

North Carolina Division of Aging
Nutrition Services
Effective date – July 1, 2003

NUTRITION PROGRAM MENUS

V. Nutrition Program Menus

Summary of federal and state requirements

- Nutrition providers must carry out program activities with the advice of dietitians (or persons with comparable expertise), meal participants, and other people knowledgeable about the needs of older adults. Minimum required documentation includes:
 - Menu certification – A licensed dietitian/nutritionist as defined in N.C. General Statutes § 90-352 must sign each page of a menu to certify that the menu meets the menu requirements below. The nutrient analysis and menu change forms must be on file with the certified menus.
 - Annual Survey – The nutrition provider must have on file at least one annual survey of participants soliciting menu suggestions and client satisfaction.
- Menus must be posted in both the congregate serving area and the meal preparation area.
- Approved menus must be followed, subject to seasonal availability of food and the availability of USDA donated food.
- Menu substitutions
 - The caterer or on-site production manager must document substitutions for dietitian/nutritionist approval.
 - Caterers must send written notification of meals that have an emergency menu substitution on the date delivered.
 - Menu change form - Any deviation from the approved menu must be documented on a menu change form that provides the date of delivery, specific food substitution, and signature of the production manager and/or dietitian authorizing the change. These forms must be kept on file with the certified menu.
 - Menu substitutions must be approved by the dietitian/nutritionist within 90 days or no later than July 31st for meals served in the 4th quarter of the state fiscal year.
- Menus must be kept on file with menu change forms for at least one year.

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- **The signature of a licensed dietitian/nutritionist must be on each page of an approved menu certifying that the following requirements have been met:**
 - **Menus document that at least one hot or other appropriate meal is provided daily at least 5 days per week, except for holidays.**
 - **Menus follow the Dietary Guidelines for Americans.**
 - **Menus provide the recommended dietary allowances: 1/3 RDA for 1 meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.**
 - **Menus are adjusted to meet the special dietary needs of participants to the maximum extent feasible.**
 - **Each meal provides at least 700 calories.**
 - **Sodium content does not exceed 1,300 mg per meal.**
 - **Nutrient analysis**
 - **All foods are identified on the menu in order to calculate nutrient value. All prepared or breaded meat items or meat in combination are specified. The form of vegetable or fruit (fresh, frozen, dried, or canned) on a menu is specified.**
 - **Recipes are provided to facilitate nutrient analysis. When recipe ingredients change, the recipe is resubmitted for approval by the dietitian/nutritionist.**
 - **Menus are written for a period of at least 20 days and submitted to the dietitian/nutritionist for nutrient analysis and approval at least 2 weeks in advance of the meals being served.**
 - **Menus follow the menu pattern requirements**
 - **Meat/meat alternative – no less than 21 grams.**
 - **Bread/grains – 2 servings of whole grain or enriched grain products.**
 - **Vegetables/fruits – 2 servings – juice may fulfill no more than half of this requirement for any one meal – vitamin C-rich foods must be served at least twice per week.**
 - **Fats – not more than 30% of the total calories per meal – gravies, salad dressings, mayonnaise, margarine, or butter must be specified.**
 - **Dairy – no less than 400 mg of calcium from combined menu items.**
 - **Menus are changed at least two times per year.**
- **Therapeutic diets**
 - **A physician's prescription for a therapeutic diet must be on file prior to services, and prescriptions must be reordered in writing every 6 months.**

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- Therapeutic diet prescriptions and menus must follow the guidelines of the NC Dietetic Association Diet Manual.
- Menus must be written by a licensed dietitian/nutritionist and remain on file at least one year.
- Each food container must be dated and labeled with the client's name.
- **Liquid Nutritional Supplements**
 - Prior to distribution, a written authorization must be on file from one of the following professionals: a physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist.
 - The nutrition provider must disclose to the professional who is requested to authorize the product's brand name, nutritional content of one serving, and the amount that will be needed to constitute the required 1/3 for reimbursement to meet the participant eligibility requirements.
 - Served in addition to a complete congregate nutrition or home delivered meal. May be counted as 2 meals but together they must provide 66% of the RDA.
 - Replacing a meal based on assessed need as determined by the authorizing professional. Such products cannot replace conventional meals unless a disability or condition warrants their sole use. Liquid supplements may be served to participants who cannot tolerate solid foods or cannot chew food.
 - The authorization must include name of recipient, reason why product is needed, amount and frequency of product to be provided, duration (not to exceed 6 months), name/signature/telephone number of the authorizing professional, and date of authorization.
- All frozen meals must be dated with the date delivered to the nutrition provider.

Practice Guidelines

Meal Pattern

<u>FOOD GROUPS</u>	<u>AMOUNT TO SERVE PER MEAL</u>
Meat/Meat Alternative	2 ounces cooked, edible portion or equivalent
Bread/Grains	2 servings
Vegetables/Fruits	2 servings
Fats	total fat not to exceed 30% of total calories/meal
Dairy	1 serving

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To assure that each participant is offered a meal based on the required menu pattern, the first meal served at each nutrition site should be accurately weighed or measured by volume to provide a visual standard of reference for portion size when serving the remainder of the meals. Portion control utensils should be used when serving food.

(1) Meat/Meat Alternative Group

The requirement for each meal is to contain at least 2 oz. of cooked edible portion of meat, fish, poultry, or eggs. Meat alternatives may be used occasionally for variety and can include bean, pea, or lentil soup or entrees, as well as peanut butter. Processed meats, such as hot dogs or sausage, should be limited to once or twice a month because of the high fat and sodium content and limited nutrient value.

(2) Breads/Grains Group

The requirement for each meal to contain 2 servings of a whole grain or enriched grain product may be met in a variety of ways. The following examples are considered one serving from the Bread/Grains Group: 1/2 cup rice, potatoes or pasta; 6 saltine crackers; cornbread (2" cube); 1 roll, biscuit, or muffin; or 1 slice of bread. These may be served as separate items or incorporated into the main entree in the amounts specified above. An alternate way of meeting the menu requirement for two servings of bread/grain product would be to provide one serving of bread product as listed above and a starchy vegetable such as 1/2 cup of sweet or white mashed potatoes (or 1 medium-sized potato), lima beans, green peas, or corn. If this alternative is chosen, the starchy vegetable may not be used to satisfy both the bread/grain requirement and the vegetable/fruit requirement. A variety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended.

(3) Vegetable/Fruit Group

To meet the requirement for two servings of different fruits and/or vegetables per meal, a nutrition provider may consider the following examples of one serving: 1/2 cup canned fruit (drained), 1/2 cup cooked vegetable (drained), 1 piece of fresh fruit, or 6 ounces of 100% fruit juice (orange, grapefruit, orange-grapefruit, or other 100% fruit juice fortified with Vitamin C to meet 1/3 RDA for Vitamin C), 1/2 cup coleslaw, or 1 cup tossed mixed fresh vegetable salad. Providers should note that the menu requirements in 10A NCAC 06K .0203 specify that juice may fulfill no more than half of the vegetable/fruit requirement for a meal.

The nutrition rules require that one serving of Vitamin C rich food be served twice each week. It is recommended that one serving of Vitamin A rich food also be served twice each week.

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Fruits or vegetables used in gelatin, soups, or main entrees may be counted as one serving if at least 1/2 cup of fruit or vegetable is provided per serving. Vegetable or fruit sauces (e.g., tomato sauce for spaghetti) may not be identified as meeting the fruit/vegetable requirement, except that applesauce may be counted as a fruit.

(4) Fats Group

Salad dressings, mayonnaise, gravies, white sauces, margarine, or butter must be identified on the menu. Each meal may contain fat, but care should be taken not to exceed the 30% fat level of total calories per meal. Methods that limit the amount of fat during cooking or serving are recommended. However, it should be pointed out that sauces over thin slices of meat help to maintain require food temperatures.

(5) Dairy Group

Calcium requirements have gone up to 400 mg. calcium per meal. This may be obtained by a serving of milk or other foods high in calcium. Calcium-fortified foods, juices, and other beverages may be served to meet the calcium requirement.

(6) Desserts

Dessert may be provided as an option, including fruit, puddings, fruited or plain gelatin, ice cream or ice milk, frozen yogurt, sherbet, cake (frosted or with fruit sauce), cobblers, cookies, or pies (or pie squares), etc. Care should be taken not to exceed the 30% fat level of total calories for the meal.

If fruit is used as a dessert, it can be counted as one serving of fruit/vegetable category. If any calcium-rich foods are used as dessert, they may be counted as part of the total calcium content of the meal.

(7) Beverage Category

Coffee or tea may be served, but cannot be counted as fulfilling any part of the 1/3 daily Recommended Dietary Allowances requirement.

Menu Planning

- (1) Nutrition providers should stay in touch with their participants in order to offer meals that are acceptable to the majority of people who want to partake. An annual survey must be done to solicit menu suggestions and determine client satisfaction.
- (2) Putting the USDA Food Guide Pyramid into practice for menu planning helps to insure a more healthful menu. In general, it is recommended to choose foods

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that are higher in fiber and lower in fats and sugars. The fat content of meals should be no more than 30% of total calories. Menus should include fiber-containing foods, such as whole wheat bread, fresh fruits, and vegetables. Special attention should be directed to including nutrient-dense foods on the menu and limiting the number of desserts. Cake, pie, cookies, donuts, and similar foods are not recommended for frequent use because of low nutrient density.

- (3) Food items within the meat/meat alternative, vegetable/fruit, and bread/grain groups should be varied within the week and the menu cycle. Food items should not be repeated two days in a row or served on the same days of consecutive weeks. Menus should include a variety of food items and preparation methods, including a mixture of colors, food combinations, textures, sizes, shapes, tastes, and appearances.
- (4) Menus must be changed twice a year, but should be changed every quarter.
- (5) Menu substitutions should not exceed one per month.
- (6) Menu conferences between the licensed dietitian/nutritionist and the service provider should be conducted quarterly to discuss any problems, suggestions, additions, deletions, client comments, upcoming special events, or other topics pertaining to the nutrition program menus.
- (7) Menu sharing between agencies with different food vendors and in different regions is encouraged in order to offer more variety to the participant.
- (8) Six ounces of juice should satisfy the fruit/vegetable requirement no more than a maximum of two days per week.
- (9) Main dish salads may be served on the menu.
- (10) Vegetable protein products are allowed by the Food and Nutrition Service-USDA to be used in meat mixtures up to a maximum of 30%. This means all meat mixtures must contain at least 70% of meat in the mixture.
- (11) Fresh and frozen vegetables should be used as much as possible. When canned vegetables are used, salt should not be added.
- (12) Fresh fruits and vegetables of good quality may be donated and incorporated into the menu only when they can be used to serve all participants.

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- (13) If the nutrition program uses a caterer, dietary specifications and menu pattern requirements need to be stipulated in the contract between the caterer and the nutrition program. These requirements must be stated as clearly and specifically as possible to prevent any misunderstandings and set forth the responsibilities of both parties.
- (14) Nutrition program staff should tour the caterer's kitchen facilities at least annually. The caterer should be evaluated to assure that food is being prepared in a Grade "A" kitchen and that food-handling procedures are safe and sanitary. Any requirements in federal and state nutrition rules that are delegated to the caterer should be monitored during these visits.

Therapeutic Diet Meals and Special Modified Meals

Therapeutic diets and special modified meals may be provided when there is sufficient need and when the skills to prepare and serve these special diets are available.

- (a) Therapeutic Diet Meals: A nutrition program may offer therapeutic diets to participants with a physician's authorization. A physician's written diet order must be on file prior to serving therapeutic diet meals and must be reordered every six months. Menus for therapeutic diet meals have to be written by a dietitian following the standards of the current NC Dietetic Association Diet Manual. A best practice for therapeutic meal delivery is to provide a copy of the certified menu to the person delivering the meal to assure that the physician's prescription is fulfilled. A therapeutic diet meal must provide 1/3 of the recommended dietary allowances to qualify for reimbursement through the Home and Community Care Block Grant and NSIP.
- (b) Special Modified Meals: Certain changes in the certified approved menu may be offered where feasible and appropriate to meet the medical requirements of a participant. These changes can be made within the existing meal program without a physician's authorization. These changes include:
- *Change in entrée*. A participant may request a lower sodium entrée on days when high sodium entrees are served. A higher sodium entrée contains more than 500 milligrams of sodium.
 - *Change in dessert*. Serving a dessert is optional. If a dessert other than fresh fruit or canned fruit packed in its own juice (not a sugar syrup) is served, then fresh fruit, juice-packed or water-packed fruit, or other dietetic, low-sugar desserts should be available if requested by the participant to replace the planned dessert.

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Using Shelf-Stable and Frozen Products When the Regular Nutrition Program Is Not Operating or Not Available

Shelf stable, frozen, canned, or dehydrated meals may be provided to participants for emergency situations, holidays, additional meals, and weekend meals. These types of meals are expected to follow the menu pattern requirements. Frozen meals may be useful in areas where daily delivery is limited or for weekend meal service. Emergency meals may be provided for inclement weather days if distributed in advance of the inclement weather. The adequacy of freezer and refrigeration equipment and the ability of the participant to prepare meals must be taken into consideration when authorizing these meals.

Providers who order frozen meals or shelf-stable meals often store them and deliver them in quantities, such as delivering a week of meals at one time. Providers should use these meals within 6 months of delivery. They must be dated upon delivery and should be rotated if necessary to assure that the oldest meals are delivered first.

The method of packaging and delivering more than one meal at a time may make it difficult or impossible to visualize the original menu grouping approved by the dietitian as meeting 1/3 RDA. For this reason, providers may want to provide some type of instructions to the meal recipients regarding suggested menus.

When delivering multiple meals to a client, the total number of meals should be reported for reimbursement on the day they are delivered. For example, the delivery of one hot meal on Friday along with 4 frozen meals for the weekend would be shown on the meal report as 5 meals on Friday's date.

Distributing Liquid Nutritional Supplements

As authorized by a professional (physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist), liquid nutritional supplement meals may be provided as a second meal per day or as a meal replacement for frail older adults. The normal menu pattern requirements do not apply to these products, but they must be provided in a quantity sufficient to assure 1/3 RDA in order to be reimbursed by the HCCBG or the NSIP.

As a Second Meal – When liquid nutritional supplements are included within the scope of nutrition services offered in a community, generally they should be distributed with a hot or other appropriate meal because it is intent of the Older Americans Act to provide food, not supplements. In combination with a conventional meal, liquid nutritional supplement may be a very cost-effective

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means of helping people who are at high risk of malnutrition and in need of additional meals.

As a Meal Replacement – Because liquid nutritional supplement is meant to supplement and not replace meals, special authorization is required for meal replacement. In the authorization form, the authorizing professional must certify that the person approved for liquid supplement as a meal replacement has a disability or condition that prevents them from chewing food or otherwise tolerating solid foods.