

Oregon Frozen Home-Delivered Nutrition Program Standards

Older Americans Act and Oregon Project Independence

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Program Purpose

According to the Oregon Congregate and Home-Delivered Nutrition Program Standards:

“The Oregon Senior Nutrition Program is part of the continuum of care designed to support independent living of older Oregonians under the Title III...and Title IV... [grants] of the Older Americans Act (OAA).”

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OAA nutrition programs strive to protect the health and dignity of our senior population by offering healthful meals either at congregate dining sites or as a home-delivery service. The benefits of OAA programs include improving nutrition status of seniors, protecting health, preventing disease and social isolation, promoting independent living, and encouraging community involvement.

Older Americans Act Title III, Subpart CII (Home-Delivered Meals)

The Older Americans Act (OAA) provides a portion of funding for nutrition services available to older adults and their caregivers, including home-delivered meals. The reliance on OAA funding varies greatly across the state. The objective for home-delivered meals is to preserve the health, quality of life, and independence of older individuals. Home-delivered meals are currently being served both hot and frozen, and are primarily aimed at seniors who are homebound due to increasing age or health problems. Both of these criteria put homebound seniors at high nutritional risk and in critical need of increased assistance from nutrition support programs.

Oregon Project Independence

Oregon Project Independence (OPI) serves individuals who are 60 years of age or older or who have been diagnosed with Alzheimer's disease or a related disorder, meet the requirement of [long-term care services priority rule](#) and are not receiving Medicaid long-term care services except [Food Stamps](#), [Qualified Medicare Beneficiary](#) or [Supplemental Low Income Medicare Beneficiary Program](#) benefits.

These services are provided statewide through Area Agencies on Aging [local offices](#). Clients with net incomes between 100 percent and 200 percent of Federal Poverty Level (FPL) are expected to pay a fee toward their service, based on a sliding fee schedule. Families with net incomes above 200 percent FPL pay the full hourly rate of the service provided. Allowable services include personal care, homemaker/home care services, chore services, assisted transportation, adult day care, respite, case management, registered nursing services and home delivered meals.

Rationale for Frozen Meals

1. Ensure safety, effectiveness, and integrity of programs serving frozen home-delivered meals as a means to assist an individual to remain living in their own home.
2. Allow Area Agencies on Aging (AAA's) to broaden the provision of meals in their Program Service Area (PSA).
3. Provide client centered care. For example, some clients prefer to set their own meal time and benefit from receiving a frozen meal instead of hot.
4. Increase the flexibility to meet special dietary needs (e.g. gluten free)

Frozen home-delivered meals would broaden the area which is actively being served by providers and consequentially would allow meal providers to reach underserved and vulnerable populations, assisting these individuals to remain in their own homes.

Program Description

Eligibility Criteria for Participants

1. Be 60 years of age or older and homebound by reason of injury, illness, or an incapacitating disability or be otherwise isolated, or
2. Be the spouse or disabled child of any age who resides with a senior who is eligible under this criteria
3. Be 60 or older and physically or mentally predominantly unable to shop for or safely prepare meals to meet minimal nutrition requirements, or
4. Be 60 or older and have an inadequate support system for food shopping or meal preparation, or
5. Be 60 or older and be unable to tolerate a group setting due to physical or mental disability or substance abuse, and
6. Is able to follow basic food safety practices regarding storage and reheating of frozen meals
7. Is cognitively capable of following basic food safety practices regarding storage and reheating of frozen meals
8. Has access to a functioning microwave or alternative heating device, and a freezer with adequate storage capacity
9. Demonstrates consumption of any frozen meals delivered thus far
10. Is approved for eligibility by the AAA or OPI service provider, and
11. Lives within the service area boundaries designated by AAA or OPI service provider

Nutrition Standards

Each frozen meal must be reviewed by a Registered Dietitian (RD) to ensure compliance with a minimum of 33% of established Dietary Reference Intakes (DRIs), current USDA Dietary Guidelines, and Oregon OAA Nutrient Requirements. Please see Appendix A for Special Dietary Needs of the Elderly and Appendix B for Specific Nutrition Requirements according to the Oregon Congregate and Home-Delivered Nutrition Program Standards.

Menu Planning

Menus shall meet nutrition standards. This may mean that not all “typical” foods may be required. For example, if the frozen meal meets calcium and vitamin D requirements, then fluid milk does not need to be included with the frozen meal. However, nutrition programs may find it necessary to supplement fruit and/or fluid milk independently in order to meet nutritional standards in a cost-effective way.

Safety and Sanitation Standards

The provider must be in compliance with applicable federal, state, and local fire, health, sanitation, safety, and building codes, regulations, licensure requirements, and other provisions relating to the public health, safety, and welfare of meal patrons as required in all stages of food service operation.

Frozen Meal Production

All service providers must demonstrate capability of cooling meals in a safe and timely manner (from 140°F to 70°F or below within two hours, and from 70°F to 41°F or less within four more hours). Frozen meals shall be stored in a commercial/industrial freezer. Leftovers from congregate or hot home delivered meals shall not be reused in frozen meal production.

Packaging

Packaging shall be heat sealed and manufactured specific to microwave re-heating. However, the possibility of including dual-oven packaging (able to be reheated in both microwave ovens and traditional ovens) may be investigated. On all packaging types, expiration dates must be clearly marked in large print and easily visible.

Transit

Transportation from where the meal was produced to the dispatch location and from the dispatch location to the client shall comply with temperature controls. According to the USDA, frozen foods held cooler than 40°F are safe to refreeze or cook. Meals that have been warmer than 40°F for more than two hours must be discarded. Prior to delivery, the service program must confirm that a recipient has adequate freezer storage available before they are able to receive food.

If temperature is not controlled for in the delivery environment itself (i.e. refrigerated truck or dry ice cooler), then proper insulation (e.g. ice, ice packs) must be used during either transportation mechanism to ensure that temperature will remain within the safe zone. If temperature control is not feasible then frozen meals should not be offered.

Meal time in transit shall be limited as much as possible. During the delivery process, all frozen meals should be kept at or below 32°F.

Reheating

Recipients must be capable of using the stove, oven, or microwave to reheat food to 165°F or higher and should be instructed about proper thawing methods. Efforts should be made to ensure that recipients do not allow meals to thaw out on their kitchen counter or at the drop off locations (e.g. outdoors, on the porch).

Delivery Standards

Delivery will occur as often as possible with a maximum of seven days of meals provided at a time. Exceptions shall be evaluated on a case by case basis by the AAA. Lowering delivery frequency to less than once weekly service would be harmful due to decreased social interaction. As many of the seniors who partake in home-delivered meals are isolated from friends or family, the social benefit of human

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interaction is integral to program success. Because of this, delivery by vehicle drop-off is encouraged. Postal deliveries are only acceptable if the provider has regular contact with the individual to determine any change in conditions or concerns.

Contact Requirements between Deliveries

For program deliveries totaling more than 7 meals at one time, phone calls or check ins should be initiated with participants on a weekly basis in order to prevent social isolation and ensure proper utilization of home delivered meals. For example, if a client receives two weeks of meals a phone call or check in should be scheduled during the week the client didn't receive the meals.

Eligibility Criteria for Frozen Meal Producers

1. Producers must prepare meals in a current USDA commercial inspected licensed facility.
2. Producers are encouraged to provide a variety of menu choices. Producers are encouraged to provide specialty items (ethnic or therapeutic)

Background Checks

1. All carriers (e.g. United States Postal Service) shall pass criminal background checks sufficient to protect the well-being of the OAA and OPI clients.
2. Each Provider must ensure that all individuals who deliver meals have passed an acceptable background check as defined in OAR 407-007-0275.

Nutrition Education Standards

Nutrition education must be provided to frozen home-delivered meal recipients at a minimum of once yearly, as well as once upon first nutrition risk assessment (typically occurs concurrently with participant enrollment). Nutrition education should be relevant to needs identified during annual participant screening, and may be provided as an educational activity, newsletter, or brochure including instructions, or as nutrition-focused multi-media. All forms of education must be overseen by a dietitian. Nutrition education has to go beyond providing information alone, distributing newsletters or brochures that contain nutrition information from a trusted source do not constitute nutrition education unless they are accompanied by some form of instruction to an individual.

Innovative Production Methods

Packaging

There has been a recent upwards trend in the use of specialized meal packaging, such as self-ventilating films, re-sealable pouches, and soft clamshells.

Corrections

Deer Ridge Correctional Facility near Madras, Oregon, once partnered with their local Meals on Wheels (MOW) organization to provide frozen meals for seniors in their on-site kitchen facility. This provided inmates with increased vocational skills and a sense of community involvement, and provides senior nutrition programs with fresh, high-quality food for neighboring areas. For additional information, see

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Appendix C. Many AAAs in Washington State contract with correctional facilities for production of frozen meals.

Hospitals

Several hospitals in the US have begun implementing frozen meal service to recently-discharged Medicaid recipients who are at risk for readmission. These programs focus on seniors who would not otherwise have optimum access to nutritious meals. This service aims to decrease overall Medicaid spending by preventing older adults with low-care needs from experiencing exacerbated health concerns resulting from poor nutrition, which can quickly lead to a transition to in-home care or a residential facility. More than 92% of older adults who received these frozen home-delivered meals stated that the service enabled them to remain living in their own residence. For additional information, see Appendix D.

Schools

The very successful Farm to School program, which delivers fresh produce from local farms to K-12 schools, is seeking extension of its service period by freezing seasonal fruits and vegetables for purchase by schools year-round. Produce could potentially be frozen by: schools in their own on-site kitchen, mobile freezing units, contract with commercial kitchens, and co-pack agreements with freezing companies (such as Sno Pac Foods). This method of securing frozen produce is cost effective for schools, increases the market for neighboring farmers, and improves the local economy by increasing sales and job opportunities. For additional information, see Appendix E.

Retail

Meals to Live, founded in 2010, has created the first frozen meal line marketed specifically for individuals with diabetes. In addition to being moderate carbohydrate and low sugar, these meals are also low-sodium, low-calorie, and low-fat. All nutrition information is presented on the front of the package, along with the meal's Carb Choice points number (developed by the International Diabetes Center). Meals are stipulated to contain no more than 350 calories, 6 grams of fat, and 480 milligrams of sodium. This alone will not meet nutrition standards and would need additional food supplementation. *Meals to Live* proves that frozen meals can generate consumer appeal while still promoting health. For additional information, see Appendix F.

Appendix

Appendix A: Special Dietary Needs of the Elderly

Excerpt: Oregon Congregate and Home-Delivered Nutrition Program Standards

Menus and Menu Planning

1. Oregon State Unit on Aging encourages every attempt to include the key nutrients and recommendations that influence chronic disease and the health of older Oregonians when developing menus for the senior nutrition programs. Oregon SUA also acknowledges that a number of variables affect the ability to fulfill all nutrient requirements.
2. Menu standards are developed to sustain and improve client's health through the provision of safe and nutritious meals using specific guidelines. These guidelines shall be incorporated into all requests for proposals/bids, contracts and open solicitations for meals.
3. Each meal served by the Older Americans Act funded nutrition services provider must meet the current USDA/HHS *Dietary Guidelines* and must contain at least 33⅓ percent of the current Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Academy of Science-National Research Council.
4. Present regulations in the Older Americans Act specify that meals shall comply with the current *Dietary Guidelines for Americans*. Further specification states that a minimum of 33⅓ percent of the dietary allowance as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences be present if one meal per day is provided. If two meals are provided, 66⅔ percent will be included, and if all 3 meals are provided, 100 percent of the DRI must be met.
5. Special needs of the elderly must be considered in menu planning. To help ensure that menus will address the nutritional needs of the elderly, menu planning should be designed to:
 - a. Include a variety of foods, especially fruits, vegetables and whole grains
 - b. Avoid too much total fat, saturated fat, trans fat and cholesterol. Encourage mono and poly unsaturated fats
 - c. Include foods with adequate complex carbohydrates and fiber.
 - d. Avoid too much refined carbohydrates and added sugars
 - e. Encourage nutrient dense foods
 - f. Avoid too much sodium by using salt free herbs and spices, cooking from scratch and utilizing less processed and manufactured foods

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- g. Provide an appropriate number of calories to help maintain ideal body weight.

Reference:

Department of Human Services. Office of Aging and People with Disabilities. *Oregon Congregate and Home-Delivered Nutrition Program Standards*. p. 13-14. State Unit on Aging, 2012.

Appendix B: Specific Nutrition Requirements

Excerpt: Oregon Congregate and Home-Delivered Nutrition Program Standards

- 6. Nutritional Analysis is best practice for menu planning. Computer analysis will provide better information about the menus than a meal pattern and may decrease food cost. See appendix C for examples of nutrient analysis software.

Nutrient	Target Values	Compliance Values <u>AVERAGED OVER 1 WEEK</u>
Calories	700 calories	600-850 calories
Protein	19 g per meal	17-21 grams
Total Fat	<30% calories	≤ 30% calories, averaged over one week
Saturated Fat	<10% calories	No one meal may be more than 35% fat
Trans Fat	No trans fat	Nutrition label or manufacturer specification must indicate zero grams of trans fat per serving.
Fiber	>10 gm	≥7gm
Calcium	400 mg	400 mg
Magnesium	116 mg	≥88 mg
Zinc	3.7 mg per meal	3.1mg
Vitamin B6	.6 mg	.57 mg
Vitamin B12	.8 mcg	.79 mcg
Vitamin C	30 mg	30 mg
Sodium	<500 mg	FY13: <1500 FY14: <1350 mg FY15: <1200 mg FY16: <1050 mg

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*Target value represents one-third the Dietary Reference Intake for a >70 year male. Compliance range represents acceptable minimum or maximum values as specified by the State to allow for menu flexibility and client satisfaction. Fortified foods should be used to meet vitamin B12 needs.

A Registered Dietitian must certify and sign that each meal will meet 1/3 of the Dietary Reference Intakes. If a Registered Dietitian is not readily available, programs shall consult with the State Unit on Aging Registered Dietitian.

- a) Each meal certified as having met the nutrient requirements should be served as written
- b) Food substitutions should be infrequent or similar nutritional value, not reduce or radically alter the nutritional content and consultation and approval by a Registered Dietitian shall be sought. See appendix D.
- c) Any departure from the certified menu must be documented and initialed on the nutrition providers official file copy of the menu and/or nutrient analysis form and kept on file for three years.

Reference:

Department of Human Services. Office of Aging and People with Disabilities. *Oregon Congregate and Home-Delivered Nutrition Program Standards*. p. 13-14. State Unit on Aging, 2012.

Appendix C: Innovative Production Methods in Corrections

Reference:

Matheny, Susan. "Seniors Swing Meal Deal With Deer Ridge." *Pamplin Media Group*. Portland Tribune, 24 Feb. 2009. Web. 5 Dec. 2013. <<http://cni.pmgnews.com>>.

Appendix D: Innovative Production Methods in Hospitals

Reference:

Thomas, KS, and V. Mor. "Providing More Home-delivered Meals Is One Way to Keep Older Adults with Low Care Needs out of Nursing Homes." *Health Aff.* Oct;32(10):1796-802. Web. 5 Dec. 2013. doi: 10.1377/hlthaff.2013.0390.

Appendix E: Innovative Production Methods in Schools

Reference:

Berkenkamp, JoAnne, Lynn Mader, and Madeline Kastler. *Frozen Local: Strategies for Freezing Locally Grown Produce for the K-12 Marketplace*. Publication. Institute for Agriculture and Trade Policy, 2012. <<http://www.iatp.org>>

Appendix F: Innovative Production Methods in Retail

Reference:

"Meals to Live Takes Aim at Sodium Levels in Frozen Entrees." *PR Newswire*. 26 Jan. 2012. Web. 5 Dec. 2013. <<http://www.prnewswire.com>>.