

**Appendix A-3– Services to be Provided**  
**Self Help for the Elderly**  
Home-Delivered Nutrition Services for Older Adults

July 1, 2021 - June 30, 2025  
Modification: February 7, 2024

**I. Purpose**

The purpose of this grant is to provide home-delivered nutrition services for older adults living in the City and County of San Francisco. Home-delivered nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Home-delivered nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Self Help for the Elderly
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation

Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov/vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov/vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/ Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (2) and older that aim to promote health, prevent chronic disease, and help people reach and maintain a healthy weight. Published jointly every 5 years by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)

Home-Delivered Nutrition Services/HDM Nutrition Services	The procurement, preparation, transporting and delivery of meals that meet nutrition requirements to eligible consumers who are homebound by reason of illness, disability, or are otherwise isolated, and have no safe, healthy alternative for meals. Home-delivered nutrition services also include initial assessments, annual assessments, and reassessments of consumer eligibility, nutrition education, health promotion, and nutrition risk screening.
HDM Nutrition Services Assessment (Initial and Annual)	An assessment conducted by a qualified staff member in the home of an individual within two weeks of beginning meal service and annually thereafter that documents the need for service and the type of meal appropriate for the participant in their living environment. The assessment covers physiological, socioeconomic, and psychological factors including acute or chronic disease, syndromes or conditions, family/support system and functional ability including activities of daily living (ADL) and instrumental activities of daily living (IADL) which contribute to an individual's need for meals and other related services. (CCR Title 22 Sec. 7638.3)
LGBTQ+	An acronym/term used to refer to persons who self-identify as non - heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
Low-Income	Having income at or below 100% of the federal poverty line as defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. Eligibility for program enrollment and participation is not means tested. Consumers self-report income status.
Menu Planning and Nutrient Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)

Modified Diet	A menu approved by a registered dietitian (RD) that meets the current DGA and adjusts the typical home-delivered meal components to control the intake of certain foods, food textures, and/or nutrients to meet the dietary needs of individuals. Examples include, but are not limited to, low sodium diet, diabetic diet, and mechanical soft diets.
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	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. (CCR Title 22 Sec. 7630)
Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current Dietary Guidelines for Americans (DGA) and provide a minimum of one-third of the Dietary Reference Intakes (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	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. (CCR Title 22 Sec. 7630)

Nutrition Services	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. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.
OCNP	Older Californians Nutrition Program (previously known as Elderly Nutrition Program, ENP) - Title III C1 and C2. A program that provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and is provided in accordance with the provision of CCR Title 22, Chapter 4, Article 5, Sec. 7630.
Older Adult	A person who is 60 years of age or older, used interchangeably with the term “senior”.
Reassessment	A reassessment conducted quarterly by qualified staff that documents the need for service. Such reassessment shall be done in the home of the participant at least every six months. (CCR Title 22 Sec. 7638.3) Initial and annual assessments count towards the quarterly reassessment requirement.
Registered Dietitian (RD)/ Registered Dietitian Nutritionist (RDN)	Registered Dietitian or Registered Dietitian Nutritionist: An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration.
Senior	A person who is 60 years of age or older, used interchangeably with the term “older adult”.
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
SF-HSA	Human Services Agency of the City and County of San Francisco.
Socially Isolated	Having few social relationships and few people to interact with regularly.

SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve ( <i>Chapter 104, Sections 104.1 through 104.9</i> ).
Unduplicated Consumer (UDC)	An individual who receives home-delivered nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### **III. Target Populations**

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- Speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### **IV. Eligibility for Services**

To participate in home-delivered nutrition services, an individual must meet one of the following criteria:

1. An older adult living in the City and County of San Francisco who is homebound due to illness or disability, or is otherwise isolated.
2. A spouse or domestic partner of an older adult enrolled in the program if an assessment by the grantee's social worker or assessment staff concludes that it is in the best interest of the enrolled older adult.
3. An individual with a disability who resides at home with an enrolled older adult, if an assessment by the grantee's social worker or assessment staff concludes that it is in the best interest of the enrolled older adult.

Grantee shall give priority to an eligible older adult.

### **V. Location and Time of Services**

The grantee will provide home-delivered nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the service and delivery times for the provision of home-delivered nutrition services.

### **VI. Description of Services and Program Requirements**

1. Grantee will develop and maintain nutrition policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), CCR Title 22, CDA OCNF, and DAS OCP.

Policies and procedures shall also include consumer assessment and reassessment guidelines.

2. Grantee will provide home-delivered nutrition services for older adults and individuals who are determined eligible by the grantee. The provision of services will include the following:
  - i. Enrollment of consumers in home-delivered nutrition services and the delivery of meals to those consumers as indicated in Table A below and in the various neighborhoods and/or districts as indicated in the DAS OCP approved site chart.
  - ii. Provision of home-delivered meals that meet nutritional standards by adhering to the current DGA and offering a minimum of one-third of the DRIs if the grantee provides one meal per day. If the grantee provides two meals per day, the meals must contain at least two-thirds of the DRIs. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs. Meals offered may be hot, chilled, or frozen, and be regular or modified meals as approved by DAS OCP.
  - iii. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
  - i. Submit for review and approval by DAS OCP, at least one month in advance of use, a minimum of a five-week cycle menu with the required corresponding menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.
  - ii. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
  - iii. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
  - iv. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that meet food safety standards during the timeframe of the route. The grantee will document, and keep on file the temperatures for quarterly review by the registered dietitian.
  - v. Monitor the food safety and sanitation of the HDM routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff

member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each HDM route, at minimum, two (2) times per year.

- vi. Conduct and document an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four times during the fiscal year. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of HDM route temperature checks and monitoring reports.
- vii. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include:
  - (1) Food safety, prevention of foodborne illness, and HACCP principles.
  - (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
- viii. In-service for nutrition program staff (e.g. food service and delivery workers) is provided at minimum once per quarter and four (4) times annually as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also document, schedule, and conduct in-service trainings in a timely manner when there are monitoring findings. A registered dietitian (RD) must review and approve an annual in-service training plan and the training curriculum for nutrition program staff.
- ix. Conduct initial in-home assessments by qualified staff to evaluate a consumer's eligibility for program enrollment within two weeks of starting meal service. During the assessment, the grantee will provide participants with a welcome packet and program information as described in DAS OCP policy memoranda. The welcome packet will include at minimum, the following information: a meal delivery schedule, sample menu, written instructions for handling and reheating meals, voluntary contribution policy and collection procedures, directions on how to request a change in meal delivery, grievance policy, and information on how to request assistance, if needed. The welcome packet at minimum must be available in the language of the majority of the program participants.
- x. Conduct in-home assessments annually to evaluate a consumer's eligibility for continued program enrollment. Qualified staff must complete the annual assessment, document the need for service, and evaluate function and ability as described in DAS OCP policy memoranda.
- xi. Conduct quarterly reassessments to determine a consumer's eligibility for continued program enrollment. The grantee shall conduct quarterly reassessments as described in DAS OCP policy memoranda. The grantee must conduct at least one quarterly assessment in the home of the consumer. A trained HDM program driver or volunteer may complete a quarterly reassessment in person or by phone.



4. Grantee will ensure the suggested voluntary contribution per meal complies with DAS OCP policy memoranda including an approval by the grantee's board of directors.
5. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results with DAS OCP by March 15 each grant year or on a mutually agreed upon date between OCP and the grantee. At minimum, the completed number of surveys shall be a sample size of at least forty percent (40%) of the enrolled unduplicated consumer.
6. Grantee will have a qualified manager on staff who conducts the day-to-day management and administrative functions of the nutrition program. The grantee will ensure the manager on staff possesses a food safety manager certification and has the required qualifications as described in CCR Title 22 Sec. 7636.3 and DAS OCP policy memoranda.
7. Grantee will ensure there is a sufficient number of qualified staff, paid and/or volunteer, with the appropriate education, experience, and cultural competency to carry out the requirements of the program and deliver quality services to meet the needs of the consumers.
8. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP, and share the information with their staff and volunteers as needed.
9. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services

## VII. Service Objectives

1. Grantee will enroll at minimum the number of unduplicated consumers and provide the units of service detailed in Table A below:

<b>Table A</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
<b>Number of Unduplicated Consumers (UDC)</b>	486	371	371	371
Modification 1	494	276	276	276
Modification 2	0	0	0	0
Modification 3		+405	+106	+106
Modification 4		0	0	0
<b>Modification 5</b>			<b>167</b>	<b>37</b>
<b>Revised UDC</b>	980	1,052	<b>920</b>	<b>790</b>

<b>Number of Meals</b>	146,000	111,361	111,361	111,361
Modification 1	70,361	36,818	36,818	36,818
Modification 2	-2,953	0	0	0
Modification 3		+92,971	+23,320	+23,320
Modification 4		+5,714	0	0
<b>Modification 5</b>			<b>+57,153</b>	<b>+25,352</b>
<b>Revised Number of Meals</b>	213,408	246,864	<b>228,652</b>	<b>196,851</b>

### VIII. Outcome Objectives

1. Consumers report increased consumption of fruits, vegetables, and/or whole grains. Target: 75%.
2. Consumers feel less worried about getting enough food to meet their needs. Target: 85%.
3. Consumers rate the quality of meals they received as excellent or good. Target: 85%.

Based on a consumer survey and a sample size of at least forty percent (40%) of the enrolled unduplicated consumer.

### IX. Reporting and Other Requirements

1. Grantee will enroll eligible consumers into the program funded through this grant agreement by entering the consumer data obtained from consumers using the DAS OCP approved HDM intake form, which includes the annual nutrition risk screening and the food security screening, into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5<sup>th</sup> working day of the month for the preceding month.
3. Grantee will enter monthly reports and metrics into the CARBON database system by the 15<sup>th</sup> of the following month that includes the following information:
  - Number of unduplicated consumers served
  - Number of meals prepared and delivered
  - Number nutrition compliance units provided
4. Grantee will submit HACCP monitoring reports of the production kitchen and congregate sites to DAS OCP once per quarter. Quarterly reports due Oct. 15; Jan. 15; April 15; and June 15.
5. Grantee will enter the annual outcome objective metrics identified in Section VIII of the Appendix A in the CARBON database by the 15<sup>th</sup> of the month following the end of the program year.
6. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. Grantee must submit the report in the CARBON system.
7. Grantee shall develop and deliver bi-annual summary reports of SOGI data collected in the year as requested by SF-HSA, DAS, and OCP. The due dates for submitting the bi-annual summary reports are July 10 and January 10.

8. Grantee shall develop and deliver ad hoc reports as requested by SF-HSA, DAS, and OCP.
9. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis. The grantee will maintain evidence of staff completion of this training.
10. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
11. Grantee will develop a grievance policy consistent with DAS OCP policy memorandum.
12. Grantee will assure that services delivered are consistent with professional standards for this service.
13. Pursuant to California Department of Aging Requirement, Grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
14. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies “Focal Points” which are designed to help older adults connect to services throughout the City. These Focal Points are:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O’Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

15. For assistance with reporting and contract requirements, please contact:

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and

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## **X. Monitoring Activities**

1. Nutrition Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on SF DAS GetCare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; evidence of provision of the California Department of Aging (CDA) Security Awareness training to staff; program operation, which includes a review of a written policies and procedures manual of all DAS OCP-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of directors list and whether services are provided appropriately according to Sections VI and VII, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool; translation and social services are based on staff hours.
2. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of the Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, MOUs, the current board roster and selected board minutes for compliance with the Sunshine Ordinance.