

Appendix A – Services to be Provided
Self-Help for the Elderly
Elderly Nutrition Program
Home-Delivered Nutrition Program and Nutrition Compliance
Effective July 1, 2017-December 31, 2020

I. Purpose

The purpose of this grant is to provide a home-delivered nutrition program in the City and County of San Francisco for older adults who are eligible to receive services available through the program. Home-delivered nutrition programs include the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. Home-delivered nutrition programs also aim to reduce social isolation and help older adults remain independent and in their communities by promoting better health through nutrition and serving 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
Annual Comprehensive Assessment	An assessment completed by the Grantee in the consumers' home at least once per year that evaluates the consumer's need for continued service. The information obtained through the assessment process is documented in CA-GetCare and includes functional ability questions, a nutrition risk screening, food security screening, and a well-being and social isolation screening.
CA-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.
CARBON	Contracts Administration, Reporting, and Billing On-line System
CDA	California Department of Aging
CRFC	California Retail Food Code establishes uniform health and sanitation standards for retail food facilities for regulation by the State Department of Public Health, and requires local health agencies to enforce these provisions.
DAS	Department of Disability and Aging Services. (Formerly known as Department of Aging and Adult Services DAAS.)

DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A nutrition risk screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. A consumer with a score of six or higher on the DETERMINE Checklist is considered at high nutritional risk. (California Department of Aging Program Memo 13-08) https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging
Dietary Guidelines for Americans (DGA)	Evidence-based food and beverage recommendations for Americans ages 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). https://health.gov/dietaryguidelines/
Dietary Reference Intakes (DRI)	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations. They are intended to serve as a guide for good nutrition and provide the scientific basis for the development of food guidelines. https://www.nal.usda.gov/fnic/dietary-reference-intakes
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.
ENP	Elderly Nutrition Program (ENP), a program which provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and which shall be provided in accordance with Title 22 regulations.
Elderly Nutrition Program (ENP) Menu Requirements	Meals shall comply with the current Dietary Guidelines for Americans (DGA) and shall provide to each participating older individual: (a) A minimum of one-third of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences, if the grantee provides one meal per day; (b) At least two-thirds of the DRIs for the provision of 2 meals per day; (c) At least 100% of the DRIs if the grantee provides 3 meals per day; and (d) Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one-third of the DRIs.

Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individuals or others.
HACCP	Hazard Analysis of Critical Control Points. A prevention-based food safety system focusing on time and temperature control at different crucial food service system points, monitoring and documenting practices, and taking corrective actions when failure to meet critical limits is detected.
Home-Delivered Nutrition Program	A program that provides nutrition services to frail, homebound, or isolated individuals who are age 60 and over, and in some cases, their caregivers, spouses, and/or persons with disabilities. Services include, but are not limited to, nutrition education and nutrition risk screening, and healthy meals delivered to the consumers' home. This program requires an initial assessment, an annual comprehensive assessment, and quarterly re-assessment of the consumer. At least one quarterly assessment per year must be completed in the home of the consumer. The program gives all participants the opportunity to contribute to the meal cost.
Home-Delivered Meals (HDM)	Meals that are delivered to consumers and adhere to the current Dietary Guidelines for Americans (DGA), provide a minimum of one-third of the Dietary Reference Intakes (DRIs), meet state and local food safety and sanitation requirements, and are appealing to older adults. The procurement, preparation, service and delivery of meals are included as part of the meal provision by the Grantee.
Initial Assessment	A comprehensive assessment conducted by the Grantee in a consumer's home to determine their eligibility for program enrollment within 2 weeks of starting meal service. The information obtained through the assessment process is documented in CA-GetCare and includes functional ability questions, a nutrition risk screening, food security screening, and a well-being and social isolation screening.
HSA	Human Services Agency of the City and County of San Francisco

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.
Low-Income	For ENP programs, at or below 100% of federal poverty level. This is only to be used by consumers to self- identify their income status, not to be used as a means test to qualify for the program.
Menu Analysis	A detailed nutritional analysis approved by an RD. At a minimum, an analysis must be conducted for calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, vitamin A, vitamin C, vitamin D, and vitamin B12. When utilizing a computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2 weeks. Meals shall meet no less than one-third of the DRI for all calculated nutrients daily, or as specified in the OOA policy memorandum.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
Modified Diet	Meals that have been modified to control the intake of certain foods or nutrients to meet the dietary needs of individuals. Modifications are made for (1) nutrients, (2) texture, and/or (3) food allergies or food intolerances. Examples include but are not limited to: low sodium diet, diabetic diet, or mechanical soft diets.
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.

Nutrition Education	Informing consumers about current facts and information which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. Printed material may be used as the sole nutrition education component for home-delivered meal participants. Dietetic students, interns, or technicians may provide nutrition education when an RD has provided input, reviewed, and approved the content of nutrition education. (Title 22 CCR, s 7638.11)
Nutrition Screening	A screening used to evaluate the nutritional risk status of individuals enrolled in congregate or home-delivered meal programs. The screening utilizes the DETERMINE Checklist and identifies individuals at moderate nutritional risk, at high nutritional risk, and those not at nutritional risk. (California Department of Aging Program Memo 13-08P)
OCP	Office of Community Partnerships. (Previously known as Office on the Aging, OOA.)
OCM	Office of Contract Management, San Francisco Human Services Agency
Older Adult	Person who is 60 years or older, used interchangeably with “senior”.
Quarterly Reassessment	A reassessment to determine the consumer’s eligibility to continue to receive services. Quarterly reassessments must be conducted in consumer’s home at least every 6-months and may be conducted by trained drivers or volunteers in person or by phone.
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. A Registered Dietitian shall be covered by professional liability insurance either individually (if a consultant) or through Grantee.
Senior	Person who is 60 years or older, used interchangeably with “older adult”.
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>).

Title 22 Regulations	Refers to Barclay’s official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program. http://www.aging.ca.gov/ProgramsProviders/AAA/Nutrition/Code_of_Regulations/
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III. Target Population

The target population is older adults living in the City and County of San Francisco who are frail and homebound by reason of illness or disability, or are otherwise isolated, lack a support network, and have no safe, healthy alternative for meals.

Grantee shall additionally target services to members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need:

- Low income
- Limited or No English Speaking Proficiency
- Minority populations
- Frail
- LGBTQ+

IV. Eligibility for Services

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

- An older adult who is homebound by reason of illness or disability, or is otherwise isolated.
- 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.
- 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.
- Priority shall be given to an eligible older adult.

V. Location and Time of Services

The meal program will be conducted in San Francisco; service and delivery times are determined by the Grantee and reviewed and approved by OCP.

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

Title 22 Regulations, CDA, and OCP. Policies and procedures shall also include initial, annual, and quarterly reassessment guidelines.

2. Grantee will provide a home-delivered nutrition program for older adults and individuals who are determined eligible by the grantee. The provision of the home-delivered nutrition program will include the following:
 - a. Enroll the number of unduplicated consumers annually as indicated in Table A below, and in the various neighborhood and/or districts as indicated in the DAS-OCP approved site chart.
 - b. Provide the total number of home delivered meals (HDM) annually as indicated in Table A below. The meals will be delivered to neighborhoods and/or districts as indicated on the DAS-OCP approved site chart. Each meal shall meet the ENP menu requirements, adhere to the current DGA, provide a minimum of one-third of the DRIs, meet state and local food safety and sanitation requirements, and be appealing to older adults. Meals offered may be hot, chilled, or frozen, and be regular or modified meals as approved by DAS-OCP.
 - c. Conduct annual in-home comprehensive assessment and quarterly reassessments of each consumer to evaluate the consumer's eligibility for enrollment in the program. The assessment shall be conducted according to the OOA policy memoranda. At least one quarterly assessment per year must be completed in the home of the consumer.
 - d. Conduct a nutrition screening using the DETERMINE Checklist, a food security screening, and a well-being and social isolation screening annually for each consumer and document individual responses in CA-GetCare within one month of obtaining the responses.
 - e. Provide nutrition education materials to consumers participating in the home-delivered nutrition program on a quarterly basis. The total units of nutrition education will be, at minimum, as shown on the OCP approved Site Chart. The service units will be reported in CA-GetCare in the month that the service is provided. One unit of nutrition education is defined as one set of nutrition education material given to one consumer.
3. Grantee will develop and provide each consumer with a welcome packet that includes at minimum, the following information: the agency's meal delivery schedule, sample menu, voluntary contribution policy and collection procedures, procedures to request a change in meal delivery, grievance policy, and how to request assistance, if needed.
4. Grantee will ensure the suggested contribution rate per meal for a consumer is approved by the grantee's board of directors and is in compliance with OOA policy memoranda.
5. Grantee will ensure central kitchen (or caterer kitchen) and the home-delivered meal routes meet the standards described in the most recent California Retail Food Code (CRFC).

6. Grantee will ensure an RD or an individual with a valid food safety certification oversees the safety and sanitation components of the program. A HACCP safety and sanitation monitoring for the production kitchen must be conducted on site and documented by an RD. Each HDM route must also be monitored at least once per year. For 3 or less routes, monitoring shall be conducted a minimum 3 times per year per route. At least one route a month must be monitored if Grantee has 4 or more routes. In-service training to address any monitoring findings and/or to reinforce best practices will be scheduled and conducted in a timely manner to bring the program into compliance. The HACCP monitoring reports for the production kitchen and HDM routes shall be sent to OCP on a timely basis and no later than once per quarter.
7. Grantee will ensure that the cycle menu and a nutrient analysis is approved by an RD and submitted to OCP for review approval at least one month before the start of the cycle menu. Menu substitutions must be approved by an RD prior to making the substitution and documented.
8. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS-OCP. The survey results will be shared with DAS-OCP by March 15th each grant year or on a mutually agreed upon date between OCP and the Grantee. At minimum, the completed number of surveys shall be the Grantee's average number of meals served daily.
9. Grantee will comply with the City's food service waste reduction ordinance (File #06094), and use reusable, biodegradable, compostable and/or recyclable food service supplies.
10. Grantee will ensure adequate and culturally competent staffing (paid and/or volunteer) to administer the program and deliver quality services to meet the needs of the consumers and to meet all the nutrition program standards.
11. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS-OCP, and share the information with their staff and volunteers.

VII. Service Objectives

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

	FY 17-18	FY 18-19	FY 19-20	Modification #1 & 2	REVISED FY 19-20	7/1/2020 – 12/31/2020	REVISED TOTAL 3-YEARS
Number of Unduplicated Consumers	299	328	328	36	364	365	1,356
Number of Meals	70,791	77,113	78,713	4000	84,663	46,680	279,247

2. Grantee will provide nutrition compliance units as indicated in Appendix B-2.

VIII. Outcome Objectives

1. At least 85% of consumers will report being satisfied with the meal quality as defined as “Excellent or Good” in the DAS annual consumer satisfaction survey, with a minimum sample size of the Grantee’s average number of meals served daily.
2. At least 75% of the consumers will report that the meal service helps maintain their independence based on the DAS annual consumer satisfaction survey, with a minimum sample size of the Grantee’s average number of meals served daily.
3. At least 65% of consumers will report an increase in the consumption of fruits and vegetables as evidenced by a reported change from previous baseline data in the Nutrition Risk Screening Tool or other appropriate evaluation data.
4. At least 65% of consumers with a high nutrition risk score as defined by the DETERMINE checklist will be connected to additional and appropriate resources.
5. At least 65% of consumers that are identified as “lonely” as evidenced by the DAS adopted well-being and social isolation screening tool will be connected to additional and appropriate resources.

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 approved HDM intake form, which includes the annual nutrition risk screening, the well-being and social isolation screening, and the food security screening into the CA-GetCare database in accordance to DAS policy and OOA policy memorandum.
2. Grantee will enter into the CA-GetCare Service Unit section all Service Objectives by the 5th working day of the month for the preceding month.
3. Grantee will enter monthly reports and metrics into the CARBON database system by the 15th of the following month that includes the following information:
 - Number of unduplicated consumers served during the month
 - Number of meals prepared and delivered
 - Number nutrition compliance units provided
4. Grantee will enter the annual outcome objective metrics identified in Section VIII of the Appendix A in the CARBON database by the 15th of the month following the end of the program year.
5. 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. This report must be submitted to the CARBON system.

6. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAS/HSA. The due date for submitting the annual summary report is July 10.
7. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.
8. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis; Grantee will maintain evidence of staff completion of this training.
9. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
10. Grantee will develop a Grievance Policy consistent with Office on the Aging Program Memorandum #33 - Consumer Grievance Policy.
11. Grantee will assure that services delivered are consistent with professional standards for this service.
12. 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.
13. 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:

Designated Community Focal Points		
Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	5600 3rd St, San Francisco, 94124	415-647-5353
OMI Senior Center (CCCYO)	65 Beverly St, San Francisco, 94132	415-335-5558
Richmond Senior Center (GGSS)	6221 Geary Blvd, San Francisco, 94121	415-404-2938
30th Street Senior Center (On Lok)	225 30th St, San Francisco, 94131	415-550-2221
Openhouse	1800 Market St, San Francisco, 94102	415-347-8509
SF Senior Center (SFSC)	481 O’Farrell St, San Francisco, 94102	415-202-2983
Aquatic Park Senior Center (SFSC)	890 Beach St, San Francisco, 94109	415-202-2983
South Sunset Senior Center (SHE)	2601 40th Ave , San Francisco, 94116	415-566-2845
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center (SHE)	777 Stockton St, San Francisco, 94108	415-438-9804
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
DAAS Benefits and Services Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Tiffany Kearney, RD CSG
Program Analyst & Lead Nutritionist
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and

Tahir Shikh
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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 CA-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 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.