



NEW MEXICO POLICIES & PROCEDURES

RESOURCE SECTION CONTENTS

ALTSO TITLE III CI/C2 NUTRITION PROGRAM SERVICES HANDBOOK

THE DOCUMENT CONTAINED HEREIN IS SUBJECT TO CHANGE.

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ALTSD Title III C1/C2 Nutrition Program Services Handbook

Older Americans Act (OAA) Title III C

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Section I: Overview

- A.** The AAA may award nutrition service funds received under Title IIIC1 and Title IIIC2, using the Intra-State Funding Formula, for the provision of nutrition services that assist older individuals in New Mexico to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment, and nutrition counseling referrals. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need.

NOTE: *While the AAA must ensure congregate meals through Title IIIC1 and home-delivered meals through Title IIIC2, the AAA may choose to procure and award separate Title IIIC1 and Title IIIC2 providers.*

- B.** The purpose of the nutrition program is to:
- 1.** Reduce hunger and food insecurity. (Food insecurity occurs when an individual has a limited or uncertain availability of nutritionally adequate and safe food or ability to acquire acceptable foods in socially acceptable ways.)
 - 2.** Promote socialization.
 - 3.** Promote health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health-promotion services. The intent is to delay the onset of adverse health conditions resulting from poor nutritional health.
 - 4.** Nutrition services to older adults at community/senior centers or in their homes include the following:
 - Procurement, preparation, transportation, and service of meals;
 - Nutrition counseling referrals; and
 - Nutrition education.
 - 5.** Senior nutrition programs objectives are to:
 - Prevent malnutrition and promote good health behaviors through participant nutrition education, nutrition screening, and intervention.
 - Serve wholesome and delicious meals that are safe and good quality, through the promotion and maintenance of high food safety and sanitation standards.
 - Promote or maintain coordination with other nutrition-related supportive services for older adults;
 - Target older adults who have the greatest economic or social need with attention to low-income minority and rural clients.

Section II: Legal Authority

- Older Americans Act, Title IIIC Subpart 1, Section 331 [42 U.S.C. section 3030e]
- Older Americans Act, Title IIIC, Subpart 2, Sections 336, 337, 339 [42 U.S.C. sections 3030f, g, and g-21]
- The National Nutrition Monitoring and Related Research Act of 1990 (Public Law 101–445)
- U.S. Department of Health and Human Services Public Health Service Food and Drug Administration, Food Code: <https://www.fda.gov/food>
- U.S. Department of Agriculture (<http://www.usda.gov>)
- Dietary Guidelines (<https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines>)
- NM Administrative Code – Food Hygiene The New Mexico Administrative Code (NMAC) for food hygiene is Title 7, Chapter 6, Parts 1 and 2 (7.6.1 and 7.6.2 NMAC), which details food service and processing regulations, including specific requirements for food protection, food handling, and food establishment operations. The rules align with the Food and Drug Administration (FDA) Food Code and are enforced by the New Mexico Environment Department to protect public health.
- The AAA will ensure that the in-house Registered Dietitian (RD) provides oversight and approval of the Title III - C1 and C2 meal planning. The RD must be certified by the Commission on Dietetic Registration (CDR) and licensed in New Mexico, and will be responsible for developing, reviewing, approving, signing, and dating all menus prior to service and submission to the nutrition program.
- Dietitians/Nutritionist, § 8.371.2.95 NMAC - FOOD AND NUTRITION SERVICE
- Food Manager Certification-a credential demonstrating proficiency in food safety management, including preventing foodborne illnesses through proper food handling, temperature control, and hygiene. It is a state-required certification for individuals overseeing food safety in establishments and is obtained by completing a training course and passing a proctored exam, listed on the New Mexico Food Manager Certification website. <https://www.nmfoodmanagers.com/eMain.aspx>. 7.6.2 NMAC of the Food Service and Food Processing Regulations – EIB 25-32
- Food Handler certification- The AAA shall ensure that all personnel responsible for handling food, utensils, and food contact surfaces in connection with the nutritional program hold a valid food handler certificate issued through an accredited New Mexico food handler training program. 7.6.2 NMAC of the Food Service and Food Processing Regulations – EIB 25-32

Section III: Selection of Nutrition Program Service Providers

A. General Rules:

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

B. Congregate and Home-Delivered Nutrition Program Providers:

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

1. Have demonstrated an ability to provide quality congregate and home delivered meals efficiently and reasonably.
2. Demonstrate innovative efficiencies by building out cost effective service delivery working with Higher Education facilities, Public Educations districts/schools, and Early Childhood and Early Care Department facilities.
3. Have furnished assurances to the AAA that the organization will maintain efforts to solicit voluntary support and that funds made available under this title to the organization will not be used to supplant funds from non-federal sources.

4. Service Area and Selection of Nutrition Providers:

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

- a. Economic delivery of meals.
- b. Efficient provision of nutrition education and outreach as well as coordination and linkage of nutrition activities with related service programs in the service area.

NOTE: *Providers operating in a sparsely populated rural area must provide outreach as set forth in this handbook*

- c. A provider of nutrition services shall target older persons in greatest economic and social need; low-income older individuals; including low- income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
5. Nutrition Provider's Responsibilities When Establishing New Congregate (C-1) Sites:
 - a. Obtain AAA approval for establishment of additional C-1 sites, which can include the use of local schools, childcare facilities or restaurants. When there is a break in service at an existing C-1 location, the nutrition provider must notify and receive approval from the AAA in order for the C-1 site to resume services and billing.
 - b. Determine interest and capability of the potential site.
 - c. Determine the number of meals per day, week or month that will be available to C-1 recipients.
 - d. Establish written policies and procedures in accordance with the Program and Services Handbook and applicable state and local regulations. Written policies and procedures must address at a minimum the following:
 - i. Storage of administrative documentation;
 - ii. Client registration requirements;
 - iii. Client reporting requirements;
 - iv. Client donations;
 - v. The C-1 meal and C-2 schedule
 - vi. Project menus;
 - vii. Project evaluation;
 - viii. Program restrictions, i.e., maximum number of meals available to a

participant per month, gratuities, and taking meals out for consumption Handling elsewhere;

- ix.** Provision of nutrition education;
 - x.** Nutrition Program's monitoring of the site using the Nutrition Program Compliance Review form;
 - xi.** Monthly billing;
 - xii.** Grievance/Complaint Procedure; and
 - xiii.** Donation Handling.
- e.** Develop a survey to determine participant satisfaction concerning:
- i.** If the meal option is meeting the recipient's needs;
 - ii.** The quality of the meals;
 - iii.** Portion size;
 - iv.** Temperature of food served;
 - v.** Variety of foods offered;
 - vi.** How often clients participate in the meal program; and
 - vii.** The service provided by C-1 site volunteers/staff.
- f.** Evaluate potential site for appropriateness. Evaluation must include, but is not limited to the following:
- i.** Location in an underserved area;
 - ii.** Accessibility to elders in the community;
 - iii.** Diversity of service area;
 - iv.** If using a restaurant, assurance that it is a fixed facility and meets the standards in New Mexico Administrative Code [7.6.2 NMAC - Food Service and Food Processing];
 - v.** Compliance with all Americans with Disabilities Act (ADA) accessibility requirements;
 - vi.** If using a restaurant, review of the three most recent health inspections to ensure compliance with all food establishment requirements in accordance with the N.M. Admin. Code [7.6.2.8 NMAC - FOOD ESTABLISHMENT REQUIREMENTS]; and
 - vii.** Capability of meeting the administrative and operational demands of the program as outlined below.
- 6. Restaurant Provider's Responsibilities:**
- a.** To become a C-1 meal site, a potential site, including restaurants, must have the appropriate capabilities to administer components of the program to include but not limited to:
 - i.** Serving elders in a dignified and culturally sensitive manner;
 - ii.** Permitting unannounced access to the food preparation area to the local nutrition provider, AAA or State Agency staff;
 - iii.** Providing adequate space, permitting elders the opportunity to dine in a comfortable setting;
 - iv.** Meals must be served on a regularly scheduled basis unless prior authorization is received from ALTSD to provide meals at an alternative designated time;
 - v.** Meeting or exceeding the local food service licensing, health regulations, and fire regulations;
 - vi.** Following the Program and Services Handbook regulations for OAA Title III C meals;
 - vii.** Providing a pre-defined meal or meal options to authorized individuals;

- viii.** Developing menus by collaborating with the nutrition provider staff and qualified dietitian. If using a restaurant, the menu used should be the current restaurant menu to the greatest extent possible. The pre-defined menu or menu options must comply with the guidelines for meals based on the OAA and State Meal Requirements, Service Handbook and approved by nutrition program's Registered Dietitian prior to use; and
- ix.** Changes or substitutions made to any approved menus must be authorized by an RD and submitted to the AAA. Substitutions to the daily menu must be posted for participants.
- b.** All C-1 sites, including restaurants, must be willing to perform at a minimum the following tasks:
 - i.** Provide participants with a written menu(s);
 - ii.** Follow the procedures established by the nutrition provider to validate that participants are registered and authorized for consumption of C-1 meals served;
 - iii.** Use the system established by the nutrition provider to document the total number of meals served to participants monthly;
 - iv.** Use the system established by the nutrition provider to document the total number of unduplicated participants;
 - v.** Facilitate or permit facilitation of a nutrition education program;
 - vi.** Notify the nutrition provider immediately of any closures (temporary or permanent) or Administrative Complaints against the restaurant;
 - vii.** Notify the nutrition provider within 48 hours of any sanitation inspections and provide a copy of the report;
 - viii.** Facilitate an initial inspection of the site by nutrition provider staff. This inspection will include the review of the nutrition provider compliance requirements. Thereafter, the provider must permit Nutrition Program, AAA, and the Department staff to make onsite visits and inspections at any date or time, with or without prior notification; and
 - ix.** Follow the HACCP Hazard Analysis Critical Control Point (HACCP).
- c.** If using a restaurant as a C-1 site, the nutrition provider and restaurant provider's contract files must include, but are not limited, to the following items:
 - i.** A written, executed agreement outlining the service provided;
 - ii.** Copy of the restaurant's current food service license;
 - iii.** The three most recent local health inspection reports;
 - iv.** A copy of the current local fire department inspection report. All items that were cited by the fire department must be corrected prior to the start of the program;
 - v.** The approved menus that comply with the guidelines for meals based on the OAA and State meal requirements;
 - vi.** A copy of the Professional Food Manager's certificate(s);
 - vii.** An insurance certificate stating current policy coverage and, if available, evidence of umbrella or excess liability policy; and
 - viii.** Unit cost.

7. AAA Responsibilities:
- a. The AAA must provide written notification to the Department at least 30 calendar days prior to a nutrition provider opening a new C-1 site, including restaurant-based meal service.
 - b. The AAA must provide the Department an accurate listing of all the Congregate Meal Sites and Food Service Vendors at least annually and within 5 business days of any changes.

Section IV: Planning for Nutrition Services

- A. Objectives:** Nutrition service providers must establish measurable objectives related to the needs of eligible individuals in the approved service area and objectives must address the following requirements:
- Targeted individuals to be served;
 - Services to be provided, including the number and frequency of meals to be served in congregate and in home-delivered settings; and
 - Plans for monitoring progress toward achieving objectives.
- B. Priority for Services:** Nutrition services under the OAA should be reserved for those individuals age 60 years and older who have been identified as being in greatest economic or social need, and especially low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural area. Additional factors which should be considered in establishing priority include those older persons who:
- Cannot afford to eat adequately;
 - Lack the skills or knowledge to select and prepare nourishing and well- balanced meals;
 - Have limited mobility which may impair their capacity to shop and cook for themselves; or
 - Have a disabling illness or physical condition requiring nutritional support or have been screened at a high nutritional risk.
- C. Nutrition Provider Staff, Consultants, and Volunteers Required Training/Credentials:** Nutrition service providers shall cooperate with the AAA to ensure training is provided for both paid and volunteer staff. The AAA shall develop, implement, and document a training plan. The training, at minimum, must develop skills and abilities as it relates to their assigned duties.
1. Job specific training shall be available for each staff member. Each nutrition service provider shall set aside sufficient budgetary funds for training, including in-service training. This may include the payment of a tuition fee, travel, and per diem to local, statewide, or out-of-state training programs designed to expand staff capacity to effectively carry out nutrition services.
 2. Food Protection Training: Nutrition Programs that operate a kitchen and have three or more employees at one time engaged in the storage, preparation, or service of food must identify an individual as the food safety manager. The manager must be present during the food service operation. Programs that do not prepare their own food must have a Certified Food Protection Manager responsible for the food storage, handling, display, and serving of food for meal sites, but the Certified Food Protection Manager does not have to be present always. The New Mexico Food Manager Certification must be from an ANAAB-CFP Accredited Program <https://www.educlasses.org/Food-Managers-Certification> . New managers must be certified as a Food Protection Manager within 90 days of employment. The AAA may grant an extension up to 180 days.
 3. Employee Food Safety Training Requirements: All food service staff and volunteers must receive annual training by a Registered Dietician (RD), or competent Certified Food Protection Manager under the direction of the RD, on the prevention of foodborne illness. Staff and volunteers must be trained prior to assuming food service assignments.
 4. On-going training plans should be based upon information obtained through the evaluation of training sessions and needs identified at that time, as well as staff requests.
- D. Nutrition Consultant:**
1. Each AAA shall obtain the advice of a qualified dietitian in oversight of the planning and providing nutrition services.
 2. The qualified dietitian shall be either a provider employee or an independent

consultant, hired by the project (paid or in-kind). The dietitian paid by the project's food service vendor is not acceptable in this position.

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

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

Licensed Dietitian/Nutritionist (LD or LD/N) are credentialed through the New Mexico Regulation and Licensing Department (NMRLD). LD or LD/N's must provide a copy of their current State of New Mexico Dietitian/Nutritionist license upon hire. LD or LD/N's must remain licensed throughout the duration of their employment.

3. Responsibilities and functions of the qualified dietitian shall include, but not be limited to, the following:
 - a. Oversight and review of developing menus with input from the advisory council;
 - b. Ensuring all menus as written adhere to the meal guidelines based on the OAA and state nutritional standards;
 - c. Approval of all menus (as indicated by an authorizing signature and date of monthly approved and posted menu) four (4) weeks prior to implementation;
 - d. Monitoring, at least annually, every food service vendor's sanitation inspection reports;
 - e. Reviewing corrective action plans of food service vendors for all significant or high priority findings on sanitation inspection reports;
 - f. Participation in development and review of food service contract annually for adherence to current nutritional requirements and delivery components of the food service vendor contract;
 - g. Participation in developing and approval of the annual and monthly nutrition education plan and coordinate the provision of nutrition education so it is effective and appropriate;
 - h. Providing staff, service providers and volunteers training in areas of nutrition, food service management, and food safety;
 - i. Participation in the development of client satisfaction surveys, and review assessment of results; and
 - j. Ensuring that any client with an assessment score of 6 or above is referred to nutrition counseling services, including community health providers, physicians, nutritional education programs, and the public health office.

E. Technical Assistance: Each nutrition service provider should:

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

Records and Reports: Nutrition providers are required to:

1. Complete annual assessment and maintain a record on each client which documents the following:
 - Eligibility for services; and
 - The need for, and referral to, other appropriate services.
2. Obtain information related to congregate clients within three days of determination of status as a client rather than a guest.
3. Obtain information related to homebound clients prior to receipt of a home-delivered meal. In the event of an emergency, a home-delivered meal may be provided prior to assessment.
4. Ensure the accuracy of the number of eligible client meals served each day.

5. Submit all required reports promptly.
 6. Provide access to all records and reports on demand for audit, assessment, or evaluation by authorized representatives of the AAA, state, or federal agencies.
- F.** Monitoring, Assessment and Evaluation: Each provider will be subject to the monitoring policies and procedures of the Department.
- G.** Advisory Council: All nutrition providers must establish and maintain either a project advisory council made up of representatives from each congregate nutrition site, or a site council at each congregate nutrition site. The nutrition advisory council shall advise the nutrition program director on all matters relating to the delivery of nutrition services within the program area. All recommendations of the council shall be taken into consideration.
- Advisory Council Roles and Responsibilities:
- i. Serve in an advocacy role to ensure that the program serves the elderly;
 - ii. Provide means for participating clients to express their views on the services provided;
 - iii. Assist with client satisfaction surveys;
 - iv. Make recommendations to the nutrition program director regarding food preferences of clients, days and hours of dining center, operations and locations and dining center furnishings regarding disabled clients;
 - v. Advise and make recommendations to the nutrition director regarding supportive social services to be conducted at dining centers; and
 - vi. As an organized group, provide support and assistance to the ongoing development of the nutrition program.
- H.** Public Information and Dissemination: Each nutrition service provider, in cooperation with the AAA, is responsible for the development and dissemination of information regarding services throughout its service area. Providers will be expected to utilize all appropriate media sources to keep the public informed about the nutrition program for the elderly. (All providers should coordinate with the AAA in conducting special informational events, such as Older Americans Month, public hearings, conferences, etc.)
1. Area Agencies on Aging must ensure that relevant informational material received, such as policy clearances, technical assistance, pertinent grant or other funding opportunities, meetings, and information issuances are documented in a timely fashion.
 2. Public information activities must conform to policies concerning confidentiality and public notice.
- I.** Coordination of Services: A nutrition service provider must utilize existing social service resources in provision of necessary services. Such efforts shall include joint planning, sharing of information, Title III/VI coordination, and negotiation of joint funding agreements in operation of programs for the elderly.
- J.** Food Service: Meals served by nutrition providers can either be prepared directly by the provider (i.e., self-preparation kitchen that serves one meal site or central kitchen which serves multiple meal sites) or through a written contractual agreement with a vendor (i.e., nearby schools, childcare facility, restaurants, or hospitals) or a food service management company. Meal production must comply with local, state, and federal regulations (United States Department of Agriculture and Food and Drug Administration).

Section V: Contracts With Profit-Making Organizations

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

The vendor must submit its three most recent sanitation inspection reports to the nutrition provider. If a vendor has one temporary closure and/or twelve (12) high priority violations in the preceding twelve-month period, the inspection reports shall be sent to the AAA for further review. The AAA will then decide whether the vendor has taken appropriate action to ensure food safety compliance in order to prevent repeat violations. The vendor must agree to notify the nutrition provider immediately of any closure or Administrative Complaint related to food safety.

The vendor must agree to notify the nutrition provider within twenty-four (24) hours of any sanitation inspection and provide a copy of the report to the nutrition provider. It is not recommended that the AAA contracts, or subcontracts, with any vendor who has more than one temporary closure and/or more than twelve (12) high priority violations in the twelve-month period prior to entering into a contract or during a twelve-month contract period.

- B. Subcontracts:** If the Title III service provider subcontracts for meals, it is the responsibility of the AAA to ensure that the provider monitors the subcontractor. The AAA must also monitor the subcontractor's performance either directly or via communication with the nutrition provider. The Title III service provider must monitor the subcontractor on-site at least once per year during the contract period, with follow-up visits for corrective action or quality improvements made as needed.
- 1. Cooperative Monitoring:** Whenever multiple service providers utilize the services of a single food service vendor's production kitchen, the service providers may elect to monitor the subcontractor on a cooperative basis. One nutrition service provider may monitor on behalf of other providers. Cooperative monitoring must be arranged in advance and approved by the appropriate AAA(s). For the AAA to approve cooperative monitoring, the following conditions shall be met:
 - The individual conducting the food service vendor monitoring shall have demonstrated knowledge of sanitation, food handling, food preparation, and food storage principles, and preferably be a Certified Food Protection Manager or a qualified dietitian;
 - The subcontractor's monitoring was completed in accordance with (Section V) of this handbook;
 - Monitoring may include review of all aspects of kitchen management including, but not limited to:
 - All local and state level health department inspections;
 - Meal/menu-related invoices;
 - Food staff certifications;
 - Staff in-service documentation;
 - Standardized recipes; and
 - Standardized recipes to monitor for nutrient compliance.
 - 2. Written Monitoring Report:** All written reports documenting the monitoring visit and any other reports required by the project will be reviewed by the AAA for validation of the documented services. The AAA must notify the Department's RD in writing within 48 hours of any changes in food service vendors.

- 3. Corrective Action Plans:** All subcontracted food service vendors must provide a written corrective action plan to the Nutrition provider for any high priority or significant findings on sanitation inspections. These corrective action plans must be approved by the provider's RD. Additionally, the AAA monitor should ensure the accuracy of all reports and require corrective action plans, if appropriate, to ensure that deficiencies are remedied.

Section VI: Menu Review and Approval

- A.** Menu Planning: The menus shall be planned and provided to the qualified dietitian for review no less than **six calendar weeks** in advance of implementation.
- B.** Menu Approval: All menus must be approved at least **four calendar weeks** prior to implementation. All menus must be approved in writing by a qualified dietitian. The approving qualified dietitian's signature and date must be documented on each page of the approved and posted menu. The approving signature verifies that all menus comply with Title III 1/3 DRI menu standards and applicable supporting nutrient analysis documentation is maintained. The AAA qualified dietitian or the nutrition program Qualified Dietitian may approve the menus. A qualified dietitian employed by the food vendor may not approve the menus, because this is a conflict of interest.
- C.** Menu Revisions: The AAA or nutrition program qualified dietitian may require menu revisions based upon a review or the results of client satisfaction surveys. Requested menu revisions will be given to the service provider at least two weeks prior to scheduled menu implementation.
- D.** Menu Posting: Approved preselected menus shall be dated and posted in a conspicuous location at each congregate nutrition site in a font size large enough for easy review by the participants. Nutrition programs that prepare their meals must also post a copy of their menus in the food preparation area. Approved menu should be printed in font size large enough for easy review and posted in the congregate dining area.
- E.** Menu Retention: Dated and approved menus with supporting menu related documents must be kept on file, as served for a period of two years for audit purposes.
- F.** Menu Adherence: Approved menus shall be followed as written.
- G.** Menu Substitutions: A comprehensive menu substitution policy and procedure must be developed and approved by the nutrition program's qualified dietitian. The menu substitution policy must be available for the site manager's use. Each meal site shall maintain an on-site record of all substitutions that occur during the calendar year. Menu substitutions shall be minimal, but are allowed under the following conditions:
- Menu substitutions must be from the same food group and provide equivalent nutritional value. For example, a fruit high in Vitamin C must be substituted with another fruit high in Vitamin C.
 - Prior to use, the nutrition program's qualified dietitian must approve the menu substitution policy and procedures and the menu substitution list. It is encouraged that the menu substitution list be inclusive and thorough.
 - Documentation of all menu substitutions must be kept on file for at least two years for monitoring purposes. The documentation must include the date of substitution, the original menu item, the substitution made, the reason for the substitution and the signature of the employee authorizing the substitution. Finally, the volume and frequency of substitutions must be justified by the reasons provided. For example, a seasonal fruit may be substituted for a canned fruit.
- H.** Menu Development:
1. Menus should be developed with consideration for the:
 - Special needs of the elderly;
 - Religious, ethnic, cultural, and regional dietary practices or preferences of clients, if reasonable and feasible;
 - Variety of food and preparation methods including color, combinations, texture, size, shape, taste, and appearance;
 - Seasonal availability of foods;
 - Availability of equipment for food preparation or meal delivery service; and
 - Budget.

- 2.** Menu Development Methods: Menus may be developed using two different methods, computer assisted nutrient analysis or component meal pattern. Either method of menu development must comply with the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services/ ACL 33 1/3 percent of the Dietary Reference Intake/Adequate Intake (DRI/AI).
- a.** The computer assisted nutrient analysis method. This method of menu development must comply with the following:
- Providing a minimum of 33 1/3 percent of the Dietary Reference Intake/Adequate Intake (DRI/AI) for 51+ year-old adults as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is provided per day;
 - Any specific dietary requirements as determined by the Registered Dietitian for the nutritional program.
 - Computer-Assisted Menu Development Requirements:
 - Targeted Nutrients: Table One represents the most current Dietary Reference Intakes and daily compliance range for target nutrients. The following nutrients are required to be analyzed for each component of each menu item: calories, protein, fat, fiber, calcium, zinc, sodium, potassium, vitamin B6, vitamin B12, vitamin C, and vitamin A (vegetable-derived/carotenoid sources). Calories, protein, fat, fiber, calcium, vitamin B6, and vitamin C must be provided in adequate amounts daily. Vitamin A, vitamin B12, zinc, magnesium, sodium, and potassium may be averaged over one week. Sodium may be averaged over one week; however, no one-meal amount may exceed 1000 milligrams. It is recommended that fortified foods should be used to meet vitamin B12 needs.

Macronutrients, Minerals, & Vitamins	Age-Sex Group		
	Source of Goal ^a	Female 51+	Male 51+
Calorie Level Assessed			
Macronutrient		1600	2000
Protein (% kcal)	AMDR	10-35	10-35
Protein (g)	RDA	46	56
Carbohydrate (% kcal)	AMDR	45-65	45-65
Carbohydrate (g)	RDA	130	130
Fiber (g)	14G/1000 kcal	22	28
Added Sugars (% kcal)	DGA	<10	<10
Total lipid (% kcal)	AMDR	20-35	20-35
Saturated Fatty Acid (% kcal)	DGA	<10	<10
18:2 Linoleic acid (g)	AI	11	14
18:3 Linoleic acid (g)	AI	1.1	1.6
Minerals			
Calcium (mg)	RDA	1200	1000 ^b
Iron (mg)	RDA	8	8
Magnesium (mg)	RDA	320	420
Phosphorus (mg)	RDA	700	700
Potassium (mg)	AI	2600	3400
Sodium (mg)	SDRR	2300	2300
Zinc (mg)	RDA	8	11
Vitamins			
Vitamin A (mcg RAE ^d)	RDA	700	900
Vitamin E (mg AT ^d)	RDA	15	15
Vitamin D (IU ^d)	RDA	600 ^c	600 ^c
Vitamin C (mg)	RDA	75	90
Thiamin (mg)	RDA	1.1	1.2
Riboflavin (mg)	RDA	1.1	1.3
Niacin (mg)	RDA	14	16
Vitamin B-6 (mg)	RDA	1.5	1.7
Vitamin B-12 (mcg)	RDA	2.4	2.4
Choline (mg)	AI	425	550
Vitamin K (mcg)	AI	90	120
Folate (mcg DFE ^d)	RDA	400	400

^a AI = Adequate Intake, CDRR = Chronic Disease Risk Reduction Level, DGA = Dietary Guidelines for Americans, 2020-2025, RDA = recommended Dietary Allowance.

^b Calcium RDA for males ages 71+ years is 1,200 mg.

^c Vitamin D RDA for males and females ages 71+ years is 800 IU.

^d AT = alpha-tocopherol, DFE = Dietary Folate Equivalent, IU = International Units, RAE = Retinol Activity Equivalents. Sources: Institute of Medicine. Dietary Reference Intakes: The Essential Guide to Nutrient Requirements. Washington, DC: The National Academies Press; 2006. Institute of Medicine. Dietary reference Intakes for Calcium and Vitamin D. Washington, DC: The National Academies Press; 2011. National Academies of Sciences, Engineering, and Medicine. Dietary Reference Intakes for Sodium and Potassium. Washington, DC: The National Academies Press; 2019.

- b.** The component meal pattern menu development method. This method of menu development must comply with the following:
- Provide the minimum meal servings of the 2000-calorie component meal pattern to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a 51+ year-old adult.
 - Any special dietary needs of program clients to the maximum extent practicable.
 - Applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment and supplies used in the storage, preparation, service, and delivery of meals to an older individual. New Mexico's specific requirements for organizations delivering meals to older adults are outlined in N.M. Admin. Code § 9.2.18.15.
 - The 2000-calorie component meal pattern has been developed to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a 51+ year-old adult (requirements for those programs that are not using computerized nutrient analysis). Holidays and birthday celebration meals (two or fewer meal types per calendar month) may be excluded from the component meal pattern requirement. The component meal pattern may be deficient in vitamin E, vitamin B12, and Zinc, therefore additional nutrition education for participants on the selection of foods that are good sources of these nutrients shall be provided.
 - Menu Focus: Whole grains and high fiber foods should be included as much as possible. It is recommended that fortified foods should be used to meet vitamin B12 needs. The use of nutrient dense foods, as well as fortified and enriched products, should be a priority.

DIETARY GUIDELINE MEAL PATTERN REQUIREMENT FOR ONE MEAL PER DAY

Food Group	Servings/Meal	Daily Dietary Guideline Recommendations
Grains	2-3 serving per meal requirement 1 serving is equivalent to: <ul style="list-style-type: none"> • 1 oz bread or grain product • ½ cup cooked cereal, pasta, or rice • ¾ cup dry cereal • 1 slice bread or small dinner roll • ½ English muffin, bun, small bagel, or pita bread • 1 (6") tortilla • 1 ¼" square cornbread • 1 (2" diameter) biscuit or muffin • 4-6 crackers At least half of grains should be whole-grain	6-ounce equivalent servings daily. Include 3-ounce equivalent of whole grain high fiber foods
Vegetable	2-3 serving per meal requirement 1 serving is equivalent to: <ul style="list-style-type: none"> • ½ cup cooked, canned, or chopped raw vegetables • 1 cup leafy raw vegetable (lettuce, spinach, etc.) • 1 small potato or ½ large potato • ½ cup sweet potatoes, yams, corn kernels, squash, peas, or lima beans Provide food sources high in vitamin C and potassium daily. Limit juice to one serving per meal, if using. Encourage zero to low-sodium canned vegetables.	2 ½ cups (5 servings daily). Serve a variety of vegetables, including those that are dark green, red and orange.
Fruit	1 serving: ½ cup (4 ounces) or equivalent measure 1 medium whole fruit (apple, orange, banana, etc.) <ul style="list-style-type: none"> • ½ grapefruit 1/8 melon 1/8 melon 1/8 melon 1/8 melon 1/8 melon 1/8 melon 1/8 melon 1/8 melon • ¼ cup dried fruit • 6 oz 100% vitamin C fruit or vegetable juice 	1.5 cups (4 servings daily) Focus on whole fruits and include those that are deeply colored fruits such as oranges.

Food Group	Servings/Meal	Daily Dietary Guideline Recommendations
Dairy	1 serving: 1 cup (8 ounces) or equivalent measure fortified skim, 1%, or 2% milk • 8 oz dairy alternative milk (soy milk) fortified with calcium and vitamin D • 8 oz low-fat yogurt • 1 ½ oz cheese • 1 cup pudding made with low-fat milk • ½ cup ricotta cheese • 2 cups cottage cheese	3, 1-cup equivalent servings daily. Select low-fat products
Protein Foods	2-3 oz equivalent per meal 1 ounce is equivalent to: • 1 oz cooked lean beef, veal, pork, lamb, chicken, turkey, or fish • 1 oz canned tuna or salmon packed in water • 1 oz low-fat cheese • 1 egg • ¼ cup cooked beans or legumes • ½ cup tofu • ¼ cup low-fat cottage cheese • ½ oz nuts or seeds • 1 tbsp peanut butter Meats should be baked, broiled, grilled, or roasted. Limit processed meats to one serving per week. Seafood is encouraged regularly for omega-3 fatty acids.	5.5 ounce-equivalent servings daily
Fat	1 serving: 1 teaspoon or equivalent measure is optional	Select foods lower in fat and saturated fat. Limit total fat to 30%, saturated 10% (20%)
Dessert	Optional	Select foods high in whole grains, low in fat and sugar

*Limit saturated fat, sodium, and added sugar

The Dietary Guideline Meal Pattern is based on the DRI for energy. It provides approximately 600-700 calories per meal. The number of servings for each food group is based on the USDA recommended food groups. These profiles represent the quantities of nutrients and other components that one can expect to obtain on average from one serving of food in each group. Serving sizes are based on the DGA for healthy eating patterns.

- **Food Group Components and Serving Sizes:** Serving size shall meet or exceed the guidelines listed. Some foods are classified in more than one food group. However, a serving of a food can only be counted in one food group within the same meal. For example, dried beans may be counted as either a meat alternative serving or as a vegetable serving, but not both within the same meal. Likewise, cottage cheese may be counted as either meat alternative serving or milk alternative serving, but not both.
 - **Grains:** A serving of bread is generally 1 slice (1ounce); ½ cup pasta or grain product, or 1 ounce of ready-to- eat cereal. A variety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended.
 - Additional Notes on Grains:
 - Increase servings of whole grain, wheat, bran, rye bread, and cereal products, to provide adequate complex carbohydrates and fiber.
 - Limit high-fat bread and bread-alternative selections such as biscuits, quick bread, muffins, cornbread, dressings, croissants, fried hard tortillas and other high fat crackers to limit total fat as well as saturated fat.
 - Bread alternatives do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains. These foods are included in the vegetable food group.
 - **Vegetables:** A serving of vegetables is generally 1 cup of raw or 2 ½ cups of cooked vegetables or vegetable juice, or 2 cups of raw leafy salad greens. Vegetables may include dried beans, peas, lentils, lima beans, potatoes, plantains, sweet potato, and corn.
 - Additional Notes on Vegetables:
 - Fresh or frozen vegetables are preferred.
 - Vegetables as a primary ingredient in soups, stews, casseroles, or other combinations dishes should total ½ cup per serving.
 - **Fruits:** A serving of fruit is generally 1 – ½ cup of fruit, or ¼ cup of dried fruit.
 - Additional Notes on Fruit:
 - Frozen or canned fruit must be packed in juice or water.
 - Title III funds may only pay for full strength fruit juices. The only exception to this requirement is cranberry juice.
 - **Dairy:** One cup low-fat, fat-free, buttermilk, low-fat chocolate milk, soy milk, or lactose-free milk fortified with Vitamins A and D should be used. Milk should be served from its original container, usually 8 ounces in size. Any deviations from this policy should be submitted in writing to the AAA's qualified Registered Dietitian for approval.

- Additional Notes on Dairy:
 - Low-fat or fat-free milk is recommended for the general population.
 - Powdered dry milk or evaporated milk may be served at congregate meal sites, but not for the main meal except for cultural or religious reasons. Each powdered milk or evaporated milk serving size must be equivalent to one cup of milk. Powdered milk may be used with frozen home-delivered meals and emergency meals.
 - Dairy alternatives, listed in the chart below, may be provided in place of milk (for the equivalent of one cup of milk).
 - All milk containers must have a clearly labeled expiration date.
 - Policies and procedures shall be developed, and implemented, to address instances when milk is received, e.g., without an expiration date, past the expiration date, past the sell-by date, past the best-by date, or past the use by date.
- **Protein Foods:** Two to three ounces edible portion of meat, poultry, fish, or meat alternative (or a combination of) should be provided for lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating. A one-ounce equivalent of a meat alternate includes ¼ cup of cooked beans, 1 egg, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds. Current Guidelines below:
 - Additional Notes on Protein:
 - A one ounce serving or equivalent portion of meat, poultry, or fish may be served in combination with other high protein foods.
 - Cooked dried beans, peas, or legumes intended as the meat alternative for any meal may not also count toward the fruit/vegetable requirement for the same meal.
 - Nuts and seeds may be used to meet no more than one-half of the meat alternative meal requirements and must be appropriately combined with other meats/meat alternates to fulfill the requirement.
 - Cured meat products, such as ham, smoked or polish sausage, corned beef, dried beef, luncheon meats, and hot dogs are very high in sodium and the use of these type products must be limited to no more than once a week. Bacon is not considered a meat alternative, since it provides primarily fat, sodium, and few other nutrients.
 - Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non- imitation product) cannot be served as meat alternatives.
 - **Additional Menu Development Considerations:**
 - **Canned Soups:** Most canned soups do not contain enough meat to make a substantial contribution to the meat requirement. For example: bean soup or pea soup: A 1-cup serving of soup contains ½ cup beans or peas. This is equivalent to one ounce of Meat/Meat Alternative. It would take 3 cups to provide the required 3 ounces of Meat/Meat Alternative.

- **Hot Dogs/Frankfurters:** Red meat (beef, pork, etc.) and poultry (turkey, chicken) hot dogs that do not contain meat byproducts, cereals, binders, or extenders:
 - 1 ounce of product provides 1 ounce of cooked lean meat. Look for products labeled “All Meat,” “All Beef,” “All Pork,” etc. If a single hotdog equals 2 ounces, it will take one and a half hot dogs to equal a 3-ounce portion.
 - Hot dogs containing meat by-products, cereals, binders, or extenders are not acceptable on an ounce- for-ounce basis. Product labeling will indicate the presence of any such ingredients.
 - If using hotdogs containing extenders or binders, only the cooked or lean meat portion of the product can be used toward the Meat/Meat Alternatives requirement. Obtain product information from the manufacturer if necessary.
 - Accompaniments, Condiments, and Product Substitutes: Include traditional meal accompaniments as appropriate, e.g., condiments, spreads, and garnishes. Examples include mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, salad dressing with tossed salad, and margarine with bread or rolls. Whenever feasible, provide reduced fat alternatives.
 - Sugar, condiments, seasonings or dressings intended for self-service use shall be provided only in individual packages or from dispensers that protect their contents.
- **Fat:**
 - Minimize use of saturated fat in food preparation. Fats should be primarily monounsaturated and polyunsaturated vegetable oils, such as olive, peanut, corn, safflower, canola, cottonseed, and soybean oils.
 - The use of butter or fortified margarine as a spread for bread is optional because of the emphasis on reducing fat content of the meals.
- **Desserts:**
 - Dessert may be provided as an option to satisfy the caloric requirements or for additional nutrients. However, effort must be made to limit the amount of added sugar in the food preparation.
 - Preferred desserts include fresh, frozen, or canned fruit packed in their own juice, and low-fat products made with whole grains and/or low-fat milk.
 - Pudding made with low-fat milk, low-fat ice cream, ice milk, or frozen yogurt may be served where feasible due to the increased calcium needed by the elderly.
 - High-fat baked goods such as brownies, cakes, cobblers, cookies, and pies should be limited to once a week.
- **Beverages:** In addition to beverages listed on the posted menu, drinking water should be available at all times.

- **Functional Foods:** Functional foods are foods in which the concentrations of one or more ingredients have been manipulated or modified to enhance their contribution to a healthy diet. Examples include everything from fruits, vegetables, grains and legumes to fortified or enhanced foods. Nutrition programs are encouraged to use functional foods in menus whenever possible.
- **Adaptive Equipment:** When feasible and appropriate, reasonable attempts will be made to provide appropriate food containers and utensils for clients with disabilities.
- **Emergency Meals:** Nutrition programs are required to develop and have available written plans for continuing services for congregate and home delivered meals during inclement weather-related or other emergencies including food procurement. Programs may offer shelf- stable meals to clients for later use.
- Client specific information shall be maintained by the nutrition provider for audit purposes. This information must include the following:
 - Client Name
 - Client Signature
 - Client ID Number
 - Date of meal received by client
- In the event there are no emergencies requiring the distribution of Environmental Health Disaster Management (EHDM), nutrition providers are responsible for having a distribution plan for these meals.
 - The guidelines for shelf stable meals are:
 - Nutrient content of the meal must meet all requirements of the program and be approved by the AAA or nutrition program qualified Registered Dietitian (RD).
 - Meals that do not meet nutritional guidelines or are not approved by the RD cannot be counted as Title III-C meals.
 - Only top-grade, non-perishable foods in intact packages shall be included.
 - Cans are to be easy open, with pull tabs whenever possible.
 - All individual food packages are to be labeled with expiration dates. All foods must be shelf stable. (Note: Meals with a multiple year shelf life, if stored properly, can be retained from one year to another and may help contain costs.)
 - Fruit and vegetable juices are to be 100 percent pure juices.
 - Dried fruit must be packed in an airtight container.
 - When applicable, easy-to-read preparation instructions should be included.
 - All items should be dated and rotated using the First-In, First-Out procedure.

- **Holiday Meals:** Nutrition programs are required to develop and have available written procedures that address congregate meal site holiday closures including, but not limited to, the following items:
 - Holiday closing schedule - The State of New Mexico recognized holidays. Providers must receive prior written authorization from the AAA for any additional planned closing dates. Also, providers must ensure that planned holiday closings do not result in the closure of a congregate meal site for more than four (4) consecutive meal service days, which may or may not include weekend days.,
 - Requirements for provision of meals - The provision of congregate services during site closures must be addressed in the AAA/provider contract. Providers must meet all requirements of the program and be approved by the AAA or nutrition program qualified RD.
 - Reporting of meals - Nutrition programs must meet all requirements for reporting of service units.
- 3. **Nutrient Requirements:** All meals, regardless of development method, will provide each participating older individual with a minimum of 33 1/3 percent of the current Dietary Reference Intake <https://acl.gov/senior-nutrition/nutrition-guidelines> and comply with the current Dietary Guidelines for Americans. The values required meet the nutritional needs of a 51+ year-old adult, reflecting the predominant statewide demographic.

Section VII: Food Preparation and Safety Standards:

A. Food Purchasing and Preparation Standards:

- **Food Purchasing:** All food purchasing shall be transacted in accordance with NM Food Hygiene code (7.6.2 NMAC), state and federal regulations, and food service contract provisions.
- **Quality, Sanitation, and Safety:** Nutrition programs shall purchase food from sources that comply with all federal, state, and local laws relating to food quality, labeling, sanitation, and safety. Food shall be safe for human consumption, sound and free of spoilage, filth, or contamination. Food from unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents, or swells shall not be used.
 - Food in hermetically sealed containers shall be processed in an establishment operating under appropriate regulatory authority.
 - All milk products used and served must be pasteurized. Fluid milk shall meet Grade A quality standards, as established by law.
 - All meats, poultry, and shellfish shall be obtained from a source that is licensed under a state or federal regulatory program.
 - Pasteurized liquid, frozen, or dry eggs or egg products shall be substituted for shell eggs in the preparation of recipes calling for uncooked eggs.
 - All ready-to-eat, or drink, foods shall have an expiration date, use-by date, sell-by date, or best-by date. All food and drinks must be received prior to the expiration date, use-by date, sell-by date, and/or best-by date.
- **Commercial Processors of Food:** All foods the provider purchases and uses in a nutrition program for seniors must meet standards of quality for sanitation and safety applying to commercially processed foods.
- **Use of Donated Food:** Nutrition programs may use donated food items from an approved source and produced in plants that meet federal and state sanitation, food safety and inspection requirements from commercial sources. Acceptable items include:
 - Fresh fruits and vegetables are received clean and in good condition; and
 - Food collected from a food bank, which can be prepared and served before the expiration date, use-by date, sell-by date, or best-by date.
- **Unacceptable Food Items:** In accordance with 7.6.2 NMAC - Food Handling, FDA Food Code, unacceptable items include:
 - Food that has passed its expiration date, use-by date, sell-by date, or best-by date;
 - Home canned or preserved foods;
 - Food cooked or prepared in an individual home;
 - Prepackaged unpasteurized juice (including unpasteurized apple cider);
 - Wild game donated by hunters or road-killed animals; and
 - Fresh or fresh-frozen meat or fish donated by sportsman.
- **Frozen Foods:** Foods, which are frozen for later consumption by clients, must meet applicable local, state, and federal standards. Equipment and methods for freezing must also meet these standards.
- **Group Food Purchasing:** Providers are encouraged to participate in group food purchasing or regional or local power buying coalitions provided this method can efficiently and responsibly meet the cultural and/or ethnic culinary needs of congregate and home-delivered meal participants.
- **Meal Cost Analysis:** Calculation of the full cost of a meal is an essential food service management practice. This information is important for determining a suggested donation per meal and for informing clients of the full cost of the meal.

- Meal Cost Calculation: Each program that prepares its own meals shall calculate the component cost of meals provided per the following categories:
 - a. Raw food: All costs of acquiring food to be used in the Title III Nutrition services, by service category.
 - b. Labor:
 - I. Food service operation: All expenditures for salaries and wages involved in food preparation, cooking, delivery, serving, and cleaning of congregate sites, equipment, and kitchens, by service category.
 - II. Project management: All expenditures for salaries and wages, for non-food service operations of the program, by service category.
 - c. Non-Food Supplies: All expenditures for items with a useful life of less than one year, by service category.
 - d. Utilities: All expenditures for gas, electricity, water, sewer, waste disposal, etc., by service category.
 - e. Other: Expenditures for all other items that do not belong in any of the above categories (e.g., rent, insurance, maintenance, fuel for vehicles) to be identified and itemized, by service category.
- B. Food Preparation and Safety Standards**
 - Regulations: In all phases of the food service operation (storage, preparation, service, and delivery of meals), nutrition programs shall adhere to the state and local health, sanitation, fire, and safety regulations applicable to the types of food preparation and meal-delivery systems used by the program. State regulations to the hygienic preparation and serving of food are stated in 7.6.2 NMAC, Food Handling -Food Service and Food Processing and the FDA Food Code.
 - Area Agencies on Aging will ensure that annual documentation is obtained from the subcontract nutrition service providers that all kitchen staff have a valid NM required Food Handler certification and are supervised by a required and certified Food Manger.
 - All Area Agencies on Aging must ensure that Title III Nutrition Service providers comply with NM Environmental Inspection Department's permitting requirements and have current food permits and/or inspection reports properly posted and on file.
 - Sanitation Program: All Title III nutrition service providers, congregate kitchens and/or vendors must maintain a written, formal sanitation program that meets or exceeds the minimum standards of state and federal requirements.
 - Food Handling, Preparation and Service: All staff working in the preparation of food must be under the supervision of a certified Food Service Manager and ensure food shall be prepared, plated, and transported with the least possible manual contact, with suitable utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination.
 - Cleaning and Sanitizing: Effective procedures for cleaning and sanitizing dishes, equipment, food contact surfaces, work areas, serving and dining areas shall be written, posted or readily available, and followed, as required by NM Environment Department food permitting requirements and FDA food code.
 - Safety: Material Safety Data Sheets (MSDS) must be readily available on all chemicals used by the nutrition program. Employees must be informed about potentially dangerous chemicals used in the workplace and how to safely use them (<http://www.msdssearch.com>). Toxic materials, such as cleaners and sanitizers, shall be maintained in the original container or transferred to a clearly labeled appropriate container. Toxic materials must be stored separately from food, food equipment, or single-service articles. Sanitizers, detergents, or other cleaning compounds shall be stored separately from insecticides, rodenticides, and other poisonous or toxic materials using methods such as different storage cabinets or separate areas of a room. Ref. Occupation Safety & Health Administration (OSHA) 1910.1200(g).

- **Quality and Quantity of Meals:** Tested standardized quantity recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of all meals.
- **Food Palatability:** All foods must be prepared and served in a manner to preserve optimum flavor and appearance, while retaining nutrients and food value.
- **Portion Control:** Nutrition programs must use standardized portion control procedures and equipment to ensure that each meal served is uniform and to reduce plate waste.
- **Potentially Hazardous Foods:** Potentially hazardous food is any food or food ingredient, natural or synthetic, which requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious toxigenic microorganisms. Potentially hazardous foods that may cause foodborne illness include, but are not limited to:
 - Any food that consists in whole or in part of milk or milk products, shell eggs, beef, poultry, pork, lamb, fish, shellfish, tofu, soy protein foods, cooked rice, beans, potatoes, or other heat-treated plant foods;
 - Chicken salad, pasta salad, tuna salad, potato salad, and other mixed foods containing potentially hazardous ingredients or dressings;
 - Raw seed sprouts; and
 - Cut fruit.
- **Temperature and Time Control Requirements:**
 - a. Cooling temperature requirements:**
 - Potentially hazardous foods requiring refrigeration after preparation, such as chicken salad, tuna salad, potato salad, or other mixed foods containing potentially hazardous ingredients or dressings shall be prepared from chilled products with a minimum of manual contact. All cold, potentially hazardous foods shall be kept at 40°F or below during holding, serving, and transporting. All meal sites must follow the HACCP Hazard Analysis Critical Control Point (HACCP).
 - Shell eggs do not apply if placed in a refrigerated unit immediately upon delivery.
 - b. Internal cooking temperature requirements:**
 - All hot and potentially hazardous foods must be cooked to the appropriate temperature for each item, in accordance with the HACCP (Hazard Analysis Critical Control Point) procedures.
 - All hot, potentially hazardous foods shall be maintained at 140°F or above during holding, serving, and transporting. Food shall be disposed of if food is less than 135°F for more than 2.5 hours. Potentially hazardous foods that have been cooked and then refrigerated, or frozen, shall be reheated rapidly to a minimum of 165° F for 15 seconds throughout all parts of the food before being served or placed in hot food storage equipment.
 - c. Holding temperature requirements:**
 - All hot, potentially hazardous foods shall be maintained at 140°F or above during holding, serving, and transporting. Food shall be disposed of if food is less than 135°F for more than 2.5 hours.
 - Cold-holding temperatures for all cold foods are 40° F or below during holding, serving, and transporting.
 - Frozen foods must be kept frozen or refrigerated and not held at room temperature under any circumstances.
 - d. Meal Temperature Documentation Requirements:** Temperature checks shall be taken and documented daily. Documentation shall be maintained for at least five years. AC 1.21.2.112 Program and Project Files.

- Documentation must include at a minimum:
 - Time menu items delivered;
 - Each menu item and serving size;
 - Temperature(s) of each potentially hazardous menu items must be taken:
 - When the food is received by the nutrition site;
 - If there are more than 30 minutes between when the food is received at the meal site and when it is served, then the time and a temperature of each food item must be documented again at the time the meal is served; and
 - If a nutrition provider prepares the meal on site, then temperature must be taken and recorded when the food is leaving the production area.
 - Food grade probe-type thermometers must be used; other thermometers such as infrared thermometers, which do not insert into food cannot be used to take food temperatures. Thermometers must be correctly calibrated at least weekly, to ensure accuracy. Thermometers must be clean and sanitized between use.
- Analyze hazards: Potential hazards associated with a food, and measures to control those hazards, are identified. The hazard could be biological (i.e. microbe), chemical (i.e. toxin), or physical (i.e. ground glass or metal fragments).
- Food Service Employees/Volunteers: All food preparation staff must work under the supervision of a Certified Food Manager who ensures the application of hygienic techniques and practices in food preparation and service. Staff involved in handling food are required to possess a valid food handling certification. A Certified Food Manager is an individual who has successfully completed a Department of Health approved food safety and sanitation course and maintains a current certificate of completion.
 - Employee Orientation: Any new staff or volunteer having contact with food service must have a general orientation to safe food handling and sanitation practices.
 - Employee Health and Hygiene: Employees can transmit foodborne illnesses through cross contamination of food, improper food temperature control, and food handlers' personal hygiene and medical condition.
- Suspected Foodborne Illness Outbreak Procedure:
 - a. Nutrition programs should have a plan in place to respond to a suspected foodborne illness outbreak.
 - b. Employees or volunteers shall direct all calls from clients claiming they became sick from a congregate or home delivered meal they consumed to the manager or person in charge immediately. An incident report collecting the following information shall be completed:
 - What is the name, address, and telephone number of the person calling, including date and time of call?
 - Who became ill and what were the symptoms?
 - Was the illness diagnosed by a healthcare provider? Obtain healthcare provider's name if diagnosed.
 - What food and/or drinks were consumed?
 - What was the location, date, and time the food was consumed?
 - What is the name of the person who served the food?
 - Evaluate the information promptly. Consider that a foodborne disease outbreak may have occurred when two or more persons experience a similar illness, usually gastrointestinal, after eating a common food.
 - c. If a foodborne outbreak is suspected, the following contacts shall be notified immediately:
 - Area Agency on Aging (AAA);
 - Local health department;
 - Aging and Long-Term Services Department (ALTSD); and Food vendor (if applicable)

Section VIII: Nutrition Services Incentive Program (NSIP)

- A.** The Nutrition Services Incentive Program (NSIP) is established under the Older Americans Act (OAA), administers grant allocation to states, territories, and eligible tribal organizations. These funds serve as an incentive mechanism to enhance participation in the OAA's congregate and home-delivered nutrition programs. ALTSD shall distribute NSIP funds to the AAA based on an ALTSD distribution formula.
- B.** OAA Law and Federal Regulation Requirements for NSIP funds:
- 1.** Only Title III nutrition program providers receive funds.
 - 2.** Nutrition programs shall use the funds for food grown and produced in the U.S.
 - 3.** Nutrition programs use funds for meals served to eligible Title III participants.
 - 4.** Nutrition programs shall report meal counts of eligible meals to the AAA as required for the purposes of NSIP.
 - 5.** Each program shall utilize a system for documenting meals included in the NSIP meal count. Acceptable methods for documenting meals served include:
 - Obtaining a signature from each client on a daily or weekly congregate meal service log or on a daily or weekly home delivered meal route sheet. Manager/coordinator or the home delivered meal deliverer will ensure daily or weekly congregate meal service log or on a daily or weekly home delivered meal route sheet are obtained for timely recording of units of service. The meal route sheet must include the client's name, address, and number of meals served; or
 - Obtaining an electronic signature or self-selected acknowledgment link in a tracking system for either congregate or home delivered meals.
- C.** NSIP Meal Count-Eligible Meals: NSIP funds only for allowable food purchases. Track and report eligible meals and expenditures with a reliable reporting system (ALTSD approved database system). System must be in place to assure accurate recording of Nutrition Services Incentive Program (NSIP) eligible meals.
- 1.** The meal(s) must comply with the federal Older Americans Act (OAA) nutrition requirements, including adherence to the Dietary Guidelines for Americans (DGA) and Dietary Reference (DRI) Intakes as specified in OAA Sections 311 and 339 [42 U.S.C. sections 3030a and 3030g-21].
 - 2.** The meal(s) will be available under Title III of the OAA to individuals age 60 and over and their spouses, regardless of age, and may be made available to other eligible participants under the age of 60 which include (a) disabled individuals who reside in housing facilities occupied primarily by older individuals at which congregate nutrition service are provided; (b) individuals with disabilities who reside at home with and accompany older eligible individuals; and (c) individuals providing volunteer services during the meal hours.
 - 3.** The meal(s) will be available under Title VI of the OAA to older Indians who have attained the minimum age determined by the tribe for services or older Hawaiians, age 50 and over, and may be available to other under age 60 eligible participants as defined under Title III of the OAA.
 - 4.** The meal(s) must be served by a contracted entity which has a contract with a AAA.
 - 5.** The meal is served to an individual who has an opportunity to voluntarily contribute toward the cost of the meal.
 - 6.** The meal is provided to the participant without a mandatory fee or on a means-tested basis. Although this may be a means for local organizations to subsidize the program, NSIP reimbursement cannot be authorized for meals with a set fee. Contributions may be collected but only on an understood voluntary basis.
 - 7.** The earned NSIP reimbursement is guaranteed not to be used to supplant funds previously earmarked for services for older persons (i.e., replace funds that were awarded through grants/contracts for specific purposes).

Section IX: Food Service Contract Provisions

- A.** Food Service Contracts: Food service contracts are defined as contracts for the purchase of meals or portions of meals or for food preparation.
- B.** Adherence to Standards: All service providers must adhere to all standards set forth herein and incorporate the “Menu Planning, Development Review, and Approval Requirements” section of this handbook.
- C.** Nutrition Programs are encouraged to ensure that their food service vendors use production kitchens located within the state of New Mexico. Any nutrition provider wanting to do business with a vendor that maintains meal preparation kitchens outside the state of New Mexico must seek prior approval from ALTSD and ensure the production kitchen follows the Food and Drug Administration and the United States Department of Agriculture and any other applicable federal or state regulation.
- D.** Preference may be given to vendors requiring the least amount of delivery time needed to facilitate meal quality. Multiple vendors’ contracts may be required to ensure meal sites offer culturally appropriate meals with limited meal delivery transit time.
- E.** Menus: Menus shall be written per the OAA DGA and DRI standards specified in this handbook and include the following:
- Name and title of individual who completed the menus;
 - Name and title of the person who developed, reviewed approved the menu;
 - Menus must indicate serving sizes of all components;
 - Menus should take into consideration senior desires and requests; and
 - Changes or substitutions made to any approved menus shall be authorized by an RD and submitted to the AAA subcontractors.
 - a. Menu substitutions to the daily menu will be posted for participants.
 - b. Menus for congregate programs are posted for participants’ information in a readily accessible location in the dining room and are made available on the AAA website.
 - c. A menu for home-delivered meals will be provided at the beginning of each month to home-delivery clients with meal delivery. The menu will also be posted on the AAA and AAA subcontractor websites.
- F.** Food Safety and Sanitation: The following food safety and sanitation requirements must be addressed in the vendor contract:
- Requirement for documentation of a food safety management program within the facility that meets or exceeds the minimum requirements of federal, state, municipal, or other agencies authorized to inspect or accredit the food service operation;
 - Requirement to provide documentation of the three most recent food preparation inspections conducted by the state regulatory authority;
 - Requirement to provide a written plan of correction for any high priority or significant findings on sanitation inspections;
 - Requirement to notify the nutrition provider immediately for any closures or Administrative Complaints regarding food safety; and notify the nutrition provider within 24 hours of any sanitation inspections;
 - Description of vendors’ delivery standards and sanitation that includes holding temperatures for transporting and serving food; and
 - Right of the nutrition program, AAA, or Department staff to inspect the food preparation and storage areas.

- G. Food Service:** The following food service topics must be included:
- Number of meals and unit price for meals and other food served;
 - Breakdown of bid price for the raw food cost, labor, transportation, equipment, paper and plastic supplies, profit and other costs;
 - Food provided, including:
 - Entree;
 - Grain;
 - Vegetable;
 - Fruit;
 - Milk;
 - Juice;
 - Salad;
 - Beverage;
 - Cream/substitution;
 - Condiments; and
 - Butter/margarine;
 - A provision stating that the nutrition program is not required to pay for food not meeting the proper specifications;
 - A provision stating that the nutrition program will procure food from other sources at the vendor's additional expense, if the vendor: fails to deliver a meal or any portion of a meal, delivers food that was spoiled, out of date, or otherwise inedible;
 - A provision addressing the supply of substitution food items to be kept at the meal site in case a substitution is necessary. If a supply of substitution items is kept on site, then a system must be in place to ensure all food items are used prior to the product's expiration date, use-by date, sell-by date, or best- by date;
 - Provision for napkins, table covering, home-delivered meal containers, paper towels, and table service, including plates, cups, glasses, and silverware. The vendor shall provide specifications of the disposable supplies (each vendor shall be requested to provide samples of proposed packaging with the bid); and
 - Administration:
 - Schedule and method of payment to the food vendor;
 - Sales tax exemption;
 - Responsibility for product liability insurance and property damage;
 - Bonding;
 - AAA approval; and
 - Binding time of the contract, as well as the termination process agreed upon by both parties.

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

Section X: Contributions for Nutrition Services and Outreach

- A.** Contributions: Clients will be given an opportunity to voluntarily and confidentially contribute to the cost of the service. No eligible individual shall be denied a meal because of failure to contribute.
- B.** Privacy and Confidentiality: Nutrition providers shall establish procedures to protect the privacy and confidentiality of each client relative to his/her contribution.
- C.** Use of Contributions: All nutrition contributions shall be used to increase the number of meals, expand the meal service, facilitate access to nutrition services, nutrition counseling referrals and nutrition education.
- D.** Procedures for Handling Contributions: Procedures must be established by each provider in accordance with ACL and ALTSD guidelines for handling funds collected to insure against loss, mishandling, or theft.
- E.** Outreach: All nutrition service providers must ensure that outreach services are available to ensure participation of the maximum number of eligible older persons. Outreach services must be provided in accordance with this Handbook.

Section XI: Leftover Food

- A.** Procedures for Handling Leftover Food:
1. The nutrition service providers shall properly forecast meal production for monthly menus to avoid excess leftovers. No senior participant shall be denied a meal or a second serving if food is left over.
 2. Eligible participants shall be offered the opportunity for second servings before staff or employees are entitled to purchase individual leftover meal items.
 3. Leftover food from a congregate meal site or from a home delivered meal route may not be transported back to the preparation site or used for extending future meals.
 4. Leftover food shall be stored properly or discarded at the congregate nutrition meal site.
 5. The second meal may be counted only if served in its entirety as written on the posted menu.
 6. The nutrition provider should observe trends of foods typically left over and if due to client refusal, then consider revising the menu to accommodate most of the clients' meal preferences.
 7. Foods such as fresh fruit, packaged cookies, crackers, bread, juice, and unopened cartons of milk that have been properly refrigerated or stored can be saved for future meals.
- B.** Employees or volunteers shall not take food from kitchens or sites, except when packaged, taken, and counted as a home-delivered meal to an eligible client.
- C.** If a home-delivered meal route driver or volunteer has a leftover meal, the meal may be given as an additional meal to an identified client on the delivery route to address nutritional needs. If a hot meal is not distributed, then it must be discarded. Frozen meals that remain unthawed may be placed in the freezer.
- D.** Safety of Food After It Has Been Served: The client is responsible for food safety after the food has been served to the client and if it is removed from the congregate nutrition meal site. Providers may post a sign stating: "For health reasons, taking out potentially hazardous foods from the meal site is not recommended. Doing so is at your own risk." The risk of foodborne illness should be stressed and should be addressed through nutrition education.

Section XII: Nutrition Education

- A.** Congregate nutrition education is regularly scheduled culturally sensitive nutrition, physical fitness, or health information presentations and instruction to clients and caregivers in a group setting. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to make informed food, activity, and behavioral choices that can improve their health and prevent chronic disease. Home-delivered nutrition education is a formal program of regularly scheduled individual distribution of culturally sensitive nutrition, health, physical activity, and disease prevention information.
- B.** Providers shall conduct nutrition education as follows:
- 1.** Nutrition education activities shall be planned, directed, and provided by a qualified Registered Dietitian, cooperative extension agents, or trained meal site or wellness coordinators, under the direction of the qualified Registered Dietitian.
 - 2.** Nutrition education is provided at each site and distributed to each home delivered meal client a minimum of once a month. If a congregate meal site is in a restaurant setting, then nutrition education may follow the home delivered meal requirements.
 - 3.** The provider's qualified Registered Dietitian or the AAA's designated qualified Registered Dietitian shall develop a written annual nutrition education plan that documents subject matter, presenters and materials to be used.
 - 4.** Congregate sessions shall be a minimum of 15 minutes in length.
 - 5.** Each nutrition service provider shall maintain written documentation, for monitoring purposes that include the date of the presentation, name and title of presenter, lesson plan or curriculum, and number of persons in attendance. The documentation requirement for materials delivered to homebound clients, or restaurant-based congregate meal site clients, shall include the date of distribution, copy of distributed material, and number of clients receiving the information.

Section XIII: Congregate Meals

- A.** Eligibility: Congregate Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with preference to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition to meeting established eligibility, individuals must be mobile, not homebound, and physically, mentally, and medically able to attend a congregate nutrition program in accordance with written AAA guidelines.
- 1.** Other individuals eligible to receive a congregate meal include:
 - The recipient's spouse, regardless of age or disability;
 - Individuals with disabilities, regardless of age, who reside at home with, and accompany older eligible individuals to, the congregate site; and
 - Individuals, regardless of age, providing volunteer services during meal hours.
 - Meals served to the above eligible clients shall be included in the NSIP meal count.
- B.** Site Accessibility and Suitability:
- 1.** Basic Conditions: Providers must ensure that congregate nutrition sites are established as follows:
 - Within proximity to most eligible individuals' residences as feasible, preferably within walking distance;
 - With attention to locations in multipurpose centers, schools, churches, or other appropriate community facilities; and
 - Located in a facility where individuals will feel free to visit. The selection shall also ensure the type and location of the facility so as not to offend the cultural and ethnic preferences of the individuals in the service area.
 - Whenever feasible, the nutrition provider may request assistance from the local transportation providers to transport clients to and from the dining site.
 - 2.** Responsible Individual: There must be an individual, either volunteer or paid staff, who is responsible for all activities at the site.
 - 3.** Physical Plant Standards: Sites should be clean and neat, have adequate lighting and ventilation, and meet all applicable health, fire, safety, and sanitation regulations.
 - 4.** Dining Equipment and Arrangement: There should be equipment, including tables and chairs, which are sturdy and appropriate for older persons. Tables should be arranged to ensure an appropriate, pleasant atmosphere and to encourage maximum socialization among the clients. There should be adequate aisle space between tables to allow for persons with canes, walkers, crutches, or wheelchairs to maneuver easily.
 - 5.** Table Settings: Appropriate settings, acceptable to the nutrition advisory council, should be provided. If disposable dinnerware is used, it must be of a quality that is sturdy to prevent buckling, spillage, melting, bending, and splintering. It must also be non-porous to prevent leakage and must be sanitary and attractive.
 - 6.** Separation of Dining and Food Preparation Areas: Provision should be made for separation between the dining area and the food preparation area if food is prepared and served in the same facility.
 - 7.** Adequate Time of Operation: The site should be open each day meals are served, for a period adequate for all clients to leisurely eat a meal.
 - 8.** Supportive Services: the nutritional site should have available sufficient space and time for the provision of needed supportive services.
 - 9.** Celebrations: Provisions should be made for the celebration of special occasions.

- 10.** Fire, Safety & Sanitation Inspections: Nutrition providers must have documentation on file that all congregate meal sites are inspected for fire, safety, and sanitation in accord with local requirements at least annually.
- 11.** Food Temperature Documentation: Nutrition providers must have documentation on file that temperatures of all potentially hazardous foods are taken and recorded daily at the time of delivery to the meal site and immediately before serving. If meals are prepared on site, then the temperature of potentially hazardous foods must be taken immediately before serving.
- 12.** Nutrition Service Providers implementing a reservation system or service: When a client who has not previously registered at a nutritional program site arrives unexpectedly and is eligible for a meal under the Older Americans Act (OAA), the program must ensure that an additional five meals are available on-site to accommodate unregistered clients. These five meals may be sourced from the current day's service, a frozen meal that can be thawed and served, or a non-perishable meal.
- 13.** Taking Food Home: The safety of food after it has been served to a client and when it has been removed from the dining center is the responsibility of the client. This policy must be available and posted at each meal site.
- 14.** Carry-Out Meals: Carry-Out Meals are not allowed unless assessed for grab-and-go meals given the consumer's approved status.

Section XIV: Home Delivered Meals

- A.** Eligibility: Home-Delivered Meal Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with preference given to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition to meeting established eligibility, individuals must be homebound, or physically, mentally, or medically unable to attend a congregate nutrition program in accordance with written AAA guidelines.
- 1.** Other individuals eligible to receive home-delivered meals include:
 - The spouse of a homebound eligible individual, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
 - Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and
 - Individuals at nutritional risk who have physical, emotional, or behavioral conditions that would make their service at a congregate nutrition site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.
- B.** Requirements for Home-Delivered Meal Providers:
- 1.** Frequency: At a minimum, each provider shall be able to deliver meals to homebound participants and serve home-delivered meals at least once a day, five or more days a week.
 - 2.** Meal Service: Home-delivered meals may be hot, cold, frozen, dried, or canned with a satisfactory storage life, and must conform to all standards contained in this handbook.
 - 3.** A Client/Home Evaluation Form for frozen meals should be on file for each client receiving a home-delivered frozen meal.
 - 4.** Multiple Meals: More than one meal may be delivered for consumption each day, provided proper storage and heating facilities are available in the home, and the client can consume the second meal either alone or with available assistance.
 - 5.** Menu development and Nutrient Requirement: Menus must be written in accordance with ALTSD standards (See section: "Menu Development Review and Approval Requirements.")
- C.** Basic Conditions for Food Packaging and Transportation: All nutrition programs shall have equipment that maintains the safe and sanitary handling of all menu items during the time between the completion of the cooking process through the end of the serving or delivery period.
- 1.** All food shall be individually packaged.
 - 2.** Cold and hot food shall be packaged and packed separately.
 - 3.** Food utensils shall be completely wrapped or packaged to protect them from contamination.
 - 4.** Food containers should be sectioned so that food doesn't mix, leak, or spill.
 - 5.** All food shall be packed in secondary insulated food carriers that can maintain food temperatures at 140° F or higher or at 40° F or lower.
 - 6.** Food carriers must be constructed to prevent food contamination by dust, insects, animals, vermin, or infection.
 - 7.** Food carriers should be enclosed to protect food from contamination, crushing, or spillage and be equipped with insulation and/or supplemental sources of heat and/or cooling as necessary to maintain safe temperatures.
 - 8.** Food carriers must be clean and sanitized or use containers with inner liners that can be sanitized.
 - 9.** Each provider shall monitor their HDM meal routes. Providers shall monitor the meal temperatures of all hot and cold potentially hazardous food items. Routes shall be monitored on a random and rotating basis; however, each route must be monitored at least annually. When

- temperature noncompliance is reported or identified on a route, the provider must monitor that route on a weekly basis until adequate corrective action has been achieved.
- 10.** Frozen meals must be delivered in a completely frozen state and in accordance with all applicable federal and state regulations governing the delivery of frozen food products. Cold Meals (meals not requiring heating before consumption: i.e. sandwich): When cold meals are delivered to clients, the temperature shall be a maximum of 40° F.
 - 11.** Home-Delivered Frozen and Cold Meals: Elderly clients who receive frozen or cold meals must be evaluated at least annually. The nutrition provider shall ensure that:
 - a.** Home Equipment: The client or caregiver has the equipment needed in the home (electricity, a stove with an oven that works, a working microwave oven, or a working toaster oven, and a freezer in which to store the meals).
 - b.** Ability to Follow Directions: The client or caregiver has both the physical and mental capability to follow cooking directions and use the equipment.
 - c.** Dated and Labeled: The frozen meals shall be dated and clearly labeled.
 - d.** Instructions for storage and cooking shall be provided in large print. If milk is received frozen, the container must have an expiration date; and the milk must be received and scheduled to be consumed prior to the expiration date.
 - e.** Emphasis on Following Directions: The importance of following directions is emphasized with clients on a regular on-going basis.
 - f.** Inability to Follow Instructions: Clients who may be unable to follow the instructions should not receive frozen meals in the home.
 - g.** Multiple Meals: More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home and the client can consume the second meal independently or with available assistance.
- D.** High-Risk Individuals Needing Additional Meals: When feasible, programs should have a policy and procedure in place to offer additional meals to clients who are at high nutritional risk. Guidelines for programs to determine who is eligible for additional meals are as follows:
- 1.** The individual is at high nutritional risk, as indicated on the assessment tool.
 - 2.** The individual must not have other resources to provide additional meals.
 - 3.** The individual must have facilities to store meals that may be delivered.
 - 4.** The individual must be able, or have a friend or family member available, to operate kitchen equipment, which is required to later reheat prepared, delivered meals for consumption.
- E.** Referral to Other Services:
- 1.** Screening: Home-delivered meals for clients shall be screened for need for other services and referred as appropriate.
 - 2.** Referral: Persons who can function sufficiently well should be referred to congregate nutrition programs, when such programs are available.

Section XV: Grab and Go Meals

- A.** The intention of Grab and Go meals is for the client or caregiver to transport themselves to the Grab and Go pickup location and transport the food directly to wherever the client will consume the meal.
- B.** Participant intake information must be collected at initial sign-up or within two weeks for those receiving grab-and-go meals.
- C.** Grab-and-Go/Carry-Out meals – Only allowed if $\leq 25\%$ of total Title III-C1 meals, unless a waiver is approved (45 C.F.R. §1321.87(b)(2))
- D.** The client is responsible for food safety after the Grab and Go meal has been served to the client. Providers shall post a sign stating: “For health reasons, taking out potentially hazardous foods from the meal site is at your own risk. You are responsible for safely transporting the food to where you will consume it. The meal must be eaten as soon as possible to avoid potential illness or contamination.” The risk of foodborne illness should be stressed and should be addressed through nutritional education.
- E.** Grab and Go meals cannot be transported back to the preparation site.
- F.** Grab and Go meals shall be stored properly or discarded at the Grab and Go pickup location.
- G.** Grab and Go meals may not be frozen to be served as client meals later.
- H.** Grab-and-go meals that include in-person, phone, or virtual interaction, qualify as C1 meals and are funded with C1 funds.
- I.** Menu development and Nutrient Requirement: Menus must be written in accordance with ALTSD standards (See section: “Menu Development Review and Approval Requirements”).
- J.** Client eligibility should be determined using a person-centered approach. The type of meal—either Congregate Meals or Home-Delivered Meals—will be based on how the service is reported and invoiced.
- K.** Site Accessibility and Suitability:
 - 1.** Basic Conditions: Providers must ensure that Grab and Go pickup locations are established as follows:
 - Within proximity to most eligible individuals’ residences as feasible; and
 - Located at a facility where individuals will feel free to visit. The selection shall also ensure the type and location of the facility so as not to offend the cultural and ethnic preferences of the individuals in the service area.
 - 2.** Responsible Individual: There must be an individual, either volunteer or paid staff, who is responsible for all activities at the site.
 - 3.** Physical Plant Standards: Sites should be clean and neat, have adequate lighting and ventilation, and meet all applicable health, fire, safety, and sanitation regulations.
 - 4.** Adequate Time of Operation: The site should be open each day meals are served, for a period adequate for all clients to leisurely pick up a Grab and Go meal unless there is prior approval from ALTSD.
- L.** Safely Transporting Food
 - 1.** Taking Food Home: The safety of food after it has been served to a client and when it has been removed from the Grab and Go pickup location is the responsibility of the client. This policy must be available and posted at each Grab and Go pickup location.
 - 2.** Cold and hot food shall be packaged and packed separately.
 - 3.** Food utensils shall be completely wrapped or packaged to protect them from contamination.
 - 4.** Food containers should be sectioned so that food doesn’t mix, leak, or spill.
 - 5.** Food containers must be constructed to prevent food contamination by dust, insects, animals, vermin, or infection.

M. Reporting to Congregate Meals or Home Delivered Meals

1. Grab and Go Congregate Meals

- i.** Grab and Go meals consumed at home while congregating shall be reported.
- ii.** Congregating at home shall be conducted through in-person or virtual interaction: In-person: one-to-one with a program volunteer or group interaction, eating with only family or household members does not count as congregating.
- iii.** Clients receiving Grab and Go congregate meals can be dual-enrolled in Statewide database reporting system but must have their own transportation to and from the Grab and Go pickup location.

2. Grab and Go Home Delivered Meals

- i.** Grab and Go meals consumed at home while not congregating shall be reported.
- ii.** Clients receiving Grab and Go home delivered meals must not be dual enrolled as a home delivered consumer while also receiving a grab-n-go meal.