shall be counted as a vegetable and legumes may be counted as a vegetable or a protein d. Meal programs are encouraged to: <ul style="list-style-type: none"> • Serve a high potassium source or multiple fair sources of fruit and/or vegetables with a high sodium entrée. • Limit juice to one time a week in congregate lunch and dinner programs, two times a week in home delivered meal lunch and dinner programs • Serve legumes weekly as a vegetable or a protein </p>

Attachment II(b): Traditional Menu Pattern

Component/Nutrient	Minimum Amounts To Include In Each Meal	Comments
Grains	1 to 2 grain servings shall be served in each meal.	<ul style="list-style-type: none"> a. The weekly average of carbohydrates shall not exceed 85 grams. b. Foods such as pasta, rice, cereals, barley and noodles shall be counted towards the grain requirement and these foods are not part of the vegetable component c. Whole-grain products may be served 50% of the time as part of the goal to provide fiber.
Enriched Milk or Calcium equivalent	<ul style="list-style-type: none"> a. Each meal shall offer at least one calcium rich or calcium enriched food or beverage b. The minimum daily calcium served, averaged weekly shall be 350 milligrams per meal 	<ul style="list-style-type: none"> a. Whole, skim, low-fat, buttermilk or soy milk can be used b. Calcium equivalents for 1 cup of milk include: 1 ½ oz. cheese, 1 ½ cups cottage cheese, or 1 cup of yogurt c. Non-dairy calcium equivalents can be utilized to meet the calcium requirement.
Fiber	A minimum daily meal average of 7 grams of fiber in each meal served shall be maintained	Whole grains, fruits and vegetables should be used to increase the fiber content of the meals
Fat	The average daily fat content, averaged over one week, is not to exceed 35% of total calories	A serving of fat is an optional menu component
Sodium	Average daily sodium content, averaged over one week, is not to exceed 1300 mg per meal, 1800 mg if 2 meals are served, 2300 mg if three meals are served	<ul style="list-style-type: none"> a. Meal programs are encouraged to serve lower sodium meals of 800 mg or less b. Meal programs are encouraged to serve a high potassium fruit and/or vegetable with a high sodium meal
Energy level	Minimum of 600 calories per day with a weekly average not to exceed 750 calories in each meal served	If a location serves a population with a different calorie requirement as based on the DRI, menu modifications may be made and documentation retained at the AAA. Notification and justification of this shall be submitted to PDA
Miscellaneous Foods and Beverages	<ul style="list-style-type: none"> a. As desired or needed to complement the meal b. Fats and desserts are considered optional meal components c. Water should be available to all participants at each meal served 	<ul style="list-style-type: none"> a. Miscellaneous foods can include any food that may enhance the overall acceptability of the meal or to contribute toward the meal's caloric or nutritional content b. Nutrient-dense miscellaneous foods are recommended to provide additional vitamins, minerals and calories c. Foods such as soups and sauces can be included to enhance food acceptability and meet the caloric requirements of the meal d. Meal programs are encouraged to limit foods high in sugars and saturated fats (cookies, cakes, gravies, jams). Desserts may be served but they are an optional item. e. The addition of beneficial oils and nuts are encouraged when planning the DASH menu

Attachment III(a): Food-Based Pattern Plan, Congregate, and Home Delivered Meals

Component/Nutrient	Minimum Amounts to Include In Each Meal	Comments
Protein Source – meat, poultry, eggs, cheese, fish or the protein equivalent in nuts and legumes	<ul style="list-style-type: none"> a. Lunch and Supper shall serve a minimum of 3 ounces, edible portion, in the total 25 gram requirement b. A minimum of 25 grams of protein shall be served in each meal 	<ul style="list-style-type: none"> a. If textured vegetable proteins are used, high food quality shall be maintained b. Use of high fat and high sodium meats shall be limited to no more than 2 meals a month. High fat indicates the protein portion provides more than 8 grams of fat per ounce equivalent. High sodium is defined as greater than 650 mg per serving. The use of highly processed meats is discouraged c. Whole meat shall be served a minimum of one time a week d. Food labels should be utilized in menu planning to meet protein guidelines Meal programs are encouraged to serve seafood once a week. Whole fish pieces may be counted as the whole meat requirement
Fruits and Vegetables	<ul style="list-style-type: none"> a. 3 servings of fruit and/or vegetables shall be served in each meal, as 2 or 3 distinct foods. One serving is ½ cup of drained fruits or vegetables, 4 ounces of juice, 1 piece of fresh fruit, or 1 cup raw leafy greens b. Two servings in a home delivered meal is considered 1 1/2 cups combined drained portion of fruits and/or vegetables served as 2 distinct foods. c. High or fair Vitamin C sources shall be served daily to provide a minimum of 20 grams of Vitamin C per meal d. Vitamin A sources providing more than 250 micrograms shall be served a minimum of 3 times a week per meal 	<ul style="list-style-type: none"> a. No food may be counted in two categories unless as part of an ethnic menu b. Potatoes shall be counted as a vegetable c. Raw or fresh fruits and vegetables shall be provided at least 2 times a week in the congregate meal setting. Home delivered meals and ADC meals are exempt from this requirement d. A high potassium source or multiple fair sources of fruit and/or vegetables shall be served with a high sodium entrée. Foods with high potassium content shall be served 2 to 3 times per week to offset elevated sodium levels. This can be done by serving one high potassium source 2 to 3 times a week or 1 fair potassium source at each meal beyond the use of milk and beef entrees. e. Meal programs are encouraged to limit juice to one time a week in congregate lunch and dinner programs, two times a week in home delivered meal lunch and dinner programs. Juice is discouraged because it is not a source of fiber. f. Meal programs are encouraged to serve legumes weekly as a vegetable or a protein.

Attachment III(b): Food-Based Menu Pattern

Component/Nutrient	Minimum Amounts to Include In Each Meal	Comments
Grains	1 to 2 grain servings shall be served in each meal. For most meals, there can be only 1 grain served with a high carbohydrate vegetable (potatoes, corn, lima beans, peas). The weekly average of carbohydrates shall not exceed 85 grams.	<ul style="list-style-type: none"> a. Whole-grain products shall be served a minimum of 50% of the time as part of the goal to provide an average of 7 grams of fiber daily b. Foods such as pasta, rice, cereals, barley and noodles are counted towards the grain requirement and these foods are not part of the vegetable component
Enriched Milk or Calcium equivalent	Each meal shall offer milk.	<ul style="list-style-type: none"> a. Whole, skim, low-fat, buttermilk or soy milk can be used b. Cheese, yogurt, calcium enriched juice may be used as calcium equivalents c. Non-dairy calcium equivalents can be utilized to meet the calcium requirement if religious or cultural preference by a majority of participants precludes the acceptance of dairy products at a meal site. In such cases, nutrition education which specifically, but not exclusively, includes information about high calcium food and beverage sources shall be provided to participants at least twice per year and documentation retained at the AAA. Notification and justification of this shall be submitted to PDA.
Fiber		Whole grains, legumes, fruits and vegetables should be used to increase the fiber content of the meals
Fat	The daily fat content, averaged over one week, is not to exceed 35% of total calories	<ul style="list-style-type: none"> a. A serving of fat is an optional menu component b. Low-fat products that do not raise the sodium content of the meal should be specified on the menu to meet fat restrictions c. Fat content can be limited by using skim or 1% milk, low-fat condiments, use of poultry and fish and limiting most processed meats.
Sodium	Average daily sodium content, averaged over one week, is not to exceed 1300 mg per meal, 1800 mg if 2 meals are served, 2300 mg if three meals are served It is encouraged that meal programs strive for a further reduction	<ul style="list-style-type: none"> a. Meals should be prepared without added salt b. High sodium foods, defined as those providing more than 650 mg per meals, should be limited throughout all menus. c. Food labels should be utilized in menu planning to meet sodium guidelines d. Low sodium products should be specified on the menu to meet the sodium requirements e. A high potassium fruit and/or vegetable should be included with a high sodium meal f. The use of processed foods should be minimized to meet sodium guidelines

Energy level	Minimum of 600 calories per day with a weekly average not to exceed 750 calories in each meal served.	Diabetic exchange guidelines or food labels should be utilized for calorie information. If a location serves a population with a different calorie requirement as based on the DRI, menu modifications may be made and documentation retained at the AAA. Notification and justification of this shall be submitted to PDA
Miscellaneous Foods and Beverages	<ul style="list-style-type: none"> a. As desired or needed to complement the meal b. Fats and desserts are considered optional meal components c. Water should be available to all participants at each meal served 	<ul style="list-style-type: none"> a. Miscellaneous foods can include any food that may enhance meal or to contribute toward the meal's caloric or nutritional content. Nutrient- dense miscellaneous foods are recommended b. Foods such as soups and sauces can be included to enhance food acceptability and meet the caloric requirements of the meal c. Meal programs are encouraged to limit foods high in sugars and saturated fats (cookies, cakes, gravies, jams). Desserts may be served but they are an optional item

Attachment IV: Food-Based Menu Planning Guides, Based on USDA National Nutrient Database for Standard Reference

Calcium Rich Foods

Any single food or beverage that contains at least 250mg total of calcium

- 8 oz. of enriched milk or buttermilk (fat free or 1%, may be flavored)
- 8 oz. calcium-enriched soy/rice/almond milk
- 6 oz. of fat free or low-fat yogurt (fruited or non-fruited)
- ½ cup calcium enriched tofu
- Enriched, ready to eat cereal
- Powdered calcium-enriched beverage mix; shall have serving of water to accompany
- 4 oz. of calcium enriched juice (if this is utilized as the calcium source it may not be considered a fruit/vegetable component)
- 1 ½ oz. of cheese
- 3 oz. sardines or canned salmon (with bones)

Protein Foods

A 3 oz. serving of meat is the size of a deck of cards. Breading (e.g. breaded fish patty), skin and bone do not count towards meeting the serving size requirement and such breading does not count towards the grain/starch requirement. Nutrition Facts labels or CN (Child Nutrition) labels shall be used to determine actual protein portions.

Protein sources equaling 7 grams of protein include the following:

- 1 egg
- ½ cup (4 oz.) legumes (beans, peas, lentils). This will count as either a protein or a vegetable serving.
- 1 ounce cooked meat, fish, poultry
- 1 oz. cheese
- 2 tablespoons peanut butter
- 1/3 cup nuts
- ¼ cup cottage cheese
- ¼ cup raw, firm tofu

Sodium in Protein Foods

A high sodium protein food contains more than 650 mg sodium per 3 ounce serving. When using the food based menu pattern a high sodium foods (e.g. processed cheese, hot dogs, sausage, bacon, ham, cold cuts, etc.) should be provided in meals no more than:

- 2 times per month for 1 meal per day
- 4 times per month for 2 or 3 meals per day.

Low sodium versions of protein foods (i.e., contain less than 600 mg sodium per serving) should be clearly noted on the menu and documentation via food label should be retained by AAA for verification. See Attachment VII for sodium content of protein rich foods by serving size.

1. Whole meat shall be served a minimum of 1 time per meal per week.
2. It is recommended to serve 3 ounces of seafood each week. Whole fish may meet the whole meat requirement.
3. It is recommended to serve dried beans, peas, or lentils each week.

Fruits/Vegetables

One half cup drained vegetables or fruits, per serving, shall be included in any stew, soup, casserole, gelatin or other combination dish if serving a vegetable/fruit in the menu plan.

Fruit

A serving of fruit is generally:

- 1 piece of fresh fruit
- ½ cup cooked, frozen or canned drained fruit
- ½ cup 100% fruit juice
- ¼ cup dried fruit
- 2 Tablespoons raisins, 4 apricots
- 15 grapes

Frozen or canned fruit shall be packed in its own juice or water.

Fresh fruit may be cut, sliced or peeled for easy manipulation by the client.

Vegetables

A serving of vegetables is:

- ½ cup cooked, drained fresh, frozen or raw vegetable
- 1 cup raw leafy greens
- ½ cup regular or low sodium tomato juice
- ½ cup regular or low sodium 100% vegetable juice

Lettuce and tomato served as a condiment or on a sandwich is a garnish and does not count as a serving of vegetables.

Potatoes, corn, peas, lima beans, sweet potatoes, yams, plantains and legumes are considered high starch vegetables. Only one grain serving can be served at a meal with these foods.

Vitamin A:

The following foods provide more than 250 micrograms of Vitamin A per serving and can be considered high Vitamin A sources:

Dried apricots	Mango
Cantaloupe	Spinach
Collard greens	Turnip greens, other dark green leaves
Kale	Winter squash (hubbard, butternut)
Pumpkin	Sweet potatoes
Broccoli raab	Brussel sprouts
Red or green leaf lettuce	Chinese cabbage and bok choy
Kale	Pink or red grapefruit
Carrots	Mixed vegetables

The following foods provide more than 175 micrograms of Vitamin A per serving and can be considered fair Vitamin A sources:

Tomato sauce	Broccoli
Vegetable juice	Black eyed peas
Plantain	Prunes
Sugar snap peas	Romaine lettuce
Canned apricots	

Vitamin C:

The following foods provide more than 20 mg of Vitamin C per serving and can be considered high sources of Vitamin C:

Broccoli	Brussels sprouts
Cantaloupe	Mandarin oranges
Cauliflower	Fruit juices, enriched
Mango	Orange or orange juice
Raw pineapple	Sweet red pepper
Green pepper	Tangerine
Honeydew melon	Blackberries, raspberries, strawberries
Kale	Instant potatoes with added Vitamin C

The following foods provide 8 to 20 mg of Vitamin C per serving and can be considered fair sources of Vitamin C:

Asparagus	Spinach
Cabbage	Tomatoes, tomato juice or sauce
Collard greens	Turnip greens
Mustard greens	Vegetable juice
Fresh pineapple	Watermelon
Potatoes	Cauliflower
Acorn squash	Zucchini
Lima beans	Sugar snap peas
Sweet potatoes	

Potassium:

The following foods provide more than 500 mg of potassium and may be considered high sources of potassium:

Tomatoes	Dried beans, peas and lentils
Lima beans	Soy beans
Beet greens	Dates
Raisins	Dried apricots
Potatoes	Plantain
Soy milk	Baked or broiled salmon
Roasted turkey, dark meat	Sunflower Seeds
Cooked lean beef	Peanut butter
Yogurt	Nonfat or low-fat milk

The following foods provide more than 200 mg of potassium and may be considered fair sources of potassium:

Sweet potatoes	Parsnips
Brussel sprouts	Banana
Orange and orange juice	Broccoli
Cantaloupe	Papaya
Winter squash	Pumpkin
Avocado	Almond, cashews and peanuts
Ricotta cheese	Low-fat (2%) cottage cheese
Sweet cherries	Spinach

General Requirements:

When using the food based menu pattern:

- Three servings of fruit and/or vegetables shall be served in each meal, as two or three distinct foods.
- A high potassium source or multiple fair sources of fruit and/or vegetables shall be served two or more times per week and shall be served with a high sodium entrée.
- 250 micrograms of Vitamin A shall be served a minimum of three times a week.
- 20 milligrams of Vitamin C shall be served daily.

Grains / Starches

When selecting whole grain breads and other grain products, the highest fiber content will be in products that include the word “whole” as part of the first item on the ingredient list, such as “whole grain” or “whole wheat.” Another way of ensuring a whole grain product is to look for the “Whole Grain Stamp” sponsored by the Whole Grains Council, a nonprofit food and nutrition education organization (<http://www.wholegrainscouncil.org/>).

- The “**100% Stamp**” indicates that the food contains a full serving and that all the grain is whole grain.
- The “**Basic Whole Grain Stamp**” appears on products containing at least half a serving of whole grain per labeled serving.



Serving sizes are:

- | | |
|-----------------------------|---|
| 1 slice (1 oz.) bread | 1/2 cup cooked rice, pasta, |
| 3/4 cup ready-to-eat cereal | noodles 1 tortilla, 6” diameter |
| 1 pancake, 4” diameter | 1/2 small bagel, 3-4” diameter |
| 1/2 cup cooked cereal | 1/2 cup bread dressing/stuffing |
| 4-6 crackers (1 oz.) | 1 biscuit or cube of cornbread, 2” diameter |
| 1 waffle, 4-5” diameter | 1/2 English muffin |
| 1 slice French toast | 1/2 cup barley, millet, quinoa or other whole |
| 1 small muffin | grain |
| 1 small dinner roll | |

General Requirements:

When using the food-based menu pattern, use whole grains (whole wheat, oats, brown rice, wild rice, popcorn, whole rye **and** whole grain multi- grains) at least.

- 3 times per week for 1 meal per day
- 6 times per week for 2 meals per day
- 9 times per week for 3 meals per day

Attachment V: Food Sources of Selected Nutrients

Source: Nutrient values from Agricultural Research Service (ARS) Nutrient Database for Standard Reference, Release 17. Foods are from ARS single nutrient reports, sorted in descending order by nutrient content in terms of common household measures. Food items and weights in the single nutrient reports are adapted from those in 2002 revision of USDA Home and Garden Bulletin No. 72, Nutritive Value of Foods.

Food Sources of Potassium

Food Sources of Potassium ranked by milligrams of potassium per standard amount, also showing calories in the standard amount.

Food Sources of Potassium	Potassium (mg)	Calories
Sweet potato, baked, 1 potato (146 g)	694	131
Tomato paste, ¼ cup	664	54
Beet greens, cooked, ½ cup	655	19
Potato, baked, flesh, 1 potato (156 g)	610	145
White beans, canned, ½ cup	595	153
Yogurt, plain, non-fat, 8-oz container	579	127
Tomato puree, ½ cup	549	48
Clams, canned, 3 oz.	534	126
Yogurt, plain, low-fat, 8-oz container	531	143
Prune juice, ¾ cup	530	136
Carrot juice, ¾ cup	517	71
Blackstrap molasses, 1 Tbsp.	498	47
Halibut, cooked, 3 oz.	490	119
Soybeans, green, cooked, ½ cup	485	127

Food Sources of Potassium	Potassium (mg)	Calories
Tuna, yellowfin, cooked, 3 oz.	484	118
Lima beans, cooked, ½ cup	484	104
Winter squash, cooked, ½ cup	448	40
Soybeans, mature, cooked, ½ cup	443	149
Rockfish, Pacific, cooked, 3 oz.	442	103
Cod, Pacific, cooked, 3 oz.	439	89
Bananas, 1 medium	422	105
Spinach, cooked, ½ cup	419	21
Tomato juice, ¾ cup	417	31
Tomato sauce, ½ cup	405	39
Peaches, dried, uncooked, ¼ cup	398	96
Prunes, stewed, ½ cup	398	133
Milk, non-fat, 1 cup	382	83
Pork chop, center loin, cooked, 3 oz.	382	197
Apricots, dried, uncooked, ¼ cup	378	78
Rainbow trout, farmed, cooked, 3 oz.	375	144
Pork loin, center rib (roasts), lean, roasted, 3 oz.	371	190
Buttermilk, cultured, low-fat, 1 cup	370	98
Cantaloupe, ¼ medium	368	47
1%-2% milk, 1 cup	366	102-122

Food Sources of Potassium	Potassium (mg)	Calories
Honeydew melon, 1/8 medium	365	58
Lentils, cooked, 1/2 cup	365	115
Plantains, cooked, 1/2 cup slices	358	90
Kidney beans, cooked, 1/2 cup	358	112
Orange juice, 3/4 cup	355	85
Split peas, cooked, 1/2 cup	355	116
Yogurt, plain, whole milk, 8 oz. container	352	138

Non-Dairy Food Sources of Calcium

Non-Dairy Food Sources of Calcium ranked by milligrams of calcium per standard amount; also calories in the standard amount. The bioavailability may vary.

Non-Dairy Food Sources of Calcium	Calcium (mg)	Calories
Enriched ready-to-eat cereals (various), 1 oz.	236-1043	88-106
Soy beverage, calcium enriched, 1 cup	368	98
Sardines, Atlantic, in oil, drained, 3 oz.	325	177
Tofu, firm, prepared with nigari , ½ cup	253	88
Pink salmon, canned, with bone, 3 oz.	181	118
Collards, cooked from frozen, ½ cup	178	31
Molasses, blackstrap, 1 Tbsp.	172	47
Spinach, cooked from frozen, ½ cup	146	30
Soybeans, green, cooked, ½ cup	130	127
Turnip greens, cooked from frozen, ½ cup	124	24
Ocean perch, Atlantic, cooked, 3 oz.	116	103
Oatmeal, plain and flavored, instant, enriched, 1 packet prepared	99-110	97-157
Cowpeas, cooked, ½ cup	106	80
White beans, canned, ½ cup	96	153
Kale, cooked from frozen, ½ cup	90	20
Okra, cooked from frozen, ½ cup	88	26
Soybeans, mature, cooked, ½ cup	88	149

Non-Dairy Food Sources of Calcium	Calcium (mg)	Calories
Beet greens, cooked from fresh, ½ cup	82	19
Pak-choi, Chinese cabbage, cooked from fresh, ½ cup	79	10
Clams, canned, 3 oz.	78	126
Dandelion greens, cooked from fresh, ½ cup	74	17
Rainbow trout, farmed, cooked, 3 oz.	73	144

Food Sources of Calcium

Food Sources of Calcium ranked by milligrams of calcium per standard amount; also calories in the standard amount. (All are ≥ 20% of AI for adults 19-50, which is 1,000 mg/day.)

Food, Standard Amount	Calcium (mg)	Calories
Plain yogurt, non-fat (13 g protein/8 oz.), 8-oz container	452	127
Romano cheese, 1.5 oz.	452	165
Pasteurized process Swiss cheese, 2 oz.	438	190
Plain yogurt, low-fat (12 g protein/8 oz.), 8-oz container	415	143
Fruit yogurt, low-fat (10 g protein/8 oz.), 8-oz container	345	232
Swiss cheese, 1.5 oz.	336	162
Ricotta cheese, part skim, ½ cup	335	170
Pasteurized process American cheese food, 2 oz.	323	188
Provolone cheese, 1.5 oz.	321	150
Mozzarella cheese, part-skim, 1.5 oz.	311	129
Cheddar cheese, 1.5 oz.	307	171

Food, Standard Amount	Calcium (mg)	Calories
Fat-free (skim) milk, 1 cup	306	83
Muenster cheese, 1.5 oz.	305	156
1% low-fat milk, 1 cup	290	102
Low-fat chocolate milk (1%), 1 cup	288	158
2% reduced fat milk, 1 cup	285	122
Reduced fat chocolate milk (2%), 1 cup	285	180
Buttermilk, low-fat, 1 cup	284	98
Chocolate milk, 1 cup	280	208
Whole milk, 1 cup	276	146
Yogurt, plain, whole milk (8 g protein/8 oz.), 8-oz container	275	138
Ricotta cheese, whole milk, ½ cup	255	214
Blue cheese, 1.5 oz.	225	150
Mozzarella cheese, whole milk, 1.5 oz.	215	128
Feta cheese, 1.5 oz.	210	113

Food Sources of Vitamin A

Food Sources of Vitamin A ranked by micrograms Retinol Activity Equivalent (RAE) of Vitamin A per standard amount; also calories in the standard amount.

Food, Standard Amount	Vitamin A (µg RAE)	Calories
Organ meats (liver, giblets), various, cooked, 3 oz.	1490-9126	134-235
Sweet potato with peel, baked, 1 medium	1096	103
Pumpkin, canned, ½ cup	953	42
Carrots, cooked from fresh, ½ cup	671	27
Spinach, cooked from frozen, ½ cup	573	30
Collards, cooked from frozen, ½ cup	489	31
Kale, cooked from frozen, ½ cup	478	20
Mixed vegetables, canned, ½ cup	474	40
Turnip greens, cooked from frozen, ½ cup	441	24
Instant cooked cereals, enriched, prepared, 1 packet	285-376	75-97
Various ready-to-eat cereals, with added Vit. A, ~1 oz.	180-376	100-117
Carrot, raw, 1 small	301	20
Beet greens, cooked, ½ cup	276	19
Winter squash, cooked, ½ cup	268	38
Cantaloupe, raw, ¼ medium melon	233	46
Red sweet pepper, cooked, ½ cup	186	19
Chinese cabbage, cooked, ½ cup	180	10

Food Sources of Dietary Fiber

Food Sources of Dietary Fiber ranked by grams of dietary fiber per standard amount; also calories in the standard amount.

Food, Standard Amount	Dietary Fiber (g)	Calories
Navy beans, cooked, ½ cup	9.5	128
Bran ready-to-eat cereal (100%), ½ cup	8.8	78
Kidney beans, canned, ½ cup	8.2	109
Split peas, cooked, ½ cup	8.1	116
Lentils, cooked, ½ cup	7.8	115
Black beans, cooked, ½ cup	7.5	114
Pinto beans, cooked, ½ cup	7.7	122
Lima beans, cooked, ½ cup	6.6	108
Artichoke, globe, cooked, 1 each	6.5	60
White beans, canned, ½ cup	6.3	154
Chickpeas, cooked, ½ cup	6.2	135
Great northern beans, cooked, ½ cup	6.2	105
Cowpeas, cooked, ½ cup	5.6	100
Soybeans, mature, cooked, ½ cup	5.2	149
Bran ready-to-eat cereals, various, ~1 oz.	2.6-5.0	90-108
Crackers, rye wafers, plain, 2 wafers	5.0	74
Sweet potato, baked, with peel, 1 medium (146 g)	4.8	131

Food, Standard Amount	Dietary Fiber (g)	Calories
Asian pear, raw, 1 small	4.4	51
Green peas, cooked, ½ cup	4.4	67
Whole-wheat English muffin, 1 each	4.4	134
Pear, raw, 1 small	4.3	81
Bulgur, cooked, ½ cup	4.1	76
Mixed vegetables, cooked, ½ cup	4.0	59
Raspberries, raw, ½ cup	4.0	32
Sweet potato, boiled, no peel, 1 medium (156 g)	3.9	119
Blackberries, raw, ½ cup	3.8	31
Potato, baked, with skin, 1 medium	3.8	161
Soybeans, green, cooked, ½ cup	3.8	127
Stewed prunes, ½ cup	3.8	133
Figs, dried, ¼ cup	3.7	93
Dates, ¼ cup	3.6	126
Oat bran, raw, ¼ cup	3.6	58
Pumpkin, canned, ½ cup	3.6	42
Spinach, frozen, cooked, ½ cup	3.5	30
Shredded wheat ready-to-eat cereals, various, ~1 oz.	2.8-3.4	96
Almonds, 1 oz.	3.3	164
Apple with skin, raw, 1 medium	3.3	72

Food Sources of Dietary Fiber	Food Sources of Dietary Fiber	Food Sources of Dietary Fiber
Brussels sprouts, frozen, cooked, ½ cup	3.2	33
Whole-wheat spaghetti, cooked, ½ cup	3.1	87
Banana, 1 medium	3.1	105
Orange, raw, 1 medium	3.1	62
Oat bran muffin, 1 small	3.0	178
Guava, 1 medium	3.0	37
Pearled barley, cooked, ½ cup	3.0	97
Sauerkraut, canned, solids and liquids, ½ cup	3.0	23
Tomato paste, ¼ cup	2.9	54
Winter squash, cooked, ½ cup	2.9	38
Broccoli, cooked, ½ cup	2.8	26
Parsnips, cooked, chopped, ½ cup	2.8	55
Turnip greens, cooked, ½ cup	2.5	15
Collards, cooked, ½ cup	2.7	25
Okra, frozen, cooked, ½ cup	2.6	26
Peas, edible-podded, cooked, ½ cup	2.5	42

Food Sources of Vitamin C

Food Sources of Vitamin C ranked by milligrams of Vitamin C per standard amount; also calories in the standard amount.

Food, Standard Amount	Vitamin C (mg)	Calories
Guava, raw, ½ cup	188	56
Red sweet pepper, raw, ½ cup	142	20
Red sweet pepper, cooked, ½ cup	116	19
Kiwi fruit, 1 medium	70	46
Orange, raw, 1 medium	70	62
Orange juice, ¾ cup	61-93	79-84
Green pepper, sweet, raw, ½ cup	60	15
Green pepper, sweet, cooked, ½ cup	51	19
Grapefruit juice, ¾ cup	50-70	71-86
Vegetable juice cocktail, ¾ cup	50	34
Strawberries, raw, ½ cup	49	27
Brussels sprouts, cooked, ½ cup	48	28
Cantaloupe, ¼ medium	47	51
Papaya, raw, ¼ medium	47	30
Kohlrabi, cooked, ½ cup	45	24
Broccoli, raw, ½ cup	39	15
Edible pod peas, cooked, ½ cup	38	34
Broccoli, cooked, ½ cup	37	26

Food, Standard Amount	Vitamin C (mg)	Calories
Sweet potato, canned, ½ cup	34	116
Tomato juice, ¾ cup	33	31
Cauliflower, cooked, ½ cup	28	17
Pineapple, raw, ½ cup	28	37
Kale, cooked, ½ cup	27	18
Mango, ½ cup	23	54

Attachment VI: Protein Sources and Sodium Content by Serving Size

Good Protein Sources	Portion for 7 grams protein or 1 oz. serving	Sodium in 1 oz.	Sodium in 3 oz.
Beef, fresh	1 oz.	30	90
Pork, fresh	1 oz.	62	186
Pork, ham	1 oz.	340	1,020
Pork, sausage	1 oz.	210	630
Hot Dogs, beef	1 oz.	319	957
Poultry, baked	1 oz.	90	270
Poultry salad	1 oz.	85	340
Poultry, deli meat	1 oz.	288	864
Fish, canned	1 oz.	116	348
Fish, frozen	1 oz.	111	333
Fish, breaded, baked	1 oz.	150	450
Cheese, processed	1 ½ oz.	530	1,350
Cheese, natural	1 ½ oz.	264	792
Cheese, cottage	¼ cup	229	687
Beans, baked	½ cup	576	1,728
Beans, canned	½ cup	200	600
Egg	1	140	420
Nuts, unsalted	1/3 cup	12	36
Peanut butter	2 Tablespoons	147	440
Tofu, firm	¼ cup	9	27

Attachment VII: Calorie Count and Meal Pattern Portions Chart for Mixed Dishes (Adapted from DietaryGuidelines.gov)

Food and sample portion	Grains Group (oz. eq.)	Vegetable Group (cups)	Fruit Group (cups)	Dairy Group (cups)	Protein Foods Group (oz. eq.)	Estimated total calories
Pizza with cheese and extra vegetables, thick crust (1 piece)	3	1/2	0	3/4	0	380
Pizza with sausage, pepperoni, or other meat, thick crust (1 piece)	3	1/4	0	3/4	1/4	400
Lasagna, with meat (1 piece 3½" by 3¼" or 1 cup)	1 1/2	1/2	0	3/4	1	405
Vegetable lasagna, no meat (1 piece 3½" by 3¼" or 1 cup)	1 1/2	3/4	0	3/4	0	320
Macaroni and cheese (1 cup, made from dry packaged mix)	2	0	0	1/4	0	335
Tuna noodle casserole (1 cup)	2	0	0	1/4	2	430
Chicken pot pie (1-8 ounce pie)	2 1/2	1/4	0	0	1 1/2	485
Beef tacos with cheese, lettuce, tomato and salsa (2 tacos)	1 1/2	1/2	0	1/4	1 1/2	340
Burrito with beans, cheese, onions, & salsa, meatless (1 small)	2	1/4	0	1/4	1 1/4*	340
Burrito with beef, beans, rice and cheese (1 large)	4 1/2	1/4	0	1/2	3*	840
Egg roll with beef and/or pork (1 egg roll)	1/2	1/4	0	0	1/2	180
Chicken fried rice (1 cup)	1 1/2	1/4	0	0	1	330
Stuffed peppers with rice and meat (1 half pepper)	1/2	1/2	0	0	1 1/2	205
Beef and vegetable stir-fry (1 cup, without rice)	0	1/2	0	0	1 1/2	165
Cream of tomato soup (1 cup)	1/2	1	0	1/2	0	135
Peanut butter & jelly sandwich (1 sandwich)	2	0	0	0	1 1/2	330
Tuna salad sandwich (1 sandwich)	2	1/4	0	0	2	290
Chef salad with meat, egg and cheese, no dressing (1 salad-about 3½ cups)	0	1 1/4	0	1/2	2 1/2	255

Food and sample portion	Grains Group (oz. eq.)	Vegetable Group (cups)	Fruit Group (cups)	Dairy Group (cups)	Protein Foods Group (oz. eq.)	Estimated total calories
Pasta salad with vegetables (1 cup)	1 1/2	1/4	0	0	0	360
Double cheeseburger, with catsup, pickles, & onions on bun (1 burger)	2 1/2	1/4	0	1/2	2	450
Cold cut or Italian sub with cheese, lettuce, tomato and mayonnaise (1 sub 6" long)	2	1/4	0	1/2	2 1/2	535
Chicken vegetable soup with rice, chunky style (1 cup)	1/2	1/4	0	0	1	130
Lentil soup (1 cup)	0	1/4	0	0	2*	185
Lo Mein with shrimp or beef (1 cup)	1 1/2	3/4	0	0	1	250-300
Cheese quesadilla (1 quesadilla)	1 1/2	0	0	1 1/4	0	490
Sushi with vegetables and fish (1 roll—6 pieces)	1 1/2	1/4	0	0	1/2	240
Banana-nut bread (2 slices)	2 1/2	0	1/4	0	1/2	430
Cherry cobbler (½ cup)	1	0	1/4	0	0	210
Pie, double crust apple or peach (1 slice of a 9" pie)	2	0	1/4	0	0	335-355

Attachment VIII: Utilizing DASH Guidelines

The DASH menu can be planned using foods commonly available. The plan includes daily servings from different food groups. Meal component requirements shall be maintained.

Calorie requirements in the ENP are a minimum 1600 calorie meal plan, but may be modified dependent on the majority of the population served in an individual program.

DASH Eating Plan—Number of Food Servings by Calorie Level

Food Group	1,600 Cal.	1,800 Cal.	2,000 Cal.	2,600 Cal.
Grains ^a -	6	6	6–8	10–11
Vegetables	3–4	4–5	4–5	5–6
Fruits	4	4–5	4–5	5–6
Fat-free or low-fat dairy products ^b	2–3	2–3	2–3	3
Lean meats, poultry and fish	3–4 or less	6 or less	6 or less	6 or less
Nuts, seeds and legumes	3–4 per week	4 per week	4–5 per week	1
Fats and oils ^c	2	2–3	2–3	3
Sweets and added sugars	3 or less per week	5 or less per week	5 or less per week	≤2
Maximum sodium limit ^d -	2,300 mg/day	2,300 mg/day	2,300 mg/day	2,300 mg/day

^a Whole grains are recommended for most grain servings as a good source of fiber and nutrients.

^b For lactose intolerance lactose-reduced milk or milk products may be used

^c Fat content changes the serving amount for fats and oils. For example, 1 Tbsp. regular salad dressing = one serving; 1 Tbsp. low-fat dressing = one-half serving; 1 Tbsp. fat-free dressing = zero servings.

^d The DASH eating plan recommends a sodium limit of 2,300 mg per day.

DASH Eating Plan: Serving Sizes, Examples and Significance

Food Group	Serving Sizes	Examples and Notes	Significance of Each Food Group to the DASH Eating Plan
Grains	1 slice bread 1 oz. dry cereal ½ cup cooked rice, pasta, or cereal	Whole-wheat bread and rolls, whole-wheat pasta, English muffin, pita bread, bagel, cereals, grits, oatmeal, brown rice, unsalted pretzels and popcorn	Major sources of energy and fiber
Vegetables	1 cup raw leafy vegetable ½ cup cut-up raw or cooked vegetable ½ cup vegetable juice	Broccoli, carrots, collards, green beans, green peas, kale, lima beans, potatoes, spinach, squash, sweet potatoes, tomatoes	Rich sources of potassium, magnesium and fiber
Fruits	1 medium fruit ¼ cup dried fruit ½ cup fresh, frozen, or canned fruit ½ cup fruit juice	Apples, apricots, bananas, dates, grapes, oranges, grapefruit, grapefruit juice, mangoes, melons, peaches, pineapples, raisins, strawberries, tangerines	Important sources of potassium, magnesium and fiber
Fat-free or low-fat dairy products	1 cup milk or yogurt 1½ oz. cheese	Fat-free milk or buttermilk; fat-free, low-fat, or reduced-fat cheese; fat-free/low-fat regular or frozen yogurt	Major sources of calcium and protein
Lean meats, poultry and fish	1 oz. cooked meats, poultry, or fish 1 egg	Select only lean; trim away visible fats; broil, roast, or poach; remove skin from poultry	Rich sources of protein and magnesium
Nuts, seeds and legumes	½ cup or 1½ oz. nuts 2 Tbsp. peanut butter 2 Tbsp. or ½ oz. seeds ½ cup cooked legumes (dried beans, peas)	Almonds, filberts, mixed nuts, peanuts, walnuts, sunflower seeds, peanut butter, kidney beans, lentils, split peas	Rich sources of energy, magnesium, protein and fiber
Fats and oils	1 tsp soft margarine 1 tsp vegetable oil 1 Tbsp. mayonnaise 2 Tbsp. salad dressing	Soft margarine, vegetable oil (canola, corn, olive, safflower), low-fat mayonnaise, light salad dressing	The DASH study had 27% of calories as fat, including fat in or added to foods
Sweets and added sugars	1 Tbsp. sugar 1 Tbsp. jelly or jam ½ cup sorbet, gelatin dessert 1 cup lemonade	Fruit-flavored gelatin, fruit punch, hard candy, jelly, maple syrup, sorbet and ices, sugar	Sweets should be low in fat

Attachment IX: Lacto-Ovo Vegetarian Guidelines

A lacto-ovo vegetarian (or ovo-lacto vegetarian) is a vegetarian who does not eat animal flesh of any kind, but consumes dairy and egg products.

Because a lacto-ovo vegetarian meal plan does not include meat and maintaining restrictions for sodium and fat are to be maintained, this meal pattern shall provide a minimum of 25 grams of protein in each meal and shall be based on a computer analysis of the menu.

Protein Foods

Menu items for this plan may cross over to comply with more than one menu component. Nutrient analysis will assure adequate protein and calorie levels for this meal plan. Because of this allowance, any food substitution shall be approved by the AAA in writing before being utilized.

Protein sources include the following:

Source	Quantity	Grams of protein
Dairy Foods		
Part skim ricotta cheese	½ cup	14
Cottage cheese	½ cup	14
Plain yogurt	8 oz.	13
Low-fat milk	1 cup	11
Cheese, natural	1 oz.	7
Egg	1 large	6
Grains		
Quinoa, cooked	1 cup	8
Semolina paste	1 cup	8
Whole grain bread	2 slices	7
Couscous, cooked	1 cup	6
Bulgur	1 cup	6
Brown rice, cooked	1 cup	5
White rice, cooked	1 cup	4
Nuts and Legumes		
Roasted soy nuts	¼ cup	17
Peanut butter	2 tbsp.	9
Edamame, frozen, /prepared	½ cup	8
Lentils	½ cup	7 to 11
Kidney beans	½ cup	7

Lacto-Ovo Vegetarian Guidelines

Source	Quantity	Grams of protein
Nuts and Legumes		
Hummus	½ cup	6
Green peas, frozen/cooked	½ cup	4
Dried peas, cooked	½ cup	8
Black beans	½ cup	8
Peanuts	¼ cup	8
Sunflower seeds	¼ cup	6
Pistachios	¼ cup	6
Walnuts	¼ cup	4
Chia or flax seeds	2 tbsp.	4
Meat Substitutes		
Tofu, raw, firm	½ cup	20
Tempeh, raw or cooked	½ cup	20
Seitan	3 oz.	19
Meatless or veggie burger	1 patty	4 to 18
“Chicken” nuggets	5 pieces	14
Soy burger	1 patty	10 to 12
Tofu, raw, soft	½ cup	10
Veggie hot dog	1	10
Turkey substitute	2 slices	10
Veggie sausage	1 link	6
Other		
Miso	2 tbsp.	4
Natto	1 oz.	6
Egg substitute, liquid	½ cup	14
Brewer’s yeast, caked	1 oz.	11
Soy beans, caked	½ cup	11
Soy milk, plain	8 oz.	10

Attachment X: Sample Form for Therapeutic Diet Orders

Dear Dr. _____:

The Area Agency on Aging provides balanced meals that equal 1/3 of the Dietary Reference Intake for persons 70 and older. Our meals are planned and prepared in consideration of the dietary guidelines for reduced consumption of sodium, sugar and fat and increased fiber intake and are reviewed and approved by our registered dietitian.

Your patient, _____, participates in our meal program. If you would like this person to receive a diet other than our preplanned menus, the Area Agency on Aging is prepared to provide the following modified diets:

(List and briefly describe modified diets provided by the AAA.)

Because of the large number of meals provided through our program, we are unable to accommodate individual food intolerances or food dislikes. If this diet prescription would be changed, please submit another diet order form to us.

Your cooperation is most appreciated.

Patient's Name: _____

Diet Prescription: _____

Date of Order: _____

Physician's Signature: _____

AAA Staff's Signature: _____

Attachment XI: Traditional Menu Pattern Based on Nutrient Analysis

Menu Cycle:

Menu Week:

Nutrient	1 Meal per Day		2 Meals per Day		3 Meals per Day	
	Minimum	Calculated amount	Minimum	Calculated amount	Minimum	Calculated amount
Protein	3 oz. or equivalent Minimum 25 grams per meal		6 oz. or equivalent Minimum 50 grams in 2 meals		9 oz. or equivalent Minimum 75 grams in 3 meals	
Fat	≤35% average over one week		≤35% average over one week		≤35% average over one week	
Fiber	7 grams per day averaged over one week		14 grams per day averaged over one week		21 grams per day averaged over one week	
Calcium	350 mg per day		700 mg per day		1000 mg per day	
Vitamin A	250 micrograms per day averaged over one week		500 micrograms per day averaged over one week		micrograms per day averaged over one week	
Vitamin C	20 mg per day		40 mg per day		60 mg per day	
Sodium	≤ 1300 mg per meal averaged over one week		≤ 1800 mg per day averaged over one week		≤ 2300 mg per day averaged over one week	
Energy	Minimum 600 calories per day with a weekly average not to exceed 750 calories		Minimum 1200 calories per day with a weekly average not to exceed 1500 calories		Minimum 1800 calories per day with a weekly average not to exceed 2150 calories	

Menu cycle dates:

See the Menu Standards for portion sizes, frequency and nutrient content.

One form is needed for each week of the menu cycle. This material shall be retained on file for three years.

I certify that, to the best of my knowledge, each meal in the attached conforms to the PDA Guidelines.

Signature: _____ Date: _____

Registration Number: _____ Nutrition Program: _____

Attachment XII: Food Based Menu Pattern

Food Based Menu Approval Form per day served						
Food Group	1 Meal per Day		2 Meals per Day		3 Meals per Day	
	Minimum	Check	Minimum	Check	Minimum	Check
Protein	3 oz. or equivalent Minimum 25 grams per meal		6 oz. or equivalent Minimum 50 grams in 2 meals		9 oz. or equivalent Minimum 75 grams in 3 meals	
Fruit/Vegetable	3 servings		6 servings		9 servings	
Source of Vitamin A: _____	More than 250 micrograms served 3x/wk.		More than 250 micrograms served 6x/wk.		More than 250 micrograms served 9x/wk.	
Source of Vitamin C: _____	1 high or 2 fair Vitamin C servings daily		2 high or 4 fair Vitamin C servings daily		3 high or 6 fair Vitamin C servings daily	
Source of Potassium:	1 high or 2 fair Potassium serving 2-3x/wk.		1 high or 2 fair Potassium serving 4-6x/wk.		1 high or 2 fair Potassium serving 4-6x/wk.	
Grains/Starches Estimated grams of CHO:	1 to 2 servings		2 to 4 servings		3 to 6 servings	
	100% whole grain 3x/wk.		100% whole grain 6x/wk.		100% whole grain 9x/wk.	
High Calcium food or beverage	1 serving		2 servings		3 servings	
Fat	≤35% of calories average over one week		≤35% of calories average over one week		≤35% of calories average over one week	
Sodium Use of low sodium foods and non- processed foods encouraged	≤ 1300 mg per meal averaged over one week using label information		≤ 1800 mg per day averaged over one week using label information		≤ 2300 mg per day averaged over one week using label information	
Energy	Minimum 600 calories per day with a weekly average not to exceed 750 calories		Minimum 1200 calories per day with a weekly average not to exceed 1500 calories		Minimum 1800 calories per day with a weekly average not to exceed 2150 calories	

Menu Cycle: _____

Menu Day: _____

I certify that, to the best of my knowledge, each meal in the attached conforms to the PDA Guidelines.

Signature: _____

Date: _____

Registration Number: _____

Nutrition Program: _____

One form is needed for each day of the menu cycle. This material shall be retained on file for three years. Attach all applicable food labels and recipes.