

## **EXHIBITS C.1 through C.8**

### **Service Specifications**

*Department of Elder Affairs Programs and Services Handbook*

**Appendix A: Service Descriptions and Standards**

**July 2011**

**Counseling (Gerontological)**

**PROGRAM FUNDING SOURCE(S):** ADI, CCE, HCE, LSP, OAAIIIB, OAAIIID, OAAIIIE, OAAIIIEG

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**Rulemaking Section 430.08, F.S.**

**ADI Sections 430.501-504, F.S.**

**CCE Sections 430.201-207, F.S.**

**HCE Sections 430.601-608, F.S.**

**LSP Specific Appropriations**

**OAAI Older Americans Act, Title I, Section 102, (14)**

**42 U.S.C. 3001**

**OAAIIIB Older Americans Act, Title III, Part B, Section 321, (a) (1), (23)**

**42 U.S.C. 3030d**

**OAAIIID Older Americans Act, Title III, Part D**

**OAAIIIE Older Americans Act, Title III, Part E**

**A. DESCRIPTION:** Gerontological counseling provides emotional support, information, and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional or social adjustment problems that have arisen as a result of the process of aging.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** There shall be access to adequate, private working space to conduct either individual or group counseling sessions. These services may be provided in the provider's office, client's residence, or other appropriate locations in the community.

**C. PROVIDER QUALIFICATIONS:** This service may be provided by the designated lead agency or as otherwise approved by the AAA. Minimum requirements for persons providing counseling are a bachelor's degree in social work, psychology, sociology, nursing, gerontology or related field. Year for year related job experience or any combination of education and related experience may be substituted for a bachelor's degree upon approval of the AAA. Gerontological counseling may be conducted by paid, donated and volunteer staff. Volunteer staff shall meet comparable standards as paid staff.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

**1. Unit of Service Individual:** One hour of direct service with or on behalf of a client accumulated on a daily basis.

**2. Unit of Service Group:** One hour of direct service with or on behalf of clients regardless of the numbers of participants.

**3.** The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.

**Counseling (Mental Health/Screening)**

**PROGRAM FUNDING SOURCE(S):** ADI, CCE, HCE, LSP, OAAIIIB, OAAIIID, OAAIIIE, OAAIIIEG

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**Rulemaking Section 430.08, F.S.**

**ADI Sections 430.501-504, F.S.**

**CCE Sections 430.201-207, F.S.**

**HCE Sections 430.601-608, F.S.**

**LSP Specific Appropriations**

**OAAI Older Americans Act, Title I, Section 102, (14)**

**42 U.S.C. 3001**

**OAAIIIB Older Americans Act, Title III, Part B, Section 321, (a)(1), (23)**

**42 U.S.C. 3030d**

**OAAIIID Older Americans Act, Title III, Part D, Sections 361 and 362**

**42 U.S.C. 3030m and 3030n**

**OAAIIIE Older Americans Act, Title III, Part E**

**A. DESCRIPTION:**

1. Mental health counseling services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population.
2. Specialized mental health services include information gathering and assessment, diagnosis and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. These services may be provided in the provider's office, the client's place of residence, or other appropriate locations in the community.
2. All other funding sources shall be exhausted prior to the use of DOEA funded mental health counseling.

**C. PROVIDER QUALIFICATIONS:** Providers of specialized mental health services shall be:

1. Psychologists licensed by the Department of Health in accordance with Chapter 490, Florida Statutes; or,
2. Clinical social workers, marriage and family therapists or mental health counselors licensed by the Department of Health in accordance with Chapter 491, Florida Statutes.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

1. **Unit of Service Individual:** One hour of direct service with or on behalf of a client accumulated on a daily basis.
2. **Unit of Service Group:** One hour of direct service with or on behalf of clients regardless of the number of participants.
3. The provider shall maintain a summary note, copy of the assessment, and the treatment plan.

**Adult Day Care**

**PROGRAM FUNDING SOURCE(S):** CCE, HCE, LSP, OAAIIB, OAAIII

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**Rulemaking Section 430.08, F.S.**

**CCE Sections 430.201-207, F.S.**

**HCE Sections 430.601-608, F.S.**

**LSP Specific Appropriations**

**OAAIIB Older Americans Act, Title III, Part B, Section 321 (a)(5)**

**42 U.S.C. 3030d**

**OAAIII Older Americans Act, Title III, Part E, Section 373 (b)(4)**

**A. DESCRIPTION:** Adult day care is a program of therapeutic social and health activities and services provided to elders who have functional impairments. Services are provided in a protective, community-based environment.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. There shall be one (1) staff member for every six (6) clients. Volunteers can be included in the 1 to 6 staff/client ratio, if they perform the same functions as paid staff and comply with training and background check requirements.
2. At least two staff members, one of which has CPR training, shall be on the premises at all times during the center's hours of operation.
3. Transportation shall be a function of the program. If the center does not provide transportation directly, arrangements for day care participants needing transportation shall be established.
4. Adult day care workers who have direct contact with clients shall have a level 1 criminal history background check performed by the Florida Department of Law Enforcement (FDLE). Adult day care center owners/operators shall undergo a level 2 criminal history background check.

**C. PROVIDER QUALIFICATIONS:**

1. Adult day care centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 429, Part III, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.
2. Adult day care centers shall be designated in the area plan as congregate dining sites, if meals are counted as congregate meals.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

1. **Unit of Service:** One hour of actual client attendance at the day care center is one unit of adult day care service. Actual client attendance is defined as the time between the time of arrival at the day care center and the time of departure from the day care center.
2. Hours of daily attendance shall exclude time in transit to and from the center. The cost of travel time shall be reported separately. It is not to be included in the unit rate.
3. Meals cannot be counted as congregate meal units, if included in the cost of the service.
4. Adult day care centers should participate in the Child and Adult Care Food Program and receive cash supplements for meals and snacks that meet USDA guidelines. Adult day care centers may not, however, receive benefits or reimbursements through the Child and Adult Care Food Program for meals served with Older Americans Act Title, IIIC funds.

**5.** Each meal shall meet the following criteria:

- a.** Comply with the current Dietary Guidelines for Americans published by the secretaries of the Department of Health and Human Services and the Department of Agriculture;
- b.** Provide 1/3 of the dietary reference intake/adequate intake for age 70+ female as established by the Food and Nutrition Board of National Academy of Sciences;
- c.** Follow the menu development procedures as described in the service description for congregate meals; and
- d.** Centers participating in the Child and Adult Food Care Program must follow the Child and Adult Food Care Program menu requirements.
- e.** A daily attendance log with time in and time out shall be maintained

Chore

**PROGRAM FUNDING SOURCE(S):** AC, CCE, HCE, LSP, OAAIIIB, OAAIIIES

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**Rulemaking Section 430.08, F.S.**

**AC AmeriCorps Provisions**

**CCE Sections 430.201-207, F.S.**

**HCE Sections 430.601-608, F.S.**

**LSP Specific Appropriations**

**OAAIIIB Older Americans Act, Title III, Part B, Section 321 (a)(5)**

**42 U.S.C. 3030d**

**OAAIIIE Older Americans Act, Title III, Part E, Section 373 (f)**

**A. DESCRIPTION:** Chore is defined as the performance of routine house or yard tasks, including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances or heavy objects; household repairs which do not require a permit or specialist; and household maintenance. Pest control may be included, when not performed as a distinct activity.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Chore services may be provided only when there is no other means to accomplish the required tasks.

**C. PROVIDER QUALIFICATIONS:** Providers of chore services may be licensed home health and hospice agencies. Providers may also be independent vendors qualified to provide such service in accordance with all local ordinances that may apply. Home health agencies shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400 Part IV, Florida Statutes. If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps® program requirements.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

- 1. Unit of Service:** One worker hour, beginning at the time of arrival and concluding at the time of departure from client contact. Chore service does not include travel time to nor from the client's residence, except as appropriate for performing essential errands (such as picking up materials) as approved by the job order.
- 2.** For AmeriCorps, one worker hour may include travel time.
- 3.** If services are provided to a couple, units cannot be counted twice.
- 4.** The service may include the cost of cleaning material or personal protective supplies. Materials used for repair or improvement, such as locks, doors, screens or grab rails, are not included in the unit rate of this service. Such materials should be donated, sponsored or purchased under the service "Material Aid."
- 5.** The provider must maintain a service log.

**Legal Assistance**

**PROGRAM FUNDING SOURCE(S):** CCE, LSP, OAAIIIIB, OAAIIIIEG, OAAIIIES

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**Rulemaking Section 430.08, F.S.**

**CCE Sections 430.201-207, F.S.**

**LSP Specific Appropriations**

**OAAIIIB Older Americans Act, Title III, Part B, Section 321, (a)(6), (16)**

**42 U.S.C. 3030d**

**OAAIIIE Older Americans Act, Title III, Part E**

**A. DESCRIPTION:** The goal of the Florida Senior Legal Assistance Program is to build a collaborative and supportive network of key stakeholders in both the aging and legal services networks to ensure accessible, high impact, high quality legal services, which are targeted particularly to older Floridians in greatest economic or social need.

**B. Definitions:**

**1. Legal Assistance:**

- a.** Means legal advice and representation provided by an attorney to older individuals; and
- b.** Includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and may include counseling or representation by a non-lawyer where permitted by law.
- c.** Legal Assistance does not include group legal education.

**2. Limited representation:** See Standard 3.4, American Bar Association Standards for the Provision of Civil Legal Aid<sup>1</sup>

**C. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

**1. Target Groups:** Recognizing that OAA III-B resources are inadequate to meet the legal needs of older persons, legal assistance must be particularly targeted to older persons in greatest economic and social need.

- a.** The OAA specifies a number of target groups, with emphasis on low-income older persons, low-income minority older persons, older persons with limited English proficiency, and those residing in rural areas.
- b.** Consideration should be given at the local level to the necessity of prioritizing additional populations for legal assistance based on community need. Establishing additional target populations should be achieved by ongoing joint planning by the AAA and legal assistance providers and reflected in governing service provider agreement.

**2. Priority Issue Areas:**

- a.** AAAs and legal providers shall assure that the following broad categories of legal assistance are available in each planning and services area. These include: Income; Health Care; Long-term Care; Nutrition; Housing and Utilities; Defense of Guardianship; Abuse, Neglect and Exploitation; Age Discrimination; Protective Services.

1 The full text of the ABA Standards for the Provision of Civil Legal Aid can be found online at the following site: <http://www.abanet.org/domviol/trainings/Interpreter/CD-aterials/civillegalaidstds2006.pdf>

**b.** Consideration should be given at the local level to the necessity of prioritizing specific legal needs within each broad category, based on the needs of the target groups. Establishing priority issue areas should be achieved by ongoing joint planning by the AAA and legal assistance providers, as well as be reflected in governing service provider agreement.

**c.** Simple wills and advance directives are not considered priority issue areas, unless legal assistance is justified in this area to meet essential needs.

**D. PROVIDER QUALIFICATIONS:** In order to achieve the goal of a coordinated and collaborated legal assistance program, the roles and responsibilities of the state unit on aging, AAAs and legal assistance providers:

**1.** Department of Elder Affairs:

**a.** Assign personnel (legal services developer) to provide state leadership in developing legal assistance programs for individuals throughout the state.

**b.** Providing leadership and fostering communication and collaboration throughout the state among AAAs and legal assistance providers.

**2.** AAAs are to:

**a.** Select as their legal assistance provider the entity that is best able to provide the targeted legal services. If AAA contracts with same legal provider as another AAA, agencies should coordinate with each other to ensure uniform contract standards and reporting and engage in joint planning so that the legal provider is not burdened with conflicting requirements across multiple contracts.

**b.** If AAA does not contract directly for legal services, but subcontracts through local entities, AAA is responsible for a coordinated area wide approach to legal services that meets these standards.

**c.** Assure that legal programs are adequately funded in accordance with federal and state requirements and that legal assistance services are available throughout the Planning and Service Area.

**d.** Engage in joint-planning and cross-training efforts with the legal assistance providers.

**e.** Ensure legal assistance providers an integral part of the AAAs advocacy efforts.

**f.** Develop and maximize the use of other resources to expand the provision of legal assistance, with emphasis on partnering with the statewide Senior Legal Helpline.

**3.** Providers:

**a.** Providers must be licensed in accordance with Chapter 454.021, Florida Statutes.

**b.** If not a Legal Services Corporation (LSC) project grantee, coordinate services with existing LSC in the region.

**c.** Engage in joint-planning and cross-training efforts with the aging network.

**d.** Ensure high quality, cost-effective and high-impact services are delivered.

**e.** Provide the full scope of services and limited representation as appropriate in applicable Florida and Federal courts and administrative forums.

**f.** Demonstrate capacity and expertise in major priority categories or areas of law that affect the target populations.

**g.** Develop and maximize the use of other resources to expand the provision of legal assistance, with emphasis on partnering with the statewide Senior Legal Helpline.

**E. RECORD KEEPING AND REPORTING REQUIREMENTS:**

**1. Unit of Service:** One hour of direct

## Homemaker

**PROGRAM FUNDING SOURCE(S):** CCE, HCE, LSP, OAAIIB

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**Rulemaking Section 430.08, F.S.**

**CCE Sections 430.201-207, F.S.**

**HCE Sections 430.601-608, F.S.**

**LSP Specific Appropriations**

**OAAIIB Older Americans Act, Title III, Part B, Section 321, (a)(5)(C)**

**42 U.S.C. 3030d**

**A. DESCRIPTION:** Homemaker service is defined as the accomplishment of specific home management duties by a trained homemaker. Duties may include, but are not limited to, housekeeping; laundry; cleaning refrigerators; clothing repair; minor home repairs; assistance with budgeting and paying bills; client transportation; meal planning and preparation; shopping assistance; and routine house-hold activities.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Homemaker services can be provided under the HCE program only when the caregiver is physically unable to provide the service.

**C. PROVIDER QUALIFICATIONS:**

**1.** Homemaker service providers may be home health or hospice agencies licensed or exempt under Chapter 400.464, Florida Statutes. Providers may also be independent vendors or employees of agencies registered with the Agency for Health Care Administration. Homemaker services provided by DOEA, either directly or through a contractor, are exempt from this licensing requirement. Independent vendors do not have to be licensed or registered, if they bill for and are reimbursed only for services they personally render. An agency using more than one employee to provide services shall register as a homemaker/sitter/companion provider in accordance with Chapter 400.509, Florida Statutes.

**2.** Homemakers shall meet background screening requirements in accordance with Chapter 400.512, Florida Statutes, and Chapter 59A- 8.004(10) and (11), Florida Administrative Code.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

**1. Unit of Service:** One worker hour. Travel time can be counted if the homemaker transports the client or performs essential errands for the client as approved by the job order.

**2.** Units of services provided to a couple represent one (1) unit for each hour of service. The units cannot be doubled.

**3.** Clients (and/or their caregivers) and homemakers shall be provided with copies of the tasks authorized by the case manager, service coordinator or homemaker supervisor.

**4.** Providers shall maintain a written record of activities and report any unusual incidents or changes in the client's appearance or behavioral changes.

### Nutrition Services (Overview)

**PROGRAM FUNDING SOURCES:** CCE, HCE, LSP, OAAIIB, OAAIIC1, OAAIIC2, OAAIIC3, OAAIID

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

Rulemaking Section 430.08, F.S.

CCE Sections 430.201-207, F.S.

HCE Sections 430.601-608, F.S.

**LSP Specific Appropriations**

OAAIIB Older Americans Act, Title III, Part B, Section 321 42 U.S.C. 3030d

OAAIIC1 Older American Act, Title III, Part C 42 U.S.C. 3030e

OAAIIC2 Older Americans Act, Title III, Part C, Subpart 2, Sections 336, 337 42 U.S.C. 3030f, g

OAAIIC3 Older American Act, Title III, Part C, Subpart 3, Section 339

OAAIID Older Americans Act, Title III, Part D, Sections 361, 362 42 U.S.C. 3030m, n

OAAI Older Americans Act, Title I, Section 102, (14)

Food Handling Chapter 64E-11, Florida Administrative Code (F.A.C.)

**Program Funding Specific Authority**

Nutrition Counseling Section 468.516, F.S. Chapter 64B8-44.007, F.A.C. Dietary Guidelines

<http://www.health.gov/dietaryguidelines/> Food Pyramid Guide

<http://www.usda.gov/cnpp/pyrabklt.pdf>, <http://www.msdssearch.com/DBLinksN.htm> Material Safety

Data Sheets Occupation Safety and Health Administration (OAHA) 1910.1200(G) Public Law 101-445,

The National Nutrition Monitoring and Related Research Act of 1990 <http://uscode.house.gov>

**A. DESCRIPTION:** The purpose of the elderly nutrition program is to:

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

## Congregate Meals

### **PROGRAM FUNDING SOURCES: LSP, OAAIIC1**

#### **A. PROGRAM DESCRIPTION:**

1. Congregate meals provide eligible persons with nutritionally sound meals, particularly those in greatest economic and social need, low-income minorities, and those at nutritional risk.
2. These meals are provided and served in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where persons may obtain other social and rehabilitative services. Center site selection should attempt to offer services to varying age groups to promote interaction between the ages.
3. In addition to promoting better health among elders through improved nutrition, the program's focus is to reduce the isolation of aging and offer elders the opportunity to live their lives with dignity.

#### **B. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. Persons receiving congregate meals shall meet eligibility requirements established by the Older Americans Act, as amended.
2. Eligible persons include:
  - a. Individuals age 60 or older;
  - b. Any spouse who attends the dining center with his/her spouse who is age 60 or older;
  - c. Persons with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;
  - d. Disabled persons who reside at home with and accompany an eligible person to the dining center; and
  - e. Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.
3. Each meal provided must meet the following criteria:
  - a. Follow the menu development procedures described in Chapter 4 which ensure compliance with the current Dietary Guidelines for Americans published by the secretaries of the Department of Health and Human Services and the Department of Agriculture;
  - b. Provide a minimum of 1/3 of the dietary reference intakes/adequate intake for an age 70+ female as established by the Food and Nutrition Board of the National Academy of Sciences; and
  - c. Ensure that all meal sites offering a buffet style meal service have at least the following:
    - i. Measured serving utensils for each menu item;
    - ii. Posted menu near the serving line;
    - iii. Menu analysis conducted on the buffet style meal indicating it meets the menu requirements available for participant review, and
    - iv. Staff/volunteers to man the buffet and encourage healthy eating habits and portions.

#### **C. PROVIDER QUALIFICATIONS:**

1. Congregate meals shall be provided by organizations that have demonstrated the following:
  - a. Ability to provide meals efficiently and reasonably; and
  - b. Provide assurances that the organization will maintain efforts to solicit voluntary support and not supplant non-federal funds.
2. Providers shall be awarded congregate meal contracts through a competitive solicitation process that includes evaluation of experience in providing services to older persons.
3. Persons qualified by training and experience shall be designated to provide the services in accordance with federal, state, and local food handling and food safety requirements.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

**1. Unit of Service:** One meal.

**2. Documentation:** The provider shall maintain the following documents:

- a. Locally required fire marshal safety inspection (if applicable)
- b. Food permit if applicable, the current food permit and or inspection report issued by the department of Health, or Business and Professional Regulation or Agriculture
- c. Quarterly site inspection using the Nutrition Program Compliance Review form.
- d. Records on each participant that verifies eligibility;
- e. Approved menus with appropriate documentation;
- f. Daily food temperature logs;
- g. Documentation, with justification, of all menu substitutions and comprehensive menu substitution policies and procedures;
- h. Documentation of nutrition education provided; and
- i. Documentation of employee and volunteer training.

**3.** Meals served to participants shall be included in the Nutrition Services Incentive Program (NSIP) meal count according to NSIP requirements.

## Home Delivered Meals

**PROGRAM FUNDING SOURCES: CCE, OAAIIC2, HCE, LSP**

**A. PROGRAM DESCRIPTION:** Home delivered meals provide eligible persons with nutritionally sound meals. Emphasis is placed on serving elders who are at greatest economic and social need, low-income minorities, and those who are at nutritional risk.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

**1. Eligible persons include:**

- a. Individuals age 60 or older who are homebound by reason of illness, disability or isolation;
- b. The recipient's spouse of a homebound eligible individual, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
- c. Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and
- d. Persons at nutritional risk who have physical, emotional or behavioral conditions, which would make their presence at the congregate site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.

**2. Each meal provided must meet the following criteria:**

- a. Follow the menu development procedures described in Chapter 4 which ensure compliance with the current Dietary Guidelines for Americans published by the secretaries of the Department of Health and Human Services and the Department of Agriculture; and
- b. Provide a minimum of 1/3 of the dietary reference intakes/adequate intake for an age 70+ female as established by the Food and Nutrition Board of the National Academy of Sciences, if developed through nutrient analysis.

**3. Safe and Sanitary Handling:** All nutrition programs shall maintain facility and services in accordance with Chapter 64-11, Florida Administrative Code. These regulations outline all the requirements that ensure the safe and sanitary methods of food procurement, production, protections and distribution. Nutrition programs are responsible for adherence to Chapter 64E-11, Florida Administrative Code and at a minimum must have equipment that maintains the safe and sanitary handling of all menu items during the time period between the completion of the cooking process through the end of the serving and delivery period.

- a. The time span between the completion of food preparation and the delivery to the homebound client should, to the extent possible, not exceed four (4) hours.
- b. All hot home delivered meals for the noon meal shall be delivered to the client no earlier than 10:30 a.m. and no later than 2:30 p.m.
- c. All food shall be individually packaged in a material that promotes appropriate temperature retention.
- d. Cold and hot food shall be packaged and packed separately.
- e. Food utensils shall be completely wrapped or packaged to protect them from contamination.
- f. Food containers should be sectioned so that food does not mix, leak or spill.
- g. All food shall be packed in secondary insulated food carriers that are capable of maintaining food temperatures at 140° F. or higher or at 41° F. or lower.
- h. Food carriers should be enclosed to protect food from contamination, crushing or spillage and be equipped with insulation and/or supplemental sources of heat and/or cooling as necessary to maintain safe temperatures.
- i. Food carriers must be constructed as to prevent food contamination by dust, insects, animals, vermin or infection.
- j. Food carriers must be clean and sanitized or use carriers with inner liners that can be sanitized.

**k.** Temperatures of all hot and cold potentially hazardous food items must be documented at delivery for each provider at least monthly for each county. Whenever temperature non-compliance is identified, weekly temperatures must be documented until corrective action has been achieved.

**l.** Appropriate temperatures of potentially hazardous food items must be maintained prior to serving a client the meal; however at no time should potentially hazardous cooked food be maintained at excessively high temperatures. Food items maintained at excessively high temperatures lose their nutritional and aesthetic value.

**4. Frozen Meals:** When frozen meals are delivered to participants, the temperature shall be a maximum of 20° F or the food shall be frozen solid. The nutrition provider shall complete a DOEA form 217 for each participant to ensure that:

**a.** The participant or caregiver has the needed equipment in the home (electricity, a stove with a working oven, a working microwave oven, or a working toaster oven, and a freezer to store the meals);

**b.** The participant or caregiver has both the physical and mental capability to follow cooking directions and use the equipment;

**c.** The frozen meals are dated and clearly labeled. Instructions for storage and cooking shall be provided in large print.;

**d.** The importance of following meal preparation directions shall be emphasized to clients on a regular, on-going basis; and

**e.** Participants who may be unable to follow the instructions should not receive frozen meals in the home.

**f.** More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home (as evidenced by a completed DOEA Form 217) and the participant is able to consume the second meal independently or with available assistance and within the expiration date indicated on the meal.

**5. Cold Meals:** When cold meals are delivered to participants, the temperature shall be a maximum of 41° F. For cold meals that require reheating for consumption, the nutrition provider shall complete a DOEA Form 217 for each participant to ensure that:

**a.** The participant or caregiver has the needed equipment in the home (such as a stove with a working oven, a working microwave oven, or a working toaster oven);

**b.** The participant or caregiver has both the physical and mental capability to follow cooking directions and use the equipment;

**c.** The expiration date is clearly labeled on the meal. Instructions for storage and cooking shall be provided in large print;

**d.** The importance of following meal preparation directions shall be emphasized to clients on a regular, on-going basis; and

**e.** Participants who may be unable to follow the instructions should not receive cold meals that require reheating for consumption in the home.

More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home (as evidenced by a completed DOEA Form 217) and the participant is able to consume the second meal independently or with available assistance and within the expiration date indicated on the meal.

**C. PROVIDER QUALIFICATIONS:** Home delivered meals shall be delivered by organizations that have demonstrated the following:

1. Ability to deliver meals to the participants' homes efficiently and reasonably; and
2. Provide assurances that the organization shall maintain efforts to solicit voluntary support and not supplant non-federal funds.
3. Providers shall be awarded home delivered meal agreements through a competitive solicitation process that includes evaluation of experience in providing services to older clients.
4. Persons qualified by training and experience shall be designated to provide the services in accordance with federal, state and local food handling and food safety requirements.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

1. **Unit of Service:** One meal
  2. **Temperature Checks:**
    - a. Temperature of all hot and cold potentially hazardous food items must be monitored at delivery for each provider at least monthly for each county. Whenever temperature non-compliance is identified, weekly temperatures must be monitored until corrective action has been achieved.
    - b. If multiple providers serve meals in a county, then each provider shall fulfill this requirement.
    - c. Temperature checks shall be monitored for each route on a random and rotating basis to ensure that all potentially hazardous food is served at the proper temperature.
    - d. Whenever temperature non-compliance is identified, weekly temperatures must be monitored until corrective action has been achieved.
    - e. Documentation of these temperature checks shall be maintained by providers and monitored by the area agencies on aging.
    - f. Thermometers should be calibrated weekly.
  3. Meals served to participants shall be included in the Nutrition Services Incentive Program (NSIP) meal count according to NSIP requirements.
  4. If the AAA has a blended rate for home delivered meals that reflects the cost of a hot meal and the cost of a frozen meal, the following codes are available to distinguish between the two: HDMH (hot) and HDMF (frozen). These codes were set up to avoid the use of "blended" rates when the same provider is authorized to provide meals that have different rates.
  5. To assist the department in tracking expenditures for CCE-funded emergency shelf stable meals, it is necessary for AAAs to use the CIRTS code, CCE: EHDM - Emergency Home Delivered Shelf Meals. This code should be used for aggregate reporting to record the number of meals distributed.
- NOTE:** For HCE program clients, the file must document why the caregiver cannot perform preparation of meals.

## Nutrition Counseling

**PROGRAM FUNDING SOURCES: CCE, LSP, OAAIIC1, OAAIIC2, OAAIID**

**A. PROGRAM DESCRIPTION:** Nutrition counseling provides one-on-one individualized advice and guidance to persons, who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medication use or chronic illness. Nutrition Counseling includes options and methods for improving a client's nutritional status.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. A Florida licensed dietitian and/or licensed registered dietitian shall provide this service on an individual basis. (Section 468.516, F.S.)
2. The initial counseling session, to the extent possible, must be face-to-face.
3. A written or oral diet order from the client's physician shall be on file prior to providing nutritional counseling. In the event the licensed dietitian is unable to obtain written or oral authorization from the physician, the licensed dietitian may use professional discretion in providing nutrition counseling.
4. Clients for nutritional counseling may be identified through a screening/intake process (i.e., 701A, 701B or 701C), by self-referral, or by referral from a caregiver or other concerned party.

**C. PROVIDER QUALIFICATIONS:** A Florida licensed dietitian and/or licensed registered dietitian, or a registered dietetic technician (RDT) under the supervision of a Florida licensed dietitian and/or licensed registered dietitian shall evaluate the participant's nutritional needs, conduct a comprehensive nutrition assessment, and develop a nutrition care plan in accordance with Chapter 64B8- 43, Florida administrative Code. It is recommended that any dietitian providing nutrition counseling be covered by malpractice insurance.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

1. **Unit of Service:** One hour of direct service with or on behalf of a client.
2. **Documentation:** Licensed dietitians and/or licensed registered dietitians shall keep applicable written participant records that shall include the nutrition assessment, the nutrition counseling plan, dietary orders, nutrition advice, progress notes and recommendations related to the participant's health or the participant's food or supplement intake, and any participant examination or test results in accordance with Chapter 64B8-44, Florida Administrative Code.

## Nutrition Education

**PROGRAM FUNDING SOURCES: LSP, OAAIIC1, OAAIIC2**

### **A. PROGRAM DESCRIPTION:**

Nutrition education provides accurate and culturally sensitive information regarding the following topics:

1. Food;
2. Nutrients;
3. Diets;
4. Lifestyle factors;
5. Physical fitness and health (as it relates to nutrition); and
6. Community nutrition resources and services to participants and caregivers to improve their nutritional status.

### **B. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. Nutrition education shall be planned and directed by a Florida licensed dietitian and/or licensed registered dietitian (Chapter 468.504, Florida Statutes). Cooperative extension agents or trained meal site or wellness coordinators, under the direction of the licensed dietitian and/or licensed registered dietitian, may provide such education activities. Documentation of persons trained must be maintained.
2. Nutrition education is provided at each site and distributed to each home delivered meal client a minimum of once a month.
3. Congregate sessions shall be a minimum of 15 minutes in length.
4. The provider's licensed dietitian and/or licensed registered dietitian shall develop a written annual nutrition education plan that documents subject matter, presenters and materials to be used. The AAA may develop a single educational curriculum, which may be used by multiple sites.
5. Nutrition program licensed dietitian and/or licensed registered dietitian, shall ensure that the nutrition education content and materials are developed consistent with the nutritional needs, literacy levels and vision and hearing capacities, as well as the multi-cultural composition of participants.
6. **Documentation:** Each nutrition service provider shall maintain written documentation for monitoring purposes that includes the date of the presentation, name and title of presenter, lesson plan or curriculum, and the number of persons in attendance. The documentation requirement for materials delivered to homebound participants shall include the date of distribution, copy of distributed material, and number of participants receiving the information.
7. **Provider Qualifications:** A licensed dietitian and/or licensed registered dietitian shall develop or coordinate, review and approve nutrition education content and materials prior to presentation. Coordination shall include, at a minimum, the following:
  - a. Selection of topics and trainers;
  - b. Review or provide materials to be used for nutrition education; and
  - c. Training of persons who will conduct nutrition education, if applicable.

### **C. RECORD KEEPING AND REPORTING REQUIREMENTS:**

1. **Unit of Service:** Each nutrition education session participant counts as a unit of service.

## Outreach

**PROGRAM FUNDING SOURCE(S):** AC, LSP, OAAIIB, OAAIIC1, OAAIIC2, OAAIIE, OAAIIEG

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**AC AmeriCorps National Service Volunteer Program**

**LSP Specific Appropriations**

**OAAIIB Older Americans Act, Title III, Part B, Section 321, (c) 42 U.S.C. 3030d**

**OAAIICI Older Americans Act, Title III, Part C, Subpart 1, Section 331 42 U.S.C. 3030e**

**OAAIIC2 Older Americans Act, Title III, Part C, Subpart 2, Sections 336, 337 42 U.S.C. 3030m, n**

**OAAIIE Older Americans Act, Title III, Part E**

**A. DESCRIPTION:** Outreach is an access service and is a required service or function in Title IIIB and Title IIIC. Outreach is defined as a face-to-face, one-on-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:**

**1.** Group contact is not outreach. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing. Title III of the Older Americans Act requires outreach to older clients with greatest economic and social need, with particular attention to low-income minority and older clients residing in rural areas.

**2.** Outreach activities cannot be counted for clients already receiving any Older Americans Act services or other DOEA funded services. Contact shall be initiated by the outreach worker, not by the client.

**C. PROVIDER QUALIFICATIONS:**

**1.** Outreach services are provided by paid or volunteer staff of the designated lead agency, or as otherwise approved by the AAA. Minimum education requirements for outreach workers include a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the AAA. Outreach staff shall be knowledgeable about local resources.

**2.** If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps program requirements.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

**1. Unit of Service:** An episode of outreach is one-on-one, face-to-face, contact with an older individual who is not receiving any DOEA funded services.

**Recreation**

**PROGRAM FUNDING SOURCE(S): LSP, OAAIIB**

**PROGRAM AUTHORITY:**

**Program Funding Specific Authority**

**LSP Specific Appropriations**

**OAAIIB Older Americans Act, Title III, Part B, Section 321, (a)(1), (7) 42 U.S.C. 3030d**

**A. DESCRIPTION:** Recreation is defined as participation in or attendance at planned leisure events such as games, sports, arts and crafts, theater, trips and other relaxing social activities. The purpose is to offer activities of interest for participants, increase physical and mental stimulation, prevent isolation, and encourage socialization.

**B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Services shall be provided that include activities which appeal to all program participants and levels of functioning; increase physical stamina in older persons; provide mental stimulation; provide social interaction; and provide an appropriate mix of individual and group activities.

**C. PROVIDER QUALIFICATIONS:** A person qualified by training or experience shall be designated to provide the service. Training shall include the process of aging, interest of the elderly, and acquiring knowledge of community resources available for use in recreational activities.

**D. RECORD KEEPING AND REPORTING REQUIREMENTS:**

**1. Unit of Service:** One hour of recreation activity regardless of the number of participants. Recreation cannot be counted as a separate unit of service, if delivered through adult day care services or adult day health care.