



SERVICE GUIDELINES

TITLE III-C2 Home Delivered Meals / Nutrition Services Incentive Program (NSIP)

December 2022

DEFINITION

HOME DELIVERED MEALS (HDM):

Provision of nutritious meals to older persons who are homebound because of illness, physical or mental impairment, or otherwise isolated.

Generally, AgeSmart considers a person to be homebound, if the person: 1) has a condition that restricts the ability to leave home except with the assistance of crutches, canes, wheelchairs, walkers, special transportation or another person, or 2) has a condition which is such that leaving the home is medically contraindicated (e.g., when recuperating after surgery, when severe heart disease restricts movement, or when there is severe mental impairment). A person who does not leave home simply due to inactivity or insecurity that may accompany advanced age would not be considered “confined” to home unless the person also meets one of the above conditions. However, eligibility for the service is made on a case-by-case basis, and circumstances where supports such as a homemaker or a caregiver are present offset the need for HDM because these persons can readily cook meals. Priority is given to those with “greatest” economic and social need, and where no social or homemaker supports exist.

ELIGIBILITY

A person aged 60 or older who is frail, homebound by reason of illness, incapacitating disability as defined in OAA Section 102(8)(9) or is otherwise isolated, is eligible to receive a HDM, if there is no one in the home who is able to prepare the meal.

Spouses of eligible individuals, who provide full-time care to their spouses, may receive meals. The eligibility will be determined at the time of the assessment depending on the level of caregiving support needs of the caregiver, regardless of age.

Eligible spouses include individuals of the same sex, who are legally married within in any jurisdiction; regardless of whether the individuals are a permanent resident of a

jurisdiction, state, or territory that does not recognize same sex marriage. The intention is to include all legal marriages, regardless of the individual's current residence.

Disabled individuals [as defined in OAA Section 102(8)(9)] who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.

Disabled individuals who reside at home with older individuals eligible under the OAA may also receive a home delivered meal.

Title III-C HDM service will not be denied to anyone over 60 years of age regardless of length of residence or financial status provided they meet the eligibility requirements. The client must be able to use the normal and usual diet and menus made available by the Nutrition Service Grantee including, should circumstances dictate, frozen meals.

UNIT OF SERVICE

Each meal delivered to an eligible person constitutes one unit of service.

SERVICE REQUIREMENTS

1. PROGRAM DESIGN

Case Coordination Unit (CCU) is responsible for eligibility screening for candidate HDM participants as detailed elsewhere in this document. CCU screeners are credentialed case managers, and often while screening for HDM, CCU caseworkers uncover needs and make referrals for other services.

Referral

The initial request for HDM services may come from a variety of sources, including health professionals, family, friends, or neighbors of the prospective clients, or the clients themselves. When a Nutrition Service Grantee receives an initial request for HDM services, they should first complete the Client Initial Referral Form. This form contains the information necessary for the CCU to arrange an Initial Intake and the Assessment. The CCU is responsible for assessing clients' needs and determining eligibility for the OAA Subsidy for all Title III-C2 HDM (except "temporary" and "emergency" meals).

When the initial request is made to the Nutrition Service Grantee, they must complete the form and fax or mail a copy to the CCU within one (1) workday. If the initial request is made to the CCU, they must use their own intake forms and contact the client to schedule the Initial Intake.

If Emergency Meals have been requested by the appropriate health professional (physician, hospital discharge planner, or CCU hospital case manager), the Nutrition Service Grantee should arrange to begin delivery of

these meals immediately and **notify AgeSmart by sending NAPIS Registration Form along with health professional's request.** If meals are needed beyond 10 days, providers must fax or mail a Client Initial Referral Form to the CCU before 10 days.

If a request Emergency Meals is made directly to the CCU, the CCU should inform the healthcare worker to make the request directly to the appropriate Nutrition Service Grantee by providing the Grantee's name and phone number.

Initial Intake

Following a request for extended HDM services, the CCU will contact the applicant/client within two (2) workdays to arrange an appointment for the In-Home assessment. In cases where the client is hospitalized, out of state, or cannot be contacted at home, the CCU should document the attempts made to contact the client.

Assessment Process

The In-Home Visit will be conducted within five (5) workdays from the date that the CCU contacted the applicant/client to arrange for an appointment. (NOTE: The Title III-C2 In-Home HDM Assessment visit should occur in conjunction with the Comprehensive Care Assessment visit.) At the initial interview, the Case Manager will utilize the IDOA approved Comprehensive Care Assessment Form to determine eligibility for home delivered meals.

The assessment form should include overall eligibility criteria for determining when services are authorized or terminated. The nutrition provider staff member and/or the Care Coordination Unit staff member completing the assessment will be able to use their professional judgment to determine when an older adult needs home delivered meals.

Service providers conducting the assessment for home delivered meals must determine the most appropriate form of meal delivery in communities where cold or frozen meals are offered in addition to hot meals. Service providers must assess all participants receiving cold and frozen meals to ensure they have the proper equipment (freezer, oven, microwave, and refrigerator) and physical and cognitive skills to store and re-heat the meals.

An older adult eligible to receive home delivered meals should not be denied services based on the individual's inability to safely store and prepare a frozen meal. If the older adult does not have the capacity to heat the frozen meal or family members or others are not able to heat the frozen meal for the older adult, the nutrition provider should attempt to deliver hot meals to the older adult if the older adult resides within a community where home delivered meals are provided. In isolated rural areas and where the nutrition provider only has the capacity to provide frozen meals, the nutrition provider should make a referral for Medicaid Waiver in-home or adult day services or other

community services as appropriate for the older adult to receive assistance with meals.

Ineligible Status Procedure

If the CCU assessment determines that the client is ineligible for extended HDM during the time the client is receiving emergency meals, then the CCU must notify the Nutrition Service Grantee of the ineligibility by sending a copy of the HDM Client Summary form.

Eligible Status Procedure

When the applicant is found to be eligible for HDM, this is so indicated on the client's **HDM Client Summary** form, and the CCU informs the client in writing by using AgeSmart's approved flyer, which will provide the name, address, and telephone number of the appropriate Nutrition Service Grantee who will be providing the HDM. The CCU also makes a referral to the appropriate Title III-C2 Nutrition Service Grantee within two (2) workdays by faxing or mailing a copy of the completed **HDM Client Summary** form and the **Nutritional Risk Screening Checklist** from the IDOA approved Comprehensive Care Assessment form.

The Nutrition Service Grantee must then accept or refuse, sign the **Service Acceptance Determination Notice** and return a copy to the CCU within two (2) workdays. Following acceptance by the Nutrition Service Grantee, service must begin within two (2) workdays. If the Nutrition Service Grantee accepts the client for service, but is unable to provide service within two workdays, the Nutrition Service Grantee must sign the **Service Acceptance Determination Notice** indicating the date the client can expect to receive service, and return a copy to the CCU within two (2) workdays. In either case, the Nutrition Service Grantee will inform the client by telephone concerning the date when the service will begin and the time of delivery. In writing, the Nutrition Service Grantee will inform the client concerning the suggested contribution utilizing the **Client Agreements for Home Delivered Meals**. If the Nutrition Service Grantee is unable to provide service and has indicated so on **the Service Acceptance Determination Notice**, the CCU, upon receipt of such information, should contact AgeSmart for guidance.

Refusal of Service

Should the client, for any reason, refuse HDM service either during the assessment or after being determined eligible by the CCU, the CCU should complete the **HDM Notice of Service Termination** form and send it to the Nutrition Service Grantee.

Once service has begun and the client decides to refuse continued service, the Nutrition Service Grantee must notify the CCU and AgeSmart by using the Notice of Service Termination form within one (1) working day.

2. CATEGORIES OF HDM SERVICE

- Temporary HDM (not to exceed ten (10) days per fiscal year): No assessment is needed. A congregate participant who attends the site regularly may receive a HDM for up to ten (10) days per fiscal year, with a maximum of 3 consecutive days, when short-term medical condition prohibits regular participation at the site
This type of meal is counted as a congregate meal. Refer to the Congregate Meals Service Guidelines page. 4, "Reporting Temporary Home Delivered Meals (Sniffle Meals)". The Nutrition Service Grantee is expected to keep appropriate records of these meals. (NOTE: Persons who have not participated previously in congregate meals are not eligible for temporary meals).
- Emergency HDM (not to exceed ten (10) days): Must be requested by a physician, discharge planner, or CCU hospital case manager. No assessment is necessary; however, if meals are needed beyond ten days, the client must be assessed for Extended HDM.
- Extended HDM: from 11 days to twelve (12) months before re-assessment, if client is found eligible. The CCU will determine and document the duration of service before re-assessment and not automatically determine twelve-months of service to all clients. All re-assessments must be carried out in a timely manner.

3. RE-ASSESSMENT OF CLIENT NEED/ELIGIBILITY

NOTE: It is the responsibility of the CCU, based upon whatever information may be available, to determine when re-assessments are due and to see that the re-assessments (and related procedures) are carried out in a timely manner.

Re-assessment of the client's situation should occur at the end of this time but no less frequently than every (12) months to determine if the participant's condition has changed. Re-assessment is performed to evaluate whether the need for service still exists, and, if so, at what level. The continuation of service for persons who are not in need creates dependency by facilitating isolation, which does not support the goal of maximum independence.

The CCU may determine that the participant should attend congregate meals program to receive further nutrition assistance.

A face-to-face re-assessment must occur at least one time per year, preferably in conjunction with the Comprehensive Care Re-Assessment visit. The CCU will complete a new **HDM Client Summary** form and a new **Nutritional Risk Screening Checklist**. If the client remains eligible, the CCU should forward copies of the **HDM Client Summary** form and the **Nutritional Risk Screening checklist**, to the Nutrition Service Grantee.

If the client's meals were authorized for less than one year, the re-assessment may be completed over the phone to determine if the client's meals need to be continued, unless the Case Manager has other re-assessments that will be requiring a home visit. If the client needs to receive meals for an additional period of time the CCU will complete the HDM Client Summary form (excluding ADL's and IADL's and eligibility scoring). If the client remains eligible, the CCU should forward a copy of the HDM Client Summary form to the Nutrition Service Grantee.

If the client no longer meets the eligibility requirements, the CCU must notify the Nutrition Service Grantee using the Notice of Service Termination form no later than one (1) working day following said determination.

The Nutrition Service Grantee will run the **re-certification roster report (aaa-HDM Recertification Roster.rpt) monthly** to ensure that all clients' assessments are up to date. If clients are in need of a re-assessment, the grantee will be responsible for contacting the appropriate case coordinator to ensure re-assessments are completed and up to date.

4. TERMINATION OF HDM

Services will be discontinued when (1) the client dies, (2) the client leaves the service area, (3) the client no longer meets the eligibility requirements for HDM, (4) the client no longer needs the service or an alternative resource is providing the service to meet this need, (5) the client no longer wants the service, (6) other extra-ordination and/or exceptional circumstances, or (7) the client is not home to receive the meal.

- **PROCEDURES FOR TERMINATING SERVICE (ITEMS 1-7 ABOVE)**

If the Nutrition Service Grantee observes that condition 3 for terminating service exists, the Nutrition Service Grantee will telephone the CCU to request a review/re-assessment within two (2) working days. The review/re-assessment will take place within five (5) workdays from the date that the request for a re-assessment is made.

When any re-assessment by the CCU indicates that one of the conditions for terminating services exists, the CCU will notify the Nutrition Service Grantee using the **Notice of Service Termination** no later than one (1) workday from the date of the re-assessment. The CCU will also inform the client when the client is no longer eligible for HDM. The case manager may discuss termination of meals with the client at the time of the re-assessment visit, and also, must document the same by sending written notification to the client before the date of the last meal delivery.

If the Nutrition Service Grantee observes that one of the conditions 1,2,4, or 5 exists, service should be discontinued immediately and the Nutrition

Service Grantee must notify the CCU within one (1) working day using the **Notice of Service Termination form**.

CONDITIONS FOR TERMINATION (ITEMS 6 OR 7, ABOVE – Must be observed by Nutrition Service Grantee staff/volunteer or CCU)

Group A

- Not at home at time of delivery
- Vigorous/strenuous physical labor
- Participant in recreational or social activities outside of the home without assistance
- Client observed driving regularly
- Capable adult observed in the home upon meal delivery on a regular basis

Group B

- Threat of bodily injury (dogs, weapons, etc.)
- Extreme verbal abuse
- Lewd and lascivious behavior

• **PROCEDURES FOR TERMINATING SERVICE (ITEM 6 AND 7, ABOVE)**

When a Nutrition Service Grantee's employee or volunteer observes a condition for termination, the Nutrition Service Grantee must secure a written report concerning from the employee or volunteer observing the condition. A copy of the report will be sent to the CCU immediately.

In the case of a Group A condition, the CCU shall contact the client after each documented incident, explain the problem, and notify the client that should the client have three (3) incidents within 90 days, the client loses HDM eligibility.

In the case of a Group B condition, the CCU shall contact the client, explaining the problem and notifying the client of the loss of HDM eligibility; i.e., only one instance of any of these types of behavior is necessary for terminating services.

Clients that are terminated cannot be re-assessed for 180 days after removal, except for emergency reasons.

The CCU, after discussion with the Nutrition Service Grantee, will notify the client when terminated.

NOTE: It is the responsibility of the Nutrition Service Grantee to notify the CCU when a client is no longer participating in the HDM program for any of the reasons listed above except in the case of the CCU has determined

the client is no longer eligible. The **Notice of Service Termination** should be utilized for this notification and must be submitted to the CCU no later than one (1) working day following the termination of meal service.

5. HDM WAITING LIST GUIDELINES

From time-to-time, HDM demand outstrips budgeted capacity beyond normal variations, and threatens to upset the annual budget. In these instances, AgeSmart will work with the Nutrition Service Grantee to create a waiting list or find another remedy to better manage program demand and corresponding expenses.

It is the expectation of AgeSmart that the HDM budget for the Nutrition Service Grantee is a 12-month budget. Every effort must be made to manage demand effectively to assure that HDM services will be available at a rate of roughly 1/12th (8.5%) of the annual budget each month. Examining NAPIS data readily indicates the need for a waiting list.

HDM waiting lists may be authorized solely by AgeSmart; however, the Nutrition Service Grantee or AgeSmart may initiate discussion to create a waiting list. If the waitlist is authorized by AgeSmart, the Nutrition Service Grantee must report monthly (HDM Waiting List Status Report) on the status of the waiting list to the appropriate AgeSmart employee and the CCU. This monthly report must identify the number of persons on the waiting list and must update AgeSmart on any other matters relevant to managing the waiting list.

Procedure for initiating a waiting list:

The Nutrition Service Grantee must inform AgeSmart via letter or e-mail to request the establishment of a waiting list for HDM. AgeSmart Community Resources may also initiate a waiting list. (Note: A waiting list will be comprised of all eligible persons.)

AgeSmart program staff and/or fiscal staff will hold a conference in person or via phone with the Nutrition Service Grantee no later than 5 working days from the receipt of the Grantee's request. AgeSmart's program and fiscal staff will examine the information and present a decision regarding the necessity of establishing a waiting list and the Nutrition Service Grantee will be notified in writing of AgeSmart's decision within 2 working days. Should the Nutrition Service Grantee disagree with the decision, a review conference with AgeSmart's Chief Executive Officer may be requested.

Should a waiting list be established, the following will occur:

AgeSmart will immediately notify the Case Coordination Unit (CCU), informing them that the Nutrition Service Grantee name and the date the waiting list will begin.

The Nutrition Service Grantee will keep a record of all persons placed on the waiting list, by date, following assessment by the CCU. No person may be placed on the waiting list without a recommendation for HDM from the CCU. Persons will be taken off the waiting list for service in order of their registration with the Nutrition Service Grantee (first on, first off). Should the Nutrition Service Grantee become aware of a client in need of Emergency HDM, the Nutrition Service Grantee should notify AgeSmart regarding service.

After receiving a HDM assessment from the CCU, the Nutrition Service Grantee will return the Service Acceptance Determination Notice form to the CCU indicating the client will be put on the waiting list.

The Nutrition Service Grantee must notify AgeSmart immediately if conditions change and the Nutrition Service Grantee is able to eliminate the waiting list.

When it becomes possible to take someone off the waiting list, it is the responsibility of the Nutrition Service Grantee to verify, by telephone, the prospective client's desire for HDM prior to beginning actual delivery.

Once it is determined that a client is coming off the waiting list (either for service to begin or for declining service), the Nutrition Service Grantee must send another Service Acceptance Determination Notice form to the CCU indicating the date service is to begin or a Notice of Service Termination form indicating the reason for termination. (If for some reason a client on a waiting list notifies the CCU that the meals are no longer needed, the CCU must send a Notice of Service Termination Form to the Nutrition Service Grantee.) AgeSmart staff will report to their Board of Directors, monthly, pertinent information regarding the current status of the waiting lists throughout the PSA.

DATA COLLECTION

All participants will be entered into AgingIS. Nutrition Service Grantees must keep detailed, legible and accurate daily logs of all HDM. Appropriate forms will be kept by both the CCU and the Nutrition Service Grantee in a locked filing cabinet. All information will be kept confidential. Refer to the Home Delivered Meals forms for a listing of forms and which are required to be on file.

- **NAPIS (National Aging Program Information System) Reporting:**
 - All participants will be entered into AgingIS.

- Grantees must keep detailed, legible and accurate daily logs of the service.
- Grantees must complete client demographics information in Client Registration that is required by the State.
- The State requires detailed client characteristics for HDM participants. Grantees must complete ADLs/IADLs information for each HDM client. Age, Gender, Ethnicity, Race, Number in Household, and Low Income data must be completed. Grantees may use their best professional judgment and enter the best possible data.
- Number in Household (Living Alone Status): Enter the number of person(s) in household. Living Alone status is a one person household where the householder lives by himself/herself in an owned or rented place of residence in a non-institutional setting including assisted living units and group homes.
- Poverty (Low Income): A person whose income is at or below the federal poverty guidelines is considered to be in poverty or low income.
- Grantees will complete **monthly data audit** to ensure that client demographic information is accurate and complete.

MONITORING

Nutrition Service Grantees will be monitored by AgeSmart for compliance in record keeping, food handling, service delivery, donation collection and other necessary areas. Announced and unannounced site visits will be conducted.

EMERGENCY PREPAREDNESS

Nutrition Service Grantees are required to have written procedures for staff and volunteers for checking consumers' well-being in the event of emergency situations including severe weather and collaborate with local emergency responders.

OTHER REQUIREMENTS

- The maximum number of meals per day is one (1) per client, unless provisions have been made to provide frozen meals for the purpose of consumption on days in which home delivery is not feasible.
- Each Grantee must provide for HDM at least once a day, five weekdays. The normal number of meals allowed per client is five (5), however, this number (more/less) is dependent on the assessment done by the CCU.
- Under no circumstances shall the meal be delivered to a 3rd party except at the residence and then only to a person who lives or works there.

- Nutrition education will be included regularly with proof provided to AgeSmart Community Resources during the monitoring visit.
- Adhere to all applicable AgeSmart, local, state, IDOA and ACL regulations concerning the operation of a HDM program, including all applicable state and local health and safety standards, and dietary requirements. Copies of all inspection reports and relevant correspondence from other regulatory agencies must be submitted to AgeSmart.
- Nutrition Service Grantees shall practice full disclosure about its operations and inform AgeSmart Community Resources of any and all concerns.
- Nutrition Service Grantees are encouraged to refer to the HDM service as Meals on Wheels (MOW).
- Grantees will use the AgeSmart logo on facilities, webpages, newsletters and brochures. All logo and branding standards are available to Grantees. Along with branding the following statement must be used by Grantees:

Funding for Grantee is received from the United States Administration for Community Living, the Illinois Department on Aging and AgeSmart Community Resources. Grantee does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have the right to file a complaint with AgeSmart Community Resources by calling 618-222-2561.

- The Grantee shall conduct pre-employment criminal background checks for all employees of AgeSmart funded programs. The Grantee shall also conduct criminal background checks on volunteers participating in AgeSmart funded programs with access to confidential client information including, but not limited to addresses, social security numbers, financial info, etc.

IDOA Requirements

Service Activities Which May Be Funded Include:

1. Preparation of Meals;
2. Service of Meals;
3. Transport of Meals;
4. Nutrition Education; and
5. Outreach

Each HDM Grantee Must:

- Provide for HDM at least once a day, five weekdays. Meals may be hot, cold, frozen, dried, canned, or supplemental food with a satisfactory storage life. Individual recipients may receive service less than five days a week with AgeSmart's approval based on the CCU assessment and recommendation.
- Bring to the attention of appropriate officials for follow-up, conditions or circumstances, which place the older person or the household in imminent danger, with the consent of the older person when the older person is able to give consent.
- Coordinate with other appropriate services in the community.
- Not limit their participation to their own membership or otherwise show preferential treatment for such membership, if operated by special interest groups, such as churches, social organizations, homes for the elderly, senior housing developments, etc.
- Have procedures for obtaining the views of participants about the services they receive and involve participants in the planning and operation of nutrition services and other programs provided for their benefit as outlined in Objective 10 of the Older Americans Act.
- Solicit the expertise of an Illinois Licensed Dietitian Nutritionist (or Illinois licensed Health care practitioner whose license includes nutrition services) based on the requirements of the state Dietetic and Nutrition Services Practice Act, Section 15.

An individual licensed to practice dietetic or nutrition services in another state that has licensure requirements considered by the Illinois Department of Financial and Professional Regulation to be at least as stringent as the requirements for licensure under the Illinois Act, may review and approve menus. Although nutrition service providers do not have to include licensed dietitians on staff, state rules do require that licensed dietitians are involved in the review and approval of menus. Menu planning and review can be arranged through subcontracts or volunteer agreements.

- Follow appropriate procedures to preserve nutritional value and food safety, in purchasing food, and preparing and delivering meals.
- Provide special menus, where feasible, appropriate and possible, to meet particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals.

- Comply with all State and local health laws and ordinances concerning preparation, handling and serving food.
- Make arrangements for the availability of meals to older persons in weather-related and other emergencies, where feasible, and appropriate, that may prevent the delivery of service. Procedures for service delivery during weather-related and other emergencies must be provided to AgeSmart within 90 days of grant award notification or no later than December of the fiscal year within which the grant was awarded.
- Provide a minimum of five days of shelf-stable meals to home-delivered meals participants to be used in the event of emergencies, weather-related conditions, pandemics, or civil unrest that would prevent the delivery of their home-delivered meals. Shelf-stable meals must comply with the dietary requirements for OAA nutrition services.
- Ensure that each meal contains at least one-third (1/3) of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.
- Must assist participants in taking advantage of benefits under any approved food stamp program such as LINK. The Grantee must coordinate its activities with agencies responsible for administering the food stamp program to facilitate participation of eligible older persons in the program.
- Provide nutritional education on at least a semiannual basis to participants in the HDM program. It is strongly recommended that nutrition education be provided quarterly to HDM participants and more frequently if possible. The purpose of the nutrition education is to inform individuals about available facts and information that will promote improved food selection, eating habits, nutrition, and health related practices. Coordination with community resources encouraged in the provision of nutrition education services. These activities are designed to:
 - Assist older persons in obtaining the best nutritional services available within their resources;
 - Aid older persons in making sound food choices consistent with the Dietary Guidelines for Americans, and in obtaining the best food to meet national needs;
 - Increase awareness of community-sponsored health programs that encourage and promote sound nutritional habits and good health; and
 - Assist older persons, where feasible, in the area of therapeutic diets as required by health or social condition.

MEAL PLANNING

Menus must be:

- Planned in advance for a minimum of one month with repetition of entrees and other menu items kept at a minimum. If a cycle menu is utilized, there shall be at least three cycles per year. If the cycle is at least 6 weeks or greater in length, there shall be at least 2 cycles per year;
- Approved by the provider's licensed dietitian nutritionist as defined in the IDOA service guidelines listed previously.
- Posted with serving dates indicated in a location conspicuous to participants at each congregate meal site as well as in each preparation area;
- Legible and easy to read (It is recommended that menus be printed in the language(s) of the participant group.);
- Adhered to, subject to seasonal availability of food items; and
- Kept on file with the signed menu approval sheet, with any changes noted in writing, for at least three years.

MENU PATTERN

Grantees shall use the menu pattern for each meal that follows:

- **Requirements for One or Two Meal(s) Daily**

Each meal must provide*:

- (1) Serving lean meat or meat alternate: 3 ounces of edible cooked meat, fish, fowl, eggs or meat alternate
- (2) Serving(s) vegetables: ½ cup equivalent – may serve an additional vegetable instead of a fruit
- (1) Serving fruit: ½ cup equivalent – may serve an additional fruit instead of a vegetable
- (2) Servings grain, bread or bread alternate, preferably whole grain: for example, 2 slices of whole grain or enriched bread 1 ounce each or 1 cup cooked pasta or rice
- (1) Serving fat free or low fat milk or milk alternate: 1 cup equivalent

*Margarine and dessert are optional and must be counted in the calories, fat and sodium totals, if served in addition to above components.

- **Requirements for Three Meals Daily**

The three meals combined must provide:

- (2) Servings lean meat or meat alternate: 6 ounces of edible cooked meat, fish, fowl, eggs or meat alternate
- (3-4) Servings vegetables
- (2-3) Servings fruit
- (6-9) Servings whole grain/enriched grain, bread or bread alternate
- (3) Servings fat free or low fat milk or milk alternate

- **Meat or Meat Alternate**

- Three ounces (providing at least 19 g protein) of lean meat, poultry, fish or meat alternate should generally be provided for the lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating.

Meat (1 ounce) alternates include:

1 medium egg

1-ounce cheese (nutritionally equivalent measure of pasteurized process cheese, cheese food, cheese spread, or other cheese product)

½ cup cooked dried beans, peas or lentils

2 tablespoons peanut butter or 1/3 cup nuts

¼ cup cottage cheese

½ cup tofu

1 ounce of soy type burger

- A one ounce serving or equivalent portion of meat, poultry, fish, may be served in combination with other high protein foods.

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- Protein/lean meat /meat alternate items containing textured vegetable protein and providing at least 19 g protein in a (3 oz) serving may be served.
 - Except to meet cultural and religious preferences and for emergency meals, serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive meals or on consecutive days should be avoided.
 - Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non-imitation product) cannot be served as meat alternates.
 - To limit the sodium content of the meals, serve no more than once a week cured and processed meats (e.g., ham, smoked or Polish sausage, corned beef, wieners, luncheon meats, dried beef).
 - To limit the amount of fat, especially saturated fat, and cholesterol in meals, regular ground meat should be served no more than twice weekly when one meal is provided, four times weekly if two meals are provided, and no more than 6 times a week if three meals are provided.
 - **Vegetables**
 - A serving of vegetable (including cooked dried beans, peas and lentils) is generally $\frac{1}{2}$ cup cooked or raw vegetable; or $\frac{3}{4}$ cup 100% vegetable juice, or 1-cup raw leafy vegetable. For pre-packed 100% vegetable juices, a $\frac{1}{2}$ cup juice pack may be counted as a serving if a $\frac{3}{4}$ cup pre-packed serving is not available.
 - Fresh, frozen or unsalted canned vegetables are preferred instead of canned vegetables containing salt.
 - Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total $\frac{1}{2}$ cup per serving.
 - At least one serving from each of the five vegetable subgroups must be included in a weekly menu. The five vegetable subgroups include dark green vegetables, orange vegetables, cooked dry beans and peas, starchy vegetables, and “other” vegetables.
 - A serving of cooked legumes (dried beans, peas and lentils) must be included twice each week, if one meal is provided; 4 servings per week must be included, if two or three meals are provided.
 - **Fruits**
 - A serving of a fruit is generally a medium apple, banana, orange, or pear; $\frac{1}{2}$ cup chopped, cooked, or canned fruit; or $\frac{3}{4}$ cup 100% fruit juice. For

pre-packed 100% fruit juices, a ½ cup juice pack may be counted as a serving if a ¾ cup pre-packed serving is not available.

- Fresh, frozen, or canned fruit will preferably be packed in juice, without sugar or light syrup
- **Grain, Bread or Bread Alternate**
 - A serving of grain or bread is generally 1 slice (1 ounce), whole grain or enriched; ½ cup cooked whole grain or enriched pasta or grain product; or 1 ounce of ready-to-eat cereal. **Priority should be given to serving whole grains.** Grain, bread and bread alternates include:
 - 1 small 2-ounce muffin, 2" diameter
 - 2 mini muffins
 - 2" cube cornbread
 - 1 biscuit, 2" diameter
 - 1 waffle, 4" diameter
 - 1 slice French toast
 - ½ slice French toast from "Texas toast"
 - ½ English muffin
 - 1 tortilla, 4-6" diameter
 - 1 pancake, 4" diameter
 - ½ bagel
 - 1 small sandwich bun (<3" diameter)
 - ½ cup cooked cereal
 - 4-6 crackers (soda cracker size)
 - ½ large sandwich bun
 - ¾ cup ready to eat cereal
 - 2 graham cracker squares

½ cup bread dressing/stuffing

½ cup cooked pasta, noodles or rice

prepared pie crust, 1/8 of a 8" or 9" two-crust pie

½ cup cooked grain product in serving of fruit "crisp" or cobbler

A variety of enriched and /or whole grain products, particularly those high in fiber, are recommended.

Two serving's whole grain products must be served at least twice a week when one meal is provided; 4 servings whole grain products must be served per week when 2 meals are provided; 6 whole grain products must be served per week when 3 meals are provided.

Grain/bread alternates do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains. These foods are included in the vegetable food group.

• **Milk or Milk Alternates**

One cup skim, low fat, whole, buttermilk, low-fat chocolate milk, or lactose-free milk fortified with Vitamins A and D should be used. Low fat or skim milk is recommended for the general population. Powdered dry milk (1/3 cup) or evaporated milk (½ cup) may be served as part of a home-delivered meal.

- Milk alternates for the equivalent of one cup of milk include:

1 cup fat free or low fat milk

1 cup yogurt, fat free or low fat

1 cup fortified soymilk

1 ½ cups cottage cheese, low fat

8 ounces tofu (processed with calcium salt)

1½ ounces natural or 2 ounces processed cheese

NUTRIENT VALUES FOR MEAL PLANNING AND EVALUATION

The table below presents the most current DRIs and other nutrient values to use when planning and evaluating meals. Values are provided for serving 1, or a

combination of 2 or 3 meals for 1-day consumption for the average older adult population served by nutrition programs.

Menus that are documented** as meeting the nutritional requirements through menu analysis must have written documentation, which supports the following nutrients, are provided:

Nutrient	Amount Required	Notes
Calories (cal)	685 calories per meal averaged over one week	No one meal may be less than 600 calories
Protein (gm)	19	
Carbohydrate (gm)	43	
Fat (gm)	15-23 ≤ 30% calories averaged over one week	No one meal may be more than 35% fat
Fiber (gm)	10	
Vitamin A (ug)	300	
Vitamin C (mg)	30	
Vitamin E (ug)	5	
Vitamin B6 (mg)	.6	
Folate (ug)	133	
Vitamin B12 (ug)	.8	
Calcium (mg)	400	
Magnesium (mg)	140	
Zinc (mg)	3.7	
Potassium (mg)	1567	
Sodium (mg)	<800, averaged over one week	No one meal more than 1000 mg

**A Menu Approval Sheet is provided to Nutrition Services providers for the licensed dietitian nutritionist to use in documenting that nutritional requirements are met by the menu through meeting the meal pattern requirements or through carrying out a nutritional analysis of menus.

Specific Nutrient Sources

- **Vitamin A**

Each day each meal must provide at least 300 mg vitamin A through foods served.

- To ensure this amount of vitamin A is provided when the meal pattern is followed, vitamin A rich foods must be served 2 to 3 times per week for one meal per day.

- When serving 2 meals per day, vitamin A rich foods must be served 4 to 6 times per week.
- One rich source or two fair source servings may be used to meet the requirements.
- Some examples of **rich** sources of vitamin A include:
Apricots, Cantaloupe, Collard greens, Kale, Mango, Spinach
Turnip greens & other dark greens, Winter squash (Hubbard, Acorn, Butternut), Carrots and sweet potatoes
- Some examples of **fair** sources of vitamin A include:
Apricot Nectar, Broccoli, Tomato Sauce, Pumpkin,
Vegetable Juice

- **Vitamin C**

Each day each meal must provide at least 30 mg vitamin C through foods served.

- To ensure this amount of vitamin C is provided when the meal pattern is followed, vitamin C may be provided as one serving of a rich source, 2 half servings of rich sources or 2 servings of fair sources.
- When serving one meal per day, 1 rich or 2 fair sources must be served.
- When serving 2 meals per day, 2 rich or 4 fair sources must be served.
- When serving 3 meals per day, 3 rich or 6 fair sources must be served.
- Fortified, full-strength juices, defined as fruit juices that are 100% natural juice with vitamin C added, are vitamin C-rich foods.
- Partial-strength or simulated fruit juices or drinks, even when fortified, may not count as fulfilling this requirement, except cranberry juice.
- Some examples of **rich** sources of vitamin C include:
Broccoli, Brussels sprouts, Cantaloupe, Cauliflower, Fruit juices, fortified Grapefruit, Grapefruit juice, Green pepper, Honeydew, Kale, Kiwi, Mango, Mandarin oranges, Oranges/orange juice, Strawberries, Sweet potatoes, Yams, Sweet red pepper,

Tangerines

- Some examples of **fair** sources of vitamin C include:
Asparagus, Cabbage, Collard greens, Mustard greens,
Pineapple, Potatoes, Spinach, Tomato/tomato juice/sauce, Turnip
greens, Watermelon

FOOD PREPERATION RECOMMENDATIONS

- When cooking, use salt sparingly or eliminate entirely by using spices, herbs or other seasoning. To flavor foods, use salt-free seasoning, lemon juice, lime juice or vinegar.
- Minimize the use of fat in food preparation. Fats should be primarily vegetable sources and in a liquid or soft (spreadable) form that is low in hydrogenated fat, saturated fat, and cholesterol. Limit fat to no more than 20-35 percent of the calories average for the week.
- Each meal should contain at least 10 grams of dietary fiber. Use whole grains, meat alternatives, and fruits and vegetables to increase the fiber content of the menus. A listing of fiber content of grains, vegetables and fruits is available to service providers. By consulting this listing and ensuring that a minimum of 10 g fiber is included through foods served on a daily basis, providers will meet the fiber requirements.
- Reflect seasonal availability of food;
- Plan so that food items within the meat and meat alternatives, vegetable, fruit and grain/bread groups are varied within the week and menu cycle;
- Include a variety of foods and preparation methods with consideration for color, combinations, texture, size, shape, taste and appearance;
- Do not provide vitamin and/or mineral supplements, except as specified in Nutrition Supplements below;
- Use low-sodium meats, flavorings, and seasonings;
- Use low-fat salad dressing, spreads, cheese and gravies (made without drippings and fats);
- Bake, broil, steam or stew foods in place of frying food in fat;
- Provide drinking water to encourage fluid intake. Dehydration is a common problem in older adults. Other beverages such as soft drinks, flavored

(preferably sugar-free) drinks, coffee, tea and decaffeinated beverages may be used, but cannot be counted as fulfilling any part of the meal requirements. Nonnutritive beverages do not help meet nutrition requirements but can help with hydration.

- Desserts may be provided as an option to satisfy the caloric requirements or for additional nutrients. Desserts such as fruit, whole grains, low fat or low sugar products are encouraged. Fresh, frozen, or canned fruits packed in their own juice are encouraged often as a dessert item, in addition to the serving of fruit provided as part of the meal. However, if a dessert contains at least $\frac{1}{2}$ cup of fruit it may be counted as a serving of fruit. A dessert containing at least $\frac{1}{2}$ cup enriched/whole grain product may be counted as a serving of grain. For example, a serving of two-crust (approx. $\frac{1}{8}$ of 8" or 9" pie) fruit pie that contains at least $\frac{1}{2}$ cup fruit is counted as one serving fruit and one serving grain.
- Ethnic or religious menus must approximate as closely as possible (given religious requirements or ethnic background) the regular meal pattern and nutrient content of meals as previously stated.
- Meals served in accordance with the meal standards are appropriate for persons with chronic disease, such as diabetes, heart disease and hypertension.

NUTRITION SUPPLEMENTS

Nutrition supplements, including liquid or bars, may be made available to participants based on documented, assessed need as determined by a licensed dietitian, nutritionist or a physician. Such products cannot replace conventional meals unless a physical Disability warrants their sole use. Nutrition supplements are not reimbursable under the Older Americans Act or by AoA.

FOOD BORNE ILLNESS COMPLAINT REPORTING REQUIREMENTS

- In the event that a Nutrition Service Grantee receives a complaint or report of symptoms of food borne illness, the Nutrition Grantee shall;
 - Notify the local health department immediately to initiate an investigation; and
 - Notify AgeSmart within 24 hours of the investigative procedures in progress.
- AgeSmart Community Resources shall notify the IDOA within three working days of a reported food borne illness. Thereafter, periodic updates shall be provided regarding the progress and findings of the investigation.

FOOD SERVICE REQUIREMENTS

Nutrition Service Grantees must comply with applicable provision of the state or local laws regarding the same and sanitary handling of food, equipment, and supplies used in the storage, preparation, service and delivery of meals to an older individual.

TRAINING

- Training in fire and safety regulations must be provided during the orientation of staff new to the program and, at a minimum, once a year thereafter. The training will include, but not be limited to rules for safe work, and fire and safety regulations. Where feasible or possible, state or local officials should be involved in the development of training materials and program. In situations where regulations do not exist, or their applicability is questioned, the provider shall contact the appropriate State agency that establishes fire or safety standards (e.g., State Fire Marshall, etc.).
- **Certified Food Protection Manager Certification:**
Effective January 1, 2018, the Illinois Department of Public Health will no longer issue Food Service Sanitation Manager Certifications (FSSMC). Additionally, the Illinois Department of Public Health will no longer post course listings, or certify instructors/proctors. Please note, the Illinois Food Code still requires a valid IL FSSMC per 750.540 through the end of 2017.

The Certified Food Protection Manager certification will replace the Illinois Food Service Sanitation Manager Certification. Beginning January 1, 2018, an ANSI accredited Certified Food Protection Manager (CFPM) certification obtained through a course and passing the exam are still required, but required nutrition staff will not need to apply for the additional Illinois FSSMC certificate. The City of Chicago will still maintain their certification.

The Illinois Department of Public Health and the Illinois Department on Aging require that meal site supervisors receive the above CFPM certification.

- Congregate meal sites are classified as “Category I Facilities” due to the type of population served by the congregate meal site (e.g., immune-compromised individuals such as the elderly comprise the majority of the consuming population).
- The nutrition project shall have at each congregate site and/or distribution point, a site supervisor either paid or volunteer, who is responsible for all activities on-site when the site is open. The site supervisor must have successfully completed the Illinois Department of Public Health’s Food Service Sanitation certification training and have a current registration. All staff and volunteers working in the food preparation and food serving area shall be under the supervision of the site supervisor who will ensure the application of hygienic techniques and practices in food handling, preparation, service and delivery.

- Food Handlers: Due to the requirements of the Food Handling Regulation Enforcement Act (410 ILCS 625), all food handlers employed by the nutrition provider (where the nutrition site is not located in a restaurant), other than someone holding a food service sanitation manager certificate, must receive or obtain training in basic food handling principles by July 1, 2016.

Definition of Food Handler: "Food handler" means an individual unpackaged food, food equipment or utensils, or food-contact surfaces. "Food handler does not include unpaid volunteers in a food establishment, whether permanent or temporary.

Paid delivery drivers are required to receive the food handler training since many of them assist with packaging home delivered meals and are responsible for temperature control and cross-contamination.

New employees shall receive training within 30 days after employment. All food handlers must renew their training every three years.

Proof that a food handler has been trained shall be available upon reasonable request by the Illinois Department of Public Health or a local health department inspector and may be in electronic format.

Food handlers training for those that work in non-restaurant facilities is good for three years and is not transferable between employers.

Nutrition programs and site volunteers performing food handling duties are not required by the Illinois Department of Public Health to receive the required training as outlined in the Food Handling Regulation Enforcement Act; however, the Illinois Department on Aging strongly encourages that nutrition programs require their volunteers to obtain such training. If the volunteers do not obtain the training based on the Food Handling Regulation Enforcement Act, the nutrition program must provide basic training to volunteers that will include but not be limited to: safe food handling, food borne illnesses, hygienic practices of personnel, equipment sanitation, dishwashing procedures, and facility sanitation.

The food handling training must comply with the requirements of the Illinois Department of Public Health's administrative rules.

Training can be taken online, computer, classroom, live trainer, remote trainers and certified food sanitation managers. Approved training programs can be found on Illinois Department of Public Health web-site.

The Illinois Department of Public Health has approved a "Food Safety on the Go" as a free food handler training program for the Title III nutrition service providers. This can be found at: <https://nfsc.umd.edu/extension/food-safety-go>

Course Books, PowerPoint presentations, pre-test and post-tests, trainer guides,

and module recordings are available at the above web site.

Module 1 (Food Safety Basics), Module 4 (Food Service Workers) and Module 5 (Drivers) are the required sections that must be completed by the employees of the nutrition provider.

Training may be conducted on-line with a computer or in a classroom setting with certified food service sanitation managers. Food handlers must take the pre-test and post-test exams, which can be used to document that the food handler has taken the required training; and proof of training shall be available upon request of the local health department.

If the nutrition program does not use the “Food Safety on the Go” training program or a training program that is listed on the Illinois Department of Public Health web site, they must submit a food handler training program to the Illinois Department of Public Health for its review and approval.

All staff working in the food preparation and food serving area shall be under the supervision of a person who will ensure the application of hygienic techniques and practices in food handling, preparation, service and delivery.

FOOD TEMPERATURES

- Food temperatures at the time of delivery must be no less than **140 F** degrees for hot foods and no more than **41 F** degrees for cold foods.
- For delivery routes less than two hours, the temperature of the food should be checked and documented at the end of the delivery route requiring the longest delivery time on a regular basis, not less than one time per month.
- If a nutrition service provider has meal delivery routes that are longer than two hours, the nutrition service provider must check temperatures on a **weekly basis** at the end of these delivery routes. This specific requirement does not apply if the nutrition service provider uses a temperature-controlled oven, freezer and refrigerator equipped vehicles that have digital temperature displays or provides frozen meals.
- Failure to adhere to food temperature requirements violates state and local health regulations and may result in severe illness for the participant.

PACKAGING AND PACKAGING STANDARDS FOR HDM

- All meals packaged at nutrition sites must be individually packaged first (before congregate meals are served, if the site is also a congregate meal site) and

packed in secondary insulated food carriers with tight fitting lids and transported immediately.

- All meals packaged at food preparation centers must be individually packaged and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
- Only specially treated cardboard, aluminum foil or Styrofoam divided containers can be used for hot food. Biodegradable products are encouraged. The lids must provide an airtight seal. Bread must not be placed on the top of the other food.
- Hot food should be served, packaged, sealed (tightly-fitted lids), and placed into insulated food carriers as soon as possible. The most rapid heat loss in a home delivered meal occurs between packaging and loading them into carriers.
- Cold food should be served, packaged, sealed (tightly-fitted lids), and placed into a cooler or cold chest as soon as possible. The nutrition provider should use coolers which are only as large as necessary to pack cold food. Large coolers packed nearly full maintain temperatures better than partially full chests or small coolers filled to capacity. This requirement does not apply if the nutrition service provider uses a temperature controlled refrigerator-equipped vehicle.
- Frozen meals must be maintained in a frozen state during storage, transportation and delivery. Frozen meals should be transported in a chest or cooler with a tightly fitted lid. The nutrition service provider should place ice packs on top of frozen meals. This requirement does not apply if the nutrition service provider uses a temperature controlled, freezer- equipped vehicle.
- Cold and hot foods must be packaged and packed separately.
- Appropriate individual containers with tight fitting lids must be used for all cold food; “sandwich” type bags, which can be sealed, may be used for bread.
- Temperature checks for bulk food should be taken on a daily basis, immediately prior to the packaging procedure. The hot food should be at least 180 degrees F. Food temperatures at the time of delivery must be no less than 140 degrees F for hot food and no more than 41 degree for cold foods.
- All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.

OTHER REQUIREMENTS:

- Nutrition service providers must advise home delivered meal participants when enrolled in the nutrition program that hot meals should be consumed

immediately after delivery and/or must ensure that instructions for proper heating, storage, and handling of meals are provided.

- A nutrition program utilizing frozen meals in any capacity must provide instructions for participants regarding safe meal storage and preparation. Information must be provided before the first meal is delivered. Information specific to frozen meals, such as contents and expiration dates, must be included in writing with the meals at the time of delivery. Frozen meals that have been thawed or have broken packaging should not be provided to participants.
- Delivery vehicles should be inspected by nutrition programs to ensure that the interiors of the vehicles are clean and maintained for sanitary purposes.

INSURANCE REQUIREMENTS/PRODUCT LIABILITY

The Grantee shall procure, maintain, and furnish AgeSmart Community Resources with documentation (on request) the following:

- Comprehensive bodily injury and property damage liability (Liability amounts \$300,000/\$100,000 each occurrence.
- Product liability, amount to be determined by the Grantee to meet needs.

DELIVERY PROCEDURES

HDM delivery staff will be trained in basic food safety, emergency assistance procedures, and how to observe and communicate observed problems to the Nutrition Service Grantee. Volunteers will be given adequate route directions, route maps, delivery log sheets, and emergency contact phone numbers. HDM meals must be accepted by the participant, another person who lives at the same address, or a person who works at that address. Delivery staff must report any unusual behaviors or activities in confidence to the HDM site supervisor who in turn will contact the appropriate authorities. If a participant is unconscious or in obvious distress, the delivery person must call for help immediately.

REIMBURSEMENT

The Grantee may receive 1/12th of the grant amount up front and then be reimbursed monthly for units served the previous month. **Should reporting be late, reimbursement may be withheld.**

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) FOR THE EDLERLY

Nutrition service providers are eligible to receive Administration for Community Living (ACL) cash assistance in the form of a funding allocation for meals served through ACL's NSIP Program for the Elderly. Allocated funding may be claimed for meals that:

- Meet the dietary guidelines as specified in the service guidelines;

- Are served to eligible participants, which include persons 60 years of age or older, their spouses, disabled persons and volunteers, as described in “Eligibility” section of the service guidelines; NSIP reimbursement may NOT be claimed for meals served to guests or staff under 60 years of age.
- Are served by an agency that has received a grant under Title III of the Older Americans Act and is under the jurisdiction, control, management, and audit authority of an AAA or the IDoA; and
- Are provided with no set fee charged to the recipients.

NSIP FUNDS:

- Shall be used to increase the total number of meals served;
- Shall only be used to purchase U.S. agricultural commodities and other foods; and
- Shall not be used to off-set program costs or as non-federal matching funds for any other federal program.

Number of meals reported in monthly NSIP reports must equal units reported in NAPIS.

Funding through NSIP is provided to all OAA Title III-C2 nutrition services for all OAA Title III-C2 eligible participants on a per meal basis. NSIP reimbursement is included with the monthly unit reimbursement for the same number of meals that were provided to OAA Title III-C2 eligible participants.

Fiscal Guidelines for All Title III Programs

Program Income

Program Income is defined as contributions made by recipients of service and interest on such contributions.

A. Program income includes, but is not limited to:

1. Contributions of recipients of service and interest on such contributions.
2. Income from service fees obtained through the use of a sliding fee scale or suggested fee schedule.
3. Proceeds from the sale of personal or real property with an acquisition cost of less than \$5,000.
4. Usage or rental fees.
5. Sale of assets purchased with grant funds with an acquisition cost of less than \$5,000.
6. Royalties on patents and copyrights.

B. The following specific revenues shall **not** be included as program income:

1. Interest income on State funds whether earned on advances or the "float". This does not include interest on contributions made by recipients of service under a project which is considered program income.
2. Rebates, discounts, and recoveries.
3. Income earned by individuals or a group of project participants, when such income accrues directly to the participants.
4. Revenues raised by a grantee or contractor which is a government under its governing powers, such as taxes, special assessments, etc.
5. Tuition and related fees received by an institution of higher education for a regularly offered course taught by an employee performing under a grant or contract.
6. Proceeds from the sale of personal or real property with an acquisition cost of more than \$5,000.
7. Sale of assets purchased with grant funds where the acquisition cost was more than \$5,000.
8. Contributions made by representatives of service recipients, relatives, non-related individuals or entities, in behalf of service recipients are not program income, but are considered to be local cash.
9. Organized fund raising activities carried out by Title III grantee agencies.

Allowable Uses of Program Income

A. Additional Costs Alternative.

Under this alternative, the income is used for costs which are in addition to the allowable costs of the project or program but which nevertheless further the objectives of the Federal statute under which the grant was made.

Examples of purposes for which the income may be used are:

1. Expanding the program.
2. Continuing the program after grant ends.
3. Supporting other programs that further the broad objectives of the statute.
4. Obtaining equipment or other assets needed for the program or for other activities that further the statute's objectives.

Award recipients under an Area Plan must receive prior approval AgeSmart Community Resources for costs borne with program income under this alternative.

B. Additional Requirements

1. All program income earned under Title III must stay with the service provider who earns it.
2. All program income earned under Title III, Part B, Part C-1, Part C-2 and Part E must be used only for services allowable under the part from which it was earned except as provided in (6) below.
3. All program income must be expended prior to requesting federal funds from the Department on Aging and must be expended within the fiscal year in which it was earned.
4. All program income received in the form of "cash" must be expended as it is earned to minimize cash draw down.
5. Program income earned as a result of services provided with Title III, Part B or Part E assistance may be used for any service which that contractor is authorized to provide with Title III-B or Title III-E funds.
6. Program income earned as a result of services provided with Title III C-1 or III C-2 must be used:
 - a. To increase the number of meals served by the project involved,
 - b. To facilitate access to such meals, or,
 - c. To provide other supportive services directly related to nutrition services.
7. Prior approval requests to expend program income in excess of the amount approved on the Notification of Grant Award must be submitted on the Program Income Addendum to the Department by no later than prior to September 30th of the current fiscal year (refer to section 900 of this manual for detailed reporting requirements).

C. Special Requirements for Providers Receiving Section 5311 Funds from the U.S. Department of Transportation

All transportation providers receiving support from Section 5311 and Title III-B and/or Title III-E must report rider donations as program income. Program income collected should be reported under Section 5311 and Title III-B and/or Title III-E only to the extent and in direct proportion to each funding source's financial participation. Thus, the same rider donations shall not be reported in the same amount as program income under both funding sources.

Accountability for Program Income

A. Program income must be deposited into an appropriate bank account or converted to money orders on a regular basis.

B. Cash participant contributions should be counted by two (2) persons, placed in a safe, secure place until deposited, deposited intact, and deposit receipts compared with count sheets. Such standards require the accurate recording of amounts collected at the project and site levels and subsequent use of these funds.

C. Grantees must account for program income on an on-going basis, and must report such income to AgeSmart Community Resources through the established financial reporting system.

D. Accounting records and reports submitted by a recipient to AgeSmart Community Resources should provide a clear audit trail on all program income and its uses. Account records and reports should accurately reflect the receipt of such funds **separately** from the receipt of Federal funds, grantee funds, and the use of such resources.

E. Although interest income earned on General Revenue and/or local funds by non-profit organizations is not considered program income, project grantees should maintain adequate accounting records on any interest income earned. The Department must approve AgeSmart Community Resources proposed use of General Revenue Funding interest income as an activity which will further the purpose of the project and the Act.

F. Rebates, discounts, and recoveries on leases should be treated as applicable credits and credited to the Federal grant accounts.

Voluntary Contributions

Each service provider must:

1. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
2. Protect the privacy of each older person with respect to his or her contribution;
3. Establish appropriate procedures to safeguard and account for all contributions; and

4. Use all contributions to expand the services of the provider under this part and supplement (not supplant) funds received under the Older Americans Act.

Nutrition service providers must use all contributions to:

- increase the number of meals served,
- facilitate access to such meals, or
- to provide other supportive services directly related to nutrition services.

The service providers that receive funds under this part **shall not means test** for any service for which contributions are accepted or **shall not deny any older person service because the older person will not or cannot contribute** to the cost of service. Contributions made by older persons are considered program income.