

REQUEST FOR PROPOSAL GUIDE



CONTRACTS
SFY 2018-2019
AND
SFY 2019-2020



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WHO WE ARE...

ALPINE AREA AGENCY ON AGING

The Alpine AAA provides and connects the community with supports and services that promote aging with independence and dignity for individuals 60 and older and their caregivers in their community of choice. The Alpine AAA serves people 60 and older, their caregivers and grandparents raising grandchildren in Region 12, encompassing the five counties of Eagle, Grand, Jackson, Pitkin and Summit. We provide programs directly and through contracted providers.

Contact information

249 Warren Avenue
PO Box 2308
Silverthorne, CO 80498
970-468-0295
FAX: 970-468-1208
www.AlpineAAA.org

STATE UNIT ON AGING

The State Unit on Aging (SUA) is responsible for the formulation of program policy and procedures with input from stakeholders and the Aging Policy Advisory Council (APAC). Policies and Procedures may change periodically throughout the state fiscal year.

Contact information

Should you have any policy-related questions, please contact the State Unit on Aging (SUA) at (303) 866-2800.

WHAT WE DO...

The role of all Area Agencies on Aging (AAAs) are to assess community needs and develop and fund programs that respond to those needs; educate and provide direct assistance to consumers about available community resources for long-term services and supports; serve as portals to care by assessing multiple service needs, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services; and demonstrate responsible fiscal stewardship by maximizing use of public and private funding to serve as many consumers as possible.

All AAAs offer five core services authorized under the Older American's Act:

- Nutrition
- Elder Rights
- Caregiver Support
- Health & Wellness
- Supportive Services

The purpose of the Area Plan is to articulate a plan to the SUA and the local community for what will be accomplished with available funding. The Area Plan for State fiscal years 2016-2019 identified the following priorities for our region:

- Care Management
- Disease prevention and health promotion
- Homemaker
- Information and Assistance
- Legal Assistance
- Long-term care ombudsman
- Meals
- Material Aid dental and vision assistance
- National Family Caregiver Support Program
- Nutrition Counseling
- Nutrition Education
- Transportation
- Visually Impaired Services
- Prevention of abuse of older individuals

COMPLIANCE

In accordance with the State Unit on Aging Policy and Procedure manual and Volume 10, the Alpine AAA shall assure compliance with applicable federal, state and local laws and regulations by all providers. If a provider is found to be out of compliance, reimbursement may be withheld until the issue is corrected. If prolonged compliance issues exist, then the provider may be considered to be in breach of contract and the contract may be terminated. The provider may not be eligible to submit another proposal for any service until the provider proves that all prior compliance issues have been rectified.

ANNUAL EVALUATIONS

The State Unit on Aging will conduct an annual evaluation that may be administered on-site or virtually.

The Alpine AAA will conduct an annual on-site evaluation on all contracted providers. A compliance check will also be completed to ensure that all contractually required documents have been either submitted or updated from all providers.

TIMELINE FOR RFP PROCESS

IMPORTANT DATES

January 10, 2018	Proposers' Conference
January 10 – February 6, 2018	Quiet Period
February 6, 2018	RFP closes

March 10 – March 23, 2018

Contracts are awarded

July 1, 2018

Beginning of State fiscal year

REQUIREMENTS

REQUIRED PAPERWORK

Assessments

Re-assessments of individuals to ensure continued eligibility must be completed at least one time during the period of July-December and one time during the period of January-June for a total of two times during each State Fiscal Year

Please make sure that you are using the most current assessments. These are updated at least once a year when the new poverty levels are released. If you are using an outdated form you are not in compliance and will be required to complete the current form.

FISCAL ADMINISTRATION

A minimum 10% match is required for all services. This is calculated in the following manner:

Match = [award amount divided by (1 minus required match expressed as a decimal)] minus award amount

Example: For a 10% match of a \$100 award

Match = [\$100/(1-.1)]-\$100

MONTHLY REPORTING

All entry of units must be completed by close of business on the 15th of each month. If you are having technical difficulties with either reporting system please contact a representative of the Alpine AAA for assistance.

MANDATORY TRAININGS

PROVIDER TRAINING

All contracted providers will be required to complete a training course on the state reporting system. This training will be provided in-person and webinar at a time and location to be determined by the Alpine AAA after the awarding of contracts. All individuals who will be entering data into the system must attend this training.

STATE REPORTING SYSTEM

HIPAA training is a requirement for all individuals who will have access to the state reporting system.

OAA-SYS

An initial training for all new providers will be held after the awarding of contracts. If you are unable to attend the training in person you may view a recording before the submission of the first reimbursement request (August 15th).

COMPLIANCE

On a monthly basis, the Alpine AAA will complete a compliance check on the following services:

ALL CONTRACTED SERVICES

- Comparison of units entered in the state reporting system and the Alpine AAA reimbursement system.
- Ensure that the provider has reported the required match, either local cash or in-kind.
- Ensure that program income has been reported.

CASE MANAGEMENT

- A random sample of consumers' assessments are up-to-date.

NUTRITION

- Ensure that the advertised menu and the menu analysis completed by the Registered Dietician match.
- A random sample of Home Delivered Meal consumers' assessments are up-to-date.

SERVICES

CASE MANAGEMENT

SERVICES

Case management provides short-term assistance to support individuals and/or their caregivers to accomplish identified goals. Case management providers shall have written policies and/or procedures to monitor the development, implementation, and management of case files. The policies and procedures shall include, at a minimum the criteria in the section below.

All adults age sixty (60) and older shall be eligible for services. If resources are not available to serve all eligible older adults who request the services, preference and priority shall be given to those eligible persons of greatest social and economic need with particular attention to low-income older adults and older adults residing in rural areas.

STAFFING REQUIREMENTS

Case Managers are required to have a Bachelor of Arts degree in Behavioral/Human Services. An individual who does not meet the minimum educational requirement may qualify if they have demonstrated work or life experience working with long-term care consumers and have gained knowledge necessary to perform the work functions.

- Experience may substitute for the required education on a year for year basis.
- When using a combination of experience and education to qualify, the education must be in a human behavioral science field.

Case Managers shall demonstrate competency in the following areas:

- Knowledge of and ability to relate to consumers receiving case management;
- Knowledge of resources available in the designated service area;
- Knowledge of the policies and procedures regarding public assistance programs;
- Person Centered interviewing skills; and
- Negotiation, intervention, and interpersonal communication skills.

TRAINING

All Case Managers are required to complete HIPAA training and exhibit working knowledge of HIPAA regulations.

ACTIVITIES

Conduct a personal interview with the consumer or representative to include:

- Identification of consumer's goals and desired outcomes;
- Exploration and provision of available services (including: informal, private and publicly funded services);
- Assisting consumer in evaluating the benefits and disadvantages of available services;
- If requested, follow-through to make referrals and complete applications for services and programs;

- Develop a plan of care/action plan based on the consumer's input;
- If requested, follow-through to make referrals and complete applications for services and programs;
- Follow-up to ensure goals and outcomes are met to the satisfaction of the consumer;
- Maintain case records for consumers, and entering information into an identified data system, including:
 - Assessments;
 - Care plan/action plan;
 - Case notes (identifying date and case manager);
 - Follow-up notes; and
 - Reason for case closure.

REQUIREMENTS

Assessments

Re-assessments of individuals to ensure continued eligibility must be completed at least one time during the period of July-December and one time during the period of January-June for a total of two times during each State Fiscal Year.

Tracking method

All Case Managers are required to keep record of consumer assessment dates and reassessment dates. If a consumer receives case management through another program (e.g. Home and Community Based Services or other programs), the consumer may be eligible to receive case management through the Older Americans Act/State Funding for Senior Services only if the case management activities are not duplicative.

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

- The number of clients served;
- The units (1 unit = 1 hour) for each consumer;
- The required financial match (either in-kind or local cash);
- All program income

CHORE SERVICES

SERVICES

Chore services are those services designed to increase the safety of the older adult(s) living at home such as assistance with heavy housework, yard work or sidewalk maintenance, and may include:

- Cleaning appliances, including ovens, and defrosting and cleaning refrigerators;
- Cleaning and securing carpets and rugs;
- Cleaning and waxing wood or tile floors;
- Washing windows or walls;
- Moving or rearranging furniture to provide safe entry, mobility, and egress;
- Turning mattresses; Cleaning closets and drawers;
- Cleaning attics, basements, porches, and outbuildings to remove fire and Health hazards;
- Cleaning exterior surfaces, such as removing mildew from siding or decking;
- Installing or removing existing screens, storm doors, or windows;
- Replacing fuses, light bulbs, repairing electric plugs, or frayed cords;
- Grass cutting and leaf raking;
- Clearing walkways of ice, snow, and leaves;
- Clearing interior and exterior debris following natural disasters;
- Trimming overhanging tree branches;
- Changing batteries in smoke or carbon monoxide detectors;
- Installation of ramps;
- Installation of grab-bars and other durable medical equipment if approved by the Area Agency on Aging (AAA) and not a covered benefit of the individual's health plan or health insurance;
- Widening of doorways;
- Modification of bathroom facilities; and
- Electrical and plumbing repairs or installation of specialized electric and plumbing systems, which are necessary to accommodate medical equipment and supplies necessary for the welfare of the consumer.

Chore service activities are one-time, seasonal, or occasional in nature, and shall be planned with input from the older adult based on an evaluation of the consumer's strengths and needs, and the degree of physical and/or cognitive impairment of the consumer.

Chore services may be provided to older adults residing in rental properties if a determination is made that the modifications are not the responsibility of the landlord, Management Company, or public housing authority according to a valid lease agreement.

ELIGIBILITY

The procedure below is used to determine chore services eligibility.

PROCEDURE:

Eligibility for chore services shall be as follows: Documentation that the consumer is unable to perform the task that the service provides (e.g. cannot mow the lawn due to limited endurance.) Assessments for consumers shall be completed and documented in the State

Unit on Aging (SUA) approved data system. For other in-home services, eligibility requirements shall be determined by Alpine AAA.

VOUCHER GUIDELINES

Consumer Directed Vouchers. The voucher provider shall notify the consumer in writing that the consumer is selecting the provider of the services and that the Alpine AAA is not the employer of the individual providing services delivered through the voucher process.

Prior to the delivery of the services under the Consumer Directed Voucher Program the provider shall obtain a signed Release of Liability form from the consumer. The Release of Liability form shall at a minimum include notification to the consumer stating:

- The Alpine AAA nor the provider are the employer of record for these services;
- The Alpine AAA nor the provider are responsible for conducting a criminal background on the service provider;
- The consumer is responsible for identifying the services with the service provider as approved by the Alpine AAA or voucher provider; and
- The policy of the provider regarding reimbursement of services provided.

The provider shall develop a tracking method for all vouchers and waitlisted consumers.

REQUIREMENTS

Assessments

Re-assessments of individuals to ensure continued eligibility must be completed at least one time during the period of July-December and one time during the period of January-June for a total of two times during each State Fiscal Year.

Tracking method

All Chore voucher providers are required to keep record of consumer assessment dates and reassessment dates.

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

- The number of clients served;

- The units (1 unit = 1 hour) for each consumer;
- The required financial match (either in-kind or local cash);
- All program income

DISEASE PREVENTION/HEALTH PROMOTION

SERVICES

Shall establish and provide evidence-based disease prevention and health promotion programs at multipurpose senior centers, congregate meal sites, through home delivered meals programs or other appropriate sites. At a minimum, all evidence-based programs must meet the current definition of the Administration on Aging for evidence-based disease prevention and health promotion programs and have demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability, and/or injury among older adults; and, proven effective with older adult population, using experimental or quasi-experimental design; and, research results published in a peer-review journal; and, been fully translated in one or more community site(s); and, developed dissemination products that are available to the public. All evidence-based disease prevention/health promotion services shall be registered services. Evidence-based disease prevention/health promotion services may include:

- Programs for the prevention, management, and reduction of the effects of chronic diseases; alcohol and substance abuse reduction; mental health and/or depression; smoking cessation; weight loss and control; improved nutrition; caregiver programs; and stress management;
- Evidence-based physical fitness programs;
- Evidence-based falls prevention and falls management programs; or,
- Evidence-based medication management programs.

ELIGIBILITY

All adults age sixty (60) and older shall be eligible for services. If resources are not available to serve all eligible older adults requesting services, preference and priority shall be given to those eligible individuals of greatest social and economic need with particular attention to individuals who are low-income, frail, and residing in rural areas. All disease prevention/health promotion services shall be registered services.

REQUIREMENTS

Health and safety

All providers shall operate in full compliance with all applicable Federal, State, and local fire, health, safety, sanitation, and other standards prescribed in law or regulations.

Assessments

Consumers receiving health promotion/disease prevention services shall complete the State Unit on Aging (SUA) approved Consumer Information Assessment and be documented in the SUA approved data system as a registered service linked to the individual consumer using the

designated and approved sub-service.

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 hour) for each consumer;
3. The required financial match (either in-kind or local cash);
4. All program income

INFORMATION AND ASSISTANCE SERVICES

SERVICES

Information and assistance service is one-on-one contact with an individual that:

- Provides the individual with current information on opportunities and services available to individuals within their communities, including information relating to assistive technology;
- Assesses the problems and capacities of the individual;
- Links the individual to the services that are available;
- To the maximum extent practicable, ensures that the individual receives the services needed; and
- Additional services include client advocacy, interpreting, telephone and caregiver support.

Shall provide information and assistance, which includes one-on-one contacts between an information and assistance provider and participant or the participant's caregiver. The Area Agencies on Aging (AAA) may provide the information and assistance through a variety of methods, such as:

- The evaluation of the problems and capacities of older adults. The Area Agency on Aging (AAA) must then refer those individuals to the appropriate assistance and provide information to the older adults.
- Developing, maintaining, and providing current information about opportunities, benefits, services, and resources available to older adults and their caregivers within the community;
- Referring individuals to needed services, including initiating an arrangement between the older adult or caregiver and the service provider, if necessary advocating with agencies on the behalf of the older adult; Follow-up, where practical to ensure that the older adult and/or caregiver has been able to access the services available;
- Assessing the quality and effectiveness of the service provided.
- Providing any additional assistance to the older adult and/or caregiver in locating or accessing needed services when applicable and appropriate.

ELIGIBILITY

All adults age sixty (60) and older shall be eligible for services. If resources are not available to serve all eligible older adults requesting services, preference and priority shall be given to those eligible individuals of greatest social and economic need with particular attention to individuals who are low-income, frail, and residing in rural areas. All disease prevention/health promotion services shall be registered services.

REQUIREMENTS

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 contact);
3. The required financial match (either in-kind or local cash);
4. All program income

NUTRITION SERVICES

CONGREGATE MEALS

POLICY:

Individuals are eligible to participate in the congregate meals service in one of the categories listed in this Subsection A, (1-5) of the State Unit on Aging Policy and Procedure Manual.

- A. Persons eligible to participate in the congregate meals program with an opportunity to voluntarily contribute the suggested amount include:
 1. Persons 60 years of age or older and their self-declared spouses of any age;
 2. Disabled persons under 60 years of age who reside with persons over 60 years of age, when the care and maintenance of the disabled person otherwise prevents the older adult from participating in the program and when the participation of such individuals does not prevent the participation of older adults and their spouses. The disabled person must accompany the eligible older consumer to the site;
 3. Disabled persons under 60 years of age who reside in housing facilities occupied primarily by older adults and at which congregate nutrition services are provided when such participation does not prevent the participation of older adults and their spouses;
 4. Persons under 60 years of age who provide meal related volunteer services and individuals providing volunteer services at congregate meal sites during meal hours when the participation of such individuals does not prevent the participation of older adults

and their spouses;

5. Staff members of the nutrition program who are 60 years of age or older when such participation does not prevent the participation of other older adults and their spouses; and,
 6. Individuals who reside in Nursing Homes or Residential Care Facilities (Assisted Living Residences) may choose to attend a congregate meal program if they are 60 years of age or older or under 60 and are the self-declared spouse of a participant who attends the congregate meal program. The congregate meal program shall not serve as a substitute for a meal provided by the facility.
- B. If resources are not available to serve all eligible individuals requesting the service, preference shall be given to those of greatest social or economic need. The Nutrition Program will have a process in place to ensure that target populations are a priority.
- C. Other non-eligible persons who may participate in the program but who shall pay the full cost of meals (Guest Fee) include:
1. Staff members of the nutrition program who are under 60 years of age when such participation does not prevent the participation of older adults and their spouses;
 2. Visitors when such participation does not prevent the participation of older adults and their spouses; and
 3. Older adults who are in the care of an agency or organization that is receiving reimbursement for the cost of the consumer's meal, such as Adult Day Care programs. In this situation, the agency or organization is billed for the full cost of the consumer's meal. The agency or organization is also responsible for making meal reservations and for providing attendant assistance as needed. These meals are not Nutrition Services Incentive Program (NSIP) eligible.

PROCEDURE:

- A. Persons listed in Section 411.1 A, (1-5) shall complete the State Unit on Aging (SUA) approved Consumer Information Assessment and be documented in the SUA approved data system. Congregate meals is a registered service and shall be linked to the individual consumer and/or volunteer.
- B. Persons listed in Section 411.1 A, (1-5) are informed of the nutrition site's reservation process in order to participate in the meal program. Nutrition site volunteers and staff members 60 years of age or older participate in the meal program during regular meal service hours only after it has been determined that all eligible consumers have been served. Staff members under 60 years of age and non-eligible individuals participating in the meal program shall pay the full cost of the meal and may participate only after the site manager has determined that all eligible consumers have been served.

CONSUMER CONTRIBUTION

POLICY:

- A. Each Area Agency on Aging (AAA) shall ensure that minimum standards and procedures are established for the responsible collection, handling, and safeguarding of consumer contributions and non-eligible recipient fees. Solicitations for voluntary

contributions may occur at regular intervals and be clearly communicated.

- B. The following standards and procedures shall be adhered to for the agency and/or contractors.

PROCEDURE:

- A. All eligible consumers shall be given the opportunity to voluntarily contribute to the cost of selected services received. For example, the solicitation for voluntary contributions may include, but is not limited to: signs at the provider sites; individual, or form letters to the consumer; or verbal communication to the consumer. The solicitation may include factual information related to the cost of delivering the service, but must be non-coercive with respect to the voluntary nature of the contribution.
- B. Voluntary contributions methods are determined through consultation with stakeholders within the Planning and Service Area. The Area Agencies on Aging (AAA) will monitor and approve voluntary contribution solicitation practices and materials upon development, implementation, and during the provider evaluation process.
- C. Envelopes, tickets, or vouchers may be offered to consumers who may wish to make a private voluntary contribution.
- D. Contribution boxes or receptacles may be placed in an area observable.
- E. The Area Agencies on Aging (AAA) shall not means test for any service for which voluntary contributions are accepted. Assets, savings, other property owned by a consumer, or income shall not be considered when identifying potential consumers. The Area Agencies on Aging (AAA) shall continue to target and prioritize consumers using consumer-reported eligibility information.
- F. Services may not be denied to a consumer due to the consumer's reluctance or inability to contribute toward the cost of the service. With limited funding resources, the Area Agencies on Aging (AAA) shall prioritize targeted individuals designated in the Older Americans Act (OAA): Older adults with greatest economic need and older adults with greatest social need, including low-income, low-income minority individuals and older adults residing in rural areas. If needs in the Planning and Service Area exceed Older Americans Act program resources, targeted individuals may receive priority, regardless of the consumer's ability to pay.
- G. Frequency of contribution solicitations may be determined by the Area Agency on Aging (AAA) and stakeholders. For example, this may occur during initial intake, during the delivery of service, by mail or distribution each month or other intervals, or ongoing.
- H. Consumer privacy and confidentiality is protected with respect to the consumer's contribution or lack of contribution. For example, to facilitate private, confidential contributions, voluntary contributions may be mailed at a later date. Site collection receptacles may be placed away from reception area. If providers accept voluntary contributions, they may keep logs of acceptance of tickets, vouchers, or envelopes, regardless of whether or not they contain a contribution.
- I. Appropriate procedures are established to safeguard and account for all contributions. Cash handling procedures shall be monitored by the Area Agencies on Aging (AAA) during the provider evaluation process and ongoing as needed.
- J. Collected contributions are used to expand the service for which the contributions were

given. Consumers may be notified that their contributions will be used to provide additional services for other consumers.

- K. When a consumer receives more than one home-delivered meal per day, the Nutrition Project may request a voluntary contribution for the second meal. However, the consumer may not be coerced for the contribution.
- L. Written material in languages other than English shall be made available where appropriate.

GUEST FEES

POLICY:

Fees amounting to the full cost of the service are charged to non-eligible recipients. Guest fees are used to expand the service for which the fees were given. Minimum fees for congregate meals, home delivered meals, and supportive services shall be determined using guidelines and procedures established by the State Unit on Aging (SUA).

PROCEDURE:

- A. Guests are not required to belong to Older Americans Act (OAA) targeted groups.
- B. When resources cannot accommodate guests and eligible consumers, eligible consumers take priority and are the first served.
- C. Guest fees are required. They are not voluntary or confidential.
- D. Congregate and home delivered meals programs shall complete the 'Total Meal Cost and Guest Fee Determination Tool' annually. This tool will determine the total meal cost and guest fee to be charged to all non-eligible individuals each State Fiscal Year beginning July 1st through June 30th. At a minimum, the required match of 10%, including both in-kind and local cash, shall be included in the calculation.
- E. The amount of the Guest Fees shall not be less than the suggested donation.
- F. The completed tool shall be available for review by Area Agencies on Aging (AAA), the State Unit on Aging (SUA), Federal regulatory agencies, and others needing it for purposes of audit or compliance review.

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

POLICY:

Nutrition Services Incentive Program (NSIP) rewards, through cash or commodities, the effective performance of Title III-C nutrition projects in the efficient delivery of nutritious meals to older adults. The Administration for Community Living (ACL) shall distribute Nutrition Services Incentive Program (NSIP) funds through the State Unit on Aging (SUA) to the Area Agencies on Aging (AAA) based on the State Unit on Aging (SUA) determined formula. Nutrition Services Incentive Program (NSIP) rewards are based on the effective performance of Title III-C nutrition projects in the efficient delivery of nutritious meals to older adults.

PROCEDURE:

- A. Projects receive Nutrition Services Incentive Program (NSIP) cash or cash and commodity allocations of food commodities from the State based on the number of eligible meals actually served in the previous year in relationship to the total number of meals actually served by all Title III-C projects reported to the Administration for Community Living.
- B. The State may survey the Area Agencies on Aging (AAA) and the Nutrition Projects for the Cash, Commodity, or Cash and Commodity options. The State Unit on Aging (SUA) makes the final decision of which method is used to make the Nutrition Services Incentive Program (NSIP) award.
- C. Nutrition Services Incentive Program (NSIP) funds shall be used to expand meals, expand access to meals, or maintain the number of meals with increases in food costs.
- D. Nutrition Services Incentive Program (NSIP) funds shall be used to purchase foods of United States origin.
- E. Projects develop management procedures pertaining to tracking Nutrition Services Incentive Program (NSIP) purchases on United States produced food products.
- F. Each Area Agency on Aging (AAA) shall receive Nutrition Services Incentive Program (NSIP) funds based on the prior Federal Fiscal Year National Aging Program Information System (NAPIS) report of meal counts.
- G. If prior Federal Fiscal Year counts are not available, the State Unit on Aging (SUA) may base initial disbursements on two years prior National Aging Program Information System (NAPIS) meal counts. Adjustments shall be made to subsequent rounds of Nutrition Services Incentive Program (NSIP) disbursements to reflect prior year National Aging Program Information System (NAPIS) meal counts.
- H. Nutrition projects maintain documentation of Nutrition Services Incentive Program (NSIP) reimbursable meals based on Title III consumer eligibility.
- I. Each Area Agency on Aging (AAA) shall ensure the accuracy and completeness of meal count data reported in the State Unit on Aging (SUA) approved data system which supplies National Aging Program Information System (NAPIS) meal counts.
- J. If the Area Agencies on Aging (AAA) determines that National Aging Program Information System (NAPIS) meal count data is inaccurate, the discrepancy must be documented and reported to the State Unit on Aging (SUA) prior to the National Aging Program Information System (NAPIS) reporting deadline.
- K. If the National Aging Program Information System (NAPIS) meal count report is significantly lower than budgeted, the Area Agency on Aging (AAA) and nutrition provider shall determine if contract amounts and production levels should be decreased.
- L. Administration for Community Living (ACL) may distribute Nutrition Services Incentive Program (NSIP) funds in part or in whole to the State Unit on Aging (SUA).
- M. Means-tested meals or meals that are included as a part of per diems are not eligible for Nutrition Services Incentive Program (NSIP).

GENERAL PROVIDER RESPONSIBILITIES AND REQUIREMENTS

MEAL PLANNING:

POLICY:

The congregate meals project conducts appropriate meal planning for the congregate meals service by soliciting the advice and expertise of: a Registered Dietitian; persons competent in the field of nutrition; persons competent in the field of food service; meal participants; and other individuals knowledgeable with regard to the needs of older adults. Consumer direction and consumer choice shall be encouraged when providing congregate meal services, including the location and placement of congregate programs at sites such as restaurants, hospitals, or schools. Examples of enhanced nutrition choices include offering a soup and salad bar or soup and sandwich bar as an alternative to a hot meal, providing evening meals or breakfasts, or providing entrée choices.

PROCEDURE:

- A. Menus are prepared or approved prior to meal service by a Registered Dietitian, Dietetic Technician Registered, or a nutritionist who considers the special needs of older adults and ensures that each meal served contains at least one-third (33 1/3%) of the current daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.
- B. Nutritional adequacy is documented with computer analysis by the project Registered Dietitian (RD), Dietetic Technician Registered, or Nutritionist. Nutrient analysis reports (i.e. Multi-Column Report) must list the food items that make up the nutrient analysis. Maintenance of optimal nutritional status through menu planning is reflected in menus moderate in fat, salt, and simple sugars and high in fiber. Approved menus are posted at nutrition sites. Signed, analyzed menus are available for Area Agency on Aging (AAA) and State Unit on Aging (SUA) review.
- C. The nutrient analysis of each meal shall be provided to consumers at the same time the monthly menu is provided. At a minimum values for the following nutrients must be provided: calories, fat, carbohydrates, fiber, and sodium. Nutrient analysis information must be in the form of a handout so consumers are able to take the information with them. The full nutrient analysis must be available for those that request this information.
- D. Where feasible and appropriate, texture or nutrient modified diets prescribed by a physician are provided to meet the medical needs of eligible consumers. Feasibility and appropriateness are determined by the project Registered Dietitian (RD) and Nutrition Director. Monitoring of texture or nutrient modified diets is done by the project Registered Dietitian (RD).
- E. Religious, ethnic, cultural, or regional dietary requirements or preferences of a major portion of the group of consumers at a congregate meal site are reflected in some foods in the menus.
- F. All menus are served as planned unless the Registered Dietitian (RD), Dietetic Technician Registered, or the nutritionist reviews and approves an appropriate substitution. A complete menu move from one day to another does not constitute a substitution. When substitutions are made, the project maintains records on-site which

document the:

1. Date of substitution;
2. Original menu item(s); and
3. Substituted menu item(s).

- G. Congregate meals service providers shall strive to operate efficiently and effectively. "Efficiently" refers to the relative total cost of providing a unit of service (meal); while "effectiveness" refers to the capacity to provide a defined service as intended by the Older Americans Act (OAA), which includes service quality, quantity, and timeliness.
- H. Production forecasting is conducted as accurately as possible and does not include a margin for oversized portions or second servings. Congregate meals service providers must establish procedures that forecast or estimate attendance to keep waste at a minimum.
- I. Intentional preparation of extra food for the purpose of leftovers or second meals is prohibited. Second helpings served to the same individual at the same meal service are not counted as second meals for reporting purposes.
- J. Consumers may take home their uneaten food which becomes leftover in take-out containers (e.g. clam shells) provided by the Nutrition Program. Each consumer that chooses to take their leftovers home shall be advised that they are taking the leftovers at their own risk. If the Nutrition Program is operating Time as a Public Health Control for the congregate sites, they must work with their local public health department to ensure leftovers leaving the site are labeled with appropriate consume by times to ensure food safety. Each container must have a label on it with the following information:
1. date the meal was served;
 2. a use-by date three days from the date of service; and,
 3. the words "refrigerate immediately or consume within 2 hours".
- K. Temporarily delivered congregate meals, as a regular practice, are not allowed in the congregate nutrition program. Nutrition Programs may allow a small number of temporarily delivered congregate meals on rare occasion. The following situations may warrant a temporarily delivered congregate meal:
1. the congregate client is temporarily ill and is unable to attend the regular congregate meal program; or,
 2. the congregate client is unable to get to their regular congregate site on a particular day.
- L. A consumer may receive temporarily delivered congregate meals for no more than two weeks. If the consumer is in need of temporarily delivered congregate meals for a longer period of time they should be referred to the home delivered meal program.
- M. Temporarily delivered congregate meals must contain the same meal components as the congregate menu for the day it was prepared.
- N. Temporarily delivered congregate meals shall be signed out for by the person delivering the meal. This sign-out form shall include the time the meal left for delivery, temperature of the hot and cold foods at the time of packaging, and a statement saying "I agree to immediately deliver this meal to the eligible consumer with the eligible consumer's

name listed". The signed form must be kept at the Nutrition Program office and be available for review by the Area Agency on Aging or State Unit on Aging upon request.

- O. Temporarily delivered congregate meals must be packaged by the Nutrition Program and be delivered in appropriate containers to ensure temperature control, prevent contamination, control spillage, and to maintain integrity of the meals. Hot foods are packaged at a minimum of 135 degrees Fahrenheit, cold foods are packaged at a temperature no higher than 41 degrees Fahrenheit. All temporarily delivered congregate meals shall leave for delivery as soon as possible and must be delivered within two hours of packaging. The person taking the meal must be instructed in food safety guidelines for the meal and written food safety instructions must accompany the meal. Temporarily delivered congregate meals must have a label on them with the following information:
1. date the meal was served;
 2. a use-by date three days from the date of service; and,
 3. the words "refrigerate immediately or consume within 2 hours".
- P. All temporarily delivered congregate meals that are provided shall be recorded in the State Unit on Aging (SUA) approved data system as congregate meals linked to the individual consumer. Upon return to the congregate program, each consumer that received temporarily delivered congregate meals shall sign next to each meal received as verification of receipt. The signed form must be kept at the Nutrition Program office and be available for review by the Area Agency on Aging or State Unit on Aging upon request.
- Q. Each Nutrition Program providing temporarily delivered congregate meals must develop written procedures for handling temporarily delivered congregate meals to ensure food safety and that the meal delivered will be safe when it reaches the client. Each Nutrition Program has the responsibility to not send the meal if they feel it cannot be delivered safely.
- R. A consumer may be offered a particular food, but that consumer may refuse the food and it does not need to be served.
- S. Consumers attending the congregate meal sites shall be advised and informed to keep a three-day supply of non-perishable foods and bottled water in case of inclement weather or other emergency that causes a temporary suspension of services. If feasible and determined by the Area Agency on Aging in their area plan, emergency meal packages may be provided.
- T. Nutrition providers may serve a second or third shelf-stable meal or deliver a frozen meal to older adults identified through nutrition screening to be at nutritional risk and/or socially or economically in need.
- U. The program shall establish a method to determine consumer satisfaction that will be used to maintain or improve the quality of foods and services.
- V. Where feasible, provisions are made for the celebration of special occasions for consumers, for example, birthdays and holidays.

POLICY:

Each congregate meals service provider develops and implements procedures to monitor compliance of facilities housing congregate meal sites with all applicable public health and sanitation codes, and, where feasible and appropriate, fire and safety codes.

PROCEDURE:

- A. Each congregate meals service provider develops a meal site safety and sanitation inspection checklist that reflects health and sanitation regulations, and, where feasible and appropriate, fire and safety regulations that each individual provider can reasonably be expected to monitor at each congregate meal site, and trains appropriate staff in its use for meal site monitoring and inspections.
- B. Safety and sanitation inspections of each congregate meal site must be conducted on a regular basis and shall be performed at least every six months. Congregate meal site safety and sanitation inspection checklists must be dated and kept on file for review by Area Agencies on Aging (AAA) or State Unit on Aging (SUA) staff.
- C. The congregate meals provider must correct deficiencies under its control in a timely manner.
- D. Outbreaks of suspected foodborne illness shall be reported to the local Health Department, Area Agency on Aging (AAA), and State Unit on Aging (SUA) when identified by the congregate meal provider.
- E. In rented and/or donated facilities, the congregate meals provider reports deficiencies to the owner and works with the owner to correct them in a timely manner.

FOOD PROCUREMENT**POLICY:**

All food procurement for the Nutrition Program shall be of good quality and shall be obtained from sources, which conform to Federal, State, and local regulatory standards and laws for quality, sanitation, and safety.

PROCEDURE:

- A. All food purchases are through approved commercial vendors;
- B. Nutrition Programs will develop a procedure to address food recalls;
- C. Home prepared foods, such as canned, frozen, or potluck dishes are not used;
- D. No foods past their expiration or use-by date shall be used or served in the Nutrition Program;
- E. Programs wishing to accept livestock or wild game donations must adhere to CDPHE Colorado Retail Rules section *3-307 and work with their local health department to ensure that slaughter and processing meet requirements;
- F. Documentation of all livestock and wild game donations must include the name of the donor, date of donation, and date and name of the plant where the animal was slaughtered and/or processed. A record of the meals that contain these foods must be

maintained;

- G. If wild game is served, it must be listed on the menu as wild game, i.e. elk, venison, etc; and,
- H. Documentation must be kept at the Nutrition Program office and be available for review by the Area Agency on Aging, State Unit on Aging, and local health department staff.

LOCALLY GROWN & SOURCED PRODUCE

POLICY:

Nutrition Programs choosing to utilize donated locally grown produce or purchase locally grown produce from suppliers in the Nutrition Program shall ensure all produce is wholesome and of good quality and has been obtained from growers or suppliers that have a food safety plan in place that includes food safety and handling protocols based on the FDA's Guide for Industry '*Guide to Minimize Microbial Food Safety Hazards for Fresh Fruits and Vegetables*' that has been reviewed by the Nutrition Program. Nutrition Programs are encouraged to conduct an audit with the grower or supplier of the food safety plan, such as the United Fresh Produce Association's Harmonized Standard or other fresh produce food safety standard determined by the Nutrition Program. Produce shall be defined as fruits, vegetables, and/or herbs only.

PROCEDURE:

- A. Nutrition Programs will develop protocols to address food recalls with the growers and suppliers;
- B. All donated locally grown produce shall not have undergone any processing prior to donation, including but not limited to washing and/or cutting;
- C. When utilizing donated produce Nutrition Programs shall document the following:
 - 1. Item being donated;
 - 2. Date of donation;
 - 3. Amount of donation, i.e. number of pounds of produce;
 - 4. Agency, supplier, or grower making the donation; and contact information;
 - 5. Food safety and handling protocols of the donated produce within the Nutrition Program;
 - 6. Menu item donated produce was used in; and
 - 7. Date donation was served to clients.
- D. This information shall be kept on file and be available for review by the Area Agency on Aging (AAA), the State Unit on Aging (SUA), Federal regulatory agencies, State and Local Public Health Departments, and others needing it for purposes of audit or compliance review; and
- E. Nutrition Programs may utilize produce grown by the Nutrition Program in a garden grown on-site and managed by the Nutrition Program. Gardens grown by the Nutrition Program must adhere to '*Good Agricultural Practices*' (GAP) and must develop food safety and handling protocols for garden to Nutrition Program utilization of produce that address growing, harvesting, and transport of produce. Nutrition Programs choosing to utilize a

garden to grow produce that will be used in the Nutrition Program must seek prior approval from the State Unit on Aging and submit their food safety and handling protocols for approval and review.

- F. Nutrition education shall be provided annually to consumers about the growing, harvesting, and utilization of produce grown by the Nutrition Program and adhere to requirements found in 411.77 and 412.77.

SUPPORTIVE SERVICES

POLICY:

Each nutrition project provides all supportive services feasible within the project's resources but must include, at a minimum, outreach services, and nutrition education for each nutrition site. Other services that may be provided are transportation, health screenings, consumer education, benefits counseling, recreation, and similar services. The project refers consumers to other community services as appropriate.

PROCEDURE:

- A. The project provides or arranges for ongoing outreach services at each nutrition site, which are sufficient to cover the project's service area.
- B. New project consumers are assessed using the approved Consumer Information Assessment form for service needs during the initial interview and are offered assistance in obtaining desired services, as appropriate.
- C. The project makes every effort to coordinate with other community services and to offer on-site space for services that benefit the project consumers, such as Low-Income Energy Assistance Program (LEAP) and Supplemental Nutrition Assistance Program applications, health insurance counseling, consumer education presentations, and health screenings.

FOOD SAFETY AND SANITATION

POLICY:

Nutrition Programs shall adhere to the standards in the Colorado Department of Public Health and Environment's (CDPHE) most current Colorado Retail Food Establishment Rules and Regulations. Additional food safety procedures below shall be followed to ensure the health and well-being of the frail older adults and caregivers being served.

PROCEDURE:

- A. Food safety education shall be provided at all meal sites for congregate meals and provided to all consumers for home-delivered meals through the Nutrition Program each State Fiscal Year. The education may include issues such as: proper handling of home

delivered meals; taking leftover food from the dining centers; time and temperature related to food borne illness; cooking meats to proper temperature; washing fresh fruits and vegetables; and proper storage of food.

- B. Milk may not be stored at meal sites unless it is in commercial refrigeration that maintains the temperature at a maximum of 41 degrees Fahrenheit. Kitchen and site staff shall be trained to interpret the expiration date on milk cartons. Milk past the expiration date shall be disposed of.
- C. Each congregate meals service provider develops and implements procedures to monitor compliance of facilities housing congregate meal sites with all applicable public health and sanitation codes, and, where feasible and appropriate, fire and safety codes.
- D. Each congregate meals service provider develops a meal site safety and sanitation inspection checklist that reflects health and sanitation regulations, and, where feasible and appropriate, fire and safety regulations that each individual provider can reasonably be expected to monitor at each congregate meal site, and trains appropriate staff in its use for meal site monitoring and inspections. Safety and sanitation inspections of each congregate meal site must be conducted on a regular basis and shall be performed at least every six months.
- E. The congregate meals provider must correct deficiencies under its control in a timely manner.
- F. Outbreaks of suspected foodborne illness shall be reported to the local Health Department, Area Agency on Aging (AAA), and State Unit on Aging (SUA) when identified by the congregate meal provider.
- G. In rented and/or donated facilities, the congregate meals provider reports deficiencies to the owner and works with the owner to correct them in a timely manner.
- H. Congregate meal site safety and sanitation inspection checklists must be dated and kept on file for review by Area Agency on Aging (AAA) or State Unit on Aging (SUA) staff.
- I. Food preparation staff-work under the supervision of a certified food handler (e.g. ServeSafe or another Health Department sponsored food handler's class) who ensures the application of hygienic techniques and practices in food preparation and service.
- J. Food Safety in-service training shall be provided for all paid food service personnel every six months. All volunteers involved in the preparation or service or delivery of food for the Nutrition Program shall be provided food safety information at least annually.
- K. Congregate programs may choose to utilize Time As a Public Health Control (TAPHC) up to a maximum of four (4) hours if the following conditions are met:
 - 1. The congregate program must adhere to Colorado Retail Food Establishment Rules and Regulations section 3-605 Time as a Public Health Control.
 - 2. Procedures must be sent to the Area Agency on Aging and the State Unit on Aging for review and approval prior to implementation of TAPHC.

3. Hot foods must be at 135 degrees Fahrenheit or greater when removed from temperature control and cold foods must be at 41 degrees Fahrenheit or less when removed from temperature control.
 4. The time and temperature of each food item must be recorded at the time food is removed from temperature control. Whole un-cut fruit, bread, and shelf-stable foods do not need to have temperatures taken. This documentation must be available for review by Area Agency on Aging, State Unit on Aging, or health department staff.
 5. All food must be labeled with the time it must be thrown away within four (4) hours from the point in time when the food was removed from temperature control.
- L. Congregate programs choosing to use TAPHC are required to keep approved written procedures for implementing TAPHC at the nutrition program sites, including congregate dining sites and have them available for review by Area Agency on Aging, State Unit on Aging, or health department staff.
- M. Holding time from the removal of temperature control until all meals are served shall not exceed four hours.
- N. Nutrition programs not utilizing approved TAPHC procedures shall document and take temperatures of hot and cold foods daily after food is placed on the steam table or immediately before serving. If temperatures fall within the danger zone (above 41 degrees Fahrenheit or below 135 degrees Fahrenheit) foods shall be heated or cooled to the proper temperature.
- O. Daily temperatures of hot and cold foods are documented in writing and kept at the Title III senior nutrition site and made available for review by Area Agencies on Aging (AAA) staff, Consulting Dietitian, or State Unit on Aging (SUA).

FOOD PREPARATION

POLICY:

All preparation and serving of food for the Nutrition Program meet all applicable State and local fire, health, sanitation, and safety regulations. Food preparation and delivery is to be performed in a cost efficient manner.

PROCEDURE:

- A. Projects with multiple serving sites make every effort to consolidate all meal preparation at one facility. Such consolidation is undertaken only when delivery distances and holding times make it feasible.
- B. A reservation system may be used to prevent over-production and waste of food. This procedure may include using the meal site roster to allow consumers to reserve their next meal or several meals. If the consumer cannot participate in a meal, they may call the meal site or program office to cancel a reservation.
- C. The project director or designee attends appropriate fire, health, safety, and sanitation inspections and responds appropriately to all identified deficiencies.

- D. Tested, quality recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of meals. Uniform, standardized recipes that provide for required amounts per serving are used when feasible.

ADEQUATE FACILITIES

POLICY:

Each congregate meals service provider secures and maintains adequate facilities for the preparation and delivery of the meals service, nutrition education, nutrition counseling, and funded supportive services.

No Older Americans Act (OAA) or Older Coloradans Act (OCA) program site shall allow any person or organization to attempt to influence the outcome of any Federal, State, or local election, referendum, initiative, or similar procedure through in-kind or cash contributions, endorsements, publicity or similar activity on the premises of the program site.

PROCEDURE:

- A. The contractor agency locates congregate meals service sites in areas accessible to the target group of eligible individuals in a community and, where possible, within walking distance for concentrations of such individuals.
- B. The contractor agency requests annual health and sanitation (and, as appropriate, fire and safety) inspections of project offices and congregate meal sites by appropriate local public agencies, using accepted local standards that take into account the use and occupancy of the site by Title III funded projects and are adequate to protect the health and safety of consumers.
 1. All inspection reports are on file with the contractor or sub-contractor agency.
 2. Contractor or sub-contractor agency responds as directed by the inspecting agency to all cited deficiencies under its control.
- C. The contractor agency prohibits smoking in all areas under its control (food preparation, serving, and dining areas) and, where feasible, clearly communicates this policy by posting appropriate signs and removing ashtrays.
- D. The project arranges for the separation of dining and food preparation areas at sites where food is prepared and served in the same facility.
- E. Where feasible, the project provides ample space and time for the provision of supportive services.
- F. The project assures that there are appropriate furnishings for older adults, including sturdy tables and chairs, and arranges the furnishings to provide adequate aisle space for persons using mobility aids such as walkers and wheelchairs.
- G. The project posts in conspicuous locations information regarding:
 1. The rights of eligible persons to equal opportunity and access to services;
 2. The full cost of the meal to be paid by ineligible persons, such as guests under 60 years of age who are served meals;

3. The suggested contribution for eligible consumers toward the cost of the meal. All consumer contributions are for the cost of the meal and are not solicited for other items such as utilities or coffee;
4. Menus for a minimum of one week in advance;
5. Grievance procedures for consumers;
6. An evacuation plan (where feasible and appropriate);
7. An information and assistance telephone number; and
8. The current license to operate a retail food establishment.

SUFFICIENT STAFF

POLICY:

Each Nutrition Program will maintain sufficient staff to carry out the required service activities.

PROCEDURE:

- A. Each Nutrition Program provider must employ a director who is empowered with the necessary authority to conduct the overall management, oversight, and administrative functions of the project, and to achieve compliance with all applicable rules and regulations. The Nutrition Program shall ensure that all food service supervisory personnel are trained and certified in a food safety and sanitation program.
- B. Each Nutrition Program provider must obtain the services of a Registered Dietitian (RD) or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, through employment, contract, or Memorandum of Understanding (MOU) to provide nutrition consultation, including:
 1. Planning and/or certification of menus and nutrition analysis that meet nutrition requirements and are appropriate for the program participants;
 2. Approval of the content or resource (i.e. cooperative extension, hospital, nursing home, or home health agency) of nutrition education materials;
 3. Conducting of nutrition education presentations at the congregate meal sites;
 4. Provision of nutrition education to home delivered program participants; and
 5. Provision of nutrition counseling to Nutrition Program participants and the maintenance of appropriate documentation. Nutrition Counseling can only be done by a Registered Dietitian (RD). Registered Dietitians (RD) providing nutrition counseling must have professional liability insurance.
- C. Each congregate meals provider may assign additional essential program management, oversight and administrative duties to the Registered Dietitian (RD), Dietetic Technician Registered, or individual with comparable expertise, including:

1. Monitoring food service to include food temperatures and portion sizes, and assessing of food quality and adherence to contract specifications;
2. Assessing participant satisfaction and preferences;
3. Training staff and volunteers in areas of food service management, nutrition, and sanitation;
4. Monitoring of perpetual inventory and commodity utilization;
5. Documenting site recommendations for improvement; and
6. Technical assistance in any other area of program operations needed to maintain or achieve full compliance with all applicable rules and regulations.

USE OF DIETITIAN

POLICY:

The Older Americans Act (OAA) requires that meal providers solicit the advice and expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services. The following describes the standards for the required nutrition professional.

PROCEDURE:

- A. The Commission on Dietetic Registration defines the standards for the Registered Dietitian (RD) as an individual who:
 1. Has completed the minimum of a baccalaureate degree granted by a United States regionally accredited college or university;
 2. Has met current academic requirements (Didactic Program in Dietetics) as approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
 3. Completed a minimum of 900 supervised practice hours of pre-professional experience accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of The American Dietetic Association;
 4. Successfully completed the Registration Examination for Dietitians; and
 5. Accrued 75 hours of approved continuing professional education every five years.
- B. A nutritionist is defined as an individual who:
 1. Has completed the minimum of a baccalaureate degree granted by a United States accredited college or university in foods and nutrition or home economics; and
 2. Has professional, verifiable experience of a minimum of six months in nutrition education, menu design, and menu analysis.

C. A Dietetic Technician, Registered is defined as an individual who:

1. Has completed a minimum of an Associate Degree granted by a US accredited college/university;
2. Has completed a Dietetic Technician Program as accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
3. Has successfully completed the Registration Examination for Dietetic Technicians;
4. Has accrued 50 hours of approved continuing professional education every five years; or
5. Has completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
6. Has met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
7. Has completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited/approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
8. Has fully completed the Registration Examination for Dietetic Technicians; and
9. Has accrued 50 hours of approved continuing professional education within a specific five-year reporting period.

D. An individual with comparable expertise is defined as an individual who:

1. Meets the above defined positions for Dietetic Technician Registered or Nutritionist or;
2. Is approved by the State Unit on Aging (SUA). Those not likely to receive approval include nurses, dietary managers, dietary supervisors, and cooks, unless they can prove an extensive, well-rounded education and experience in the major areas of dietetic practice.

MODIFIED AND THERAPEUTIC DIETS

POLICY:

Modified diets, therapeutic diets, or special menus shall be provided, where feasible, to meet the particular dietary needs arising from health or religious requirements, or ethnic backgrounds of eligible older adults. The nutrition provider and a registered dietician shall determine feasibility and appropriateness of modified diets, therapeutic diets, or special menus. Registered Dietitians shall be responsible for obtaining written orders for therapeutic diets from each participant's physician, maintaining such orders on file and updating them with the physician every six months. Modified diets, therapeutic diets, and special menus provide choice to consumers and allow programs to meet the dietary needs of a diverse aging population. Programs are encouraged to offer as many menu and meal choices as feasible within program service delivery. Modifications of the meal that are not therapeutic shall be referred to as modified diets. Examples of modified diets may include

client preferences, heart healthy meals, vegetarian/vegan meals, or Kosher meals. Therapeutic diets shall be individualized and address the corresponding oral nutritional needs that are a result of surgery, disease, or illness.

PROCEDURE:

- A. Modified diets shall be requested by the consumer and shall not be prescribed by a physician.
- B. Consumers shall have the opportunity to direct the services they receive by requesting a modification of the regular meal that is provided in the Nutrition Program. Nutrition Programs shall determine which modifications will be provided based on feasibility, cost, product availability, and sustainability. When determining feasibility the Nutrition Program must take into account the number of people needing modifications and whether the modification is practical and the food and skills necessary to prepare the modifications are available in the Nutrition Program. The Nutrition Program shall work with the Registered Dietitian when determining which modified diets will be provided to ensure nutritional adequacy of the modifications.
- C. Modified diets shall meet the nutrient requirements governing Older Americans Act Nutrition Programs found in sections 411 and 412 of the Policy and Procedure Manual.
- D. Therapeutic diets shall be prescribed by a physician and monitored and overseen by a Registered Dietitian working with the Nutrition Program. The Registered Dietitian overseeing therapeutic diets shall have liability insurance.
- E. Therapeutic diet prescriptions shall be renewed with the physician at least every 6 months and be maintained on file at the Nutrition Program office. All laws governing the protection of personal health information shall be followed, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Prior to the provision of therapeutic diets there shall be documentation, either written or verbal, of release of medical information by the consumer in order to provide treatment. If verbal release is given, this must be documented in the consumer's file.
- F. Registered Dietitians monitoring and overseeing therapeutic diets shall have the responsibility to develop an individual diet plan that provides the exact prescription of the physician and is adapted to the individual's food preferences as much as possible. Therapeutic diets require in-depth planning, counseling, and on-going supervision by a Registered Dietitian.
- G. The National Dysphagia Diet or other evidence-based guidelines for dysphagia shall be followed when providing texture modified meals for therapeutic diets.
- H. Therapeutic diets shall meet the nutrient requirements governing Older Americans Act Nutrition Programs found in sections 411 and 412 of the Policy and Procedure Manual. Every effort shall be made to ensure that therapeutic diets meet the nutrient requirements, in some circumstances medical conditions may make this impossible. If a therapeutic diet does not meet the nutrient requirements the Registered Dietitian must indicate and document why the therapeutic diet is not able to meet the requirements. This documentation must be kept on file.

POLICY:

Medical nutritional foods and food for special dietary use is a modification of a diet and should be available to meet the needs of the consumer who may require a modification of a regular diet due to a medical condition. Medical nutritional foods are considered therapeutic diets and Registered Dietitians monitoring and overseeing medical nutritional foods shall carry professional liability insurance.

PROCEDURE:

A. Approval for oral nutrition supplement or meal replacement shall be obtained as follows:

1. Written physician order must be received, kept on file, and contain the following content to be evaluated by Registered Dietitian (RD):
 - a. Physician's name;
 - b. Participant's name;
 - c. Participant's diagnosis and/or reason for necessity of oral nutrition supplement or meal replacement;
 - d. Nutrient type or name of oral nutrition supplement or meal replacement;
 - e. Volume of supplement or meal replacement;
 - f. Date of order; and,
 - g. Length of duration of order.
2. The Registered Dietitian (RD) shall evaluate the physician's order and approve or disapprove based on feasibility and appropriateness.
3. All laws governing the protection of personal health information shall be followed, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Prior to the provision of medical nutritional foods there shall be documentation, either written or verbal, of release of medical information by the consumer in order to provide treatment. If verbal release is given, this must be documented in the consumer's file.
4. The Nutrition Services Director and Registered Dietitian (RD) will evaluate each request for oral medical nutritional supplements or meal replacements, to determine if provision of such diets or supplements may decrease the number of meals served to other participants, increase costs of meal production, including Registered Dietitian (RD) and staff labor, or decrease program expansion.
5. The Registered Dietitian (RD) will evaluate the appropriateness of the oral nutrition supplement or meal replacement based on the Nutrition Screening Initiative (NSI) screen, anthropometrics, and medical assessment of diagnoses, nutrient-medication interactions, and other factors according to evidence-based standards of nutrition practice.
6. If the Registered Dietitian (RD) determines that the oral nutrition supplements or meal replacements are either not feasible or not appropriate, then the physician shall be notified and other alternative resources are referred to the participant. These

resources include, but are not limited to: health insurance, nutrient dense food counseling, a food bank, or results of evaluation determining inappropriateness of oral nutrition supplement or meal replacement.

7. The Registered Dietitian (RD) shall re-evaluate medical nutritional foods used as a supplement at least every six months. Regardless of the duration indicated in the physician's prescription, the Registered Dietitian (RD) will re-evaluate feasibility and appropriateness of oral nutrition supplements provided to participants at least every six months. This shall be documented in the consumer's file with a brief reason for continuation, e.g., "Participant continues to be under Ideal Body Weight (IBW) range and has difficulty consuming adequate nutrients due to medical condition."

B. Monitoring shall be completed as follows:

1. The use of medical nutritional food as a meal replacement shall be reviewed and documented monthly by the Registered Dietitian (RD).
2. The use of medical nutritional foods as a meal replacement will be a rare and extreme situation requiring close monitoring.
3. The medical conditions associated with the use of medical foods as a meal replacement are usually temporary and compliance with a diet based on medical foods is poor.
4. Evaluations to upgrade diet to solid or texture-modified foods must be ongoing to meet nutrition and quality of life needs.

C. Determination for using medical nutritional foods shall be conducted as follows:

1. The Nutrition Program Director and Registered Dietitian (RD) will calculate the associated costs with medical nutritional foods, as part of the evaluation of feasibility and appropriateness.
2. The use of Medical Nutritional Food as an oral nutrition supplement or meal replacement may be considered if determined to be necessary for the participant by the Registered Dietitian (RD) and Physician. Meal Supplementation should be provided after considering nutrient dense foods. Meal replacements should only be provided after considering other means of nutrition support; e.g. soft foods, ground foods, or assistance to resources that could treat the medical condition causing a participant's inability to tolerate regular texture foods, e.g. dentures.
3. The documented need for Medical Nutritional Foods or a Physician's Prescription does not obligate the Area Agencies on Aging (AAA) or Older Americans Act (OAA) Nutrition Programs to provide such foods.
4. If a medical condition exists that precludes meeting the 33 1/3% of the Dietary Reference Intakes of each nutrient, then the Registered Dietitian (RD) and physician may designate the appropriate amount of medical food to meet the remaining nutrient needs due to the medical condition and qualify for Nutrition Services Incentive Program (NSIP) or Title III reimbursement. This information shall be documented in the participant's record.

D. Payment and reimbursement for Medical Nutritional Foods shall be calculated as follows:

1. Participant donations towards medical nutritional foods are voluntary. If the Registered Dietitian (RD) and Nutrition Provider determine that oral nutrition supplements and/or medical nutritional meal replacements are feasible and appropriate and other resources have been considered, the participant should be informed of the suggested donation amount and voluntary donation policy. If the participant can only donate a portion of the suggested donation or none of the suggested donation, then the nutrition provider shall provide the oral nutrition supplement and/or meal replacement to the participant as stipulated in the Older Americans Act (OAA).
 2. Suggested donation amounts for Medical Nutritional Foods shall not exceed the cost of the product from the supplier, plus appropriate fees from the supplier, and documented overhead costs. Any rebates or incentives from the medical nutritional food supplier shall be used to offset the suggested donation rate for participants utilizing medical nutritional foods.
 3. The use of medical nutritional foods as a meal supplement in combination with a meal may only count, in total, as one meal if eligible for reimbursement. The oral nutrition supplement in conjunction with a congregate or home delivered meal does not qualify as more than one meal for reimbursement purposes. No additional Nutrition Services Incentive Program (NSIP) or Title III, C-1 or C-2 funds may be reimbursed based on oral nutrition supplements provided with meals. Regardless of the supplement volume consumed over time, or if the meals and supplements exceed the Dietary Reference Intakes (DRI), this does not meet the standard of an additional reimbursable meal.
 4. Reimbursement for an eligible meal funded by Older Americans Act (OAA) funds is permitted if the volume of the medical nutritional food as a meal replacement meets the 33 1/3% of the Dietary Reference Intakes (DRI) for one meal. If two meals are provided, the combined amount must meet 66 2/3% of the Dietary Reference Intakes (DRI) for two meals, and 100% of the Dietary Reference Intakes (DRI) to qualify as three eligible meals.
- E. Participants that are enrolled in means-tested programs where Medical Nutritional Foods would be covered as part of the program do not qualify to receive Medical Nutritional Foods as either oral nutrition supplementation or as meal replacement under the Older Americans Act (OAA). These consumers should be encouraged to contact their healthcare provider to acquire these through the other programs.
- F. Participant health insurance should be billed for medical nutritional food when appropriate.
- G. Participant resources should be utilized efficiently in order to provide the most feasible and appropriate solution to meet nutritional needs. This includes maximizing health insurance benefits, county nursing services, county extension services, food banks, and physician and pharmacy benefits. The nutrition provider and Registered Dietitian (RD) should consider these and other resources before using Older Americans Act (OAA) programs for medical nutritional foods.

NUTRITION COUNSELING

POLICY:

Nutrition counseling shall be provided by congregate and home delivered meals programs. Standardized care processes for nutrition counseling shall be determined by the State Unit on Aging (SUA).

PROCEDURE:

- A. Nutrition Counseling shall be provided by a Registered Dietitian (RD).
- B. Documentation requirements for nutrition counseling shall include entering units into the State Unit on Aging (SUA) approved data system. State Unit on Aging (SUA) approved Consumer Information Assessments for consumers receiving nutrition counseling shall be completed and documented in the SUA approved data system.
- C. Client files and associated documentation shall be kept locked at the Nutrition Program office. All rules and regulations governing the protection of personal health information shall be followed including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If medical information must be obtained from other healthcare providers in order to provide nutrition counseling, there shall be documentation, either written or verbal, of release of medical information by the consumer in order to provide treatment. If verbal release is given, this must be documented in the consumer's file.
- D. SUA approved consumer information assessments for consumers receiving nutrition counseling shall be completed and document in the SUA approved data system.
- E. Registered Dietitians (RD) providing nutrition counseling shall have Professional Liability Insurance.

NUTRITION EDUCATION

POLICY:

The Nutrition Program provides nutrition education to congregate and home delivered meals program consumers.

PROCEDURE:

- A. Nutrition education is provided at least once per month by a Registered Dietitian (RD) or an individual with comparable expertise. A nutrition education presentation shall be provided at least one time each State Fiscal Year (July 1 through June 30) at each congregate meal site.
- B. Nutrition education is provided to both congregate and home delivered meals consumers and shall be based on the needs of the participants.
- C. Documentation of provided Nutrition Education shall be kept on file for the State Unit on Aging (SUA) prescribed length of record retention. Documentation shall include:
 - 1. Tracking of monthly Nutrition Education units in the State Unit on Aging (SUA) prescribed data system;

2. Date of presentation or distribution of nutrition education;
3. Name and title of presenter or topic of nutrition education distributed;
4. Number of participants in attendance or if nutrition education is distributed to congregate and/or home delivered consumers, the number of participants receiving the materials and;
5. If nutrition education is sent to congregate and/or home delivered consumers a copy of the distributed material should be kept.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

POLICY:

Each nutrition project offers information to ensure that the maximum number of older adults within the project area benefit from the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) as members of households certified for such assistance under United States Department of Agriculture regulations.

PROCEDURE:

The nutrition project shall:

- A. Offer information in obtaining SNAP benefits to each consumer at the time of intake;
- B. Follow through upon request with assisting those consumers who desire to apply for Supplemental Nutrition Assistance Program benefits, such as contacting the local County Department of Human Services office for eligibility requirements, and assisting consumers in securing appropriate written verification of income;
- C. Ensure that nutrition sites accepting SNAP benefits shall follow the provisions related to the use and handling of SNAP benefits, as prescribed by the State and local agency authorized to operate the program, are met; and
- D. Not utilize part D or Material Aid funds for grocery vouchers.

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 meal) for each consumer;
3. The required financial match (either in-kind or local cash);
4. All program income

HOME DELIVERED MEALS

POLICY:

The home delivered meals service includes the provision of at least one hot or other appropriate meal to eligible homebound persons in their own home five or more days per week except in rural areas where such frequency is not feasible, and a lesser frequency is approved by the State Unit on Aging (SUA).

PROCEDURE:

The procedures for implementing this section include the Area Agencies on Aging (AAA):

- A. Establishing and operating nutrition projects on five (5) or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State Unit on Aging (SUA)), provide at least one (1) home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals the Contractor may elect to provide;
- B. Assuring orientation is provided on Colorado Department of Human Services Manual, Services for the Aging, Volume 10, and the State Unit on Aging Policy and Procedure Manual to home delivered meals service staff;
- C. Monitoring compliance with Colorado Department of Human Services Manual, Services for the Aging, Volume 10, and the State Unit on Aging Policy and Procedure Manual.
- D. Providing ongoing technical assistance to Title III projects on regarding the Colorado Department of Human Services Manual, Services for the Aging, Volume 10, and the State Unit on Aging Policy and Procedure Manual.
- E. Submitting a written request for a waiver for any nutrition project, this is identified in the funding request application to provide less than five (5) meals per week at any nutrition project. The request includes documentation of the rural nature of the site or other factors, which may justify the waiver of this requirement, and is submitted at least 30 days prior to the change in meal frequency; and,
- F. Notifying the State Unit on Aging (SUA) of all meal site closures or service delivery disruptions whether or not due to an emergency but will last for two service days or more (i.e. holiday or training closures).

ELIGIBILITY

The Area Agencies on Aging (AAA) establishes eligibility requirements for home delivered meals consumers, which include, at a minimum:

- A. Persons age 60 years or older who are homebound or who are geographically isolated;
- B. Disabled persons under age 60 years who reside with eligible consumers; and
- C. Spouses of home delivered meals consumers if, according to Area Agencies on Aging (AAA) criteria, receipt of the meals are in the best interest of the consumers.

PROCEDURE:

- A. Persons who wish to receive home delivered meals service complete the State Unit on Aging (SUA) approved consumer information assessment form. A caregiver, case

manager, or social services staff may assist with completing the form. Assessments from other service providers may be accepted if the content provides the same information as the Consumer Information Assessment form.

- B. The requirement for an assessment may be waived if the eligible nutrition program consumer is temporarily incapacitated at home. Receipt of home-delivered meals for more than 30 days requires that the provider assess the consumer's status to determine if the individual is homebound.
- C. Consumers are evaluated at least every six (6) months to determine continued eligibility.
- D. Persons who are no longer homebound are referred to the Congregate Meals Program, if feasible.

CONSUMER CONTRIBUTION

POLICY:

Each Area Agency on Aging (AAA) shall ensure that minimum standards and procedures are established for the responsible collection of, handling, and safeguarding of consumer contributions and non-eligible recipient fees. Solicitations for voluntary contributions may occur at regular intervals and be clearly communicated.

The following standards and procedures shall be adhered to for the agency and/or contractors:

PROCEDURE:

- A. All eligible consumers shall be given the opportunity to voluntarily contribute to the cost of selected services received. For example, the solicitation for voluntary contributions may include, but is not limited to: signs at the provider sites, individual, or form letters to the consumer, or verbal communication to the consumer. The solicitation may include factual information related to the cost of delivering the service, but must be non-coercive with respect to the voluntary nature of the contribution.
- B. Solicitations for voluntary contributions may occur at regular intervals and be clearly communicated.
- C. Contribution boxes or receptacles may be placed in an area observable
- D. Voluntary contributions methods are determined through consultation with stakeholders within the Planning and Service Area (PSA). The Area Agencies on Aging (AAA) will monitor and approve voluntary contribution solicitation practices and materials upon development, implementation, and during the provider evaluation process.
- E. The Area Agencies on Aging (AAA) shall not means test for any service for which voluntary contributions are accepted. Assets, savings, other property owned by a consumer, or income shall not be considered when identifying potential consumers. The Area Agencies on Aging (AAA) shall continue to target and prioritize consumers using consumer-reported eligibility information.
- F. Services may not be denied to a consumer due to the consumer's reluctance or inability to contribute toward the cost of the service. With limited funding resources, the Area Agencies on Aging (AAA) shall prioritize targeted individuals designated in the Older Americans Act (OAA): older adults with greatest economic need and older adults

with greatest social need, including low-income, low-income minority individuals and older adults residing in rural areas. If needs in the planning and service area exceed Older Americans Act (OAA) program resources, targeted individuals may receive priority, regardless of the consumer's ability to pay.

- G. Frequency of contribution solicitations may be determined by the Area Agencies on Aging (AAA) and stakeholders. For example, this may occur during initial intake, during the delivery of service, by mail or distribution each month or other intervals, or ongoing.
- H. Consumer privacy and confidentiality is protected with respect to the consumer's contribution or lack of contribution. For example, to facilitate private, confidential contributions, voluntary contributions may be mailed at a later date. Site collection receptacles may be placed away from reception area. If providers accept voluntary contributions, they may keep logs of acceptance of tickets, vouchers, or envelopes, regardless of whether or not they contain a contribution.
- I. Appropriate procedures are established to safeguard and account for all contributions. Cash handling procedures shall be monitored by the Area Agencies on Aging (AAA) during the provider evaluation process and ongoing as needed.
- J. Collected contributions are used to expand the service for which the contributions were given. Consumers may be notified that their contributions will be used to provide additional services for other consumers.
- K. When a consumer receives more than one home-delivered meal per day, the Nutrition Project may request a voluntary contribution for the second meal. However, the consumer may not be coerced for the contribution.
- L. Written material in languages other than English shall be made available where appropriate.

GUEST FEES

POLICY:

Fees amounting to the full cost of the service are charged to non-eligible recipients. Guest fees are used to expand the service for which the fees were given. Minimum fees for congregate meals, home delivered meals, and supportive services shall be determined using guidelines and procedures established by the State Unit on Aging (SUA).

PROCEDURE:

- A. Guests are not required to belong to Older Americans Act (OAA) targeted groups.
- B. When resources cannot accommodate guests and eligible consumers, consumers take priority and are the first served.
- C. Guest fees are required. They are not voluntary or confidential.
- D. Congregate and home delivered meals programs shall complete the 'Total Meal Cost and Guest Fee Determination Tool' annually. This tool will determine the total meal cost and Guest Fee to be charged to all non-eligible individuals each State Fiscal Year beginning July 1st through June 30th. At

a minimum, the required match of 10%, including both in-kind and local cash, shall be included in the calculation.

- E. The amount of the Guest Fees shall not be less than the suggested donation.
- F. The completed tool shall be available for review by Area Agencies on Aging (AAA), the State Unit on Aging (SUA), Federal regulatory agencies, and others needing it for purposes of Audit or compliance review.

Nutrition Services Incentive Program (NSIP)

Nutrition Services Incentive Program (NSIP) rewards, through cash or commodities, the effective performance of Title III-C nutrition projects in the efficient delivery of nutritious meals to older adults. The Administration for Community Living (ACL) shall distribute Nutrition Services Incentive Program (NSIP) funds through the State Unit on Aging (SUA) to the Area Agencies on Aging (AAA) based on the State Unit on Aging (SUA)-determined formula. Nutrition Services Incentive Program (NSIP) rewards are based on the effective performance of Title III-C nutrition projects in the efficient delivery of nutritious meals to older adults.

PROCEDURE:

- A. Projects receive Nutrition Services Incentive Program (NSIP) cash or cash and commodity allocations of food commodities from the State based on the number of eligible meals actually served in the previous year in relationship to the total number of meals actually served by all Title III-C projects reported to the Administration for Community Living (ACL).
- B. The State may survey the Area Agencies on Aging (AAA) and the Nutrition Projects for the Cash, Commodity, or Cash and Commodity options. The State Unit on Aging (SUA) makes the final decision of which method is used to make the Nutrition Services Incentive Program (NSIP) award.
- C. Nutrition Services Incentive Program (NSIP) funds shall be used to expand meals, expand access to meals, or maintain the number of meals with increases in food costs.
- D. Nutrition Services Incentive Program (NSIP) funds shall be used to purchase foods of United States origin.
- E. Projects develop management procedures pertaining to tracking Nutrition Services Incentive Program (NSIP) purchases on United States-produced food products.
- F. Each Area Agency on Aging (AAA) shall receive Nutrition Services Incentive Program (NSIP) funds based on the prior Federal Fiscal Year National Aging Program Information System (NAPIS) report of meal counts.
- G. If prior Federal Fiscal Year counts are not available, the State Unit on Aging (SUA) may base initial disbursements on two years prior National Aging Program Information System (NAPIS) meal counts. Adjustments shall be made to subsequent rounds of Nutrition Services Incentive Program (NSIP) disbursements to reflect prior year National Aging Program Information System (NAPIS) meal counts.
- H. Nutrition projects maintain documentation of Nutrition Services Incentive Program (NSIP) reimbursable meals based on Title III consumer eligibility.

- I. Each Area Agency on Aging (AAA) shall ensure the accuracy and completeness of meal count data reported in the State Unit on Aging (SUA) approved data system, which supplies National Aging Program Information System (NAPIS) meal counts.
- J. If the Area Agency on Aging (AAA) determines that National Aging Program Information System (NAPIS) meal count data is inaccurate, the discrepancy must be documented and reported to the State Unit on Aging (SUA) prior to the National Aging Program Information System (NAPIS) reporting deadline.
- K. If the National Aging Program Information System (NAPIS) meal count report is significantly lower than budgeted, the Area Agency on Aging (AAA) and nutrition provider shall determine if contract amounts and production levels should be decreased.
- L. The Administration for Community Living (ACL) may distribute NSIP funds in part or in whole to the State Unit on Aging (SUA).
- M. Means-tested meals or meals that are included as a part of per diems are not eligible for Nutrition Services Incentive Program (NSIP).

MEAL PLANNING

POLICY:

The home delivered meals service conducts appropriate meal planning for the home delivered meals service by soliciting the advice and expertise of: a Registered Dietitian (RD); persons competent in the field of nutrition; persons competent in the field of food service; meal participants; and other individuals knowledgeable with regard to the needs of older adults. Consumer direction and consumer choice shall be encouraged when providing home delivered meal services. Examples of enhanced nutrition choices include offering choices of types of meals offered, providing entrée choices, and allowing the consumer to have input into the types of meals they are receiving.

PROCEDURE:

- A. Menus are prepared or approved prior to meal service by a Registered Dietitian (RD), Dietetic Technician Registered, or a nutritionist who considers the special needs of older adults and ensures that each meal served contains at least one-third (33 1/3%) of the current daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.
- B. Nutritional adequacy is documented with computer analysis by the project Registered Dietitian (RD), Dietetic Technician Registered, or nutritionist. Nutrient analysis reports (e.g. Multi-Column Report) must list the food items that make up the nutrient analysis. Maintenance of optimal nutritional status through menu planning is reflected in menus moderate in fat, salt, and simple sugars and high in fiber. Approved menus are posted at

nutrition sites. Signed, analyzed menus are available for Area Agencies on Aging (AAA) and State Unit on Aging (SUA) review.

- C. The nutrient analysis of each meal shall be provided to consumers at the same time the monthly menu is provided. At a minimum, values for the following nutrients must be provided: calories, fat, carbohydrates, fiber, and sodium. Nutrient analysis information must be in the form of a handout so consumers are able to have this information readily available. The full nutrient analysis must be available for those that request this information.
- D. Where feasible and appropriate, texture or nutrient modified diets prescribed by a physician are provided to meet the medical needs of eligible consumers. Feasibility and appropriateness are determined by the project Registered Dietitian (RD) and Nutrition Director. Monitoring of texture or nutrient modified diets is done by the project Registered Dietitian (RD).
- E. Religious, ethnic, cultural, or regional dietary requirements or preferences of a major portion of the group of consumers are reflected in some foods in the menus.
- F. All menus are served as planned unless the Registered Dietitian (RD), Dietetic Technician Registered, or the nutritionist reviews and approves an appropriate substitution. A complete menu move from one day to another does not constitute a substitution. When substitutions are made, the project maintains records on-site which document the:
 - 1. Date of substitution;
 - 2. Original menu item(s); and
 - 3. Substituted menu item(s).
- G. Home delivered meals service providers shall strive to operate efficiently and effectively. "Efficiently" refers to the relative total cost of providing a unit of service (meal); while "effectiveness" refers to the capacity to provide a defined service as intended by the Older Americans Act (OAA), which includes service quality, quantity, and timeliness.
- H. Production forecasting is conducted as accurately as possible and does not include a margin for oversized portions or second servings. Home delivered meals service providers must establish procedures that forecast or estimate the number of meals to be produced to keep waste at a minimum.
- I. A consumer may be offered a particular food, but that consumer may refuse the food and it does not need to be served.
- J. Where feasible, provisions are made for the celebration of special occasions for consumers, for example, birthdays and holidays.
- K. Home delivered meals may be hot, cold, frozen, dried, canned, or fresh with a satisfactory storage life.
- L. Home delivered meal service may include the delivery of more than one meal for each day's consumption provided that proper storage and heating facilities are available in the recipient's home.
- M. Home delivered meal providers shall establish a method to determine consumer

satisfaction that will be used to maintain or improve the quality of foods and services.

- N. Emergency meals shall be provided to consumers in the home delivered meal program each State Fiscal Year. Emergency meals shall be shelf-stable. Distribution times may vary by region based upon local needs.

MONITORING OF FACILITIES

POLICY:

Each home delivered meals service provider develops and implements procedures to monitor compliance of facilities with all applicable public health and sanitation codes, and, where feasible and appropriate, fire and safety codes.

PROCEDURE:

- A. The home delivered meals provider must correct deficiencies under its control in a timely manner.
- B. Outbreaks of suspected foodborne illness shall be reported to the local Health Department, Area Agency on Aging (AAA), and State Unit on Aging (SUA) when identified by the home delivered meals provider.
- C. In rented and/or donated facilities, the home delivered meals provider reports deficiencies to the owner and works with the owner to correct them in a timely manner.

FOOD PROCUREMENT

POLICY:

All food procurement for the Nutrition Program shall be of good quality and shall be obtained from sources, which conform to Federal, State, and local regulatory standards and laws for quality, sanitation, and safety.

PROCEDURE:

- A. All food purchases are through approved commercial vendors;
- B. Nutrition Programs will develop a procedure to address food recalls;
- C. Home prepared foods, such as canned, frozen, or potluck dishes are not used.; and
- D. No foods past their expiration or use-by date shall be used or served in the Nutrition Program.
- E. Programs wishing to accept livestock or wild game donations must adhere to CDPHE Colorado Retail Rules section *3-307 and work with their local health department to ensure that slaughter and processing meet requirements;
- F. Documentation of all livestock and wild game donations must include the name of the donor, date of donation, and date and name of the plant where the animal was slaughtered and/or processed. A record of the meals that contain these foods must be maintained;
- G. If wild game is served, it must be listed on the menu as wild game, i.e. elk, venison, etc.; and,

- H. Documentation must be kept at the Nutrition Program office and be available for review by the Area Agency on Aging, State Unit on Aging, and local health department staff.
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LOCALLY GROWN AND SOURCED PRODUCE

POLICY:

Nutrition Programs choosing to utilize donated locally grown produce or purchase locally grown produce from suppliers in the Nutrition Program shall ensure all produce is wholesome and of good quality and has been obtained from growers or suppliers that have a food safety plan in place that includes food safety and handling protocols based on the FDA's Guide for Industry '*Guide to Minimize Microbial Food Safety Hazards for Fresh Fruits and Vegetables*' that has been reviewed by the Nutrition Program. Nutrition Programs are encouraged to conduct an audit with the grower or supplier of the food safety plan, such as the United Fresh Produce Association's Harmonized Standard or other fresh produce food safety standard determined by the Nutrition Program. Produce shall be defined as fruits, vegetables, and/or herbs only.

PROCEDURE:

- A. Nutrition Programs will develop protocols to address food recalls with the growers and suppliers;
- B. All donated locally grown produce shall not have undergone any processing prior to donation, including but not limited to washing, root cropping, and/or cutting;
- C. When utilizing donated produce Nutrition Programs shall document the following:
 - 1. Item being donated;
 - 2. Date of donation;
 - 3. Amount of donation, i.e. number of pounds of produce;
 - 4. Agency, supplier, or grower making the donation; and contact information;
 - 5. Food safety and handling protocols of the donated produce within the Nutrition Program;
 - 6. Menu item donated produce was used in; and
 - 7. Date donation was served to clients.
- D. This information shall be kept on file and be available for review by the Area Agency on Aging (AAA), the State Unit on Aging (SUA), Federal regulatory agencies, State and Local Public Health Departments, and others needing it for purposes of audit or compliance review;
- E. Nutrition Programs may utilize produce grown by the Nutrition Program in a garden grown on-site and managed by the Nutrition Program. Gardens grown by the Nutrition Program must adhere to '*Good Agricultural Practices*' (GAP) and must develop food safety and handling protocols for garden to Nutrition Program utilization of produce that address growing, harvesting, and transport of produce. Nutrition Programs choosing to utilize a garden to grow produce that will be used in the Nutrition Program must seek prior approval from the State Unit on Aging and submit their food safety and handling protocols for approval and review; and

- F. Nutrition education shall be provided annually to consumers about the growing, harvesting, and utilization of produce grown by the Nutrition Program and adhere to requirements found in 411.77 and 412.77.
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SUPPORTIVE SERVICES

POLICY:

Each nutrition project provides all supportive services feasible within the project's resources but must include, at a minimum, outreach services, and nutrition education for each nutrition site. Other services that may be provided are transportation, health screenings, consumer education, benefits counseling, recreation, and similar services. The project refers consumers to other community services as appropriate.

PROCEDURE:

- A. The project provides or arranges for ongoing outreach services at each nutrition site, which are sufficient to cover the project's service area.
 - B. New project consumers are assessed using the approved consumer information assessment form for service needs during the initial interview and are offered assistance in obtaining desired services, as appropriate.
 - C. The project makes every effort to coordinate with other community services and to offer services that benefit the project consumers, such as Low-Income Energy Assistance Program (LEAP) and Supplemental Nutrition Assistance Program Applications.
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FOOD SAFETY AND SANITATION

POLICY:

Nutrition Programs shall adhere to the standards in the Colorado Department of Public Health and Environment's most current Colorado Retail Food Establishment Rules and Regulations. Additional food safety procedures below shall be followed to ensure the health and well-being of the frail older adults and caregivers being served.

PROCEDURE:

- A. Food safety education shall be provided to all consumers for home-delivered meals through the nutrition program each State Fiscal Year. The education may include issues such as: proper handling of home delivered meals, time, and temperature related to food borne illness, cooking meats to proper temperature, washing fresh fruits and vegetables, and proper storage of food.
- B. Milk may not be stored at meal sites unless it is in commercial refrigeration that maintains the temperature at a maximum of 41 degrees Fahrenheit. Kitchen and site staff shall be trained to interpret the expiration date on milk cartons. Milk past the expiration date shall be disposed of.

- C. The home delivered meals provider must correct deficiencies under its control in a timely manner.
- D. Outbreaks of suspected foodborne illness shall be reported to the local Health Department, Area Agencies on Aging (AAA), and State Unit on Aging (SUA) when identified by the home delivered meal provider.
- E. In rented and/or donated facilities, the home delivered meals provider reports deficiencies to the owner and works with the owner to correct them in a timely manner.
- F. Food preparation staff who work under the supervision of a certified food handler (e.g. ServeSafe or another Health Department sponsored food handler's class) who ensures the application of hygienic techniques and practices in food preparation and service.
- G. Food safety in-service training shall be provided for all paid food service personnel every six months. All volunteers involved in the preparation or service or delivery of food for the Nutrition Program shall be provided food safety information at least annually.
- H. Holding time from the removal of temperature control until all meals are delivered shall not exceed four hours.
- I. Temperatures of hot and cold foods are taken and documented daily after food is placed on the steam table or immediately before serving. If temperatures fall below or above the recommended level, foods are heated or cooled to the proper temperature.
- J. Daily temperatures of hot and cold foods are documented in writing and kept at the Title III senior nutrition site and made available for review by Area Agencies on Aging staff, consulting Dietitian, or State Unit on Aging (SUA).

FOOD PREPARATION

POLICY:

All preparation and serving of food for the Nutrition Program meet all applicable State and local fire, health, sanitation, and safety regulations. Food preparation and delivery is performed in a cost efficient manner.

PROCEDURE:

- A. Projects with multiple serving sites make every effort to consolidate all meal preparation at one facility. Such consolidation is undertaken only when delivery distances and holding times make it feasible.
- B. A reservation system may be used to prevent over-production and waste of food. If the consumer cannot participate in a meal, they may call the meal site or program office to cancel a reservation.
- C. The project director or designee attends appropriate fire, health, safety, and sanitation inspections and responds appropriately to all identified deficiencies.

- D. Tested, quality recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of meals. Uniform, standardized recipes that provide for required amounts per serving are used when feasible.

PACKAGING AND DELIVERY

POLICY:

Home delivered meals are packaged and delivered to ensure temperature control, prevent contamination, control spillage, and to maintain integrity of the meals. Home delivered meals shall not be left at the consumer's home if the consumer is not home. In isolated circumstances the following service delivery exceptions may be granted: 1) the consumer is not home due to medical treatment and prior arrangements have been made, meals may be left with a neighbor or alternate person; and, 2) in rural areas where there is no congregate meal site and clients are eligible for home delivered meals due to geographic isolation the consumer may pick-up their meals at a community focal point.

PROCEDURE:

- A. Home delivered meals shall be packaged and handled according to the Colorado Department of Public Health and Environment's Retail Food Rules and shall include the following procedures up to the point of delivery of the meals;
1. Hot foods begin transport at a minimum of 135 degrees Fahrenheit;
 2. Cold foods begin transport at a temperature no higher than 41 degrees Fahrenheit;
 3. Frozen foods are maintained frozen and hard; and
 4. Utilizing time/temperature control for safety food by maintaining temperatures of hot and cold foods out of the danger zone, at or above 135 degrees Fahrenheit for hot foods and at or below 41 degrees Fahrenheit for cold foods up to the point of delivery, or following approved procedures utilizing Time As a Public Health Control.
- B. Nutrition programs may choose to utilize Time As a Public Health Control (TAPHC) up to a maximum of four (4) hours if the following conditions are met:
1. The Nutrition Program must adhere to Colorado Retail Food Establishment Rules and Regulations section 3-605 Time as a Public Health Control.
 2. Procedures must be sent to the Area Agency on Aging and the State Unit on Aging for review and approval prior to implementation of TAPHC.
 3. Hot foods must be at 135 degrees Fahrenheit or greater when removed from temperature control and cold foods must be at 41 degrees Fahrenheit or less when removed from temperature control.
 4. The time and temperature of each food item must be recorded at the time food is removed from temperature control. Whole un-cut fruit, bread, and shelf-stable foods do not need to have temperatures taken. This documentation must be available for review by Area Agency on Aging, State Unit on Aging, or health department staff.
 5. All food must be labeled with the time it must be thrown away within four (4) hours

from the point in time when the food was removed from temperature control.

6. Nutrition programs choosing to use TAPHC are required to keep approved written procedures for implementing TAPHC at the nutrition program sites and have them available for review by Area Agency on Aging, State Unit on Aging, or health department staff.
- C. Nutrition programs not utilizing approved procedures for TAPHC shall perform temperature checks at least monthly, to ensure food is delivered at appropriate temperatures, that equipment used to hold temperatures when transporting meals is functioning properly, and that the length of the route allows for the integrity of the meals to be maintained. Documentation of these checks is maintained by the provider and monitored by the Area Agency on Aging (AAA) and is made available for review by the Area Agency on Aging staff, consulting Dietitian, and the State Unit on Aging (SUA);
- D. Packaging and packing cold, hot, and frozen foods separately;
- E. Packaging meals individually and in secondary insulated food carriers to meet established safety and sanitation standards;
- F. Delivering meals within two hours of removal from temperature control;
- G. If the Nutrition Program is operating TAPHC for the home delivered meal program, they must work with their local public health department to ensure home delivered meals are labeled with appropriate consume by times to ensure food safety. Each meal must be labeled and contain at a minimum the following information:
 1. Date the meal was served;
 2. A use-by date three days from the date of service;
 3. The words "refrigerate immediately or consume within 2 hours"; and,
- H. Requesting a waiver from the State Unit on Aging prior to allowing home delivered consumers eligible due to geographic isolation to pick up their meals in rural areas where there is no congregate meal site.

ADEQUATE FACILITIES

POLICY:

- A. Each home delivered meals service provider secures and maintains adequate facilities for the preparation and delivery of the meals service, nutrition education, nutrition counseling, and funded supportive services.
- B. No Older Americans Act (OAA) or Older Coloradans Act (OCA) Program site shall allow any person or organization to attempt to influence the outcome of any Federal, State, or local election, referendum, initiative, or similar procedure, through in-kind or cash contributions, endorsements, publicity or similar activity on the premises of the program site.

PROCEDURE:

- A. The contractor agency requests annual health and sanitation (and, as appropriate, fire and safety) inspections of project offices and kitchens by appropriate local public agencies, using accepted local standards that take into account the use and

occupancy of the site by Title III funded projects and are adequate to protect the health and safety of consumers.

1. All inspection reports are on file with the contractor or sub-contractor agency.
 2. Contractor or sub-contractor agency responds as directed by the inspecting agency to all cited deficiencies under its control.
- B. The current license to operate a retail food establishment shall be posted.
- C. The contractor agency prohibits smoking in all areas under its control (food preparation, serving, and dining areas) and, where feasible, clearly communicates this policy by posting appropriate signs and removing ashtrays.
- D. The project arranges for the separation of dining and food preparation areas at sites where food is prepared and served in the same facility.
- E. Where feasible, the project provides ample space and time for the provision of supportive services.
- F. The project provides each home delivered consumer information regarding:
1. The rights of eligible persons to equal opportunity and access to services;
 2. The full cost of the meal to be paid by ineligible persons, such as guests under 60 years of age, who are served meals. If the Nutrition Program determines that disclosing the full cost of the meal may affect the consumers desire to receive home delivered meals, the Nutrition Program may choose to not disclose the full cost of the meal, unless non-eligible guests are requesting and being served meals;
 3. The suggested contribution for eligible consumers toward the cost of the meal. All consumer contributions are for the cost of the meal and are not solicited for other items such as utilities and coffee;
 4. Menus for a minimum of one week in advance;
 5. Grievance procedures for consumers; and
 6. An information and assistance telephone number.

SUFFICIENT STAFF

POLICY:

Each Nutrition Program will maintain sufficient staff to carry out the required service activities.

PROCEDURE:

- A. Each Nutrition Program provider must employ a director who is empowered with the necessary authority to conduct the overall management, oversight, and administrative functions of the project, and to achieve compliance with all applicable rules and regulations. The Nutrition Program shall ensure that all food service supervisory personnel are trained and certified in a food safety and sanitation program.
- B. Each Nutrition Program provider must obtain the services of a Registered Dietitian (RD), or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of

nutritional services, through employment, contract, or Memorandum of Understanding (MOU) to provide nutrition consultation, including:

1. Planning and/or certification of menus and nutrition analysis that meet nutrition requirements and are appropriate for the program participants;
 2. Approval of the content or resource (e.g. cooperative extension, hospital, nursing home, or home health agency) of nutrition education materials;
 3. Conducting of nutrition education presentations at the congregate meal sites;
 4. Provision of nutrition education to home delivered program participants; and
 5. Provision of nutrition counseling to Nutrition Program participants and the maintenance of appropriate documentation. Nutrition counseling can only be done by a Registered Dietitian (RD). Registered Dietitians (RD) providing nutrition counseling shall have professional liability insurance.
- C. Each home delivered meals provider may assign additional essential program management, oversight and administrative duties to the Registered Dietitian (RD), Dietetic Technician Registered, or individual with comparable expertise, including:
1. Monitoring food service to include food temperatures and portion sizes, and assessing of food quality and adherence to contract specifications;
 2. Assessing participant satisfaction and preferences;
 3. Training staff and volunteers in areas of food service management, nutrition, and sanitation;
 4. Monitoring of perpetual inventory and commodity utilization;
 5. Documenting recommendations for improvement; and
 6. Technical assistance in any other area of program operations needed to maintain or achieve full compliance with all applicable rules and regulations.

USE OF DIETITIAN

POLICY:

The Older Americans Act (OAA) requires that meal providers solicit the advice and expertise of a Dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services. The following describes the standards for the required nutrition professional.

PROCEDURE:

The Commission on Dietetic Registration defines the standards for the Registered Dietitian (RD) as an individual who:

- A. Has completed the minimum of a baccalaureate degree granted by a United States regionally accredited college or university;
- B. Has met current academic requirements (Didactic Program in Dietetics) as approved

by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;

- C. Completed a minimum of 900 supervised practice hours of pre- professional experience accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of The American Dietetic Association;
- D. Successfully completed the Registration Examination for Dietitians; and
- E. Accrued 75 hours of approved continuing professional education every (5) five years.
- F. A nutritionist is defined as an individual who:
 - 1. Has completed the minimum of a baccalaureate degree granted by a United States accredited college or university in foods and nutrition or home economics; and
 - 2. Has professional, verifiable experience of a minimum of six (6) months in nutrition education, menu design, and menu analysis.
- G. A Dietetic Technician, Registered is defined as an individual who:
 - 1. Has completed a minimum of an Associate Degree granted by a US accredited college/university;

Has completed a Dietetic Technician Program as accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association; Has successfully completed the Registration Examination for Dietetic Technicians;

- H. Has accrued 50 hours of approved continuing professional education every five years;
or
- I. Has completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
- J. Has met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
- K. Has completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited/approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
- L. Has fully completed the Registration Examination for Dietetic Technicians; and
- M. Has accrued 50 hours of approved continuing professional education within a specific five-year reporting period.
- N. An individual with comparable expertise is defined as an individual who:
 - 1. Meets the above defined positions for Dietetic Technician Registered or Nutritionist or;
 - 2. Is approved by the State Unit on Aging. Those not likely to receive approval include nurses, dietary managers, dietary supervisors, and cooks, unless they can prove an extensive, well-rounded education and experience in the major areas of dietetic practice.

MODIFIED AND THERAPEUTIC DIETS

POLICY:

Modified diets, therapeutic diets, or special menus shall be provided, where feasible, to meet the particular dietary needs arising from health or religious requirements, or ethnic backgrounds of eligible older adults. The nutrition provider and a registered dietician shall determine feasibility and appropriateness of modified diets, therapeutic diets, or special menus. Registered Dietitians shall be responsible for obtaining written orders for therapeutic diets from each participant's physician, maintaining such orders on file and updating them with the physician every six months. Modified diets, therapeutic diets, and special menus provide choice to consumers and allow programs to meet the dietary needs of a diverse aging population. Programs are encouraged to offer as many menu and meal choices as feasible within program service delivery. Modifications of the meal that are not therapeutic shall be referred to as modified diets. Examples of modified diets may include client preferences, heart healthy meals, vegetarian/vegan meals, or Kosher meals. Therapeutic diets shall be individualized and address the corresponding oral nutritional needs that are a result of surgery, disease, or illness.

PROCEDURE:

- A. Modified diets shall be requested by the consumer and shall not be prescribed by a physician.
- B. Consumers shall have the opportunity to direct the services they receive by requesting a modification of the regular meal that is provided in the Nutrition Program. Nutrition Programs shall determine which modifications will be provided based on feasibility, cost, product availability, and sustainability. When determining feasibility the Nutrition Program must take into account the number of people needing modifications and whether the modification is practical and the food and skills necessary to prepare the modifications are available in the Nutrition Program. The Nutrition Program shall work with the Registered Dietitian when determining which modified diets will be provided to ensure nutritional adequacy of the modifications.
- C. Modified diets shall meet the nutrient requirements governing Older Americans Act Nutrition Programs found in sections 411 and 412 of the Policy and Procedure Manual.
- D. Therapeutic diets shall be prescribed by a physician and monitored and overseen by a Registered Dietitian working with the Nutrition Program. The Registered Dietitian overseeing therapeutic diets shall have liability insurance.
- E. Therapeutic diet prescriptions shall be renewed with the physician at least every 6 months and be maintained on file at the Nutrition Program office. All laws governing the protection of personal health information shall be followed, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Prior to the provision of therapeutic diets there shall be documentation, either written or verbal, of release of medical information by the

consumer in order to provide treatment. If verbal release is given, this must be documented in the consumer's file.

- F. Registered Dietitians monitoring and overseeing therapeutic diets shall have the responsibility to develop an individual diet plan that provides the exact prescription of the physician and is adapted to the individual's food preferences as much as possible. Therapeutic diets require in-depth planning, counseling, and on-going supervision by a Registered Dietitian.
- G. The National Dysphagia Diet or other evidence-based guidelines for dysphagia shall be followed when providing texture modified meals for therapeutic diets.
- H. Therapeutic diets shall meet the nutrient requirements governing Older Americans Act Nutrition Programs found in sections 411 and 412 of the Policy and Procedure Manual. Every effort shall be made to ensure that therapeutic diets meet the nutrient requirements, in some circumstances medical conditions may make this impossible. If a therapeutic diet does not meet the nutrient requirements the Registered Dietitian must indicate and document why the therapeutic diet is not able to meet the requirements. This documentation must be kept on file.

MEDICAL NUTRITIONAL FOODS

POLICY:

Medical nutritional foods and food for special dietary use is a modification of a diet and should be available to meet the needs of the consumer who may require a modification of a regular diet due to a medical condition. Medical nutritional foods are considered therapeutic diets and Registered Dietitians monitoring and overseeing medical nutritional foods shall carry professional liability insurance.

PROCEDURE:

- A. Approval for oral nutrition supplement or meal replacement shall be obtained as follows:
 - 1. Written physician order must be received, kept on file, and contain the following content to be evaluated by Registered Dietitian (RD):
 - a. Physician's name;
 - b. Participant's name;
 - c. Participant's diagnosis and/or reason for necessity of oral nutrition supplement or meal replacement;
 - d. Nutrient type or name of oral nutrition supplement or meal replacement;
 - e. Volume of oral nutrition supplement or meal replacement;
 - f. Date of order; and,
 - g. Length of duration of order.
 - 2. The Registered Dietitian (RD) shall evaluate the physician's order and approve or disapprove based on feasibility and appropriateness.

3. All laws governing the protection of personal health information shall be followed, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Prior to the provision of medical nutritional foods there shall be documentation, either written or verbal, of release of medical information by the consumer in order to provide treatment. If verbal release is given, this must be documented in the consumer's file.
4. The Nutrition Services Director and Registered Dietitian will evaluate each request for oral medical nutritional supplements or meal replacements, to determine if provision of such diets or supplements may decrease the number of meals served to other participants, increase costs of meal production, including Registered Dietitian (RD) and staff labor, or decrease program expansion.
5. The Registered Dietitian (RD) will evaluate the appropriateness of the oral nutrition supplement or meal replacement based on the Nutrition Screening Initiative (NSI) screen, anthropometrics, and medical assessment of diagnoses, nutrient-medication interactions, and other factors according to evidence-based standards of nutrition practice.
6. If the Registered Dietitian (RD) determines that the oral nutrition supplements or meal replacements are either not feasible or not appropriate, then the physician shall be notified and other alternative resources are referred to the participant. These resources include, but are not limited to: health insurance, nutrient dense food counseling, a food bank, or results of evaluation determining inappropriateness of oral nutrition supplement or meal replacement.
7. The Registered Dietitian (RD) shall re-evaluate medical nutritional foods used as a supplement at least every six months. Regardless of the duration indicated in the physician's prescription, the Registered Dietitian (RD) will re-evaluate feasibility and appropriateness of oral nutrition supplements provided to participants at least every six (6) months. This shall be documented in the consumer's file with a brief reason for continuation, e.g.; "Participant continues to be under Ideal Body Weight (IBW) range and has difficulty consuming adequate nutrients due to medical condition."

B. Monitoring shall be completed as follows:

1. The use of medical nutritional food as a meal replacement shall be reviewed and documented monthly by the Registered Dietitian (RD).
2. The use of medical nutritional foods as a meal replacement will be a rare and extreme situation requiring close monitoring.
3. The medical conditions associated with the use of medical foods as a meal replacement are usually temporary and compliance with a diet based on medical foods is poor.
4. Evaluations to upgrade diet to solid or texture-modified foods must be ongoing to meet nutrition and quality of life needs.

C. Determination for using medical nutritional foods shall be conducted as follows.

1. The nutrition program director and Registered Dietitian (RD) will calculate the associated costs with medical nutritional foods, as part of the evaluation of feasibility and appropriateness.

2. The use of medical nutritional food as an oral nutrition supplement or meal replacement may be considered if determined to be necessary for the participant by the Registered Dietitian (RD) and physician. Meal supplementation should be provided after considering nutrient dense foods. Meal replacements should only be provided after considering other means of nutrition support; e.g. soft foods, ground foods, or assistance to resources that could treat the medical condition causing a participant's inability to tolerate regular texture foods, e.g. dentures.
 3. The documented need for medical nutritional foods or a physician's prescription does not obligate the Area Agencies on Aging (AAA) or Older Americans Act (OAA) nutrition programs to provide such foods.
 4. If a medical condition exists that precludes meeting the 33 1/3% of the Dietary Reference Intakes (DRI) of each nutrient, then the Registered Dietitian (RD) and physician may designate the appropriate amount of medical food to meet the remaining nutrient needs due to the medical condition and qualify for Nutrition Services Incentive Program (NSIP) or Title III reimbursement. This information shall be documented in the participant's record.
- D. Payment and reimbursement for medical nutritional foods shall be calculated as follows:
1. Participant donations towards medical nutritional foods are voluntary. If the Registered Dietitian (RD) and nutrition provider determine that oral nutrition supplements and/or medical nutritional meal replacements are feasible and appropriate and other resources have been considered, the participant should be informed of the suggested donation amount and voluntary donation policy. If the participant can only donate a portion of the suggested donation or none of the suggested donation, then the nutrition provider shall provide the oral nutrition supplement and/or meal replacement to the participant as stipulated in the Older Americans Act (OAA).
 2. Suggested donation amounts for medical nutritional foods shall not exceed the cost of the product from the supplier, plus appropriate fees from the supplier, and documented overhead costs. Any rebates or incentives from the medical nutritional food supplier shall be used to offset the suggested donation rate for participants utilizing medical nutritional foods.
- E. The use of medical nutritional foods as a meal supplement in combination with a meal may only count, in total, as one meal if eligible for reimbursement. The oral nutrition supplement in conjunction with a congregate or home delivered meal does not qualify as more than one meal for reimbursement purposes. No additional Nutrition Services Incentive Program (NSIP) or Title III, C-1 or C-2 funds may be reimbursed based on oral nutrition supplements provided with meals. Regardless of the supplement volume consumed over time, or if the meals and supplements exceed the Dietary Reference Intakes (DRI), this does not meet the standard of an additional reimbursable meal.
- F. Reimbursement for an eligible meal funded by Older Americans Act (OAA) funds is permitted if the volume of the medical nutritional food as a meal replacement meets the 33 1/3% of the Dietary Reference Intakes (DRI) for one meal. If two meals are provided, the combined amount must meet 66 2/3% of the Dietary Reference Intakes (DRI) for two meals, and 100% of the Dietary Reference Intakes (DRI) to qualify as three (3) eligible meals.

- G. Participants that are enrolled in means-tested programs where Medical Nutritional Foods would be covered as part of the program do not qualify to receive Medical Nutritional Foods as either oral nutrition supplementation or as meal replacement under the Older Americans Act (OAA). These consumers should be encouraged to contact their healthcare provider to acquire these through the other programs.
- H. Participant health insurance should be billed for medical nutritional food when appropriate.
- I. Participant resources should be utilized efficiently in order to provide the most feasible and appropriate solution to meet nutritional needs. This includes maximizing health insurance benefits, county nursing services, county extension services, food banks, and physician and pharmacy benefits. The nutrition provider and Registered Dietitian (RD) should consider these and other resources before using Older Americans Act (OAA) Programs for medical nutritional foods.

NUTRITION COUNSELING

POLICY:

Nutrition Counseling shall be provided by Congregate and Home Delivered Meals programs. Standardized care processes for nutrition counseling shall be determined by the State Unit on Aging (SUA).

PROCEDURE:

- A. Nutrition counseling shall be provided by a Registered Dietitian (RD).
- B. Documentation requirements for nutrition counseling shall include entering units into the State Unit on Aging (SUA) approved data system. State Unit on Aging (SUA) approved Consumer Information Assessments for consumers receiving nutrition counseling shall be completed and documented in the SUA approved data system.
- C. Client files and associated documentation shall be kept locked at the Nutrition Program office. All rules and regulations governing the protection of personal health information shall be followed including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If medical information must be obtained from other healthcare providers in order to provide nutrition counseling, there shall be documentation, either written or verbal, of release of medical information by the consumer in order to provide treatment. If verbal release is given, this must be documented in the consumer's file.
- D. SUA-approved Consumer Information Assessments for consumers receiving nutrition counseling shall be completed and documents in the SUA-approved data system.
- E. Registered Dietitians (RD) providing Nutrition Counseling shall have Professional Liability Insurance.

NUTRITION EDUCATION

POLICY:

The Nutrition Program provides Nutrition Education to Congregate and Home Delivered Meals Program consumers.

PROCEDURE:

- A. Nutrition Education is provided at least once per month by a Registered Dietitian (RD) or an individual with comparable expertise. A nutrition education presentation shall be provided at least one time each State Fiscal Year (July 1st through June 30th) at each Congregate Meal Site.
- B. Nutrition Education is provided to both Congregate and Home Delivered Meals consumers and shall be based on the needs of the participants.
- C. Documentation of provided Nutrition Education shall be kept on file for the State Unit on Aging (SUA) prescribed length of record retention. Documentation shall include:
 1. Tracking of monthly Nutrition Education units in the State Unit on Aging (SUA) prescribed data system;
 2. Date of presentation or distribution of Nutrition Education;
 3. Name and title of presenter or topic of Nutrition Education distributed;
 4. Number of participants in attendance or if Nutrition Education is distributed to congregate and/or home delivered consumers, the number of participants receiving the materials and;
 5. If Nutrition Education is sent to congregate and/or home delivered consumers a copy of the distributed material should be kept.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) POLICY:

Each nutrition project offers information to ensure that the maximum number of older adults within the project area benefit from the United States Department of Agriculture SNAP Program as members of households certified for such assistance under United States Department of Agriculture (USDA) Regulations.

PROCEDURE:

The nutrition project shall:

- A. Offer information in obtaining SNAP benefits to each consumer at the time of intake;
- B. Follow through upon request with assisting those consumers who desire to apply for SNAP benefits, such as contacting the local County Department of Human Services office for eligibility requirements, and assisting consumers in securing appropriate written verification of income;
- C. Ensure that nutrition sites accepting SNAP shall follow the provisions related to the use and handling of SNAP benefits, as prescribed by the State and local agency authorized to operate the program, are met; and
- D. Not utilize Part D or Material Aid funds for Grocery Vouchers

Assessments

Re-assessments of individuals to ensure continued eligibility must be completed at least one time during the period of July-December and one time during the period of January-June for a total of two times during each State Fiscal Year.

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 meal) for each consumer;
3. The required financial match (either in-kind or local cash);
4. All program income

PUBLIC INFORMATION

SERVICES

A service that provides public and individuals with information on resources and services available to consumers within their communities. Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publication, conducting media campaigns, and other similar activities

RESPONSIBILITIES

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 contact) for each consumer;
3. The required financial match (either in-kind or local cash);
4. All program income

CONGREGATE MEAL SERVICES

The Older Americans Act (OAA) requires that meal providers solicit the advice and expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services. The following describes the standards for the required nutrition professional.

PROCEDURE:

- A. The Commission on Dietetic Registration defines the standards for the Registered Dietitian (RD) as an individual who:
 1. Has completed the minimum of a baccalaureate degree granted by a United States regionally accredited college or university;
 2. Has met current academic requirements (Didactic Program in Dietetics) as approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
 3. Completed a minimum of 900 supervised practice hours of pre-professional experience accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of The American Dietetic Association;
 4. Successfully completed the Registration Examination for Dietitians; and
 5. Accrued 75 hours of approved continuing professional education every five years.
- B. A nutritionist is defined as an individual who:
 1. Has completed the minimum of a baccalaureate degree granted by a United States accredited college or university in foods and nutrition or home economics; and
 2. Has professional, verifiable experience of a minimum of six months in nutrition education, menu design, and menu analysis.
- C. A Dietetic Technician, Registered is defined as an individual who:
 1. Has completed a minimum of an Associate Degree granted by a US accredited college/university;
 2. Has completed a Dietetic Technician Program as accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
 3. Has successfully completed the Registration Examination for Dietetic Technicians;
 4. Has accrued 50 hours of approved continuing professional education every five years; or
 5. Has completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
 6. Has met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
 7. Has completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited/approved by The Commission on

- Accreditation/Approval for Dietetics Education of the American Dietetic Association;
8. Has fully completed the Registration Examination for Dietetic Technicians; and
 9. Has accrued 50 hours of approved continuing professional education within a specific five-year reporting period.
- D. An individual with comparable expertise is defined as an individual who:
1. Meets the above defined positions for Dietetic Technician Registered or Nutritionist or;
 2. Is approved by the State Unit on Aging (SUA). Those not likely to receive approval include nurses, dietary managers, dietary supervisors, and cooks, unless they can prove an extensive, well-rounded education and experience in the major areas of dietetic practice.

HOME DELIVERED MEAL SERVICES

The Older Americans Act (OAA) requires that meal providers solicit the advice and expertise of a Dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services. The following describes the standards for the required nutrition professional.

PROCEDURE:

The Commission on Dietetic Registration defines the standards for the Registered Dietitian (RD) as an individual who:

- A. Has completed the minimum of a baccalaureate degree granted by a United States regionally accredited college or university;
- B. Has met current academic requirements (Didactic Program in Dietetics) as approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
- C. Completed a minimum of 900 supervised practice hours of pre- professional experience accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of The American Dietetic Association;
- D. Successfully completed the Registration Examination for Dietitians; and
- E. Accrued 75 hours of approved continuing professional education every (5) five years.
- F. A nutritionist is defined as an individual who:
 1. Has completed the minimum of a baccalaureate degree granted by a United States accredited college or university in foods and nutrition or home economics; and
 2. Has professional, verifiable experience of a minimum of six (6) months in nutrition education, menu design, and menu analysis.
- G. A Dietetic Technician, Registered is defined as an individual who:
 1. Has completed a minimum of an Associate Degree granted by a US accredited college/university;
- H. Has completed a Dietetic Technician Program as accredited/approved by the Commission on Accreditation/Approval for Dietetics Education of the American

Dietetic Association; Has successfully completed the Registration Examination for Dietetic Technicians;

- I. Has accrued 50 hours of approved continuing professional education every five years; or
- J. Has completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
- K. Has met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
- L. Has completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited/approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association;
- M. Has fully completed the Registration Examination for Dietetic Technicians; and
- N. Has accrued 50 hours of approved continuing professional education within a specific five-year reporting period.
- O. An individual with comparable expertise is defined as an individual who:
 - 1. Meets the above defined positions for Dietetic Technician Registered or Nutritionist or;
 - 2. Is approved by the State Unit on Aging. Those not likely to receive approval include nurses, dietary managers, dietary supervisors, and cooks, unless they can prove an extensive, well-rounded education and experience in the major areas of dietetic practice.

Nutrition Counseling

Nutrition Counseling shall be provided by Congregate and Home Delivered Meals programs. Standardized care processes for nutrition counseling shall be determined by the State Unit on Aging (SUA).

PROCEDURE:

- A. Nutrition counseling shall be provided by a Registered Dietitian (RD).
- B. Documentation requirements for nutrition counseling shall include entering units into the State Unit on Aging (SUA) approved data system. State Unit on Aging (SUA) approved Consumer Information Assessments for consumers receiving nutrition counseling shall be completed and documented in the SUA approved data system.
- C. Client files and associated documentation shall be kept locked at the Nutrition Program office. All rules and regulations governing the protection of personal health information shall be followed including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If medical information must be obtained from other healthcare providers in order to provide nutrition counseling, there shall be documentation, either written or verbal, of release of medical information by the consumer in order to provide treatment. If verbal release is given, this must be documented in the consumer's file.
- D. SUA-approved Consumer Information Assessments for consumers receiving nutrition counseling shall be completed and documents in the SUA-approved data system.

Registered Dietitians (RD) providing Nutrition Counseling shall have Professional Liability Insurance.

Nutrition Education

The Nutrition Program provides Nutrition Education to Congregate and Home Delivered Meals Program consumers.

PROCEDURE:

- A. Nutrition Education is provided at least once per month by a Registered Dietitian (RD) or an individual with comparable expertise. A nutrition education presentation shall be provided at least one time each State Fiscal Year (July 1st through June 30th) at each Congregate Meal Site.
- B. Nutrition Education is provided to both Congregate and Home Delivered Meals consumers and shall be based on the needs of the participants.
- C. Documentation of provided Nutrition Education shall be kept on file for the State Unit on Aging (SUA) prescribed length of record retention. Documentation shall include:
 1. Tracking of monthly Nutrition Education units in the State Unit on Aging (SUA) prescribed data system;
 2. Date of presentation or distribution of Nutrition Education;
 3. Name and title of presenter or topic of Nutrition Education distributed;
 4. Number of participants in attendance or if Nutrition Education is distributed to congregate and/or home delivered consumers, the number of participants receiving the materials and;

If Nutrition Education is sent to congregate and/or home delivered consumers a copy of the distributed material should be kept.

RESPONSIBILITIES

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 hour) for each consumer;
3. The required financial match (either in-kind or local cash);
4. All program income

TRANSPORTATION

SERVICES

Except private vehicles, all transportation providers rendering services to Older Americans Act (OAA) participants shall have all licenses, approvals, or certifications required by Federal, State, and local law or regulation. All transportation services shall be registered services.

PROCEDURE:

- A. Consumers receiving transportation services shall complete the State Unit on Aging (SUA) approved Consumer Information Assessment and be documented in the SUA approved data system as a registered service linked to the individual consumer.
- B. All transportation providers requiring licensure by the Public Utilities Commission (PUC) of the State of Colorado shall:
 1. Transport Older Americans Act (OAA) participants only within the geographic service area approved for that provider by the Public Utilities Commission (PUC);
 2. Maintain documentation that their drivers meet all qualifications and examinations required by Federal and State Policies and Regulations;
 3. Comply with all liability insurance requirements specified by the Public Utilities Commission (PUC); and
 4. Meet all vehicle maintenance and safety requirements.
- C. All transportation providers not requiring licensure by the Public Utilities Commission (PUC) shall ensure that their drivers, vehicles, and auxiliary equipment meet all applicable regulations and standards for passenger and vehicle safety, as well as all applicable safety inspection and maintenance requirements, and shall be in compliance with the State's mandated minimum Insurance Coverage.
- D. Vehicles and related auxiliary equipment shall meet applicable Federal, State and Local safety inspection and maintenance requirements, and shall be in compliance with State automobile insurance requirements.
- E. When transportation is provided by private vehicle, including those provided by volunteers, the following apply:
 1. The driver of the vehicle shall have a valid Driver's License;
 2. The vehicle shall display a current license plate tag as required by State law;
 3. The vehicle shall be equipped with safety belts and passenger safety devices as required by State and Federal Laws;
 4. The owner and/or transportation agency of the vehicle shall meet minimum State automobile insurance requirements; and

Vehicles registered out-of-state and used for transportation of older adults in accessing Older Americans Act (OAA) programs and services, shall meet the minimum insurance requirements of the state where the car is registered.

RESPONSIBILITIES

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 one-way trip) for each consumer;
3. The required financial match (either in-kind or local cash);
4. All program income

TRANSPORTATION (ASSISTED)

SERVICES

Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Transportation is provided by private vehicle, including those provided by volunteers, the following apply:

- A. The driver of the vehicle shall have a valid Driver's License;
- B. The vehicle shall display a current license plate tag as required by State law;
- C. The vehicle shall be equipped with safety belts and passenger safety devices as required by State and Federal Laws;
- D. The owner and/or transportation agency of the vehicle shall meet minimum State automobile insurance requirements; and
- E. Vehicles registered out-of-state and used for transportation of older adults in accessing Older Americans Act (OAA) programs and services, shall meet the minimum insurance requirements of the state where the car is registered.

RESPONSIBILITIES

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

5. The number of clients served;
6. The units (1 unit = 1 one-way trip) for each consumer;
7. The required financial match (either in-kind or local cash);
8. All program income

TRANSPORTATION (VOUCHER PROGRAM)

SERVICES

Consumer Directed Vouchers may be utilized by the AAA to provide transportation services to consumers who require transportation in a private vehicle.

- A. The consumer may be issued a voucher for the following:
 1. Reimbursement to a friend or family member for mileage expenses;
 2. Reimbursement to the consumer for mileage expenses when utilizing their own vehicle;
 3. Reimbursement to a volunteer driver for reimbursement of mileage expenses; and/or,
 4. Reimbursement to a transportation network company that utilizes private drivers to provide transportation.

VOUCHER GUIDELINES

Consumer Directed Vouchers. The voucher provider shall notify the consumer in writing that the consumer is selecting the provider of the services and that the Alpine AAA is not the employer of the individual providing services delivered through the voucher process.

Prior to the delivery of the services under the Consumer Directed Voucher Program the provider shall obtain a signed Release of Liability form from the consumer. The Release of Liability form shall at a minimum include notification to the consumer stating:

- The Alpine AAA nor the provider are the employer of record for these services;
- The Alpine AAA nor the provider are responsible for conducting a criminal background on the service provider;
- The consumer is responsible for identifying the services with the service provider as approved by the Alpine AAA or voucher provider; and
- The policy of the provider regarding reimbursement of services provided.

The provider shall develop a tracking method for all vouchers and waitlisted consumers.

RESPONSIBILITIES

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 one-way trip) for each consumer;
3. The required financial match (either in-kind or local cash);
4. All program income

LEGAL ASSISTANCE

The Colorado Department of Human Services (CDHS), Division of Aging and Adult Services (AAS) (hereinafter called the State) is responsible for establishing and funding the Office of the Colorado Legal Assistance Developer (CLAD) and is responsible for oversight of the Legal Assistance (LA) Program. The Older Americans Act (OAA) allows flexibility for the Legal Assistance (LA) Program to be operated by the State; the Colorado Legal Assistance Developer (CLAD), the Area Agency on Aging (AAA), or another entity through a contract, within established policies.

In Colorado, the Legal Assistance (LA) Program is operated through a contract between the State and a selected contractor. The purpose of this arrangement is to provide maximum independence to the program and a close relationship to the Long-Term Care Ombudsman Program (LTCP). Each Area Agency on Aging (AAA) is responsible for providing and funding a local Legal Assistance (LA) Program within the respective Planning and Service Area (PSA).

These policies and procedures govern the actions of the Legal Assistance (LA) Program, the State, the Colorado Legal Assistance Developer (CLAD), and the Area Agencies on Aging (AAA), entities designated as local providers of the Legal Assistance (LA) Program, and other parties involved in the operation of the Legal Assistance (LA) Program.

RESPONSIBILITIES

Unit Submission

All units need to be entered in the state reporting system by the 15th of each month for the prior month's work.

Reimbursement requests

Each provider will need to complete a monthly reimbursement request through OAA-SYS. This request must include:

1. The number of clients served;
2. The units (1 unit = 1 hour) for each consumer;

3. The required financial match (either in-kind or local cash);
4. All program income

PROPOSAL SUBMISSION

OAA-SYS INFORMATION

TIMELINE

The RFP will open at the close of the Proposers' Conference. The RFP will remain open until February 6, 2018. RFPs submitted after this date will not be considered.

ACCESSING THE RFP ONLINE RFP SYSTEM

To respond to the Alpine AAA Request for Proposal (RFP), please visit: The log-on page for the AAA RFP system will appear, as well as the full legal notice regarding the RFP, these instructions, a complete list of services for which Alpine AAA is soliciting proposals and a blank, read-only copy of the required application. It is required that completion of the proposal application be conducted on line and be electronically submitted.

A password must be established when signing into the system for the first time. If an organization is a current Alpine AAA contractor, the log-on information used for the AAA Online Reimbursement System is not the log-on information for this system. Create both an agency profile and individual log-on information.

In order to create both an agency profile as well as an individual log-on, each individual accessing the system must agree to the "Terms and Conditions" outlined on the first page that appears. In order to continue with the proposal application, thoroughly read the terms and conditions, click "I agree to the terms as noted above" and click "Submit." If an individual does not agree to the terms, it is not possible to submit a request for funding to Alpine AAA.

CREATE AN AGENCY PROFILE:

Once all "Terms and Conditions" have been agreed to, the user will be directed to create both an agency profile and an individual profile. In order to secure information entered by each organization and prohibit anyone from outside of an organization from viewing proposals which are not their own, an agency profile must be created before creating an individual profile. To determine if a profile has already been created for an organization, click on the drop down arrow next to "Agency". If the agency's name is included in the list, select it and continue on creating an individual profile (see "Create Profile" below). If the agency name is not included in the list viewed, click "Agency Not in List Above" to create an agency profile.

Please complete all identifying information for the organization (name, address, phone, etc.). In addition, create a password for the agency and confirm either planned or actual attendance at the required training regarding this RFP by at least one individual within the agency. RFP submittals from respondents who did not attend the required training will not be eligible for funding. All

required fields (identified by an "*" symbol) must be completed before clicking "Create Agency Profile."

It is important that the individual creating an organization's profile share the password established with others in the same agency, as it will be required for creating their own personal log-on information. The agency password is used only upon creating an individual profile and is not needed for logging-on during subsequent visits to the site.

CREATE PROFILE:

Once an agency profile has been established, an individual user profile must be created. Begin by selecting the agency's name from the drop down menu. Enter the password established while creating the agency profile. To avoid duplication and to ensure all proposals submitted by an organization are contained on the same page, DO NOT enter more than one agency profile for any organization. Instead, please work to determine who, within the organization, has created the agency profile and what password was established for the agency.

Once the agency has been selected, all identifying agency information (name, address, phone, etc.) will automatically populate in the appropriate fields. If any of the information needs to be changed (for instance to reflect the address of a different office location than was originally entered), such changes are allowed and will be associated with the individual profile information. In addition, complete all other required fields (identified by an "*" symbol) in order to officially complete the individual profile. Upon doing so, click "Create Profile." Please also make note of the password established as it will be needed (in addition to the e-mail address submitted with the profile) each time an individual logs-on to the site.

REQUIRED READING:

Upon completing all profile information, the "Required Reading" page will appear. To begin review of the required reading select the hyperlink to the section titled "RFP Schedule." Read all pages of the "Required Reading" thoroughly and continue moving through the required reading by clicking on the "Next Section" button at the end of each page. Once all sections have been read, return to the main "Required Reading" page by clicking "Required Reading Home." A list of each section appears and each will have a check mark next to it indicating it was read. Check the box titled "I have read and understand the information in the required reading sections" and click "Agree" to continue.

In order to begin entering information into the proposal application, each individual user must read all sections of the "Required Reading." It is possible to exit the system before completing the required reading, and at the next log-on the system will track which sections have been read and require each respondent to read remaining sections before moving on. It is imperative to read this information – it includes various requirements expected of each agency should an organization receive funding. In addition, all applicable dates including RFP training, submission due dates, potential interview dates and all mandatory training dates are detailed in the required reading.

If at any time while reading the required reading there is a need to reread a previous section, simply click "Required Reading Home" and select the section desired. Once each section has been read and agreed to it is still possible reread (and print) the required reading, as it is available on the home page for each organization. It is not possible, however, to navigate back through it once the "Agreed" button has been clicked.

PLEASE NOTE: IF ANY ORGANIZATION IS NOT PREPARED TO MEET ANY ONE OF THE REQUIREMENTS LISTED, A PROPOSAL FOR FUNDING SHOULD NOT BE SUBMITTED.

AGENCY HOME PAGE:

The "Agency Home Page" appears once the "Required Reading" section has been completed. Included on the agency home page is a drop down menu that allows each organization to select either the current year and begin working on a proposal for submission, or a previous year to view responses to previous year's RFP. A request to post previous years' proposals must be made as directed by the system. Once the request has been made previous years' proposals will be available within two working days. (Please note: this system has been in use since 2008, proposals submitted prior to that will not be available in this system and should be found within each agency's records. In addition, if an organization did not submit a response in 2008 or any subsequent year, no responses will be available within the system.) Once requested and posted, previous years' proposals may be reviewed at any time. To begin work on a proposal for the current year, select the current year from the drop down menu and click "Create New Proposal."

Once a proposal is created it will appear in a list on the agency home page. All proposals created under the same agency name will appear in this list regardless of who created it. In addition, any user associated with the agency can access any proposal listed on the home page, even if they didn't create it.

Until a proposal is officially submitted it is available for "view," to "edit" or to "delete" when clicking on the appropriate hyperlink. The list will also detail the name of the proposal (determined by its creator), who the proposal was created by, as well as the "status" of the proposal. The proposal's status will either be "in process" to show it is still being worked on and has not yet been submitted or "submitted" meaning the proposal has been validated. A "submitted" status DOES NOT mean that the proposal has been submitted to Alpine AAA. The "final steps" section of this document, will detail how to submit a proposal to Alpine AAA.

The Agency Home Page also includes information about how to validate and submit a proposal; other important notes as well as contact information should there be any questions about the system and/or a specific proposal.

WORK ON PROPOSAL:

After clicking "Create New Proposal," click "Work on New Proposal" to enter the system. The navigation leads immediately to the "General Information" page (detailed below), however, it is important to note the following navigation will now appear and be available at the top of the page regardless of which section is being worked on within the system. Beginning at the very top of the page are "Home," "Print Draft" and "Validate" buttons. Clicking "Home" will return the user to the "Agency Home Page" described above. To print a draft of the proposal at any time (and at any stage of completion); click "Print Draft." Once the proposal is completed and ready for submission, clicking "Validate" will produce a page listing any warnings or errors contained within the proposal. Specifics regarding validating a proposal will be detailed later in this document.

Identifying information for each proposal is listed in a defined text box. This contains the proposal name, the date it was created, its status, the amount currently requested and the proposal number. This information will update as you enter it and will update accordingly if changed at any time. The proposal number is for internal use only.

The navigation below the text box is the main navigation of the system and each user will move from one section of the application to the next by clicking on the desired section. Each link is detailed in the remainder of this document and users may return to any section at any time to enter information.

GENERAL INFORMATION:

The first link available is to the "General Information" section of the application. Included in this section are the "Proposal Name" and the "Brief Program Description." The "Proposal Name" is determined by the individual responsible for completing the proposal and should be reflective of the service being proposed. This will also become the identifying name of the contract with Alpine AAA should the proposal be approved for funding. Please limit proposal titles to no more than 100 characters.

The "Brief Program Description" is a one-page (maximum 750 words) summary of the services for which each organization is submitting a proposal. This section provides the opportunity for each respondent to describe their program as well as the specifics and overall impact of the services provided by the agency. However, if an agency provides services beyond those for which it is requesting funding, there is no need to detail those other services and this section should be limited only to the services selected under the "Services" section of this application. In addition, the detail of the services described should match (by definition) the service category chosen under the "Services" section of this proposal. It is important to thoroughly read each service definition and ensure that the service proposed matches that definition. (See the "Services" section for more information.)

There is an opportunity at another time within the application to detail staff qualifications as well as the agency's targeting plan; please do not repeat those in this section. Text must be entered directly into the box provided. To enter text directly into the system, simply type in the text box

provided and click "Save" to secure the information. Please limit the length of this description to no more than 750 words a word counter is present to assist in tracking the length of each response.

It is important to note that beginning with the "Brief Program Description" the amount of space available for responses to certain questions is limited to some extent. This is in an effort to maintain consistency among proposals submitted as well as manage the overall length of each proposal. Please be thorough and concise in each response provided.

Once each required field (indicated by an "**") has been completed, click "Save" and from the main navigation chose the next section of the application to be completed.

CONTACTS:

The section titled "Contacts" is each agency's opportunity to list key staff that Alpine AAA needs to have contact information for within each organization and that will be responsible for some element of either proposal submission or contract compliance/management if awarded funding. On the main page of the "Contacts" section is both a list of all contacts entered as well as a link to "Add New" contacts. The name of the individual who created each proposal appears in the list of contacts automatically as the "Proposal Contact." To make changes to the information originally entered, select "Edit" at any time. Each respondent will then be required to enter contact information (by clicking "Add New") for each of the following:

Agency Director/CEO/Executive Director: This should be the person ultimately responsible for both the submission of this proposal as well as compliance with any Alpine AAA contract should the organization be awarded funding.

Proposal Contact: This should be the person who is responsible for completing the proposals and will be called regarding any questions about the information contained within the proposal.

Contract Contact: This should be the person who will be managing the contract for an organization and will be contacted first regarding any concerns with contract compliance should the organization be awarded funding.

Program Manager: This should be the person who manages the day-to-day operations of the program responsible for administering the services proposed.

State Reporting System Data Entry: This should be the person who will be designated to enter all data into the State reporting system should an agency be awarded funding.

Reimbursement Requests: This should be the person who will be designated to submit all reimbursement requests to Alpine AAA should an agency be awarded funding.

More than one role may be selected for each person entered and the profile information may be edited at any time to add more roles should that be appropriate. As contact information is entered, please note all required fields (indicated with a "**" symbol) and ensure their completion. Please also indicate if each person entered would like to be listed in the AAA email distribution list.

Individuals included on this list receive all emails sent to contractors who are awarded funding for the current contract cycle. Upon completing contact information for each position above, click "Add New Contact Now." The name, title, address and phone number of each contact entered will then be listed on the "Contact Information" home page as they are entered. Again, information can be edited at any time by clicking the "Edit" hyperlink. Contacts may also be deleted by clicking "Delete," however, the system will ensure that information has been entered for each of the roles/responsibilities above and will not allow any proposal to be submitted until contacts for all have been provided. Be sure to click "Save Changes" following making any changes.

Once all contacts have been entered chose the next section ready for completion from the main navigation.

BUDGET:

While contracts resulting from the RFP are intended to have terms of two years, funding levels shall be awarded annually and are conditioned upon funds being made available to Alpine AAA for such purposes. In the "Budget" section, each agency will submit the proposed budget for the services requested in the application for the first fiscal year of the two-year contract term. The first fiscal year budget expenses (broken into 7 areas), requested funds and required match are to be detailed in this section. Information reported on this page should pertain only to the expenses related to providing the services each organization is proposing to provide and not the entire organizational budget. In addition, the budget reported within the proposal is a projection and should an organization be awarded funding, but at an amount less than was requested, an altered budget (based on the amount awarded) must be completed prior to contracting with Alpine AAA. In addition, if awarded funding, prior to the expiration date of the first fiscal year, a budget for the second fiscal year detailing the same information will be requested.

"Grant Revenues" includes the following areas:

- Requested State/Federal Funds
- Local Cash Match
- Local In-kind Match
- Estimated Client Contributions

"Requested State/Federal Funds" is where the total amount of funding requested from Alpine AAA is to be entered. Please request the total amount of funding needed to run the program and/or provide the service(s) requested in this proposal during the first fiscal year of the two-year contract term. However, due to limited federal and state funding received by Alpine AAA and passed through to community services providers, organizations should (regardless of the amount requested) be prepared to run their program with less or no money from Alpine AAA.

Along with receiving funds from Alpine AAA comes a requirement that each organization provide either a minimum 10% match of the total funds requested or a minimum 25% match (for caregiver

services only). If any organization is not prepared to provide this match, a proposal should not be submitted, and the system will not allow proposals with insufficient match to be submitted.

Conversely, organizations may “overmatch” (provide a match in excess of either 10% or 25%) if they choose.

Third party in-kind contributions may be in the form of real property, equipment, supplies and other expendable property, and the value of goods and services directly benefiting and specifically identifiable to the project or program. Again, if an amount is entered in the “Local In-Kind Match” box, the system will require that details of what is included as part of the in-kind match be provided (and vice versa).

“Cash match” includes cash outlay, including money contributed to the agency by third-parties, received and spent for program-related costs as they pertain to the services listed in the proposal.

“In-Kind match” includes the value of non-cash contributions provided by non-Federal third parties. May be in the form of real property, equipment, supplies and other expendable property, and the value of goods and services directly benefitting and specifically identifiable to the program.

“Program income” means any income generated by a contractor or subcontractor from activities, part or all of the cost of which is borne by the contractor or subcontractor.

“Grant Expenses” include the following areas:

- Administrative Costs
- Travel
- Equipment
- Contractual Services
- Staff Training/Education
- Indirect
- Other

“Administrative Costs,” are broken into two sections: “Direct Services Personnel” and “Administrative Personnel.” Costs related to those who provide direct service and those who assist with administrative elements of the program are broken out to aid in the evaluation of the overall budget. Each position responsible for some element of the delivery of services proposed in this application should be listed. “Administrative Personnel” are individuals within the organization providing other than direct service as it relates to this proposal. This may include staff responsible for processing paperwork including, but not limited to, reimbursement requests submitted to Alpine AAA. “Direct Services Personnel” are individuals responsible for the delivery of service (be it homemaker or counseling) directly to the consumer. There may be staff who serve in both areas. Please divide the total time and cost between each area and report accordingly.

To enter personnel information of both types, begin by clicking "Edit." First enter the "Title" of the position. Please do not list individual names, and enter like positions only once. Next, enter the "Number of Hours" each position will devote to services related to this proposal as well as the "Total Cost" for that position. The average hourly rate will be calculated by the system, click "Update" to do so and to save all information entered in that line item. Continue entering information for all other positions in the same fashion. Any line item may be "Canceled" or "Deleted" at any time by clicking the matching hyperlink.

When reporting each of the following expenses please detail the specifics of the cost anticipated for each expense in the larger box provided and also enter the total amount anticipated for each expense in the "subtotal" box: "Travel," "Equipment," "Contractual Services," "Staff Training/Education," "Indirect" and "Other." The system will ensure if an expense amount is entered, an explanation must also be entered (and vice versa) and will not allow the proposal to be submitted until this is done.

"Travel" expenses are any regular expenses of travel necessary for delivering the provision of service requested in this proposal. An example of this could be mileage reimbursement to and from a consumer's home. If appropriate, please detail the expenses of traveling as it relates to the services requested in this proposal and list the accompanying per mile reimbursement rate utilized. Mileage charges shall not exceed the current IRS mileage rate. If awarded funding, charging travel costs based on the proposal budget rather than actual expenses is not acceptable. Additionally, no part of the OAA or SFSS contract funds can be used to pay for out-of-state travel for any person working for the contractor without securing advance approval from Alpine AAA.

"Equipment" expenses reported in this area should be limited to the expense of any equipment related to a proposal request for "Material Aid" or "Equipment." Any supplies, materials and/or assistive devices an organization anticipates purchasing and are a fundamental part of the services requested in this proposal should be detailed. DO NOT list office and/or other equipment purchased for use within an organization that is seen as necessary to achieve the objectives of any award of funding.

"Contractual Services" should detail information related to any subcontractor your organization intends to subcontract with, if awarded funding. Any organization other than the one submitting the proposal that will provide all or some portion of the services detailed within the proposal should be listed including their name, the service they will provide and their federal employer identification number.

"Staff Training/Education" should include job-related training/education expenses necessary for organizational staff to fulfill their normal duties and necessary for the provision of services within the proposal. This may include training required and/or needed by both direct service personnel as well as administrative personnel, but should be training relevant to achieving the objectives of any award of funding. No part of the OAA or SFSS contract funds can be used to pay for out-of-state training for any person working for the contractor without securing advance approval from Alpine AAA.

"Indirect Costs" are defined as the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Text may be entered directly into the box provided or a word document may be uploaded (not both). To upload a document, click "Browse." Doing so will bring up a list of files possible for uploading. Select the document desired, and click "Open." Click "Save" once the document appears in the "Upload File" box. The file will then appear following the statement "You uploaded the following file for your Cost Allocation Plan." A new document may be uploaded at anytime. Simply click "Delete Uploaded Cost Allocation Plan" and follow the same steps above to upload a new document and replace any previously uploaded document.

"Other Costs" is the opportunity to details costs, other than those defined above that are anticipated as a result of any award of funding. Office and other equipment utilized within an organization and necessary to provide the service requested in this proposal may be included.

The "Grant Expenses" will be totaled (based on the amounts entered under each subtotal) upon clicking "Save."

QUIET PERIOD

Once the RFP is open there can be **NO** one-on-one conversation between any staff member from the Alpine Area Agency on Aging, Northwest Colorado Council of Governments and an entity submitting a proposal regarding any aspect of the RFP (other than technical support for the submission software). If you have any questions please email them to Erin Fisher at aaa12@nwccog.org and a response will be posted in the **FAQ document** on the RFP website for all prospective proposers to view. *Please remember to check this document before you submit a question.*

CONTACT INFORMATION

TECHNICAL ASSISTANCE

Erin Fisher, Director

aaa12@nwccog.org