

**PERFORMANCE REQUIREMENTS SUMMARY (PRS) CHART
ELDERLY NUTRITION PROGRAM
FISCAL YEAR 2008-09**

The Performance Requirements Summary (PRS) Chart is a listing of the minimum required services and performance that will be monitored during the Contract term. The PRS chart also lists examples of the types of documents that will be used during monitoring, as well as the standards of performance and the acceptable quality level of performance.

All listings of required services or standards used in this Performance Requirements Summary Chart are intended to be completely consistent with the terms and conditions of the Contract (Appendix A of the RFP) and the Statement of Work (Exhibit A to the Contract and Appendix B of the RFP) and are not meant in any case to create, extend, revise, or expand any obligation of the CONTRACTOR beyond that defined in the terms and conditions of this Contract and Statement of Work. In any case of apparent inconsistency between required services or Standards as stated in the terms and condition of the Contract, the Statement of Work, and this Performance Summary (PRS) Chart, the terms and conditions of the Contract and the Statement of Work (SOW) will prevail.

Performance Outcomes	Standards	Acceptable Quality Level	Monitoring Tool	Remedies For Non-Compliance
Sustain or improve seniors health (ref. SOW Section 4.0)	Sustain or decrease in Nutrition Risk Score of continuing clients after one year of service.	85%	Survey	If CONTRACTOR performance does not meet the Acceptable Quality Level, the COUNTY will have the option to apply the following remedies: 1) Corrective Action Plan, 2) Suspension of Payment; 3) Suspension of Contract; and 4) Termination of Contract
Assist seniors live independently in their home for as long as possible (ref. SOW Section 3.0).	85% of clients who reported that it would be difficult to remain independent in their home without home delivered meals.	85%	Survey	
Improve or maintain seniors socialization (ref. SOW Section 3.0)	90% of clients who reported that they attend the Congregate Meal program because they enjoy eating the meals with their friends.	90%	Survey	
Performance Outcomes	Standards	Acceptable Quality Level	Monitoring Tool	Remedies For Non-Compliance
Clients Screening (ref. SOW 4.0)	Complete the Client Intake form within 30 days of clients receiving meals.	100%	Client Intake, MIS Report	If CONTRACTOR performance does not meet the Acceptable Quality Level, the COUNTY will have the option to apply the following remedies: 1) Corrective Action Plan, 2) Suspension of Payment; 3) Suspension of Contract; and 4) Termination of Contract
Clients Assessment (ref. SOW 4.0)	Assess the needs for homebound seniors within two weeks of starting service.	100%	Client Intake/File, MIS Report	
Client Reassessment (ref. SOW 4.0)	Reassess homebound clients on a quarterly basis by telephone and home visits every other quarter.	100%	Client Intake/File, MIS Report	
Telephone Reassurance (ref. SOW 3.0)	Telephone one day per week for frozen meal clients and one call every month for waiting list clients.	100%	Telephone Log, MIS Report	
Client Referrals (ref. SOW 4.0 & 7.0)	Refer clients who are diabetics or who score six (6) and above on the Nutrition Risk Scale on the Client Intake Form to AAA's ENHANCE Contractor.	100%	Client Intake, MIS Report, Follow-up with ENHANCE.	
Number of Meals (ref. SOW 3.0/Proposed Program Services (PPS))	Serve a minimum of 95% of quarterly planned congregate Meals as required under CONTRACTOR's PPS. Serve a minimum of 95% of quarterly planned Home-Delivered Meal as required under CONTRACTOR's PPS.	95%	MIS Report, Monthly Expenditure Report MIS Report, Monthly Expenditure Report	

DEFINITIONS

Activities of Daily Living (ADLs) - Activities usually performed for oneself in the course of a normal day including bathing, dressing, grooming, eating, walking, using the telephone, taking medications, and other personal care activities.

Administration on Aging - The Administration on Aging (AoA), an agency in the U.S. Department of Health and Human Services is the official Federal agency dedicated to policy development, planning and the delivery of supportive home and community-based services to older persons and their caregivers. The AoA administers the Older Americans Act and works through the national aging network of State Units on Aging, Area Agencies on Aging, Tribal and Native organizations representing 300 American Indian and Alaska Native Tribal organizations, and two organizations serving Native Hawaiians, plus thousands of service providers, adult care centers, caregivers, and volunteers.

Area Agency on Aging - Under the Older Americans Act, the Administration on Aging distributes funds for various aging programs through state agencies on aging with in turn fund local area agencies on aging. Area Agencies on Aging address the concerns of older Americans at the local level. They play an important role in identifying community and social service needs and assuring that social and nutritional supports are made available to older people in communities where they live. In most cases, Area Agencies on Aging do not provide direct services. Instead, they subcontract with other organizations to facilitate the provision of a full range of services for older people.

Assessment – A comprehensive and functionally oriented evaluation of the potential client's situation and needs.

Caterer – A successful bidder who has signed a 3rd party agreement to provide congregate and/or home-delivered meals for the nutrition project.

Central Kitchen – A kitchen operated by the nutrition project.

Congregate Meals -These meal programs provide mobile older adults (sixty (6) years of age or older in a group setting with free or low cost, nutritionally sound meals served five days a week in easily accessible locations. Besides promoting better health through improved nutrition, meal programs provide daily activities and socialization for participants which help reduce the isolation of old age. Nutrition Services include: procurement, preparation, transportation and the serving of meals.

DEFINITIONS

Disability – means a condition attributable to mental or physical impairments that result in substantial functional limitations in one (1) or more of the following areas of major life activity:

1. Self-care
2. Receptive and expressive language
3. Learning
4. Mobility
5. Self-direction
6. Capacity for independent living
7. Economic self-sufficiency
8. Cognitive functioning
9. Emotional adjustment

Elder Abuse - Elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. The specificity of laws varies from state to state, but broadly defined, abuse may be physical, financial/fiduciary, psychological/emotional, sexual, exploitation, neglect, self-neglect, and abandonment.

Elderly Nutrition Program – means a program which provides nutrition services as authorized by the Older Americans Act of 1965, as amended, and which shall be provided in accordance with the provisions of this Article.

Focal Point – A focal point is an agency in the community, especially multipurpose senior centers, that has a proven record of providing comprehensive services to older adults.

Frail – Older individual is determined to be functionally impaired because the individual either:

- Is unable to perform at least two activities of daily living including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.

Functionally impaired - A person who meets at least one of the following conditions:

- Impairment in one or more activities of daily living (ADLs);
- Impairment in two or more instrumental activities of daily living (IADLs) or;

DEFINITIONS

- Inability to manage own affairs due to emotional and/or cognitive impairment.

Greatest economic need - The need resulting from an income level at or below the poverty line.

Greatest social need - The need caused by non-economic factors which include (a) physical and mental disabilities; (b) language barriers; and (c) cultural, geographic isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform daily tasks or threatens the capacity of the individual to live independently.

HACCP – means Hazard Analysis Critical Control Points.

HACCP Plan – means a written document that delineates the formal procedures for following the HACCP principles that were developed by the National Advisory Committee on Microbiological Criteria for Foods and complies with requirements of Section 114055, Health and Safety Code.

HACCP Principles – means the seven basic steps of HACCP which are:

1. The completion of hazard analysis identification by identifying the likely hazards to consumers presented by a specific food.
2. The determination of critical control points in receiving, storage, preparation, display, and dispensing of a food.
3. The setting of measurable critical limits for each critical control point determined.
4. Developing and maintaining monitoring practices to determine if critical limits are met.
5. Developing and utilizing corrective action plans when failure to meet critical limits is detected.
6. Establishing and maintaining a record keeping system to verify adherence to a HACCP plan.
7. Establishing a system of audits to:
 - A. Initially verify the effectiveness of the critical limits set and appropriateness of the determination of critical control points.
 - B. Periodically verify the effectiveness of the HACCP plan.

Home Delivered Meals - Sometimes referred to as “meals on wheels,” home delivered meals are hot and nutritious meals delivered to homebound persons who are unable to prepare their own meals and have no outside assistance. The Program ensures that nutritious meals are delivered/provided in home environment settings to persons sixty (60) years of age or older who are homebound by reason of illness, disability or who are otherwise isolated. These Services include: procurement, preparation, service and delivery of meals.

DEFINITIONS

Instrumental Activities of Daily Living (IADLs) - Activities important for daily life, involving cognitive and physical ability. These include: light and heavy housework, shopping, ability to access transportation, meal preparation, using the telephone, managing medications, and managing money.

Minority Status - Minority older persons are confined to the following designations:

- *African American, Not of Hispanic Origin* -- A person having origins in any of the black racial groups of Africa.
- *Hispanic Origin* -- A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- *American Indian or Alaskan Native* -- A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- *Asian American/Pacific Islander* -- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa and the Hawaiian Islands.

Nutritional Counseling – means provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses, about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code.

Nutrition Education – means informing recipients of congregate and home-delivered meals about current facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices.

Nutrition Screening – means completion of a nutrition-screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition-screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994.

Nutrition Services – means the procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes.

Older Adult / Individual - An individual who is 60 years of age or older.

Outcome Measures – Outcome measures are results oriented and look at whether the program has been effective in achieving its goals.

DEFINITIONS

Outreach - Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

Poverty -- Persons considered to be in poverty are those whose income is at or below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary (DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).

Program Income -- Gross income received by the grantee or subgrantee directly generated by the grant supported activity, or earned only as a result of the grant agreement during the grant period. *[Note: this is the same definition of program income as used in 45 CFR Part 92-Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments.]*

Provider – means an entity under contract with the AAA providing nutrition services.

Registered Dietitian – means a person who shall be both:

1. Qualified as specified in Sections 2585 and 2586, Business and Professions and,
2. Registered by the Commission on Dietetic Registration.

Rural - Beginning with FY97, the AoA is introducing a standard definition for rural for purposes of SPR reporting. A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Senior Centers - A vital link in the service delivery network which older persons may avail themselves of, senior centers are functioning as meal sites, screening clinics, recreational centers, social service agency branch offices, mental health counseling clinics, older worker employment agencies, volunteer coordinating centers, and community meeting halls. The significance of senior centers cannot be underestimated for they provide a sense of belonging, offer the opportunity to meet old acquaintances and make new friends, and encourage individuals to pursue activities of personal interest and involvement in the community.

Service Delivery - Includes those activities associated with the direct provision of a service which meets the needs of an individual older person and/or caregiver.

DEFINITIONS

Telephone Reassurance – A telephone call to a client to provide reassurance and comfort.

Unduplicated Clients - Any client who has never been previously registered as a client for the service, either in the current fiscal year or a prior fiscal year by any provider funded with Older Americans Act funds.

Volunteer – means an individual who provides services without pay, but may receive reimbursement for expenses.

COUNTY OF LOS ANGELES

Area Agency on Aging
Universal Client Intake Form

Tracking # _____
 Originating Agency _____
 Original _____
 Update _____

Place Barcode
Label Here

CLIENT INFORMATION	1	Applicant Name (Last, First, Middle)		Signature		
	Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date	Military Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employment Status (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed					
	Disability <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Cognitive Impairment					
	Marital Status (Check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
	Home Address (Number & Street)			City	State	Zip Code
	Mailing Address (if different from above)			City	State	Zip Code
	Home Phone ()		Work Phone ()		Ethnic Group (write code number from bottom) Ethnic Code:	
	Primary Language (write code number from bottom) Language Code: _____ Translation Needed <input type="checkbox"/> Yes <input type="checkbox"/> No					
	EMERGENCY CONTACT	2	Contact Name (Last, First, Middle)			
Home Phone ()		Work Phone ()		Relationship (write code number from bottom) Relationship Code:		
Caregiver Contact (complete only if you have a Caregiver)				Caregiver Phone Number ()		
Caregiver Address (Number & Street)			City	State	Zip Code	
Home Phone ()		Work Phone ()		Relationship (write code number from bottom) Relationship Code:		
Physician Name				Office Phone ()		
Physician Address (Number & Street)			City	State	Zip Code	
CODE	Ethnic 01 - Non-Minority(white, not Hispanic) 02 - Black/African American 03 - Alaskan Native/American Indian 04 - Hispanic(of any race) 05 - Asian Indian 06 - Cambodian 07 - Chinese 08 - Filipino 09 - Guamanian 10 - Native Hawaiian 11 - Japanese 12 - Korean 13 - Laotian 14 - Samoan 15 - Vietnamese 16 - Other					
	Relationship 01 - Self 02 - Spouse 03 - Significant Other 04 - Son/Daughter 05 - Relative 06 - Friend 07 - Neighbor 08 - Clergy 09 - Landlord 10 - Legal Representative 11 - Health Care Provider 12 - Mental Health Provider 13 - Social Services Provider 14 - APS/Emergency Services 15 - Public Utilities 16 - Private Industry 17 - Gov't/Elected Official 18 - Caregiver 19 - Other					
	Language 01 - Arabic 02 - Armenian 03 - Cambodian 04 - Cantonese 05 - English 06 - French 07 - Japanese 08 - Korean 09 - Mandarin 10 - Spanish 11 - Tagalog 12 - Vietnamese					

SCREENING INFORMATION	3	Nutritional Risk Points: <input type="checkbox"/> 3-Eats fewer than 2 meals per day <input type="checkbox"/> 1-Eats alone most of the time <input type="checkbox"/> 2-Eats few fruit, vegetables or milk products <input type="checkbox"/> 2-Has 3 or more drinks of beer, liquor or wine almost every day <input type="checkbox"/> 2-An illness or condition caused change in kind/amount of food eaten <input type="checkbox"/> 4-Doesn't always have enough money to buy food needed <input type="checkbox"/> 2-Has tooth or mouth problems that make it hard to eat <input type="checkbox"/> 1-Takes 3 or more different prescribed or over-the-counter drugs a day <input type="checkbox"/> 2-Has involuntarily lost or gained 10 pounds in the last 6 months <input type="checkbox"/> 2-Is not always physically able to shop, cook &/or feed <div style="text-align: right;">Total Points-Risk Score _____</div>	
	Needs Assistance – ADL:		
	<input type="checkbox"/> Walking <input type="checkbox"/> Transferring <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Toileting <input type="checkbox"/> Eating <div style="text-align: right;">Total ADLs _____</div>		
	Needs Assistance – IADL:		
	<input type="checkbox"/> Heavy Housework <input type="checkbox"/> Light Housework <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation Ability <input type="checkbox"/> Preparing Meals <input type="checkbox"/> Managing Medication <input type="checkbox"/> Using Telephone <input type="checkbox"/> Managing Money <div style="text-align: right;">Total IADLs _____</div>		
	Are you currently receiving SSI (<i>Supplemental Security Income</i>) / SSP (<i>State Supplementary Payment</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive In-Home Supportive Services (IHSS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRAL INFORMATION	4	Were you referred to our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship (<i>write code number from bottom</i>) Relationship Code: _____
	Referrer's Name		Phone Number ()
	Additional Information		
CODE	Relationship 01 – Self 02 – Spouse 03 – Significant Other 04 – Son/Daughter 05 – Relative 06 – Friend 07 – Neighbor 08 – Clergy 09 – Landlord 10 – Legal Representative 11 – Health Care Provider 12 – Mental Health Provider 13 – Social Services Provider 14 – APS/Emergency Services 15 – Public Utilities 16 – Private Industry 17 – Gov't/Elected Official 18 – Caregiver 19 – Other		

CAREGIVER INFORMATION	5 Are you a Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list number of individuals you are caring for _____			
	I	Recipient Name (Last, First, Middle)		Birth Date
	Recipient Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does recipient live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relationship to recipient: <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Family <input type="checkbox"/> Non- Family			
	Ethnic Group (write in code number from bottom)			
	Ethnic Code: _____			
	Address (Number & Street)		City	State Zip Code
	II	Recipient Name (Last, First, Middle)		Birth Date
	Recipient Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does recipient live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relationship to recipient: <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Family <input type="checkbox"/> Non- Family			
	Ethnic Group (write in code number from bottom)			
	Ethnic Code: _____			
	Address (Number & Street)		City	State Zip Code
III	Recipient Name (Last, First, Middle)		Birth Date	
Recipient Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does recipient live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to recipient: <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Family <input type="checkbox"/> Non- Family				
Ethnic Group (write in code number from bottom)				
Ethnic Code: _____				
Address (Number & Street)		City	State Zip Code	
III	Recipient Name (Last, First, Middle)		Birth Date	
Recipient Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does recipient live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to recipient: <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Family <input type="checkbox"/> Non- Family				
Ethnic Group (write in code number from bottom)				
Ethnic Code: _____				
Address (Number & Street)		City	State Zip Code	
CODE	Ethnic 01 – Non-Minority(white, not Hispanic) 02 – Black/African American 03 – Alaskan Native/American Indian 04 – Hispanic(of any race) 05 – Asian Indian 06 – Cambodian 07 – Chinese 08 – Filipino 09 – Guamanian 10 – Native Hawaiian 11 – Japanese 12 – Korean 13 – Laotian 14 – Samoan 15 – Vietnamese 16 – Other			

CERTIFICATION	CERTIFICATION I certify that the information on this form is accurate and true to the best of my knowledge. I also certify that I have informed the client that this information may be shared with other providers for the purpose of providing services.	
	Form Completed By:	Date
	Signature:	
INTERNAL USE ONLY	APS Client Number:	
	Additional Information	

LOS ANGELES COUNTY AREA AGENCY ON AGING
 APPROVED CATERERS, 2008-2009
 SENIOR NUTRITION PROGRAMS

<p>1. Diakonia (kitchen in Monterey Park) 1223 S. Butterfield West Covina, CA 91791 Contact: Joel Pacillas (323) 267-0882 American and Mexican style meals</p>	<p>2. Hirsh Family Kosher Kitchen 338 N. Fairfax Los Angeles, CA 90036 Contact: Eileen McAuliffe, RD (323) 937-5843 emcauliffe@JFSLA.org Kosher hot and frozen meals</p>
<p>3. Huntington Culinary, Inc. 7071 Warner Ave. Suite F-714 Huntington Beach, CA 92647 Contact: Carroll Klett (714) 374-1819 Carroll@hcifood.com On site catering; American style meals</p>	<p>4. Morrison's Custom Management Long Beach Culinary Center 1515 Alamitos Ave. Long Beach, CA 90813 Contact: Essie Mortaji (562) 218-2813 or (323) 204-7950 mhiasghai@aol.com American style meals</p>
<p>5. Morrison's Custom Management North Hills Culinary Center 8329 De Celis Place North Hills, CA 91343 Contact: Nadar Pour (818) 895-1161 npour@aol.com American style meals</p>	<p>6. NDK 7512 Scout Ave. Bell Gardens, CA 90201 Contact: Shabir Kashyap (562) 927-9598 x252 shabir@ndkfoods.com American style meals</p>
<p>7. Project Angel Food 922 Vine St Los Angeles, CA 90038 Contact: John Gile (323) 845-1800 jgile@angelfood.org American style meals</p>	<p>8. The Ritz Gardens 11201 First Ave Whittier, CA 90603 Contact: Mark Startup or Jessie Colon (562) 902-8755 mstar250@msn.com American style meals</p>
<p>9. Rolling Wok Restaurant 1609 South San Gabriel Blvd. San Gabriel, CA 91776 Contact: Minglin (Tony) Wang (626) 435-5223 FAX: (323) 464-2399 Chinese style meals</p>	<p>10. St Vincent Senior Nutrition Program 2131 W. Third St. Los Angeles, CA 90057 Contact: Sr. Alice Marie Quinn, RD (213) 484-7778 samq7777@yahoo.com American style meals Special diets available for HDM clients</p>

LOS ANGELES COUNTY AREA AGENCY ON AGING
 APPROVED CATERERS, 2008-2009
 SENIOR NUTRITION PROGRAMS

11.	Sodexho Citrus Valley Health Partners 1115 S. Sunset Ave. West Covina, CA 91790 Contact: Tom Harney (626) 962-4011 x 22496 tharney@mail.cvhp.org American style meals Special diets available for HDM clients	12.	Soumarelo Restaurant 1090 N. Allen Ave Pasadena, CA 91104 Contact: Gary Hzor (626)791-0999 or (818) 642-6144 gh1@HZOR.com Mediterranean and American style meals
13.	Tender Loving Care 544C Finney Court Gardena, CA, 90248 Contact: Becky Cho (213) 434-1113 becky@tlcmeal.com American style meals		

Provisional Approval for agencies serving up to 300 meals per day; caterer has agreed to buy additional equipment:

Chez Mama Daisy
 7701 Crenshaw Blvd
 Los Angeles, CA 90043
 Contact: Alnita Harnell
 (323) 271-7537
alnitaharnell@hotmail.com

**COUNTY OF LOS ANGELES AREA AGENCY ON AGING
TITLE III C MENU WRITING SEPECIFICATIONS
2008-2009**

These menu writing specifications and requirements are developed to facilitate the menu writing process and encourage agencies and caterers to meet the new Dietary Reference Intakes (DRIs) included in the Dietary Guidelines for Americans 2005. The specifications will assist agencies and project dietitians in providing nutritious, appetizing, tasty, and cost effective Title III C meals for the seniors we serve.

GENERAL RECIPE AND SPECIFICATION SHEET REQUIREMENTS

1. HACCP style recipes detailing safe food handling procedures are required for all menu items made by the Central Kitchen or Caterer.
2. Each agency and/or caterer may use standardized HACCP recipes, or may modify their own recipes to meet HACCP requirements. Standardized recipes are included in the L.A. County Foodservice Standard Operating Procedures (SOP) Manual.
3. Ethnic menus and HACCP recipes featuring Asian and Latino dishes and the new Baby Boomer Salad menus and recipes are also available from the DASS contractor.
4. HACCP recipes developed by agencies/caterers should follow the recipe format found in the SOP Manual, or follow the format outlined in the National Restaurant Association's (NRA's) HACCP Reference Book. Each recipe should note the Critical Control Points (CCPs) and Potentially Hazardous Foods (PHFs).
5. Agencies and caterers are encouraged to try new recipes. The recipe must be put in a HACCP format when it is added to the cycle menu.
6. If a food item is purchased ready prepared, a food specification sheet is required. Serving size, nutritional analysis, and brand name should be included. Food specification sheets are available from your suppliers.
7. All HACCP recipes and food specification sheets must be on file by July 1, 2008.

GENERAL MENU REQUIREMENTS

1. All menus using nutritional analysis will be updated for nutritional content. The DASS contractor will do the nutritional analysis when menus, recipes, and specification sheets are submitted. Nutritional content will be averaged each week to see if nutrient standards have been met. **However, the menu must contain at least 25 mg Vitamin C every day, and 250 ug Vitamin A on at least three different days of the week.**

2. The component meal pattern template may be used instead of nutrition analysis for determining nutritional adequacy. If the component method is used, all menu component boxes must be filled in. The menu must meet the Senior Meal Pattern requirements. The menu must contain at least 25 mg Vitamin C every day, and 250 ug Vitamin A three times per week/5 day program, or four times per week/7 day program. Vitamin C sources must be indicated by one *, Vitamin A sources must be indicated by two**. Two foods can be used to provide the Vitamin C or the Vitamin A. The menu must contain four good sources of fiber every week. (See list of high fiber foods). **If for any reason the menu does not meet the menu component requirements, the Nutrition Project Director must obtain the approval of the AAA Nutritionist.**

3. Senior Component Meal Pattern Requirements:

Food Group	Required Servings Per Meal	2005 Dietary Guidelines Servings Per Meal
Meat or meat alternate	3 oz	<ul style="list-style-type: none"> • 3 oz servings high biological value protein whole or ground meats, chicken or fish • Limit ground meat to two times per week.
	2 oz	<ul style="list-style-type: none"> • 2 oz meat or meat alternate used in casserole dishes. • Limit casseroles to two times per week. • 2 oz meat or meat alternate used in salad entrée recipes • 2 oz meat or meat alternate used in sandwich recipes. • Limit sandwiches to one time per week
Vegetable/Fruit	2-3 servings	<ul style="list-style-type: none"> • 1 to 1 ½ cups total servings of vegetables and fruits. • Serve 3 servings a minimum of 2 times per week. • ½ cup lettuce salad counts as ½ serving. • ½ cup or 1 piece of fruit for dessert counts as 1 serving.
Bread or Grain	1-2 servings	<ul style="list-style-type: none"> • 1 to 2 servings per meal such as 1 slice whole grain bread or ½ cup rice, noodles. • Serve two servings a minimum of one time per week. • 3 of the 6 servings per week must be whole grains
Milk	1 serving	1 cup

Fats	Optional—1 serving Trans fat free Margarine	1 teaspoon or equivalent measure.
Dessert	1 serving fruit grain/bread, dairy	½ cup fruit, pudding, or small (1 oz) serving of cake, cookies.
Beverages	1 serving	6 to 8 oz water Optional beverages (regular and decaffeinated coffee and tea) do not contribute to meeting 1/3 RDA and are not allowable AAA expense

4. All cycle menus shall be planned for a minimum of five weeks or a maximum of six weeks, approved by the agency dietitian, and approved by DASS contractor prior to submission for certification by the AAA Nutritionist. Menus must be certified once per year.
5. To increase variety, include entrée alternates in the cycle. The agency can serve alternate one in the first month, alternate two in the next cycle. Menus will be analyzed using both alternates.
6. Two to four times a month, have a “Choice Day” when the seniors can select one of two entrees served. Pair a popular item like pork chops with one not so popular, like fish to increase the variety of entrees served.
7. The menu cycle should include holiday meals, ethnic meals, box lunches, special breakfast and/or dinner menus. Special menus should be substituted in the menu at least once per month to add variety and interest. The DASS RD must approve all menu substitutions.
8. Serve an entrée salad twice a month during July, August, and September.
9. Menus shall reflect seasonal availability of food. The term “Seasonal fruit” may be listed on the menu no more than once per week. If the fruit is the Vitamin C source, the type of fruit must be identified
10. Menus must be typed, the responsibility of the agency, not the dietitian. Agencies may contact DASS contractor for a copy of the automated menu pattern.
11. The agency Registered Dietitian must carefully review the menus after they have been typed to catch any errors.
12. Menu cover sheets must be completed properly with dates and signatures of the Project Director, the Project Council Chairman, and the agency Registered Dietitian,

13. **SUBMIT ONLY ONE ORIGINAL MENU TO DASS CONTRACTOR. BE SURE THE AGENCY MAINTAINS A COPY. DO NOT FAX MENUS.**
14. The certified cycle menu for each week shall be posted in a conspicuous spot in the kitchen at each congregate meal site. The Site Manager shall check the certified menu for the scoops and ladles needed to serve each meal. The approved menu for the month shall be posted in the site's dining room. Monthly menus shall be available for seniors.
15. **ALL MENU SUBSTITUTIONS MUST BE PRE-APPROVED BY THE PROJECT REGISTERED DIETITIAN. SERVING UNAPPROVED MENU CHANGES MAY RESULT IN DISALLOWED COSTS FOR THE MEALS BY THE AAA.**
16. Most meals providing one-third of the RDA would contain approximately 550 to 700 calories. However, some may contain a low of 500 to a high of 900 calories per meal.
17. A No-Added Salt (NAS) diet should be followed. Sodium may be averaged over the week to provide no more than 1,200 mg of sodium per meal. Target sodium per meal is 800 mg. **LIMIT HIGH SODIUM MEATS OR CHEESE TO TOTAL THREE OUNCES PER MONTH (1 3-OZ SERVING, OR DIVIDED UP IN 1 OZ SEGMENTS).** If sodium content in the meal is over 1,000 mg, the meal must be identified on the menu as a high sodium meal. When possible, use low sodium cheese and meats.
18. Encourage use of low sodium products to make soups and gravies. Use herbs, spices, and lemon to enhance the flavor of food prepared. Do not use monosodium glutamate.
19. Encourage low fat methods of preparation (bake instead of fry), and use of reduced fat products such as 1% and nonfat milk. Meals should contain no more than 30 to 35% total calories from fat.
20. Trans fat free oils shall be used in food preparation. Trans fat free prepared entrees, crackers, and desserts shall be served. A trans fat free prepared food contains less than 0.5 grams trans fat per serving.
21. During FY 2008-2009, the transition period to a totally trans fat free menu, agencies may serve some foods containing trans fats if the substitute trans fat free product is considerably more expensive. Obtain the AAA Nutritionist's approval for including foods containing trans fats.
22. If desserts containing trans fats are served, mark the menu with an exclamation mark "!" and provide fruit as a substitute for seniors who do not want the trans fat containing dessert.

23. Food items shall be varied within the week and within the menu cycle.
 - a. Avoid having the same entree, fruit, vegetable or dessert on the same day of the following week. For example, do not serve turkey on Monday of two consecutive weeks.
 - b. Do not use the same meat, starch, vegetable, or fruit, even in a different form, two consecutive days in a row. For example, do not serve apple juice on Monday and baked apple on Tuesday.
 - c. Provide a variety of foods and preparation methods. Consider color, different food combinations, texture, size, shape, taste, and appearance.
24. Specify foods used. For example, identify vegetables used in vegetable soup and stew; the type of gelatin and fruit used in fruited gelatin; the specific fruit used for dessert; or fruits used in a fruit cup.
25. Indicate the type of dressings for salads.
26. Specify the types and amounts of gravies, sauces, and relishes to be served.
27. Double check that the word "Fortified" is indicated when appropriate for margarine, mashed potatoes and juice.
28. Serving sizes and/or serving implements must be included for all items served. Example: 2 peanut butter cookies; 4 oz grapefruit juice; 2" x 2" spice cake; 2 4-oz ladles beef stew.

MEAL COMPONENTS

1. Protein—Meat, Fish, Poultry, Legumes, Eggs, and Cheese

The meal shall contain 3 ounces of cooked, edible portions of meat, fish, poultry, legumes, eggs, cheese (or a combination there of) or, in casserole dishes, entrée salads, and sandwiches, 2 oz of cooked, edible portions of meat, fish, poultry or fish providing at least 15 grams of protein for one meal per day.

- a. If meats normally high in sodium are served for variety and client satisfaction, use low sodium versions whenever possible.
- b. Serve legume dishes using mature dried beans, peas, and lentils as often as possible in accordance with participant acceptance. Try to include legumes at least once per week.
- c. Legume dishes may not be counted as both a vegetable and a protein in the same meal.

- d. Soups containing at least one-half cup of beans, lentils, or split peas may be counted as one ounce of protein/meat. Soup containing one ounce of protein/meat must be served with an entrée containing at least two ounces of meat.
- e. $\frac{1}{2}$ C of firm tofu can be counted as 3 oz of meat.

2. Vegetables

- a. Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes must total $\frac{1}{2}$ cup per serving.
- b. One serving of raw leafy vegetables equals 1 cup. $\frac{1}{2}$ C of raw leafy greens may be served, but is counted as $\frac{1}{2}$ serving.
- c. Legume dishes may not be counted as both a vegetable and a protein in the same meal.
- d. Potatoes and sweet potatoes count as vegetables. Corn counts as a grain, but not a whole grain.

3. Fruit

- a. A serving of fruit is generally:
 - Medium sized whole fruit
 - $\frac{1}{2}$ cup fresh, chopped, cooked, frozen or canned, drained fruit
 - $\frac{1}{2}$ cup 100% fruit juice
- b. Vitamin C fortified juice bases may be used as vitamin C sources, but do not count as servings of fruit.
- c. Fresh, frozen, or canned fruit should be packed in juice, light syrup, or without sugar.

4. Breads/Grains

A variety of whole grain products should be consumed. Recommended are those highest in fiber (barley, brown rice, buckwheat, bulgur, dried ground corn (cornmeal, masa), oats, popcorn, quinoa, triticale, whole rye, whole wheat, wild rice).

- a. Ideally, one serving of the daily intake should be from whole grains.
- b. At least three of six servings per week shall be from whole grains.
- c. Grains that are processed (not whole) must be fortified.

5. Milk

Each meal shall contain eight ounces of fortified skim, reduced fat, or buttermilk (maximum of 1% milk fat)

- a. Have different types of milk available (1%, non-fat, etc).
- b. Use 2% milk only if nutritional analysis shows that the menus contain no more than 35% calories from fat.
- c. If religious preference precludes the acceptance of milk with the meal, it may be omitted from the menu. However another substitute (dry milk solids) should be available.

6. Fat

Fat is not a requirement. Each meal may contain fat components to increase the palatability and acceptability of the meal. Trans fat free fat or margarine may be used in food preparation or served as an accompaniment to the meal.

- a. Fats and oils are part of a healthful diet. The type of fat consumed makes a difference to heart health, and total amount consumed is also important.
 - Consume less than 10% of calories from saturated fatty acids and less than 300 mg/day of cholesterol.
 - Avoid trans fatty acids (hydrogenated fat in entrees, crackers, desserts etc).
 - Keep total fat intake between 20 to 35% of calories. Use sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
- b. Select lean, low-fat, or fat-free meats, poultry, beans, milk, and milk products.

7. Dessert

Dessert may be provided to satisfy the caloric requirements or for additional nutrients. Encourage desserts that are low in fat or low in sugar.

- a. When a dessert contains ½ cup of fruit per serving, it may be counted as a serving of fruit.
- b. Serve fruit at least twice per week. One serving must be fresh and other servings may be fresh, frozen, cooked or canned fruit.
- c. When a dessert contains the equivalent of 1 serving starches/grains per serving, it may be counted as a serving of starches/grains (example: rice pudding, oatmeal cookie)

- d. A high calorie, empty calorie dessert (cake, pie) may be served once per week.
- e. If a high calorie dessert is served, consider having fruit available for diabetic seniors.

8. Condiments and Product Substitutes

- a. Salt substitutes shall not be provided.
- b. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy creamer, salt, and sugar may be provided, but do not count as fulfilling any part of the nutrient requirements.
- c. Salad dressings, salsa, hot sauce, ketchup, soy sauce, mustard, mayonnaise do not need to be counted as long as they are served on the side and are not mixed in with the food.
- d. Shelf stable meals may be used as emergency supplies. Meals must follow menu standards. If purchased for emergencies, the meals must be used before or discarded after the use by/expiration date.
- e. Vitamin and or mineral supplements shall not be provided.
- f. Medical foods, nutritional supplements and food for special dietary uses shall not be provided with federal or state nutrition funds.