

Elderly Nutrition Program Policies and Application Instructions

November 15, 2011

- **Overview**
 - **Procurement Process**
 - **Operational Requirements**
- **Nutrition, Menu & Public Health Requirements**

Connecticut's Agencies on Aging --

**Agency on Aging of South Central CT, New Haven
North Central Area Agency on Aging, Hartford
Senior Resources Agency on Aging, Norwich
Southwestern CT Agency on Aging, Bridgeport
Western CT Area Agency on Aging, Waterbury**

Web site: www.ctagenciesonaging.org

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PROCUREMENT PROCESS SCHEDULE

Procurement Schedule for FFY 2013 Procurements

2011	
November 10	Post and release Title III C Nutrition Application at www.ctagenciesonaging.org
November 30	Questions will be taken by email only. No questions will be accepted after this date. Questions must be sent to webadmin@ctagenciesonaging.org
December 15	Agency on Aging will distribute responses to written questions at www.ctagenciesonaging.org
2012	
January 6	Letter of Intent to Apply and Notice of Subcontractor Needs due to Agency on Aging no later than 3:00 pm
January 13	Agency on Aging posts subcontractor needs at www.ctagenciesonaging.org . ENP applicants must have formal Request for Quotation application forms ready to distribute. ENP applicants distribute appropriate information to other subcontractors (small caterers, restaurants, assessors, nutrition educators, outreach workers, etc.) for small subcontractor process
February 10	ENPs may conduct technical assistance session for subcontractors Caterer quotations due to ENP no later than 4:00 pm and evaluation process begins
April 5	ENP proposals due to Agency on Aging no later than 3:00 pm and evaluation process begins
May - August	Notification of Contract Awards and Contract Negotiation begins
October 1	Elderly Nutrition Program FFY 2013 contracts begin

The Older Americans Act and Responsibilities of the State Units on Aging and Area Agencies on Aging

Title III of the federal Older Americans Act of 1965 (OAA), as amended, establishes authority for the development of programs to assist older persons, especially those with greatest economic and social needs. This legislation was passed by Congress with the primary goal of maintaining the independence and dignity of the elderly.

Title III authorizes formula grants to State Units on Aging for the provision of services to benefit persons sixty years of age and older in such areas as supportive services and nutrition. In Connecticut, this entity is the State Unit on Aging (SUA). The SUA, in turn, awards Title III funds based on demographics to each of the designated Area Agencies on Aging (Agency on Aging) for such activities as community planning, coordination, advocacy, and direct services by community providers. This system of allocation serves to ensure that the greatest number of individuals identified as the “target population” have access to these services.

There are five private, non-profit Area Agencies on Aging in Connecticut established under Title III of the OAA. Each has been designated by the State of Connecticut as an area-wide planning and administrative unit to foster the development of comprehensive and coordinated service systems for persons sixty years of age and older and persons with disabilities within its own geographic area.

Title III-C specifically provides guidelines and funding for nutrition services. The Agencies on Aging subsequently award those funds received through SUA to service providers based on an area assessment of need, to ensure provision of congregate and home delivered meals, nutrition screening and nutrition education to older persons throughout their designated area.

The Elderly Nutrition Program Policies and Application Instructions contain information describing regulations, standards, definitions and guidelines for program administration and operations. Such information is illustrative and is NOT intended to represent the full scope of all applicable regulations, standards, definitions nor guidelines that govern activity under the OAA programs. ENPs are strongly encouraged to carefully inspect all applicable requirements for the administration of this program. All recipients of OAA contracts are required to adhere to all federal and state statutory requirements, regulations, and service standards.

The following are websites for pertinent regulations and codes:

Older Americans Act and Federal Regulations:

http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx

Public Health Code: <http://www.dir.ct.gov/dph/PHC/phc.asp>

Check with your local officials for additional regulations and codes.

PROGRAM OVERVIEW

A. WHAT IS THE ELDERLY NUTRITION PROGRAM?

The Elderly Nutrition Program (Program) is a federal and state funded nutrition program that provides meals and nutrition education to eligible participants, most of whom are age 60 and older. The Program is authorized under Title III-C of the federal Older Americans Act (OAA). Funding sources include: OAA Title III-C, State of Connecticut, Nutrition Services Incentives Program (NSIP), and local sources. All awards, contracts, and subcontracts are contingent upon the actual appropriation and distribution of State and Federal funds.

The Program is operated through regional and local projects throughout the state by community organizations designated as Elderly Nutrition Providers (ENPs), under contract with an Area Agency on Aging (Agency on Aging). Agencies on Aging are private, non-profit organizations designated by Connecticut's State Unit on Aging to distribute funds on a regional basis.

In 2010, the Program received approximately \$12.2 million in funding from a combination of state and federal funds, including one time funding through the American Recovery and Reinvestment Act of 2009. This one time funding was approximately \$1.1 million.

In 2010, there were 13 ENPs who provided 2,227,094 meals to 24,913 older adults. Of those, 18,440 received 946,301 congregate meals and 6,473 who received 1,280,793 home delivered meals. In addition, program participants received assessments, nutrition education and nutrition counseling. ENPs may prepare their own meals or use the services of large or small caterers or restaurants. Meals may be provided to meet the particular dietary needs arising from the health requirement, religious requirements or ethnic backgrounds of eligible participants.

B. WHAT SERVICES DOES THE ELDERLY NUTRITION PROGRAM PROVIDE?

Meals are provided to eligible participants at congregate meal sites and by home delivery. Each meal must meet nutritional requirements and special dietary needs must be considered. In addition to providing meals, the Program provides an opportunity for socialization, nutrition education, nutrition counseling and access to social services.

1. Congregate Meals

- a. The purpose of having a congregate setting is to provide opportunities for socialization, companionship and to reduce hunger and food insecurity. The congregate setting also promotes the health and well-being of older individuals and person with disabilities by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor

nutritional health or sedentary behavior. The congregate meal setting is five or more days a week unless approved for fewer.

b. Senior Community Café

Congregate meal programs provide a nutritious meal at senior community cafés located in senior centers, senior housing, and other suitable locations. Typically, senior community café meals are served at or about noon. Some congregate meal programs may offer other services such as breakfast, evening meals, weekend meals and ethnic meals.

c. Senior Restaurant Meal Option

Senior Restaurant congregate meals can be used as an option within the congregate meal program. Such an option permits approved local restaurants to provide one meal per day, up to 7 days per week. The restaurant setting provides opportunities for socialization and companionship. This option provides flexibility by providing a range of times that meals are served rather than a set time. It offers menu choices that are nutritionally balanced and allows for a multi-generational or family dining experience.

d. Client Eligibility - Congregate

- Individuals age 60 or older;
- The spouse of an eligible participant, regardless of age;
- Individuals with disabilities who have not reached 60 years of age, but who reside in housing facilities occupied primarily by older persons at which congregate services are provided;
- Individuals providing volunteer services for the nutrition program during meal hours at the option of the nutrition project on the same basis as meals are provided to older individuals and persons with disabilities;
- Individuals with disabilities who reside at home and accompany older eligible individuals; and
- In general, individuals receiving home delivered meals are not eligible to receive a congregate meal on the same day.

2. Home Delivered Meals

- a. Home delivered meal programs provide at least one nutritious meal per day to participants who are homebound or otherwise isolated or incapacitated. Meal service may also include: a supper pack, weekend meals, or emergency packs. Meals may be hot, cold, frozen, quick-chilled, or shelf stable.

b. Client Eligibility – Home Delivered

- Individuals age 60 or older who are homebound because of illness or an incapacitating disability, or who are otherwise isolated;
- The spouse of an individual age 60 or older, regardless of age, if the receipt of the meal is in the best interest of the individual age 60 or older;
- Individuals less than 60 years old with disabilities who reside at home with a person age 60 or older who is a Title III-C home delivered meal recipient;
- In general individuals receiving a congregate meal are not eligible to receive home delivered meals on the same day; and
- If a home delivered meal is received through a state funded program, an individual may not be eligible to receive home delivered or congregate meals paid for by Title III.

3. Nutrition Education

- a. **Congregate Nutrition Education** is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in a group setting. It is overseen by a registered dietician or individual of comparable expertise including but not limited to a nutritionist, dietetic technician, physician, diabetic educator or nurse. Individuals with other types of training must be approved by the SUA to provide congregate nutrition education. Nutrition education must be tracked in the MIS system. Each Community Café shall provide at least one nutrition education session per quarter.
- b. **Home Nutrition Education** is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in an individualized setting. It is overseen by a registered dietician or individual of comparable expertise including but not limited to a nutritionist, dietetic technician, physician, diabetic educator or nurse. Individuals with other types of training must be approved by the SUA to provide Home-delivered nutrition education. Personal contact is required with the participant or caregiver to provide instruction and encouragement for sound dietary practices. Participants in the home-delivered meal program shall receive a nutrition education home visit, as appropriate. In general, home delivered education will be provided by the Agency on Aging.
- c. By September 1st of each year, the Elderly Nutrition Projects (ENPs)/Caterers shall submit an annual nutrition education plan to the Agency on Aging. The Agency on Aging will forward the annual nutrition education plan to the State Unit on Aging. The State Unit on Aging will review and approve all plans. The plan shall include at least two of the following topics: diabetes, bone health, heart disease, physical activity, obesity, fruits and vegetables, and dental/oral health.

Technical assistance and various resource materials may be available from the State Unit on Aging.

- d. Providers are encouraged to distribute to home bound individuals available medical information approved by health care professionals such as information brochures and information on how to get vaccines, including vaccines for influenza, pneumonia and shingles, in the individuals' communities. Distribution of these materials must be documented.

4. Intake Assessments

- a. An intake assessment is completed for each new participant in both the congregate and home delivered meal programs. Reassessments must be completed annually or more often as necessary.
- b. A face-to-face home visit will be completed by the Agency on Aging within four weeks of the telephone intake assessment for each home delivered meal participant. Each home delivered meal participant is assessed for other needs. All Agencies on Aging will be conducting all home delivered assessments and reassessments. If a participant refuses a face-to-face intake assessment or reassessment, the participant is ineligible for home delivered meal service. Every effort should be made to complete the home visit assessment or reassessment before the home-delivered meal service is denied. This may include, for example, collecting assessment data from other reliable sources when a participant in need refuses to cooperate. If a home-delivered meal service is denied because the participant refuses the face-to-face intake assessment or reassessment, the State Unit on Aging (SUA) Nutritionist must be notified in writing within five (5) business days.
- c. ENPs and Agencies on Aging will work cooperatively to ensure intake assessments / reassessments are completed annually or at the end of the specified period of temporary illness or disability.

5. Nutrition Counseling

- a. Nutrition Counseling is individualized guidance that is given to home delivered and congregate participants who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses or medication use or to caregivers of such persons. It is provided one on one and addresses the options and methods for improving nutrition status. Counseling is provided by a registered dietician or health professional in accordance with state law and policy.
- b. Nutrition counseling requires written, detailed documentation and it should include the participant's health and nutrition history, medication use and chronic illnesses. It should also include a description of the discussion, materials

provided, and recommendations made to the participant such as foods to be avoided. Participants can refuse nutrition counseling. Documentation of each person's refusal must be kept on file.

C. PROVIDER ELIGIBILITY

1. Who is eligible to apply to become an Elderly Nutrition Provider (ENP)?

Municipalities within an area and any incorporated, for profit, not-for-profit, private or public entity, agency or organization may apply to become a nutrition provider. Contracts between Agencies on Aging and profit-making organizations must have approval from the State Unit on Aging.

2. Who is eligible to apply to become a caterer for an Elderly Nutrition Provider?

Incorporated organizations that are able to meet all the standards and requirements are eligible to apply to a potential ENP soliciting Quotations.

The formal Request for Quotation process is required for all caterer subcontracts of \$100,000 or more. At the discretion of an Agency on Aging, the small caterer procurement process may be used for subcontracts with a value under \$100,000.

3. Other Eligibility Considerations for ENPs, Caterers, and other Subcontractors:

- a. Any person who develops or drafts specifications, requirements, requests for quotations, contract terms and conditions, or other documents for use by applicants in this process SHALL NOT compete for contract awards.
- b. Any entity submitting a bid as a subcontractor shall not submit a proposal to become an ENP for the same sub-region.
- c. Contractors and subcontractors shall:
 - Possess the ability to perform successfully under the terms and conditions of the proposed contract. Consideration shall be given to such matters as the integrity of the subcontractor, compliance with public policy, record of past performance, and financial and technical resources.
 - Not execute any subcontract to any party that is debarred or suspended or is otherwise excluded from or ineligible for participation in federal assistance programs.
 - Require its proposed subcontractor(s) to certify whether they have been excluded from participation in federal assistance programs.

PROCUREMENT PROCESS

A. PROCUREMENT PROCESS OVERVIEW

1. Each Agency on Aging will solicit proposals on a multi-year basis to provide nutritional services to older individuals and persons with disabilities in its area. Contract periods follow the Federal Fiscal Year, October through September. Subject to the approval of the Agency on Aging and availability of funding, agreements shall be renewed by amendment for a maximum of two one year periods if the Provider's performance has met standards established by the agreement. Limits on price increases for subsequent years within the contract may be established.
2. All applicants that intend to subcontract for food preparation or other nutrition services **MUST** follow the prescribed procurement procedures.
3. Applicants may apply for more than one region; please see RFP for details.

B. REQUEST FOR PROPOSALS (RFP)

When an Agency on Aging is ready to solicit proposals for new multi-year nutrition contracts, a Request for Proposals will be released outlining the estimated funds available and the approximate number of meals being requested. Contact the local Agency on Aging to be added to the notification list.

C. LETTER OF INTENT TO APPLY NOTICE OF SUBCONTRACTOR NEEDS

1. Any entity planning to apply as an ENP **must** return the non-binding Letter of Intent & Notice of Subcontractor Needs form to the applicable Agency on Aging. Applications will not be accepted without a Letter of Intent to Apply and Notice of Subcontractor Needs.
2. The Letter of Intent to Apply & Notice of Subcontractor Needs gives eligible caterers or other sub-contractors information on the types and numbers of meals or other services for which the ENP is seeking formal or small subcontractor quotations.

D. TECHNICAL ASSISTANCE

Questions will be taken by email only. See procurement schedule for deadline. No questions will be accepted after this date. Questions must be sent to webadmin@ctagenciesonaging.org. Answers will be posted at www.ctagenciesonaging.org.

E. SUBCONTRACTING

FOR SUBCONTRACTED SERVICES, ALSO REFER TO THE SUBCONTRACTING SECTION. If appropriate facilities are available and the ENP can meet all the Program standards and requirements at its own facility(ies), subcontracting is unnecessary.

SUBCONTRACTING

A. SUBCONTRACTING OVERVIEW

1. All ENP applicants that intend to subcontract for food preparation or other nutrition services **MUST** follow these prescribed procurement procedures.
2. Separate sections below detail the requirements ENP applicants must follow when subcontracting for:
 - a. large caterer request for quotations (RFQ)
 - b. caterer subcontracts under \$100,000
 - c. restaurant program subcontracts and
 - d. subcontracts for areas other than meal preparation

B. SUBCONTRACTS FOR MEALS

1. A formal caterer Requests for Quotations (RFQ) process is required for all caterer subcontracts which equal or exceed \$100,000 in value. At the discretion of the Agency on Aging, the small caterer procurement process may be used for subcontracts with a value under \$100,000.
2. Letters of Intent to Apply and Notice of Subcontractor Needs which outline subcontract needs from prospective ENP applicants will be posted on the website www.ctagenciesonaging.org . Prospective caterers and other subcontractors should review the Letters of Intent to Apply and Notice of Subcontractor Needs to determine subcontracting opportunities. Potential subcontractors should contact the ENP applicant directly to obtain a Request for Quotation (RFQ) package.

3. Large Caterer Procurement Process

a. Request for Caterer Quotations (RFQ)

ENP applicants shall prepare formal quotation packages for prospective caterer subcontractor applicants consisting of:

- The applicable section or sections from the Standard ENP Application. If the ENP applicant will be proposing enhanced program or meal standards that a subcontractor will be responsible for (above the minimum statewide standards), then the ENP applicant shall include such enhancements as part of the RFQ package.
- A separate Meal Cost Quotation Sheet for EACH type of meal.

b.. Preparation by ENP Applicants of Evaluation Process for Caterer Quotations

Prior to the deadline for submission of quotations, each ENP applicant shall set up a process for evaluating the quotations. The ENP is required to develop an evaluation tool that must be used to evaluate the quotations. The ENP needs a scoring tool that measures service, quality, and cost.

It is important that all individuals involved in the process avoid any potential conflict of interest with respect to the quotations under review.

c. Submission of Caterer Quotations to ENP Applicants

The addresses, deadlines and required number of copies for submission of caterer quotations will be included in the Letters of Intent to Apply and Notice of Subcontractor Needs posted on the web site at www.ctagenciesonaging.org.

4. Small Caterer Procurement Process

The ENP applicant MAY solicit specific small caterer subcontractors. All procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition.

- a.** The small caterer threshold is under \$100,000. The total value of goods and services including the cost of goods, management fees and per meal charges, for example, must be taken into consideration when establishing the small caterer threshold. (Examples of caterer contracts that may be included in this category include, but are not limited to: ethnic meals, cook on site.)
- b.** The ENP shall:
 - (1). contact at least three (3) Food Service Providers to solicit written quotations;
 - (2). provide potential caterer subcontractors with the Daily Nutrient Requirements, Meal Pattern for Elderly Nutrition, sample menus, and Nutrition, Menu, and Public Health Standards contained in this document;
 - (3). obtain, and maintain on file, required quotation documentation; as follows:
 - copy of current food service license;
 - copies of the 4 most recent health inspection reports. If submitted reports have a score less than 90 or any debited 4-point items, documentation of resolution of these deficiencies must be provided;
 - a current local fire department inspection report for each meal site. All items that were cited by the fire department must be corrected prior to the start of the program;
 - documentation of Qualified Food Operator (QFO) & other training for staff;
 - documentation of insurance coverage;
 - sample menus for the program and either the accompanying recipes or the certified nutritional analysis of the recipes based on the Daily Nutrient Requirements;
 - information concerning any meal service contract experience within the past 3 years (including explanation of any contract issues or default); and
 - cost Proposal.
 - (4). include an "Identification of Subcontracts" sheet in the ENP proposal.

5. Restaurant Procurement and Operation Procedures

- a. The ENP applicant MAY solicit specific restaurant subcontractors.
- b. Restaurants that provide proof of compliance with local food service licensing, health regulations, fire regulations, and State of Connecticut regulations for Title III C meals are qualified to become a Restaurant Subcontractor.
- c. **ENP shall:**
 - (1) Develop a method to be used by restaurants to document the number of unduplicated participants and meals served monthly. This data is used as the basis for the provider invoice and the required MIS report to the Agency on Aging;
 - (2) Develop a plan to meet the nutrition education requirements;
 - (3) Determine the number of restaurant meals per day, week or month that will be available to senior restaurant meals participants;
 - (4) Develop a survey for determining participant satisfaction concerning:
 - how the restaurant meals option is meeting participant needs;
 - the quality of the meals and
 - the services provided.
 - (5) Provide participants with written information, including the following:
 - client eligibility
 - registration requirements;
 - the suggested client donation procedure;
 - instructions on how to obtain meal credits;
 - the restaurant schedule;
 - menu for the program;
 - evaluation of the program; and
 - program restrictions, i.e., the maximum number of meals available to a participant per month, the responsibility for gratuities, and the policy regarding take out meals.
- d. **Restaurant Subcontractor:**
 - (1) To become a Restaurant Subcontractor, a restaurant shall exhibit the ability to provide this meal service by submitting proof of compliance with local food service licensing, health regulations, and fire regulations and agreeing to

follow the State of Connecticut regulations for OAA Title III C meals. Further, a Restaurant Subcontractor shall:

- Develop a menu specifically for Senior Congregate Meals. This menu may be based on the current restaurant menu. It must, however, meet the nutrition guidelines as outlined in the State of Connecticut Regulations for Title III C programs. Technical assistance for menu development is available through the ENP or the State Unit on Aging;
 - Forward all menus to the ENP for subsequent approval by the State Unit on Aging prior to use;
 - Provide each participant with the menu for Senior Congregate Meals;
 - Use the system established by the ENP to document the number of unduplicated participants and meals served to participants monthly. The documentation will be used as the basis for billing the ENP monthly;
 - Follow the procedures established by the ENP to validate that participants are registered for Senior Congregate Meals;
 - Facilitate a program of nutrition education developed by the ENP;
 - Facilitate an initial inspection of the site by the ENP or Agency on Aging staff. Thereafter, the restaurant must permit the ENP, Agency on Aging and the State Unit on Aging staff to make onsite inspections at a reasonable time as required by Title III C program regulations; and
 - Meet all Americans with Disabilities Act (ADA) accessibility requirements.
- (2) As a part of the procurement process, the restaurant shall submit copies of the following:
- Copy of the current food service license;
 - The four most recent local health inspection reports. If submitted reports have a score less than 90 or any debited 4-point items, documentation of these deficiencies must be provided;
 - A current local fire department inspection report. All items that were cited by the fire department must be corrected prior to the start of the program;
 - The menu and either the recipes or the certified nutritional analysis of the menu based on the Daily Nutrient Requirements;
 - Evidence of all Qualified Food Operators and staff training;
 - Insurance certificate stating current policy coverage and, if available, evidence of umbrella or excess liability policy; and
 - Cost Proposal.

C. REQUEST FOR OTHER SUBCONTRACTOR QUOTATIONS

1. An ENP applicant has the option to subcontract other services, such as:
 - a. Outreach

- b. Nutrition education
 - c. Management
 - d. Nutrition counseling
2. Although, at the discretion of the Agency on Aging, the formal Request for Quotation process is not required for subcontracts with a value under \$100,000, all procurement transactions must still be conducted in a manner to provide, to the maximum extent practical, open and free competition. This includes the requirement to solicit price quotations from an adequate number of providers and to perform cost and price analyses.
 3. The applicable section(s) of the Elderly Nutrition Program Application shall be used as the basis for an ENP applicant's Request for Quotations. If the ENP applicant will be proposing enhanced program standards that a subcontractor will be responsible for (those above the minimum statewide standards), then the ENP applicant shall include such enhancements as part of the RFQ package.
 4. The information provided in these sections by the selected subcontractor and agreed upon by the ENP applicant should be included in the application. In addition, the ENP applicant should include an "Identification of Subcontractors" form in the ENP application.

D. SELECTION PROCESS

1. The ENP Board of Directors or Governing Body is responsible for selecting a caterer or other subcontractor. It is the ENP's duty to select the applicant whose quotation is most advantageous to meeting the needs of the ENP applicant and the Program.
2. The ENP applicant shall send a letter of intent to subcontract to the selected subcontractor and letter(s) notifying other applicants that they have not been selected. A copy of the ENP applicant agency's appeals process must be included with the letter(s).

APPLICATION SUBMISSION

A. PREPARING A RESPONSIVE APPLICATION

1. The application shall contain the completed forms provided in the Standard ENP Application and Attachments. Original signatures of the applicant's authorized signatory are required.
2. The Applicant is not authorized to modify any forms.
3. The application pages are pre-numbered. If more than one page is needed for any question, make copies and number them with the correct page number with a, b, c, etc. Applications must be created with a font no smaller than 12.
4. Do not change the page numbers. **DO NOT ADD ANY OTHER INFORMATION OTHER THAN WHAT IS REQUESTED IN THE APPLICATION. If additional information is added, the application will not be considered for funding. Be concise and clear in your responses. When applicable, number the response to correspond to question number.**
5. All applications shall be based on firm caterer proposals or meal costs.
6. All applicants are expected to maintain current meal services, clients, and sites unless otherwise approved by the Agency on Aging.

B. INSTRUCTIONS FOR COMPLETING THE BUDGET

1. Budget Columns

All costs required to provide the service and all funds anticipated to be generated through this project must be shown in the budget. All expenses must be allocated to the appropriate columns. **Note: If there is a sharing of resources involved in the production or delivery of Third Party meals, then the budget must reflect a commensurate sharing of cost and income.**

a. Congregate Meals: any cost associated with preparing and delivering a full congregate meal. **One unit** equals one congregate meal.

b. Home Delivered Meals: any cost associated with preparing and delivering a full home delivered meal. **One unit** equals one home delivered meal.

c. Congregate Nutrition Education: any cost associated with nutrition education taught by a nutritionist or other health professional with adequate background and training in nutrition to participants at each of the senior community cafes once each quarter. **One unit** equals one educational session for each person.

d. Congregate Nutrition Counseling: any cost associated with individualized guidance that is given to congregate participants who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses or medication use or to caregivers of such persons. Nutrition counseling is provided one on one by a registered dietician or health professional and addresses the options and methods for improving nutrition status. **One unit** equals one session per participant.

e. Home Delivered Nutrition Education: any cost associated with a home visit taught in person by a nutritionist or other health professional with adequate background and training in nutrition to homebound participants or caregivers. **One unit** equals one in-person educational session.

f. Home Delivered Nutrition Counseling: any cost associated with individualized guidance that is given to home delivered participants who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses or medication use or to caregivers of such persons. Nutrition counseling is provided one on one by a registered dietician or health professional and addresses the options and methods for improving nutrition status. **One unit** equals one session per participant.

g. Third Party Meals: meals provided to elderly individuals and reimbursed by a funding source other than Title III.

2. **Expenses** have been divided into the following categories: **Meal Preparation, Community Café/Home Delivered Meal Costs, and Project Administration.** The following is an explanation of the line items that are to be included in each of the main categories.

a. Meal Preparation – Budget Page 1

(1) Personnel - The cost of any time spent by staff funded through any source. Volunteers/interns should be included in the in-kind portion of this category.

(a) Salaries - The cost of remuneration for services for the given period of time. Salaries conform to the established, consistently applied salary and wage policy of the organization.

(b) Fringe Benefits - Employee benefit payments, such as insurance, pension, and workers compensation, made under formally established and consistently applied organizational policies

(c) Consultants - Any contracts with individuals are entered under this line. Charges to a project may include fees, travel and supporting costs. Nutritionists may be included partially or entirely under this line if the project feels it is appropriate.

- (2) Catering - Projects that rely entirely on catering for their meal preparation will complete this section. This category includes consumable supplies such as utensils when the caterer provides them.
- (3) Meal Prep Equipment - The cost of purchasing, replacing or renting meal preparation equipment.
- (4) Equipment Maintenance - The cost of maintenance of meal preparation equipment.
- (5) Insurance - Premium costs for general liability, vehicle liability, fire and theft, property damage, and other insurance.
- (6) Maintenance – Includes costs related to building maintenance such as garbage services, janitorial wage cost, custodial supplies and extermination.
- (7) Raw Food - Total cost of all food items for meal including tea bags, milk and condiments such as tartar sauce, salt and pepper, salad dressing and sugar packets.
- (8) Space - Includes costs related to building occupancy such as lease expenses. Donated space should be valued at the fair market rent for comparable facilities or may be self-reported.
- (9) Storage – Commodity storage costs.
- (10) Supplies - Consumable supplies such as utensils and other kitchen supplies used in meal preparation. These costs may be broken down by the number of meals.
- (11) Telephone - Includes monthly fees and calls placed for the program.
- (12) Utilities - Includes building-related expenses which are not included in the lease or rent charges including electricity, gas, sewer and water.
- (13) Other - Expenses not associated with any other category in the budget. Expenses included in this line item must be clearly identified in the budget narrative.

b. Community Café and Home Delivered Meal Costs – Budget Page 2

- (1) Personnel - The cost of any time spent by staff funded through any source. Volunteers/interns should be included in the in-kind portion of this category.

- (a) Salaries - The cost of remuneration for services for the given period of time. Salaries conform to the established, consistently applied salary and wage policy of the organization.
- (b) Fringe Benefits - Employee benefit payments, such as insurance, pension, and workers compensation, made under formally established and consistently applied organizational policies.
- (c) Consultants - Any contracts with individuals are entered under this line. Charges to a project may include fees, travel and supporting costs.
- (2) Site Equipment - Includes the costs associated with steam tables, serving utensils and other serving supplies
- (3) Site Maintenance – Includes costs related to building maintenance such as garbage services, janitorial wage cost, custodial supplies and extermination
- (4) Space - Includes costs related to building occupancy such as lease expenses. Donated space should be valued at the fair market rent for comparable facilities or may be self-reported.
- (5) Site Supplies - Consumable supplies such as those used for serving meals including eating utensils, plates, cups, gloves, wipes, thermometers etc.
- (6) Telephone - Includes monthly fees and calls placed for the program
- (7) Utilities - Includes building-related expenses which are not included in the lease or rent charges including electricity, gas, sewer and water
- (8) Communications with Vehicle - The cost of communication between vehicles and between vehicles and kitchens or cafés including those through use of CB radios, beepers or mobile telephones.
- (9) Delivery Equipment – Equipment and supplies used for meal delivery including thermometers, alcohol wipes, heat stones and insulating containers for temperature maintenance.
- (10) Garage - Delivery vehicle storage costs.
- (11) Insurance - Premium costs for auto insurance.
- (12) Staff Travel – Expenses for staff travel including mileage.
- (13) Transportation of Meals - Costs to deliver meals to cafés or to individual meal recipients.

- (14) Volunteers Travel - Mileage costs associated with volunteers delivering meals. Donated mileage should be valued at the IRS standard mileage reimbursement rate.
- (15) Other - Expenses not associated with any other category in the budget. Expenses included in this line item must be clearly identified in the budget narrative.

c. Project Administration – Budget Page 3

- (1) Personnel - The cost of any time spent by staff funded through any source. Volunteers/interns should be included in the in-kind portion of this category.
- (a) Salaries - The cost of remuneration for services for the given period of time. Salaries conform to the established, consistently applied salary and wage policy of the organization.
- (b) Fringe Benefits - Employee benefit payments, such as insurance, pension, and workers compensation, made under formally established and consistently applied organizational policies.
- (c) Consultants - Any contracts with individuals are entered under this line. Charges to a project may include fees, travel and supporting costs. Nutritionists may be included partially or entirely under this line if the project feels it is appropriate.
- (2) Accounting/Audit - Cost for accounting fees.
- (3) Advertising - Fees paid for advertisements and legal notices.
- (4) Conferences/Training - Conference or training registration fees and other travel costs directly associated with conference or training attendance including airline tickets, taxi fares, etc.
- (5) Dues - For organization membership in professional organizations or societies as necessary for project goals.
- (6) Indirect Costs - Those administrative costs that are incurred while meeting project goals but that cannot readily be broken out and placed in more specific categories.
- (7) Insurance - Premium costs for general liability, fire and theft, property damage, and other insurance not including vehicle coverage.
- (8) Legal - Costs for legal services.

- (9) Maintenance - Includes costs related to building maintenance such as garbage services, janitorial wage cost, custodial supplies and extermination.
- (10) Office Equipment – Includes office furniture, computers, software, printers and maintenance costs related to these items.
- (11) Office Supplies - General consumable office supplies.
- (12) Payroll - In the case of agencies who hire services to do the payroll, costs are listed in this category. Otherwise, the cost of staff assigned to payroll duties is listed under personnel.
- (13) Postage - Postage costs include postage stamps, mailboxes, mail permits, delivery, and message services.
- (14) Printing - Printing and reproduction costs are those costs associated with printing forms, reports, applications, manuals, and informational literature. These costs also include publication costs of print or media materials.
- (15) Space - Includes costs related to building occupancy such as lease expenses. Donated space should be valued at the fair market rent for comparable facilities or may be self-reported.
- (16) Staff Travel - Includes transportation costs such as mileage and parking fees for staff and volunteers.
- (17) Telephone - Includes monthly fees and calls placed for the program.
- (18) Utilities - Includes building-related expenses which are not included in the lease or rent charges including electricity, gas, sewer and water
- (19) Volunteer Recognition - Includes the costs of events to honor volunteers such as meals, parties, gifts, etc.
- (20) Other - Expenses not associated with any other category in the budget. Expenses included in this line item must be clearly identified in the budget narrative.

d. Income Sources – Budget Page 4

- (1) Grand Total – All Program Costs – Total of all columns from previous four pages. Total costs for nutrition education and counseling will be combined with the appropriate meal type. Nutrition education and counseling reimbursement is included in the total meal cost.

(2) Local Sources – Enter all income for the program. Enter appropriate income source under appropriate column.

(3) Client Contributions – Enter expected client contributions in appropriate columns.

(4) Net Costs Paid From State & Federal Funds – Total Local Sources and Client Contributions are subtracted from Grand Total – All Program Costs to get net costs paid from State & federal funds.

(5) Number of Units to be Provided – Enter total number of units to be provided in each column.

(6) Title III Federal and State Cost Per Unit – This is the reimbursement rate from the Agency on Aging. Nutrition education and counseling reimbursement is included in the Title III Federal and State Cost Per Unit.

(7) Grand Total – All Program Costs – Enter grand total of all program costs from top line in each column.

(8) Number of Units to be Provided – Enter the number of units to be provided in each column.

(9) Total Cost Per Unit – Grand Total of all program costs are divided by the number of units to be provided. This is the total cost of each meal provided.

e. Explanation of Sources of Income – Budget Page 5

Enter the source of all income in the Source column. Include all sources of income such as local government, private foundations, fund raiser, third part payments and private pay sources in the appropriate column. Identify local governments by name.

f. Explanation of In-Kind – Budget Page 6

In-kind, in this case, is goods or services from a third party. Enter the source of all in-kind in the Source column. Include all sources of in-kind used to support this program. Explain how the figure was calculated.

g. Explanation of Salaries – Budget Page 7

Enter each position funded under the nutrition program. Enter the number of full-time equivalents (FTE) for each position. Enter the amount of salary allocated to congregate meals, home delivered meals, nutrition education and counseling or third party meals.

h. Budget Narrative – Budget Pages 8 - 9

The totals by line item from the budget summary pages will automatically drop in if done electronically. In the narrative section explain how each line item was developed.

i. Community Café Meals Costs Per Unit and Suggested Donations – Budget Page 10

Enter number of congregate café meals in appropriate type of meal row. Do not count one meal more than once. In cost per unit column, enter the total cost per unit to provide each specific type of meal. In suggested donation column, enter the suggested donation for each type of meal.

j. Home Delivered Meal Costs Per Unit and Suggested Donations – Budget Page 11

Enter number of home delivered meals in appropriate type of meal row. Do not count one meal more than once. In cost per unit column, enter the total cost per unit to provide each specific type of meal. In suggested donation column, enter the suggested donation for each type of meal.

k. Caterer Meal Cost Quotation Sheet – Budget Page 12

Complete a separate sheet for each type of meal. (Community café meals, home delivered meals, ethnic meals, therapeutic meals, emergency meals, etc.)

C. SUBMISSION OF ENP APPLICATIONS

A complete, original signed application and five (5) legible copies of the proposal shall be received in the Agency's office no later than the deadline published in the RFP, whether hand delivered or submitted via U.S. Mail. **If submitted by mail, it is strongly suggested the Applicant call the Agency on Aging to confirm receipt.**

1. Submit one each of the following with **original** application:
 - a. Copies of food service licenses for each kitchen to be used for producing meals for this proposal;
 - b. Copies of the certificates of each food service employee who has passed one of the national food protection exams;
 - c. Most recent audited financial statements;
 - d. Insurance certificate stating current policy coverage and, if available, evidence of umbrella or excess liability policy;

- e. One set of samples of disposable items for congregate and home delivered meals and labeled as such; home delivered containers must be labeled as microwave or standard oven use as well;
 - f. Copy of HACCP Plan;
 - g. List of Project Council Members (if applicable); and
 - h. Participant Grievance Procedure
2. Submit each of the following with **original** application and **one each with the five copies**:
- a. Copies of four most recent local health inspection reports for each kitchen being utilized. If submitted reports have a score less than 90 or any debited four point items, documentation of resolution of these deficiencies must be provided;
 - b. Job descriptions for all appropriate staff;
 - c. Copy of client satisfaction survey;
 - d. Organizational chart;
 - e. Congregate signs displayed;
 - f. Congregate meal preparation instructions;
 - g. Temperature log;
 - h. Home delivered meal label sample;
 - i. Home delivered donation letter; and
 - j. Home delivered meal preparation instructions.
3. **Submissions WILL NOT be accepted:**
- on disk
 - by email
 - by fax
 - after the date and time specified

Once submitted, proposals become the property of the Agency on Aging. None will be returned to the applicant. Following the procurement process, disclosure of the

contents of the proposal will be governed by state and federal Freedom of Information laws and regulations.

EVALUATIONS AND SELECTION

A. EVALUATION ORGANIZATION

It is the intent of the Agency on Aging to conduct a comprehensive and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. The Agency on Aging reserves the right to award a contract to the Applicant whose proposal is most advantageous to meeting the needs of the Agency on Aging.

An Evaluation Committee (Committee) will assist the Agency on Aging in selection of a contractor. The Committee shall be responsible for the review and scoring of all proposals based on the specific programmatic and cost information requested in the application. Upon completion of its review, the Committee shall submit its evaluation to the Agency on Aging Board of Directors.

B. EVALUATION PROCESS

1. Screening for Minimum Requirements

- a. Each application will be reviewed to determine if it is sufficiently responsive to the minimum RFP requirements. Failure to meet these minimum requirements shall deem the proposal non-responsive and subject to rejection without further consideration.
- b. Proposals that do not meet the requirements specified above will not be considered except in the following situation:
 - (1) The proposal is the **only one** submitted for that area of the Agency Region;
and
 - (2) The proposal is submitted by the deadline and the applicant is a qualified entity. In this case, the Agency reserves the right to negotiate with the applicant in order to upgrade the proposal to an acceptable level for review and evaluation, i.e., to give the applicant the opportunity to comply with any of the criteria listed which were not a part of the original proposal.
- c. The Agency on Aging may determine the factors that constitute minor technicalities or irregularities and waive such technicalities or irregularities when it deems that such action is in the best interest of the Agency on Aging or the Program.
- d. Further, the Agency on Aging may request supplemental documentation, modifications or written clarification of any unclear or confusing material submitted by an applicant. This includes fiscal or program sections of the application that have qualitative or quantitative deficiencies.

2. Evaluation of Proposal

The Agencies on Aging have developed standard statewide criteria including a scoring scale against which applications are judged for merit and acceptability. The quality of the services plan and the project management will be evaluated by an Evaluation Committee. The points awarded shall be weighted according to predetermined standards established by the Agency. A standard report including evaluation scores, comments, and budget information will be submitted to the Agency Board of Directors.

3. Selection of Contractor

- a. The Board of Directors is responsible for making all funding decisions for the Agency on Aging. It is the Agency on Aging's duty to award the contract to the applicant whose proposal is most advantageous to meeting the needs of the Agency on Aging and the Program.
- b. The Agency on Aging will forward a certified letter notifying the selected applicant of the right to negotiate a contract. Once a contract is signed certified letters with a copy of the appeals process must be sent notifying other applicants of failure to be selected.

4. Contract Negotiations

- a. The Agency reserves the right to contract for all or any portion of the scope of work contained within this RFP if determined that contracting for a portion of the work will best meet the needs of the Agency and program participants.
- b. The Agency assumes no liability for payment of expenses incurred by Contractors in preparing and submitting proposals in response to this solicitation.
- c. Negotiations may include but are not limited to:
 - (1) scope of service
 - (2) conditions of award
 - (3) line item budget and unit cost

5. Contract Award

Upon award, the proposals of the successful applicants as finally approved by the Agency and the applicant shall be incorporated by reference and made a part of the contract between the applicant and the awarding agency. Applicants shall agree to faithfully abide by each condition set forth in the application proposal as finally approved as well as each provision of the contract. By submission of a quotation or an application, the applicant agrees to operate the project in accordance with all program regulations.

APPEAL PROCESS

ELDERLY NUTRITION PROGRAM APPEAL PROCEDURE

- A.** Any applicant for a grant or contract with an Agency on Aging whose application is rejected or terminated may appeal the decision of the Agency on Aging if and only if there is evidence that the Agency on Aging, in reaching the decision to reject or terminate the applicant, may have violated the process in the Elderly Nutrition Program Policies and Application Instructions.
- B.** The ENP applicant shall initiate the appeal process within five (5) business days from written notification of the decision of the Agency on Aging by submitting a written appeal request to the President of the Board of Directors of the Agency on Aging and copied to the Executive Director. The request shall:
 - 1. Identify specifically the section of Elderly Nutrition Program Policies and Application Instructions the applicant believes the Agency on Aging has violated;
 - 2. State with specificity how the applicant believes the process was violated; and
 - 3. Be postmarked and sent via overnight mail or hand delivered within five (5) business days from the postmarked date of the notice.
- C.** If the Board of Directors determines the request for appeal meets the criteria listed above, a hearing will be held.
 - 1. At the hearing, the ENP applicant's designee shall be given an opportunity to make a statement and present further evidence to support the applicant's claim;
 - 2. The Board of Directors may ask questions of the applicant; and
 - 3. The Board of Directors shall review the appeal and make a decision within seven (7) business days as to the legitimacy of the claim.
- D.** If the appeal is denied, the applicant may appeal the Agency on Aging's decision regarding the claim to the Department of Social Services by submitting a written request to the Connecticut Department of Social Services Office of Legal Counsel and Administrative Hearings, 25 Sigourney St., Hartford, CT 06106 within thirty (30) calendar days of receiving written notice from the Agency on Aging.
- E.** The Department shall hear an appeal only on the issue of the process utilized by the Agency on Aging in denying or terminating funding to a service provider. Content issues cannot be appealed to the Department.
- F.** If the appeal process is not resolved prior to the start of the new project year, the Agency on Aging, through its Board of Directors, may enter into a temporary contract with a service provider for services affected by the appeal, to avoid cessation of services.

PROGRAM REQUIREMENTS

The following is a list of program requirements to be observed by Elderly Nutrition Providers. This list is not intended to represent an all-inclusive list of requirements. ENPs should refer to applicable federal, state, and local regulatory documents for a complete presentation of program requirements and standards.

A. ROLE OF THE ENP

1. The primary responsibility of the ENP is to provide elderly nutrition services, including congregate or home-delivered meals and related services (as applicable) to eligible persons.
2. ENPs agree to provide services and conduct program activities in a manner that is consistent with the program and financial plans set forth in the approved application and consistent with all applicable federal, state, and local statutes, rules, regulations and guidelines.
3. Each ENP shall ensure that its staff is familiar with and shall carry out all activities in compliance with federal, state, and local statutory and regulatory requirements.

B. FUNDING AND FINANCIAL MANAGEMENT

1. Fiscal Regulations

Recipients of Agency on Aging contracts shall follow the fiscal regulations and guidelines set forth in the federal, state, and Agency on Aging regulations and guidelines applicable to OAA, State Unit on Aging, and Agency on Aging programs.

2. Fiscal Management

ENPs shall provide sound fiscal management, which accounts for federal and state funds in accordance with generally accepted accounting principles and procedures.

3. Availability of Funds

- a. The awarding of funds is contingent upon the Agency on Aging's receipt of Federal and State funds from the State Unit on Aging.
- b. The Nutritional Services Incentive Program (NSIP) is one of the sources of federal funds for the Elderly Nutrition Program. USDA Commodities may be used in lieu of some of the NSIP money. ENPs electing to purchase USDA commodities will also have access to free or bonus commodities when available.

4. Maintaining Service Levels

All proposals shall show how current meal services and sites will be maintained or how current clients will be accommodated. If any cafés are proposed for closure or relocation, detailed plans on how current participants will continue to be served shall be submitted to the Agency on Aging for approval. If waiting lists are established, detailed prioritization criteria must be submitted to the Agency on Aging for approval.

5, Utilization of Funds

ENPs shall utilize 100% of their Federal and State funds for the purposes for which they are granted.

6. Non-Federal Match

Non-federal funds equal to at least 15% of the total project cost is required as match. Match shall be from non-federal sources such as state funds, in-kind, municipal funds, and fundraising. Matching funds may not be used to match any other federal funds. **NOTE:** The voluntary contributions received from recipients of services and interest from deposits of federal receipts can not be used as match. These funds can only be used to expand services. See current RFP for availability of state funds to meet match requirements.

7. Project Budget

All funds anticipated to be generated through these projects shall be built into the budget as submitted, including all local fundraising, municipal contributions, third party payments, and client donations. Title III funds cannot be used to replace existing sources.

8. Payment

Subject to receipt of funds from DSS, the ENP shall be paid by the Agency on Aging on the basis of monthly invoices submitted by the ENP. Such invoices shall be compared by the Agency with the monthly output report from the Management Information System (MIS). When the MIS data does not agree with the monthly invoice, the Agency will process payments based on the current MIS data.

9. The Agency shall not reimburse the Provider for Eligible No Id congregate (community café) meals in excess of 5% of the maximum number of congregate (community café) units established in the Agreement.

10. The Agency reserves the right to delay payments to ENPs that do not submit accurate reports in accordance with required deadlines or when it has been determined that the ENP is noncompliant with the terms of the contract.

11. Reimbursement Rate

Rates of payment for respective services to be provided will be those set forth in the proposal as finally approved and the corresponding contract. Agency on Aging reimbursement shall not exceed the per meal reimbursement rate or the contract total for services. No transfer of funds between home-delivered and congregate categories shall be made without the prior written approval of the Agency on Aging.

12. Documentation

ENPs shall establish and maintain such documents and financial and program records that are required by the Agency on Aging to ensure documentation, monitoring, and evaluation of financial activities and the provision of purchased services.

13. Billing System

- a.** ENPs shall maintain a system for establishing and reporting to the Agency on Aging annual service targets by service category; assigning participants to a unique program, including but not limited to, Title III, Connecticut Home Care Program for Elders, DSS, etc; collecting required participant data, entering or submitting such data into the Management Information System as required by NAPIS and reporting such data to the Agency on Aging in formats and at intervals specified by the Agency on Aging.
- b.** ENPs shall establish and maintain a system for assigning participants to a unique source of payment, including but not limited to Title III or a third party source; billing third party sources (e.g. Connecticut Home Care Program for Elders) for primary payment for eligible meal services; and billing the Agency on Aging for reimbursement of meals only where such meals are not eligible for any other reimbursement.
- c.** Under no circumstances should Title III and the CT Home Care program be billed for home delivered meals concurrently (nor should any other program be billed concurrently).

14. Fundraising

ENPs shall initiate efforts to obtain support from private sources and other public organizations for services funded.

15. Audit

The ENP's financial records shall be audited at least annually by an independent accountant. The audit shall be performed in accordance with federal and state law and generally accepted accounting principles. A copy of the audited financial statements including the auditor's comments must be forwarded to the Agency within ninety (90) days of the last day of the preceding fiscal year.

16. Equipment

- a. In the event a contract is terminated or not renewed, the Agency on Aging reserves the right to recoup any equipment, deposits or down payments made or purchased with start-up funds or other funds specifically designated for such purpose under the contract. For purposes of this provision, equipment means tangible personal property with a normal useful life of at least one year and a value of at least \$5,000. Equipment shall be considered purchased from ENP funds and not from Agency on Aging funds if the equipment is purchase for a program that has other sources of income equal to or greater than the equipment purchase price.
- b. Supplies shall mean all tangible personal property other than equipment.
- c. Purchase of equipment and supplies by the contract shall be limited to those items essential to carrying out the program, operations or services authorized by this contract.
- d. The ENP shall maintain an inventory of all equipment and shall provide copies of the inventory to the Agency on Aging on acquisition of the equipment.
- e. Any item of equipment purchased under this agreement, may not be discarded, sold or removed from the inventory without prior written approval.
- f. Prior to the expiration or termination of the contract by either party, the Agency on Aging will determine the manner of the disposition of all equipment and unused supplies purchased under the agreement.
- g. Within 90 days of the termination of the contract, the ENP will be informed in writing by the Agency on Aging as to the disposition method of equipment and unused supplies.

C. PROGRAM PARTICIPANTS

1. Eligibility Criteria

- a. Congregate Meals:** The following persons are eligible to receive congregate meals:
- Individuals age 60 or older;
 - The spouse of an eligible participant, regardless of age;
 - Individuals with disabilities who have not reached 60 years of age, but who reside in housing facilities occupied primarily by older persons at which congregate services are provided;
 - Individuals providing volunteer services for the nutrition program during meal hours at the option of the nutrition project on the same basis as meals are provided to elderly participants;
 - Individuals with disabilities who reside at home and accompany older eligible individuals; and
 - In general, individuals receiving home delivered meals are not eligible to receive a congregate meal on the same day.
- b. Home Delivered Meals:** The following individuals are eligible to receive home delivered meals:
- Individuals age 60 or older who are homebound because of illness or an incapacitating disability, or who are otherwise isolated;
 - The spouse of an individual age 60 or older, regardless of age, if the receipt of the meal is in the best interest of the individuals age 60 or older;
 - Individuals less than 60 years old with disabilities who reside at home with a person age 60 or older who is a Title III-C home delivered meal recipient;
 - In general, individuals receiving a congregate meal are not eligible to receive home delivered meals on the same day; and
 - If a home delivered meal is received through a state funded program, an individual may not be eligible to receive home delivered or congregate meals paid for by Title III.

2. Target Populations

- a.** The Older Americans Act Title III program does not use strict standards of eligibility based on income, disability or other criteria. This permits substantial local program flexibility. The statutory language of the Older Americans Act, however, mandates that preference will be given to providing services to older individuals and person with disabilities with the greatest economic or social needs, minority, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, participants with severe disabilities, participants at risk of institutionalization, participants with Alzheimer's and related disorders and older individuals and person with disabilities residing in rural areas.

- b. At a minimum, the ENPs must attempt to serve minority and, low-income minority individuals, and rural elders in at least the same proportion as they are represented in the total population of the area to be served. A higher standard could be required by Agency on Aging Policies and Procedures.
- c. ENPs shall not discriminate against any participants due to inability to speak, write, or understand English. As feasible, the ENP shall arrange translation services.

3. Confidentiality

- a. ENPs shall comply with client confidentiality requirements as established by state regulations. These requirements state that no information about an older person or obtained from an older person by a service provider may be disclosed in a form that identifies the person without the informed, written or documented oral consent of the person or of his or her legal representative. Disclosure required by court order or for other program monitoring by authorized federal, state, or local monitoring agencies is exempt from this requirement.
- b. SUA's Management Information System (MIS) is considered part of the monitoring system and ENPs are required to disclose this information without the informed consent of that individual or his or her authorized representative.
- c. When a person is referred to another agency for services, the ENP shall assure that names of older persons needing services are used solely for the purpose of providing such services and only with the informed consent of each individual.
- d. ENPs may not deny services merely because an eligible person refuses to provide informed, written or documented oral consent.

4. Means Testing

ENPs shall not determine eligibility for services based on a "means test" or other income related criteria. The disclosure of income, earnings, resources, or assets by an older person is not necessary for determining eligibility for services. Older persons cannot be required to pay fees to obtain services nor gain access to facilities funded by the OAA.

5. Voluntary Contributions

In accordance with federal and state regulations and Agency policies:

- a. All participants will be provided the opportunity to voluntarily contribute to the cost of the service.

- b. Each ENP shall establish and maintain a system for collecting contributions and meet the requirements for proper handling and accounting for funds and contributions received. This system shall protect the privacy of each participant with respect to individual contributions.
- c. Participants may not be charged for services. No individual shall be denied services or access to services for refusal or inability to contribute to the cost of services.
- d. ENPs will use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received.
- e. ENPs may propose to use a sliding fee scale for congregate meals as a suggested donation guide. Contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty level, at contribution levels based on the actual cost of services. Means testing may not be used.
- f. Signs must be displayed at all congregate sites stating the full cost of the meal and suggested donation.
- g. Signs stating cost of meals to non-participants shall, at a minimum, include the following costs: raw food, labor, transportation of food, utilities, cost of disposables.

6. Client Input

Each ENP shall have a mechanism for obtaining the views of participants about the services they receive. This mechanism can include interviews, surveys, questionnaires or an advisory council. If an advisory council is established, membership should be representative of the client population and other community members having an interest in, or knowledge of, the needs of older persons. This mechanism shall include methods to review and take appropriate action on comments from participants.

7. Participant Outcomes

Each ENP shall make best efforts to achieve the outcome of enabling elderly individuals to live in their homes with appropriate supports, as measured by the result that at least 40% of participants of the ENP exhibit a nutritional risk score after twelve (12) continuous months of participation that is either equal to or less than their initial nutritional risk scores.

8. Grievance Procedure

- a. As required by the Older Americans Act the Agency on Aging has established a grievance procedure for older individuals and person with disabilities who are dissatisfied with or denied services. In order to assist in this procedure, all Agency on Aging funded organizations are required to adopt a grievance procedure which allows for appeal to the organizations' Board of Directors or equivalent body to hear, on an impartial basis, the nature of the complaint and to respond accordingly. A written determination shall be given to the complainant together with information stating that if the individual remains dissatisfied, they may take their complaint to the Agency on Aging.
- b. A copy of the organization's grievance procedure and the method by which it will be made known to individuals seeking or currently receiving service shall be placed on file at the Agency on Aging. Each organization's policy shall include a procedure that will enable a complaint to be heard by the Advisory Council of the Agency on Aging within nine (9) months of the date of the original written complaint.
- c. Upon receipt of an unresolved complaint, the Agency on Aging Advisory Council, either in whole or in part, shall hold a hearing for the purpose of receiving testimony from the individual filing the complaint and contrary documentation from the organization against whom the complaint is filed.

If the matter is not resolved by the Advisory Council to the satisfaction of the individual, the complainant has thirty days to file further evidence to be heard by the Agency on Aging Board of Directors, either in whole or in part. Any older person who feels they have been unfairly denied services due to discrimination, may contact the State Unit on Aging.

9. Referral and Follow Up

ENPs shall assist participants through referral or other means to take advantage of services to which they may be entitled. ENPs shall bring to the attention of appropriate parties, issues for follow-up, conditions or circumstances which place a participant, or a participant's household, in imminent danger.

D. PROGRAMMATIC REQUIREMENTS

1. Quality of Service

a. Standards

The SUA and the Agencies on Aging have adopted minimum standards for the purchase, provision, and monitoring of service delivery to assure quality of

service. ENPs should, however, use these standards only as a baseline upon which to create quality services that can be delivered in such a manner as to also be effective, efficient, economical, and safe.

b. Monitoring

Each ENP shall establish a system for formal monitoring of each community café and home delivered meals route for compliance with Title III of the OAA, NSIP, and state requirements, at a minimum of once annually. Each ENP shall provide a system for resolving issues and for periodic evaluation of services.

2. Licensure and Safety

ENPs shall meet existing state and local licensure, certification, and safety requirements for the provision of services, where applicable. Certain service requirements are regulated by the Department of Public Health. Each ENP is responsible for determining the applicable requirements in effect in the local area. ENPs shall maintain on file current Health Inspection and Fire Safety inspection reports for each community café.

3. Personnel

- a. The ENP shall employ adequate numbers of qualified staff to satisfactorily provide services and comply with Public Health regulations. Staff should be properly trained, courteous, and sensitive to working with participants.
- b. The ENP shall have a designated site manager who is responsible for activities at the site. Where Title III C funds are utilized, they can pay for a maximum of 5 hours per mealtime if an average of 25 or more participants are served; and for a maximum of 3 hours per mealtime if fewer than an average of 25 participants are served. If home delivered meals are prepared at a site serving fewer than 25 participants, Title III C funds can pay for a maximum of 5 hours if a waiver is received from the Agency on Aging.
- c. The ENP shall actively recruit and give preference to qualified older persons for paid and volunteer positions with the project.
- d. The ENP shall give consideration to employing minority individuals at least in proportion to the numbers of minority older persons represented among the service area's population.
- e. The ENP shall provide training to, and personnel management of, staff and volunteers.
- f. The ENP shall provide photo identification badges to meal delivery personnel.

- g.** The ENP shall establish and administer the program with the advice of a Nutritionist or Dietician. The Nutritionist or Dietician shall be responsible for menu development, monitoring of food preparations, and in-service training for food service personnel and volunteers.
- h.** The Nutritionist or dietician for each ENP must attend Department-sponsored nutritionists' meetings each year.

4. Congregate Site Minimum Standards

Each congregate provider shall:

- a.** Where possible, seek local support for café operations.
- b.** Serve an average of at least 25 participants per mealtime unless a waiver is received from the Agency on Aging. If fewer than 25 participants are served, consideration shall be given to providing meals in single serving units;
- c.** Be located in a facility which meets the accessibility requirements of the Americans with Disabilities Act of 1990 or, if not accessible, be located in an ENP catchment area. (An ENP catchment area is an area within the Project Service area containing at least one accessible site. Transportation shall be available to and from the site designated as accessible from all points in the catchment area);
- d.** Be located in a facility where all eligible individuals will feel comfortable visiting. Site selection shall take into consideration the type and location of the facility so as not to offend the cultural and ethnic preference of the eligible individuals in the service area;
- e.** Meet all Local and State fire, health, safety and building codes;
- f.** Be open for at least three hours per mealtime unless a waiver is received from the Agency on Aging;
- g.** Be neat, clean and have adequate lighting, ventilation, and temperature control.
- h.** Establish written food handling procedures and provide site staff and volunteers with ongoing training and monitoring;
- i.** Serve meals at a pre-established time each day.
- j.** Serve all hot food within 2 hours from the time food preparation ends unless a waiver is received from the Agency on Aging extending it to a maximum of 3 hours. Maintain hot foods at a temperature above 140⁰F and cold foods at or below 41⁰F from the time preparation ends until the food is served to a participant. Reheat to 165⁰F hot foods received at 130⁰F TO 140⁰F. Refuse or

discard hot foods received at less than 130⁰F and potentially hazardous cold foods received at more than 50⁰F, and have available shelf stable or other suitable substitute foods as replacement.

- k. Be equipped with the proper utensils to ensure portion control;
- l. Have an established procedure for closing the café in inclement weather, and for informing the participants about the closing.
- m. Under no circumstances should Title III and the CT Home Care program be billed for home delivered meals concurrently (nor should any other program be billed concurrently).
- n. The following is to be posted at all Senior Cafés (Congregate Meal Sites):
Attention Consumers – If you are receiving home delivered meals, it is most likely that you are not eligible to receive meals at this site. Please contact (put ENP phone number here) to determine if you are eligible.
- o. It is recommended that the ENP have a Memorandum of Understanding with each congregate site establishing the responsibilities and obligations of each.

5. Home Delivered Meals Minimum Standards

Each home delivered meals provider shall:

- a. Provide a nutritious home delivered meal that may be hot, cold, frozen, dried, or canned foods with a satisfactory storage life;
- b. With the consent of the older person, or his/her representative, bring to the attention of appropriate officials for follow up conditions or circumstances which place the older person or the household in imminent danger;
- c. Make arrangements for the availability of meals to older persons in weather related emergencies;
- d. Assist participants in taking advantage of benefits under other programs;
- e. Total holding time of hot meals delivered to participants' homes shall be no more than 2 hours after completion of preparation, unless a waiver is received from the Agency on Aging extending it to a maximum of 3 hours. The temperature shall be maintained above 140⁰F for hot foods, at or below 41⁰F for cold foods and at or below 10⁰F for frozen meals from the time food preparation ends until the food is delivered to the participant's home.
- f. All home delivered meals must be labeled. The labeling should include: type of meal, expiration date, special meal, and instructions for preparation in large print.

- g.** Appropriately instruct clients or their caretakers on the following safe practices for handling delivered food, as they may apply:
- (i) to eat hot food within 1 hour of delivery.
 - (ii) to eat cold foods immediately or place them in the refrigerator.
 - (iii) to eat fast chilled meals within 3 days of delivery and to store them at 41⁰F or less.
 - (iv) to eat frozen meals within 1 month of delivery and to store them at 10⁰F or less.
 - (v) to have an accurate thermometer in their refrigerator if they store quick chilled meals, and one in their freezer if they store frozen meals.
- h.** It is recommended that the ENP have a Memorandum of Understanding with each Home Delivered meal drop off site establishing the responsibilities and obligations of each.

6. Management Information System (MIS)

The ENP must submit monthly service utilization and client data that complies with the Management Information System (MIS).

7. Coordination with Other Service Agencies

ENPs shall indicate plans for coordination with other service provider agencies within their service area. Coordination with the Connecticut Home Care Program for Elders is particularly important. Other areas of coordination may include volunteer agencies, school boards, county and city governments, church-sponsored programs, specialized housing complexes, employment programs, transportation services, senior centers, and colleges or universities. Formal written agreements or informal letters of cooperation may be used to indicate such coordination. ENP shall assure that services do not constitute an unnecessary duplication of services provided by other sources.

8. Restrictions on Lobbying

Federal and State regulations provide restrictions on the use of OAA funds for lobbying or political advocacy. In general, the restrictions apply to attempts at influencing elections, partisan contributions, attempts to influence the introduction or enactment of legislation, and legislative liaison activities.

9. Freedom of Information and Privacy Issues

Due regard will be given to protect proprietary information contained in all proposals received; however ENPs should be aware that all materials associated with this procurement are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations, and interpretations resulting from it.

10. Requirements to Use Only Commercially Processed Foods

No food prepared, frozen or canned in the home may be used in meals provided by projects financed through Title III. Only commercially processed canned and frozen food may be used.

11. Items Prohibited from Purchase with Title III C

Nutrition service providers may not purchase vitamins or mineral supplements, alcoholic beverages or vehicles with funds under Title III C.

12. Special Home Delivered Meals

When necessary (in case of illness, injury, etc.) make home delivered meals available to congregate meal site participants.

NUTRITION, MENU, & PUBLIC HEALTH REQUIREMENTS

<http://www.dir.ct.gov/dph/PHC/phc.asp>

A. NUTRITIONAL STANDARDS

1. Federal Law governing the Elderly Nutrition Program requires that meals provide each participant with:
 - a. a minimum of 1/3 of the daily dietary reference intake as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences if 1 meal per day is provided;
 - b. a minimum of 2/3 of the allowances if 2 meals per day are provided; and,
 - c. the full allowances if 3 meals per day are provided.
2. Federal Law also requires that meals conform to the *Dietary Guidelines for Americans* for dietary fiber, fat, saturated fat, sodium and sugar, as published by the Secretary of Agriculture and the Secretary of Health and Human Services.
3. The successful applicant shall meet these requirements by preparing meals according to an approved Meal Pattern or by nutritional analysis. If by nutritional analysis, meals shall provide nutrients in the amounts specified in Daily Nutrient Requirements. Nutritional analysis should be conducted for all menus to ensure compliance with requirements, especially sodium, calcium, vitamin D and fiber. Meals served may be reviewed for accuracy to menu and portion sizes.

B. MENU AND RECIPE REQUIREMENTS

1. Menus shall specify the amount of each item to be prepared and served, and shall reference all recipes used in the preparation of mixed dishes.
2. Tested quality recipes, adjusted to yield the numbers of servings needed, shall be used. Each recipe should specify cooking, cooling and storage procedures as well as exact ingredient amounts and preparation instructions. Recipes shall be available to the contracting agency and kept on file for two years following date of use. The nutrient content of all required nutrients in ready-to-serve "convenience foods" or portions shall also be available and kept on file.
3. Menus shall be certified in writing by a Nutritionist or Dietician as providing at least one-third of the current Dietary Reference Intakes (DRI) of the National Academy of Sciences for energy, protein, vitamins and essential minerals, and as conforming to the Dietary Guidelines for Americans. Menus including recipes used in preparation of mixed dishes or a complete nutritional analysis shall be submitted to the Department nutritionist as least one month prior to use for review of nutritional adequacy.
4. Menus for therapeutic and other individually prescribed diets shall be certified in writing by a dietitian.
5. Recipes and certified menus shall be kept on file at the nutrition provider's office a minimum of two years following the year during which they were in use.

C. FOOD QUALITY SPECIFICATIONS

1. Bread, Rice and Pasta shall be served as specified in the menu and contain no more than 150 milligrams (preferably no more than 130 milligrams) sodium per serving. To qualify as whole grain, bread shall contain at least 75% whole wheat or other whole grain. Rice should be fluffy, never hard. Pasta shall be cooked "al dente" and then mixed with a small amount of sauce or oil if held separately. Rice and pasta should not be prepared so far in advance that quality is lost.
2. Fruit (including 100% fruit juices) shall be served at each meal, with fresh fruit subject to seasonal availability and quality. Fresh fruit shall be medium in size, Grade US No 1, and not under-ripe or over-ripe. Canned fruit shall be packed in juice, light syrup or water-packed, USDA Choice grade and of uniform size and in the form stated in the menu (e.g. halves or slices). USDA canned fruit packed in heavy syrup shall be drained and rinsed. Fruit juices shall be 100% juice, unsweetened and contain at least 30 milligrams of vitamin C per serving. Vegetable or fruit sauces, such as tomato sauce, shall not count towards meeting the fruit requirement.
3. Vegetables shall be cooked in a minimum amount of water or steamed to a point of tenderness without becoming mushy. Frozen vegetables shall be USDA Grade A fancy. Fresh vegetables shall be US No 1. Baked or boiled potatoes shall be prepared on the day of serving and not overcooked. Dried potatoes shall not be used except for instant mashed potatoes having sodium content not exceeding 130 milligrams per ½ cup. Green (tossed or garden) salad shall contain at least three different vegetables and shall be made fresh or purchased fresh on the day of service. Slaw shall be medium or fine grated and carrots for slaw or salad shall be grated. No canned vegetables except tomato products shall be used.
4. Meats shall be fork-tender for easy cutting and chewing. USDA commodity meats may be used when they become available. Portion sizes shall be uniform and as specified in the menu approved by the SUA. When purchased on the open market the following criteria shall also be met:
 - a. All beef shall be of USDA Choice grade. Beef roast shall be boneless, top round and sliced thin. Ground beef shall not exceed 20% fat content.
 - b. Pork shall be USDA 1 grade. Pork chops should be loin cut, with the blade bone and chin bone removed. External fat shall not exceed ¼ inch.
 - c. Poultry shall be USDA Grade A. Equal amounts of breast with wings or legs with thighs shall be given. Chicken or turkey items shall be fresh or frozen and never "Pressed."
 - d. Fish entrees shall be even pieces, or care should be taken to ensure a uniform portion for each participant after cooking if the fish items are uneven pieces. Fish fillets shall be I.Q.F. boneless and skinless. Tuna fish shall be white or light meat and shall be water-packed.

- e. Cottage cheese shall be low fat variety.
 - f. Meat alternates and textured vegetable protein shall be used only as specified in the menu and recipes approved by the contracting agency. Textured vegetable protein shall not exceed the ratio of 20% to 80% meat.
5. Milk shall be low fat, reduced fat, or skim as stated in the menu unless prescribed for therapeutic purposes. If soymilk is used it must be calcium fortified. One cup of yogurt and 1.5 ounces hard cheese may substitute for a cup of milk.
 6. Desserts shall be provided as stated in the approved menu.
 7. Gravies and soups shall be made of a low sodium base and contain no more than 130 milligrams sodium per ½ cup.
 8. Salad Dressings shall contain no more than 130 milligrams sodium per serving.

D. SANITATION AND FOOD SAFETY

1. General Requirements

Sanitation requirements for places dispensing foods or beverages are stated in the Public Health Code, Section 19-13-B42 (Section 19-13-B49 for caterers). See www.dir.ct.gov/dph/PHC/phc.asp.

2. Food Handling, Hand Washing and Glove Use

- a. No bare hand contact with Ready-to-Eat foods. However, do not wear gloves to use a serving spoon or other utensil.
- b. Wash hands thoroughly in a designated hand washing sink upon arrival, after using the toilet, before and after wearing or changing gloves, and any time they become contaminated, such as after touching clothes, body parts, door handles, wipe rags, cartons, raw meat or unwashed vegetables.
- c. Disposable glove use is task specific. Gloves should be changed or discarded when changing activity. If engaged in an extended activity requiring gloves, such as making sandwiches, gloves should be changed periodically and hands washed. Single use non-latex gloves should be used. If using a cut resistant hand safety glove, a larger disposable glove should be worn over the top.

3. Procedures for Safe Temperatures

- a. When cooking, take temperatures of each batch of food at the center or thickest part of the food from the coolest section of the oven.
- b. When cooling, use a blast chiller, ice water bath, or cool in small containers.

- c. When preparing or plating chilled food, do so in small quantities, replacing it immediately in the refrigerator or cooler. If possible use a cold room (50 degrees or cooler) or specialized cool serving equipment.

4. Preventing Cross Contamination

- a. Store raw or contaminated foods below cooked or ready-to-eat foods; or, store them in a separate area.
- b. Prepare raw meats, unwashed vegetables, and other contaminated foods in a separate, dedicated area.
- c. Use the approved 3-step, wash-rinse-sanitize procedure for cleaning and sanitizing utensils, cookware, tables, counters and door handles.
- d. Employees preparing raw meats, unwashed vegetables and other contaminated foods should not handle cooked or ready-to-eat foods until they have thoroughly washed their hands and arms and taken other precautions to prevent cross contamination.
- e. Utensils, cutting boards, prep tables and sinks used with contaminated foods should not be used for cooked or ready-to-eat foods until they have been thoroughly washed and sanitized.

5. Time and Temperature Requirements

- a. Storage
 - Cold storage 41⁰F or below
 - Frozen storage 0⁰F or below
 - Dry, canned storage 70⁰F or below
- b. Cooking
 - At least 165⁰F or as specified in the CT Public Health Code
- c. Standard Cooling
 - 140-70⁰F within two hours, and
 - 140-41⁰F within six hours with temperatures recorded each 2 hour minimum
- d. Quick Chilling
 - 140-70⁰F within one hour, and
 - 140-41⁰F within three hours with temperatures recorded each 2 hours minimum
- e. Reheating
 - 165⁰F within 1 hour, preferably within 20 minutes

- f. Holding, from final preparation until normal serving time, including delivery
 - Hot holding 140⁰F to 165⁰F <= 3 hours total with temperatures recorded each 2 hours minimum
 - Cold holding 41⁰F or below <= 3 days total
 - Frozen meals 10⁰F or below <= 2 month
 - Quick chilled meals 35⁰F or below <= 6 days total
- g. Kitchen Hot Holding if picked up: 140⁰F or above, <=1/2 hour
- h. All food items must be labeled and dated. Items provided for home delivered meals should include a discard date.

6. Transport and Delivery Requirements

- a. Holding times and temperatures shall be as above stated.
- b. Delivery personnel shall certify that temperatures are appropriate at loading. They shall wait at café delivery sites until delivered foods have been checked for temperature and acceptability.
- c. Unacceptable items shall be replaced or reimbursed at full value to the contracting agency.
- d. Hot and cold holding units shall be warmed or cooled to the required temperatures prior to loading. Serve all hot food within 2 hours from the time food preparation ends unless a waiver is received from the Agency on Aging EXTENDING IT TO A MAXIMUM OF 3 HOURS. Maintain hot foods at a temperature above 140⁰F and cold foods at OR below 41⁰F from the time preparation ends until the food is served to a participant. If delivery time exceeds 2 hours, temperatures should be checked to ensure hot and cold holding temperatures are maintained. Reheat to 165⁰F hot foods received at 130⁰F TO 140⁰F. Refuse or discard hot foods received at less than 130⁰F and potentially hazardous cold foods received at more than 50⁰F, and have available shelf stable or other suitable substitute foods as replacement.
- e. Contact with client or caregiver must be made upon delivery of meal. Under no circumstances may meals be left in a cooler, with a neighbor, hanging on door knob, etc.

E. STAFFING REQUIREMENTS

1. A qualified food operator (QFO) or designated alternate shall, at all times during meal preparation and delivery, be at the food preparation facility and available to receive calls or complaints and have the authority to make corrections.
2. A Nutritionist or Dietician shall develop all menus including meals for holidays and special events, and recipes used in the preparation of mixed dishes. A dietitian shall develop menus for therapeutic meals.

3. The Food Service Provider shall have qualified staff to provide and conduct workshops for food handlers on safe and proper food handling, sanitation, and portion control.
4. See current SUA Community Services Policy Manual Title III Program Regulations for details.

F. OTHER REQUIREMENTS

1. The packing site or sites must be provided by the caterer. The site must be large enough to allow for efficient packing by home delivered meals personnel and accessibility by the home delivered meals vans.
2. The Food Service Provider shall be reasonably flexible regarding the number of meals for each day, menu modifications to accommodate recipient preferences or availability of seasonal foods, and working with volunteers.
3. Any incident of food borne illness induced by foods prepared by the Food Service Provider, or recalls of foods which may have been used during food preparation, shall be immediately reported to the Elderly Nutrition Provider in addition to the required public health authority.
4. The Food Service Provider shall freeze, seal, label and keep in the kitchen a sample of each meal for 14 days after the day of preparation to expedite epidemiological study in the event of food borne illness.
5. The Provider shall not be paid for unauthorized menu changes, incomplete meals, meals not delivered within the specified delivery time period or meals rejected because they do not comply with the specifications.
6. Only the following may be taken from the meal site and at the discretion of the manager: fruit, baked goods and other foods in individually sealed units that have been protected from contamination and held at 41⁰ or less. All other food shall be offered as a second serving or discarded. Potentially hazardous food offered as a second serving shall be protected from contamination and held at 140⁰ or more if hot and at 41⁰ or less if cold. Home delivered meal items not deliverable due to client not home may not be reused.

G. NUTRITIONAL SERVICES INCENTIVE PROGRAM (NSIP) AND USDA FOOD ASSISTANCE

1. The Nutritional Services Incentive Program (NSIP) is one of the sources of federal funds for the Elderly Nutrition Program. USDA Commodities may be used in lieu of some of the NSIP money. ENPs electing to purchase USDA commodities will also have access to free or bonus commodities when available.
2. In the case of a caterer using USDA commodities, the caterer shall credit the ENP the value of the USDA commodities that are furnished to the caterer for use in the program plus the per case administrative fee. Alternatively, contracted payments to the caterer may be reduced by the value of the commodities ordered plus the administrative fee.
3. If using USDA commodities, sufficient precautions should be taken to transport and store USDA commodities to preserve their quality and prevent theft. The contractor shall receive, handle, store, use and separately inventory them; confer, if applicable, with the contracting agency in ordering them; and, work with the Nutritionist or Dietician in designing menus that incorporate available commodities into meals.
4. ENPs receiving Nutrition Services Incentive Program cash shall spend it only for agricultural commodities and other food grown in the United States of America.
5. When possible, ENPs are encouraged to utilize locally grown produce within guidelines of the USDA and food licensing requirements of their location.

MEAL REQUIREMENTS

MEAL PATTERN FOR ELDERLY NUTRITION

Food Components	Breakfast	Lunch or Supper	Two Meals
<i>Milk</i>	<i>at least</i>	<i>at least</i>	<i>at least</i>
Milk, fluid <i>or</i> Yogurt <i>or</i> Hard Cheese <i>or</i> An equivalent combination of above	1 cup (8 oz) 1 cup 1.5 ounces	1 cup 1 cup 1.5 ounces	2 cups 2 cups 3 ounces
<i>Fruits and Vegetables</i>	<i>at least</i>	<i>at least</i>	<i>at least</i>
Vegetable(s) or Fruit(s) <i>or</i> 100% vegetable or fruit juice <i>or</i> An equivalent combination of vegetable(s), fruit(s), and juice	½ cup or 4 ounces (1 ounce if dry) ¾ cup	1 cup or 8 ounces (2 ounces if dry) 1 ½ cups	2 cups or 1 pound (4 ounces if dry) 2 ¼ cups
<i>Bread and Other Grains</i>	<i>at least</i>	<i>at least</i>	<i>at least</i>
Bread <i>or</i> Cornbread, biscuits, small rolls, etc. <i>or</i> Bagel, English muffin, hamburger bun <i>or</i> Cold dry cereal <i>or</i> Cooked cereal, rice, corn, pasta, grains <i>or</i> Pancake, waffle, tortilla <i>or</i> An equivalent combination of above	3 slices 3 servings 1 ½ 2 ¼ cups or 3 oz 1 ½ cups 3	2 slices 2 servings 1 1 ½ cups or 2 oz 1 cup 2	4 slices 4 servings 2 3 cups or 4 oz 2 cups 4
<i>Meat, Eggs, Legumes, Nuts</i>	<i>at least</i>	<i>at least</i>	<i>at least</i>
Lean meat including poultry or fish <i>or</i> Hard cheese <i>or</i> Soft cheese <i>or</i>	1 ounce 1 ounce ¼ cup	3 ounces 2 ounces ½ cup	6 ounces 4 ounces 1 cup

Eggs <i>or</i> Cooked dry beans, peas or lentils <i>or</i> Peanut butter, soynut butter or other nut or seed butters <i>or</i> Peanuts, soynuts, tree nuts or seeds <i>or</i> An equivalent combination of above	1 egg ½ cup 2 Tbsp 1 ounce	2 eggs 1 cup 4 Tbsp 2 ounces	4 eggs 1 ½ cup 8 Tbsp 4 ounces
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MEAL PATTERN FOR ELDERLY NUTRITION (Continued)

Food Components	Breakfast	Lunch or Supper	Two Meals
<i>Selected Nutrient Rich Foods</i>	<i>at least</i>	<i>at least</i>	<i>at least</i>
Vitamin C rich foods*	1 serving	1 serving	2 serving
Vitamin A rich foods (averaged over week)*	0	(1/2 serving)	½ serving
Mineral & fiber rich foods*	2 servings	2 servings	4 servings
<i>Sweets and other Sugar Rich Foods</i>	<i>no more than</i>	<i>no more than</i>	<i>no more than</i>
Fruit juice, applesauce, fruit w light syrup <i>or</i>	1 cup	1 cup	2 cup
Flavored milk or sweetened yogurt <i>or</i>	1 cup	1 cup	2 cup
Jam, jelly, syrup, honey, table sugar <i>or</i>	2 Tbsp	2 Tbsp	4 Tbsp
Pudding, jello, fruit crisp, cobbler, betty <i>or</i>	¾ cup	¾ cup	1½ cups
Cookies, fruit bars, chocolate bar <i>or</i>	1½ ounces	1½ ounces	3 ounces
Cake (2 oz + icing, 3 oz w/o icing) <i>or</i>	1 piece	1 piece	2 pieces
Pie (1/8 pie) <i>or</i>	1 piece	1 piece	2 pieces
No more than an equivalent quantity of any of the above or other sweets.			
<i>Energy</i>	<i>at least</i>	<i>at least</i>	<i>at least</i>
Calories	735 kilocalories	735 kilocalories	1470 kilocalories
<i>Fat and Sodium</i>	<i>no more than</i>	<i>no more than</i>	<i>no more than</i>
Saturated Fat (may be averaged over 1 wk)	8 grams	8 grams	8 grams
Sodium (recommended/required)	500/650 mg	500/650 mg	1000/1300 mg

***Vitamin C** rich foods include banana, cantaloupe, grapefruit, melon, orange, orange juice, strawberries,

tomatoes, broccoli,
cabbage, cauliflower, chard, collards, greens, peppers, potatoes (not fried or instant), any fruit or vegetable including juice
providing at least 20 milligrams of vitamin C.

***Vitamin A** rich foods include apricots, broccoli, cantaloupe, carrot, chard, collards, greens, pumpkin, spinach, sweet potato,
winter squash, any fruit or vegetable providing at least 333 Retinol Equivalents of Vitamin A

***Mineral and fiber** rich foods include whole grains (bread, cereal, crackers, muffins, rolls, pizza crust and pita made with 67%+ whole grain); bran; brown rice; corn; oatmeal; beans (any variety); lentils, peanuts and peas; seeds; tree nuts; chard, collards, spinach and other greens; baked potato with skin; winter squash; or, any food providing at least 25 mg magnesium and 3 grams dietary fiber.
Two servings of any food providing at least 10 mg magnesium and 1 gram dietary fiber may count as 1 serving. (such as 2 slices of wheat, rye or oatmeal bread).

10 mcg (400 IU) **Vitamin D** are needed in addition to the 5 mcg available from 2 cups of fortified milk. Vitamin D is available from exposure to sunlight or from supplements such as a multiple vitamin or cod liver oil.

Daily Nutrient Requirements

Elderly Nutrition Program

	<u>Amount/day</u>	<u>Unit</u>	<u>Amount/meal</u>	<u>Amount/2 meals</u>
Macronutrients				
Kilocalories	2204	kc	735	1470
Protein (10-35% kc)	56	gm	19	37
Carbohydrate (45-55% kc)	270	gm	90	180
Fat (20-35% kc)	90	gm*	30	60
Macro. Components				
Saturated Fat (or 10% kc)*	24	gm*	8	16
Dietary Fiber (30 gm)	30	gm**	10	20
Sugar - Lactose (or 15% kc)*	90	gm*	30	60
Vitamins				
Vitamin A	900	RE	300	600
Vitamin C	90	mg	30	60
Pyridoxine - B6	1.7	mg	0.6	1.1
Folate**	400	mcg**	133	267
Minerals				
Sodium (1300 - 2000)	2300	mg*	650	1300
Potassium 4700	4200	mg	1650	3300
Calcium 1200	1000	mg	400	800
Magnesium	420	mg	140	280
Zinc	11	mg	3.7	7.3
Analysis not Required				
Linoleic Acid	17	gm	5.7	11.3
α -Linolenic Acid	1.6	gm	0.5	1.1
Cholesterol*	300	mg*	100	200
Biotin	30	mcg	10	20
Choline	550	mg	183	367
Carotene	450	RE	150	300
Cobalamin - B12	2.4	mcg	0.8	1.6
Niacin - B3	16	mg	5.3	10.7
Pantothenic Acid	5.0	mg	1.7	3.3
Riboflavin - B2	1.3	mg	0.4	0.9
Thiamin - B1	1.2	mg	0.4	0.8
Vitamin D 20	15	mcg (600 IU)		Sunlight + Food + Supplements
Vitamin E	15	mg	5	10

Vitamin K	120 mcg	40	80
Copper	900 mcg	300	600
Chromium	30 mcg	10	20
Fluoride	4.0 mg	1.3	2.7
Iodine	150 mcg	50	100
Iron	8 mg	2.7	5.3
Manganese	2.3 mg	0.8	1.5
Molybdenum	45 mcg	15	30
Phosphorus	700 mg	233	467
Selenium	55 mcg	18	37

Fat and fat soluble vitamins may be averaged over 1 week

- *Maximum amounts (Sodium content of a meal may be 750 mg, although not advisable)
- **Minimum dietary fiber intake may be 25 g a day (8.3 g per meal), although not advisable.
- **Minimum folate intake may be 20 mcg a day (105 mcg per meal), although not advisable.

Daily Nutrient Requirements - Rev 8/2004

DEFINITIONS

Definitions

1. **100% of Poverty:** At or below 100% as defined by the annual DHHS Poverty Guidelines.
2. **150% of Poverty:** At or below 150% as defined by the annual DHHS Poverty Guidelines.
3. **Act:** See Older Americans Act (OAA).
4. **Activities of daily living (ADL):**
 - eating;
 - dressing;
 - bathing;
 - toileting;
 - transferring in and out of bed or chair; and
 - walking.
5. **Administration on Aging (AoA):** The federal agency established in the Office of the Secretary, Department of Health and Human Services charged with the responsibility for administering the provisions of the Older Americans Act, except for Title V.
6. **Agency on Aging Point of Contact (POC):** Agency on Aging staff to coordinate the evaluation of ENP proposals including
 - review submissions for compliance with mandatory minimum requirements,
 - meet with Evaluation Committees for analyses of submissions,
 - prepare final reports based on scores and comments of the Evaluation Committee and
 - provide oversight concerning conflict of interest and confidentiality of committees.
7. **Alzheimer's and Related Disorders:** Related disorders with neurological and organic brain dysfunction.
8. **Area Agency on Aging (Agencies on Aging):** A non-profit agency designated by the State of Connecticut under the OAA, Section 305(a)(2)(A) as a planning and administrative unit to foster the development of comprehensive and coordinated services for persons sixty (60) years or older through Area Plans. There are five Agencies on Aging in Connecticut: Agency on Aging of South Central CT, North Central Area Agency on Aging, Senior Resources Agency on Aging (serving eastern CT), Southwestern CT Agency on Aging, and Western CT Area Agency on Aging.
9. **Area Plan:** The official planning document submitted by all Area Agencies on Aging to the State Unit on Aging for approval every four years, that identifies measurable objectives and action steps to achieve those objectives of services for older persons

in the region in accordance with the requirements of the Older Americans Act as well as describing all other functions of the Agencies on Aging.

- 10. At Risk of Institutionalization:** An individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State to be in need of placement in a long-term care facility.
- 11. Caterer:** Any qualified organization contracted by an Elderly Nutrition Provider (ENP) to supply, prepare or deliver meals.
- 12. Caterer Quotations:** Formal submission of costs/rates and other required information related to provision of meals for an Elderly Nutrition Project.
- 13. Client (see Participant)**
- 14. Client Contribution:** The monies collected from individuals by each service provider towards the cost of their service. There is no obligation to contribute, as the contribution is purely voluntary. The privacy and confidentiality of each participant must be protected with respect to the recipient's contribution or lack of contribution.
- 15. Commodities:** Foods received from the United States Department of Agriculture. USDA commodities are made available to Elderly Nutrition Providers in lieu of NSIP money, or they may be surplus commodities made available without charge except for storage, delivery and administrative costs.
- 16. Community Café:** A congregate setting in which to provide opportunities for socialization, companionship and to reduce hunger and food insecurity. A café may be located in senior centers, senior housing, and other suitable venues.
- 17. Confidentiality Statement:** Statement to be signed by all members of the evaluation committee concerning conflict of interest, guidelines for discussion of proposals and the confidential nature of the evaluation for the purpose of safeguarding submissions and discussions.
- 18. Conflict of Interest:** Refers to past or present relationships with any level of responders to ENP and related solicitations that would
 - preclude an unbiased/fair evaluation of submissions,
 - influence even indirectly, the content of submissions or
 - result directly or indirectly, in any level of individual or organizational financial gain or benefit.
- 19. Congregate (Community Café) Meal:** A meal provided to a qualified individual in a congregate or group setting such as a senior community café. The meal, as served,

must meet all the requirements of the Older Americans Act (OAA) and state and local laws.

20. Congregate Services: Provision of meals, assessments, nutrition education, nutrition counseling and other nutrition related services for eligible individuals in a group setting.

21. Connecticut Department of Social Services (Department or DSS): The Department of state government with cognizance over aging services in CT. The Department has designated the Aging Services Division as the State Unit on Aging for purposes of the Older American Act.

22. Department or DSS: The Department of Social Services of the State of Connecticut.

23. Dietary Reference Intake (DRI): A set of nutritional standards which were established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The meals should meet:

- a minimum of 33 1/3 percent of the recommended allowances if it provides one meal per day,
- a minimum of 66 2/3 percent of the recommended allowances if it provides two meals per day, and
- 100 percent of the recommended allowances if it provides three meals per day.

24. Dietitian: A Nutritionist with specialized education and experience for prescribing therapeutic diets as evidenced by registration status with the American Dietetics Association or certification as a State Certified Dietitian/Nutritionist.

25. Dietetic Technician, Registered (DTR): A nutrition paraprofessional who has completed education and practicum required by the American Dietetic Association.

26. Disability: A mental or physical impairment, or combination of mental and physical impairments, resulting in substantial functional limitation of the major life activities of:

- self-care;
- receptive and expressive language;
- learning;
- mobility;
- self-direction;
- capacity for independent living;
- economic self-sufficiency;
- cognitive functioning; and
- emotional adjustment.

27. Donated Foods or Cash: Food or cash made available by the United States Department of Agriculture (USDA).

- 28. Elderly Nutrition Program:** A federal and state funded nutrition program authorized under Title III-C of the Older Americans Act that provides meals and other nutrition services to eligible participants.
- 29. Elderly Nutrition Program Policies and Application Instructions:** A guide for operators of the Elderly Nutrition Program in Connecticut and prospective nutrition services providers which includes an overview of the specific Program requirements of the Older Americans Act of 1965, as amended, DSS and regional Agencies on Aging. The document also includes a description of the procurement processes, operational requirements and specific meal service requirements.
- 30. Elderly Nutrition Project (ENP):** A federal and state funded nutrition project that is authorized under Title III-C of the Older Americans Act to provide meals and other nutrition services under the area plan.
- 31. Elderly Nutrition Provider (ENP):** An agency or organization that is awarded a subcontract from an Agency on Aging to provide Title III-C Older Americans Act nutrition services through regional Projects under the area plan.
- 32. Eligible No ID:** Meals provided to participants for whom the community café does not have identifying information. This service includes meals served to eligible participants who come to the community café once for a special event but are not expected to eat at the café again.
- 33. Emergency Meals:** Meals provided to homebound older individuals to keep on hand for times of emergency when weather or other conditions make it impossible to deliver a regular meal.
- 34. Ethnicity status** See “Race or ethnicity status”
- 35. Evaluation Committee:** A group of people recruited by the Agency on Aging who are responsible for evaluating, scoring and commenting on ENP proposals.
- 36. Federal Fiscal Year (FFY):** The federally designated financial accounting and reporting period of October 1st through September 30th for any given year.
- 37. Focal Point:** A place or mobile unit in a community or neighborhood designated by the Agency on Aging to encourage the maximum co-location and coordination of services for older persons.
- 38. Food Safety Standards:** Requirements for all personnel and facilities involved in producing, dispensing and serving foods for the Elderly Nutrition Program.
- 39. Food Service Providers:** A caterer or kitchen that prepares and delivers meals for the ENP.

- 40. Form 5:** A consumer registration and intake assessment form used to collect demographic data for participants in state and federally funded programs.
- 41. Freedom of Information Act (FOIA):** A federal Act governing the release of public information by public agencies.
- 42. Fundraising:** Solicitation of funds from organizations, agencies, individuals or activities designed to increase cash resources for the nutrition program. Client contributions are not considered fundraising. (See client contribution).
- 43. Grantee Agency:** An agency that receives funds granted or awarded by the sponsoring agency. The Agencies on Aging are grantees of the State Unit on Aging and the ENPs are grantees of the Agencies on Aging.
- 44. Grantor Agency:** An agency that grants or awards funds to another entity. The State Unit on Aging is the grantor agency for the Agencies on Aging and the Agencies on Aging are the grantor agencies for the ENPs.
- 45. Greatest Economic Need:** Need resulting from an income level at or below the poverty threshold established by the Department of Health and Human Services (DHHS).
- 46. Greatest Social Need:** Need caused by non-economic factors, which include –
- a. physical and mental disabilities;
 - b. language barriers; and
 - c. cultural, geographical or social isolation, including that caused by racial or ethnic status, that:
 - restricts the ability of an individual to perform normal daily tasks or
 - threatens the capacity of the individual to live independently.
- 47. Hazard Analysis Critical Control Points (HACCP):** A food safety system that focuses on the flow of food in a food service operation to reduce the risk of food borne disease outbreaks.
- 48. Homebound:** An individual who is normally unable to leave home unassisted, is not ambulatory, lacks access to transportation or needs help with two or more activities of daily living. (ADLs).
- 49. Home Delivered Meal:** A meal provided to a qualified individual in his/her place of residence. The meal, as served, must meet all the requirements of the Older American Act and state and local laws.
- 50. Impaired:** Reduced physical or mental capacity due to injury or other cause. With respect to elderly nutrition it means unable to perform one or more Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL).

51. Impairment in activities of daily living: The inability to perform one or more of the six ADLs without personal assistance and supervision.

52. Impairment in instrumental activities of daily living: The inability to perform one or more of the eight IADLs without personal assistance and supervision.

53. In-Kind: A donation given in goods, commodities, or services from a third party.

54. Instrumental activities of daily living (IADL):

- preparing meals;
- shopping for personal items;
- managing medication;
- managing money;
- using the telephone;
- doing heavy housework;
- doing light housework; and
- making use of available transportation without assistance.

55. IQF: Individually Quick Frozen Foods

56. Letter of Intent: Required formal notification from a prospective ENP of intent to apply to provide nutritional services.

57. Limited English Proficiency: Results in the following: language barriers, cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity to the individual to live independently.

58. Low Income: A person with an income at or below 100% of the federally established poverty line.

59. Low-Income Minority Elderly: A minority older person with an annual income at or below 100% of the federally established poverty line.

60. Management Information System (MIS): An electronic system used to track participation and services provided to program participants, and to prepare reports. When Performance-Based Contracting is used, Agencies on Aging will reimburse contractors based on performance measures generated by the MIS.

61. Manual: The Connecticut Department of Social Services Community Services Policy Manual (Regs).

62. Matching Funds: Non-federal funds received from state or local governments or obtained from other local resources or fundraising. Matching funds must be used to

meet a portion of the project budget. (Client contributions cannot be used as matching funds)

- 63. Meal Pattern for Elderly Nutrition:** A menu-planning tool that ensures inclusion of calories and essential nutrients in required amounts for good health. A sample meal pattern is: 2 breads and cereals, 2 vegetables, 1 fruit, 1 milk/alternative and 1 meat/alternative, and other high fiber, low fat, low sodium foods.
- 64. Means Test:** An examination into the financial state of a person to determine eligibility for public assistance.
- 65. MIS:** Management Information System.
- 66. Minority:** See Race or Ethnicity Status.
- 67. Minority Below 100%:** See Race or Ethnicity Status and 100% Poverty.
- 68. Minority Provider:** A provider of services to clients which meets any one of the following criteria:
- A not for profit organization with a controlling board comprised at least 51 percent of individuals in the racial and ethnic categories listed below;
 - A private business concern that is at least 51 percent owned by individuals in the racial and ethnic categories listed below; or
 - A publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the following racial and ethnic categories: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic.
- 69. NAPIS:** The National Aging Program Information System.
- 70. Near Poor:** A person with an income at or below 150% of the federally established poverty line.
- 71. Nonprofit:** An agency, institution or organization which is owned or operated by one or more corporations or association having no part of the net earnings of which benefits, or may potentially benefit any shareholder or individual.
- 72. Nutrition Counseling:** Individualized guidance that is given to home delivered and congregate participants who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses or medication use or to caregivers of such persons. Nutrition counseling is provided one on one by a registered dietician or health professional in accordance with state law and policy and addresses the options and methods for improving nutrition status.

- 73. Nutrition Education:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers.
- 74. Nutritional Risk:** Health risks of a nutritional nature resulting from a poor diet, medical condition or lifestyle . A person scoring 3 - 5 on the Nutrition Health Screening assessment form is at moderate nutrition risk and with a score of 6 or more is at high nutrition risk.
- 75. Nutrition Services Incentive Program (NSIP):** A program established by the Older Americans Act (Section 311) as the Nutrition Program for the Elderly. NSIP provides grant funds to States, Territories and eligible Tribal organizations that are used exclusively to purchase food. States may choose to receive the grant as cash, commodities or a combination of cash and commodities.
- 76. Nutrition Services Provider (Nutrition Provider or Provider):** A contractor or subcontractor of the Agencies on Aging who provide any of the services that are a part of the Elderly Nutrition Program including congregate and home delivered meals, nutrition education and assessments.
- 77. Nutritionist:** A professional who is a graduate of a bachelor's degree program in foods and nutrition, institutional food management, community nutrition, dietetics or related field; and, who has two years of relevant full time work experience preferably in geriatric nutrition, food service management or community nutrition. Registered Dietitian status from the American Dietetics Association or a master's degree from an accredited institution in nutrition, dietetics, institutional food management, public health, business administration or related field may substitute for one year of the required work experience. In Connecticut, a Certified Nutritionist (CN) is a nutritionist who is issued a certificate by the Connecticut Department of Public Health and has demonstrated specific evidence of competency.
- 78. Older Americans Act (OAA):** The Older Americans Act of 1965, as amended is a federal Act, which establishes authority for the development of programs to serve older persons (60 years or older), especially those with the greatest social and economic need, giving particular attention to low income individuals, including low-income minority older individuals, older individuals and person with disabilities with limited English proficiency and older individuals and person with disabilities residing in rural areas. This legislation was passed by congress with the primary goal of maintaining the independence as well as the dignity of the elderly.
- 79. Older Individual:** A person age 60 or older.
- 80. Participant (also Recipient or Client):** Person who receives Title III-C congregate or home delivered meals and any other Title III-C nutritional services.

- 81. Planning and Service Area (PSA):** A geographic area that is designated by the Department under Section 305(a)(1)(E) of the OAA for purposes of planning, development, delivery and administration of services under an area plan.
- 82. Point of Contact:** (see Agency on Aging Point of Contact)
- 83. Poverty:** The income level defined each year by the DHHS Secretary. The annual DHHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.
- 84. Procurement:** Method and process used to solicit and award contracts for Elderly Nutrition Program services.
- 85. Project** as used in Section 306(a)(1) of the OAA with respect to the provision of supportive and nutrition services, means an entity awarded a contract from an Agency on Aging to provide services under the area plan.
- 86. Qualifications for a Chef/Cook:** Be able to perform each essential function satisfactorily. Strongly prefer graduate of an accredited culinary program. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions:
- a. Prepare all meals daily according to recipes, maintaining correct portion sizes;
 - b. Ensure quality and freshness of all meals, producing them to meet specifications;
 - c. Determine the quantity of meals to be produced;
 - d. Maintain standard of meal presentations;
 - e. Distribute all products to proper areas of service;
 - f. Complete daily production sheets and order food items for upcoming weekly schedule;
 - g. Store and date all food items;.
 - h. Research and test new recipes;
 - i. Follow cleaning schedule as provided by management, emphasizing clean-as-you-go techniques;
 - j. Maintain an open communication with management, informing them of products and supplies needed; and
 - k. Maintain proper personal hygiene.
- 87. Qualified Food Operator (QFO):** A full-time person who is in a **supervisory position** at a food production establishment, ENP or senior community café with satisfactory training in food sanitation. Satisfactory evidence of training shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the CT Department of Public Health (CT State Regulations, Section 19-13-B42(s)(4-9) as amended).
- 88. Race or Ethnicity Status:** Reflects the requirements of Office of Management and Budget (OMB) for obtaining information from persons regarding their self-identification of race and ethnicity.

a. Race includes:

- American Indian or Alaskan Native: a person having origins in any of the original peoples of North America, including Central America, and who maintains tribal affiliation or community attachment;
- Asian: a person having origins in any of the original peoples of the Far East Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;
- Black or African American: a person having origins in any of the black racial groups of Africa;
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands; and
- White: a person having origins in any of the peoples of Europe, the Middle East, or North Africa.

b. Ethnicity includes:

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race; and
- Not Hispanic or Latino.

89. Recipient: (See Participant)

90. Registered Dietitian (RD): Dietitians who have met educational, internship, testing and registration requirements of the American Dietetic Association.

91. Request for Proposal (RFP): Formal Agency on Aging initiated regional solicitation requesting proposals from qualified organizations to operate as an Elderly Nutrition Provider (ENP).

92. Request for Quotation (RFQ): Formal ENP initiated solicitation for caterers or other food preparation facilities to prepare and deliver meals for the elderly nutrition program.

93. Rural: An area not defined as urban by the State Unit on Aging. Urban areas comprise of urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and an incorporated place or a census designated place with 20,000 or more inhabitants. The SUA designated any subdivision that had 50 percent or more of its residents living in rural areas as rural.

94. Senior Community Café: Congregate meal sites in Connecticut.

95. Senior Restaurant Meals: A congregate meal service option where meals are served at restaurants and must be produced and served in accordance with all governing regulations of the Elderly Nutrition Program.

- 96. Severe Disability:** Means a severe, chronic disability attributed to mental or physical impairment, or a combination of mental and physical impairments, that –
- a. is likely to continue indefinitely; and
 - b. results in substantial functional limitation in 3 or more of the major life activities specified –
 - self-care;
 - receptive and expressive language;
 - learning;
 - mobility;
 - self-direction;
 - capacity for independent living;
 - economic self-sufficiency;
- 97. Small Caterer Procurement:** The process used to obtain written quotations for provision of meals from food service providers with a contract value under \$100,000.
- 98. State Certified Dietitian/Nutritionist :** A dietitian/nutritionist issued a certificate by the CT Department of Public Health who has demonstrated specific evidence of competence.
- 99. State Plan:** The plan developed by the State Unit on Aging detailing the utilization of federal funds in providing services to the elderly. The plan is based on Area Agency plans, and a statewide assessment of needs and priorities.
- 100. State Unit on Aging:** Is the division of the CT Department of Social Services; designated as the **State Unit on Aging** for purposes of operation and federal funding of aging services provided pursuant to the Older Americans Act.
- 101. Statewide Nutrition Coordinator:** The Nutritionist employed by the State Unit on Aging who oversees the Elderly Nutrition Program.
- 102. Sub-Region:** A designated geographic area within the Agency on Aging planning and service area.
- 103. Target Groups:** The Older Americans Act mandates that preference will be given to providing services to:
- a. participants with greatest economic or social needs;
 - b. minority participants with particular attention to low-income minorities;
 - c. older individuals with limited English proficiency;
 - d. participants with severe disabilities;
 - e. participants at risk of institutionalization;
 - f. participants with Alzheimer's and related disorders; and
 - g. older individuals residing in rural areas.

- 104. Therapeutic Diet:** A diet based upon medical need and prescribed by a physician, CT Certified Dietitian, or Registered Dietitian of the American Dietetic Association intended to help persons suffering from nutrition-responsive health problems.
- 105. Third Party Payments:** Monies received by an ENP for meals provided to clients from non Title III sources such as: the Department of Mental Health and Addiction Services, Department of Developmental Services, and CT Home Care Program for Elders.
- 106. Title III-C:** The section of the Older Americans Act, which provides program and funding authorization for the Elderly Nutrition Program.
- 107. Urban:** Areas defined by the State Unit on Aging comprised of:
- a. a central place and its adjacent densely settled territories with a combined minimum population of 50,000; and
 - b. a census designated place with 20,000 or more inhabitants.

AGENCY ON AGING REFERENCE MATERIAL

AGENCY ON AGING CONTACTS

<p style="text-align: center;"><u>Region 1</u></p> <p>Southwestern Connecticut Agency on Aging 10 Middle Street Bridgeport, CT 06604 (203) 814-3637 (203) 696-3866 FAX</p> <p>Contact: Patricia Knebel, Grants Manager</p> <p>Email: pknebel@SWCAA.org</p>	<p><u>Bridgeport Sub-Region:</u> Bridgeport, Easton, Fairfield, Monroe, Stratford, Trumbull,</p> <p><u>Stamford/Norwalk Sub-Region:</u> Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport, Wilton</p>
<p style="text-align: center;"><u>Region 2</u></p> <p>Agency on Aging of South Central Connecticut One Long Wharf Drive New Haven, Connecticut 06511 (203) 785-8533 (203) 785-8873 (FAX) www.aoapartnerships.org</p> <p>Contact: Jonathan Reiner, Director of Grants & Communications Email: jreiner@aoapartnerships.org</p>	<p><u>Greater New Haven Sub-Region:</u> Bethany, Branford, East Haven, Guilford, Hamden, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Orange, Wallingford, West Haven, Woodbridge</p> <p><u>Valley Sub-Region:</u> Ansonia, Derby, Oxford, Seymour, and Shelton</p>
<p style="text-align: center;"><u>Region 3</u></p> <p>Senior Resources Agency on Aging 4 Broadway, 3rd Floor Norwich CT 06360 (860) 887-3561 (860) 886-4736 FAX</p> <p>Contact: Kathy Chase, Grants Administrator</p> <p>Email: kchase@seniorresourcesec.org</p>	<p><u>Estuary Sub-Region:</u> Chester, Clinton, Deep River, Essex, Killingworth, Lyme, Old Lyme, Old Saybrook, Westbrook</p> <p><u>Midstate Sub-Region:</u> Cromwell, Durham, East Haddam, East Hampton, Haddam, Middlefield, Middletown, Portland</p> <p><u>Southeast Sub-Region:</u> Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Voluntown, Waterford</p>

	<p><u>Northeast Sub-Region:</u> Brooklyn, Canterbury, Eastford, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Union, Woodstock</p> <p><u>Windham Sub-Region:</u> Ashford, Chaplin, Columbia, Coventry, Hampton, Lebanon, Mansfield, Scotland, Willington, Windham</p>
<p style="text-align: center;"><u>Region 4</u></p> <p>North Central Area Agency on Aging, Inc. 151 New Park Avenue, Box 75 Suite 15 Hartford, CT 06106 (860) 724-6443 (860) 251-6107 (fax) www.ncaaact.org</p> <p>Contact: Robyn Gulley, Senior Planner/MIS and Grants Manager</p> <p>Email: robyn.harper-gulley@ncaaact.org</p>	<p><u>Capitol:</u> Bloomfield, East Hartford, East Windsor, Glastonbury, Hartford, Manchester, Newington, Rocky Hill, South Windsor, West Hartford, Wethersfield, Windsor, Windsor Locks</p> <p><u>Central:</u> Berlin, Bristol, Burlington, New Britain, Plainville, Plymouth, Southington</p> <p><u>Farmington Valley:</u> Avon, Canton, East Granby, Farmington, Hartland, Granby, Simsbury, Suffield</p> <p><u>Hockanum Valley:</u> Andover, Bolton, Ellington, Enfield, Hebron, Marlborough, Somers, Stafford, Tolland, Vernon</p>
<p style="text-align: center;"><u>Region 5</u></p> <p>Western CT Area Agency on Aging, Inc. 84 Progress Lane, Waterbury, CT 06705 (203) 757-5449 (203) 757-4081 (FAX) www.wcaaa.org</p> <p>Contact: Latifa Ranganadan, Care Coordinator/In-Home Assessment</p> <p>Email: latifasharif@sbcglobal.net</p> <p>Mary Ellen Girard, Respite Coordinator</p> <p>Email: Megirard1@yahoo.com</p>	<p><u>Housatonic Valley:</u> New Milford, Sherman, Bridgewater, New Fairfield, Brookfield, Danbury, Bethel, Ridgefield, Redding, Newtown.</p> <p><u>Litchfield Hills/Northwest:</u> North Canaan, Salisbury, Sharon, Kent, Canaan, Norfolk, Goshen, Litchfield, Morris, Washington, Roxbury, Torrington, Harwinton, Colebrook, Barkhamsted, New Hartford, Winchester, Cornwall, Warren.</p> <p><u>Central Valley:</u> Thomaston, Bethlehem, Watertown, Woodbury, Southbury, Middlebury, Naugatuck, Beacon Falls, Prospect, Cheshire, Waterbury, Wolcott.</p>

Southwestern Connecticut Agency on Aging Focal Points

<p><u>Bridgeport</u></p> <p>Department of Parks & Recreation 7 Trumbull Road Trumbull CT 06611</p>	<p><u>Norwalk</u></p> <p>Norwalk Senior Center 11 Allen Road Norwalk CT 06851 Contact: Senior Center Director</p>
<p><u>Darien</u></p> <p>Darien Senior Center 2 Renshaw Road Darien CT 06820 Contact: Director, Social Services</p>	<p><u>Stamford</u></p> <p>Senior Services of Stamford 945 Summer Street Stamford CT 06905 Contact: Director, Senior Services</p>
<p><u>Greenwich</u></p> <p>Greenwich Commission on Aging 299 Greenwich Avenue Greenwich CT 06830 Contact: Director, Commission on Aging</p>	<p><u>Stratford</u></p> <p>The Baldwin Center 1000 West Broad Street Stratford CT 06615 Contact: Senior Center Director</p>
<p><u>Easton</u></p> <p>Easton Senior Center 650 Morehouse Road Easton CT 06612 Contact: Municipal Agent</p>	<p><u>Trumbull</u></p> <p>Trumbull Senior Center 23 Priscilla Place Trumbull CT 06611 Contact: Senior Center Director</p>
<p><u>Fairfield</u></p> <p>Fairfield Senior Center 100 Mona Terrace Fairfield CT 06824 Contact: Senior Center Director</p>	<p><u>Westport</u></p> <p>Department of Human Services 110 Myrtle Avenue Westport CT 06880 Director: Human Services</p>
<p><u>Monroe</u></p> <p>Monroe Senior Center 302 Spring Hill Road Monroe CT 06468 Contact: Senior Center Director</p>	<p><u>Wilton</u></p> <p>Wilton Social Services Comstock Community Center 180 School Road Wilton CT 06897 Contact: Municipal Agent</p>
<p><u>New Canaan</u></p> <p>Department of Human Services 77 Main Street New Canaan CT 06840 Contact: Municipal Agent</p>	<p><u>Weston</u></p> <p>Weston Senior Center 9 School Road Weston CT 06883 Contact: Municipal Agent</p>

Southwestern Connecticut Agency on Aging Population Characteristics 2000 Census

Total Population	Total 60+ Population	60+ as % of Town Population	60+ Minority Population	65+ in Poverty
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Greater Bridgeport

Bridgeport	139,529	20,633	14.80%	7,425	2,001
Stratford	49,976	11,746	23.50%	874	544
Fairfield	57,340	11,494	20.00%	283	301
Trumbull	34,243	7,472	21.80%	213	196
Monroe	19,247	2,806	14.60%	87	109
Easton	7,272	1,279	17.60%	27	10
Total	307,607	55,430	18.02%	8,909	3,161

Greater Norwalk

Norwalk	82,951	13,991	16.90%	2,553	639
Westport	25,749	5,090	19.80%	171	77
Wilton	17,633	2,863	16.20%	83	126
Weston	10,037	1,369	13.60%	35	14
Total	136,370	23,313	17.10%	2,842	856

Greater Stamford

Stamford	117,083	20,722	17.70%	3,924	1,507
Greenwich	61,101	12,636	20.70%	729	298
Darien	19,607	3,156	16.10%	101	61
New Canaan	19,395	3,444	17.70%	116	55
Total	217,186	39,958	18.40%	4,870	1,921
Total Southwest CT	661,163	118,701	17.95%	16,621	5,938

Agency on Aging of South Central Connecticut Focal Points

Canoe Brook Senior Center 11 Cherry Hill Road Branford, CT 06405 203-315-0687	Doyle Senior Center 153 Main Street Ansonia, CT 06401 203-736-5933
Derby Senior Center 293 Main Street Derby, CT 06418 203-736-1484	Woodbridge Senior Center 4 Meetinghouse Lane Woodbridge, CT 06525 203-389-3430
Miller Senior Center 2901 Dixwell Avenue Hamden, CT 06518 203-287-2548	Dixwell/Newhallville Senior Center 255 Goffe Street New Haven, CT 06511 203-946-8541
Meriden Senior Center 22 West Main Street Meriden, CT 06450 203-237-0066	East Shore Senior Center 415 Townsend Avenue New Haven, CT 06512 203-946-8544
Milford Senior Center 9 Jepson Drive Milford, CT 06460 203-877-5131	Casa Otoñal 135 Sylvan Avenue New Haven, CT 06519 203-773-1847
Atwater Senior Center 26 Atwater Street New Haven, CT 06513 203-946-8558	Joyce Budrow Senior Center 189 Pool Road North Haven, CT 06473 203-239-5432
East Haven Senior Center 91 Taylor Avenue East Haven, CT 06512 203-468-3277	Orange Senior Center 525 Orange Center Road Orange, CT 06477 203-891-2154
Guilford Senior Center 32 Church Street Guilford, Ct 06437 203-453-8086	Shelton Senior Center 81 Wheeler Street Shelton, CT 06484 203-924-9324
Wallingford Senior Center 238 Washington Street Wallingford, CT 06492 203-265-7753	West Haven Senior Center 201 Noble Street West Haven, CT 06516 203-937-3507
Oxford Senior Center 486 Oxford Road Oxford, CT 06478 203-245-5627	Depot Meeting Center 9 Old Route 79 Madison, CT 06443 203-245-5627
Seymour Senior Center 20 Pine Street Seymour, CT 06483 203-888-2507	

Agency on Aging of South Central Connecticut
Population Characteristics
2000 Census

Total 60+ Population	60+ Minority Population	60+ Minority as % of 60+ Population	65+ with income below poverty	Below Poverty as % of 65+ Population
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Greater New Haven

Bethany	817	45	5.50%	4	0.64%
Branford	6,146	210	3.42%	184	3.99%
East Haven	5,806	136	2.34%	409	9.08%
Guilford	3,730	170	4.56%	98	3.77%
Hamden	12,184	1,213	9.96%	742	7.83%
Madison	3,347	62	1.85%	59	2.42%
Meriden	10,272	1,025	9.98%	578	7.78%
Milford	9,965	404	4.05%	399	5.40%
New Haven	16,232	6,394	39.40%	2,131	17.90%
North Branford	2,504	50	2.00%	69	3.72%
North Haven	5,446	252	4.63%	267	6.42%
Orange	3,240	116	3.58%	109	4.29%
Wallingford	8,135	281	3.45%	252	4.40%
West Haven	9,347	1,045	11.50%	431	6.01%
Woodbridge	1,922	119	6.19%	71	5.27%
Total	99,093	11,522	11.60%	5,803	7.87%

Valley Region

Ansonia	3,574	301	8.42%	147	5.32%
Derby	2,564	92	3.59%	146	7.85%
Oxford	1,160	27	2.33%	12	1.39%
Seymour	2,767	60	2.17%	74	3.51%
Shelton	7,364	259	3.52%	276	5.45%
Total	17,429	739	4.24%	655	5.17%

Total South Central	116,522	12,261	10.50%	6,458	7.47%
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Senior Resources Agency on Aging Focal Points

Site/Contact Person	Address	Telephone
Colchester Senior Center Patti White	95 Norwich Ave Colchester, CT 06415	(860) 537-3911
Cromwell Senior Center Theresa Strong	41 West Street Cromwell, CT 06410	(860) 632-3447
East Haddam Senior Services Joanne Roczniak	31 Main Street East Haddam, CT 064232	(860) 873-5034
East Hampton Senior Center Jo Ann Ewing	105 Main Street East Hampton, CT 06424	(860) 267-4426
East Lyme Senior Center Cathy Wilson	37 Society Road Niantic, CT 06357	(860) 739-5859
Estuary Council of Seniors, Inc. Paula Ferrara	220 Main Street Old Saybrook, CT 06475	(860) 388-1611
Griswold Senior Center Tina Falck	22 Soule Street Jewett City, CT 06351	(860) 376-2604
Groton Senior Center Mary Jo Riley	102 Newtown Road Groton, CT 06340	(860) 441-6785
Lisbon Senior Center Judy Jencks	11 Newent Road Lisbon, CT 06351	(860) 376-2329
Mansfield Senior Center Cindy Dainton	303 Maple Road Mansfield, CT 06268	(860) 429-0262
McSweeney Regional Senior Center Kit Eves	47 Crescent Street Willimantic, CT 06226	(860) 423-4524
Middlefield Senior Center Antoinette Astle	405 Main Street Middlefield, CT 06455	(860) 349-7121
Montville Senior Center Kathleen Doherty-Peck	12 Maple Ave Uncasville, CT 06382	(860) 848-0422
New London Senior Center Elizabeth Witter	120 Broad Street New London, CT 06320	(860) 447-5239
Plainfield Senior Center Myra Ambrogi	482 Norwich Road Plainfield, CT 06374	(860) 564-1819
Quinebaug Senior Center Tamsen Harris	69 South Main Street Brooklyn, CT 06234	(860) 774-1243
Rose City Senior Center Mike Wolak	8 Mahan Drive Norwich, CT 06360	(860) 889-5960
Sprague Senior Center Ed Meadows	1 Main Street Baltic, CT 06330	(860) 822-3000
Waterford Senior Center Sally Ritchie	24 Rope Ferry Road Waterford, CT 06385	(860) 444-5839

Senior Resources Agency on Aging
Population Characteristics
2000 Census

ESTUARY SUB-REGION

TOWN	60+ POPULATION	65+ LOW INCOME ELDERLY	60+ MINORITY ELDERLY	60+ LOW INCOME MINORITY ELDERLY	NEAR POOR ELDERLY (150% OF POVERTY)
CHESTER*	768	13	8	0	94
CLINTON*	2,012	58	63	3	223
DEEP RIVER*	801	49	25	0	81
ESSEX*	1,579	43	21	0	76
KILLINGWORTH*	946	10	8	0	42
LYME*	521	0	6	0	29
OLD LYME*	1,641	22	21	0	119
OLD SAYBROOK*	2,786	211	59	12	367
WESTBROOK*	1,386	87	33	0	132
TOTALS	12,440	493	244	15	1,142

MIDSTATE SUB-REGION

TOWN	60+ POPULATION	65+ LOW INCOME ELDERLY	60+ MINORITY ELDERLY	60+ LOW INCOME MINORITY ELDERLY	NEAR POOR ELDERLY (150% OF POVERTY)
CROMWELL	2,567	57	91	0	183
DURHAM*	868	18	10	0	44
EAST HADDAM*	1,192	12	21	0	66
EAST HAMPTON*	1,464	78	39	0	137
HADDAM*	1,017	50	28	0	110
MIDDLEFIELD	825	22	9	0	102
MIDDLETOWN	7,399	344	684	59	935
PORTLAND	1,648	106	46	8	191
TOTALS	16,980	687	928	67	1,768

SOUTHEAST SUB-REGION

TOWN	60+ POPULATION	65+ LOW INCOME ELDERLY	60+ MINORITY ELDERLY	60+ LOW INCOME MINORITY ELDERLY	NEAR POOR ELDERLY (150% OF POVERTY
BOZRAH*	421	15	6	0	22
COLCHESTER*	1,727	53	81	0	185
EAST LYME	3,060	75	104	5	232
FRANKLIN*	326	14	6	0	38
GRISWOLD*	1,561	88	43	20	200
GROTON	6,120	268	481	23	602
LEDYARD	1,905	35	137	5	128
LISBON	613	16	7	0	84
MONTVILLE	2,767	86	198	12	235
NEW LONDON	3,836	329	898	138	622
N STONINGTON*	731	8	23	0	28
NORWICH	6,796	606	444	41	1,091
PRESTON	937	36	29	0	75
SALEM*	359	7	11	0	59
SPRAGUE*	463	63	7	7	104
STONINGTON	4,001	172	69	0	342
VOLUNTOWN*	310	25	8	0	55
WATERFORD	4,569	146	219	0	384
TOTALS	40,502	2,042	2,771	251	4,486

NORTHEAST SUB-REGION

TOWN	60+ POPULATION	65+ LOW INCOME ELDERLY	60+ MINORITY ELDERLY	60+ LOW INCOME MINORITY ELDERLY	NEAR POOR ELDERLY (150% OF POVERTY
BOZRAH*	421	15	6	0	22
COLCHESTER*	1,727	53	81	0	185
EAST LYME	3,060	75	104	5	232
FRANKLIN*	326	14	6	0	38
GRISWOLD*	1,561	88	43	20	200
GROTON	6,120	268	481	23	602
LEDYARD	1,905	35	137	5	128
LISBON	613	16	7	0	84
MONTVILLE	2,767	86	198	12	235
NEW LONDON	3,836	329	898	138	622
N STONINGTON*	731	8	23	0	28
NORWICH	6,796	606	444	41	1,091
PRESTON	937	36	29	0	75
SALEM*	359	7	11	0	59
SPRAGUE*	463	63	7	7	104
STONINGTON	4,001	172	69	0	342
VOLUNTOWN*	310	25	8	0	55
WATERFORD	4,569	146	219	0	384
TOTALS	40,502	2,042	2,771	251	4,486

WINDHAM SUB-REGION

TOWN	60+ POPULATION	65+ LOW INCOME ELDERLY	60+ MINORITY ELDERLY	60+ LOW INCOME MINORITY ELDERLY	NEAR POOR ELDERLY (150% OF POVERTY
ASHFORD*	483	28	16	0	28
CHAPLIN*	270	20	13	0	42
COLUMBIA*	745	28	13	0	39
COVENTRY*	1,349	36	38	0	85
HAMPTON*	262	12	6	3	27
LEBANON*	915	24	20	0	70
MANSFIELD*	2,295	96	93	0	176
SCOTLAND*	195	15	1	0	25
WILLINGTON*	625	15	17	0	54
WINDHAM*	3,542	248	328	62	467
TOTALS	10,681	522	545	65	1,013
EASTERN CT	93,365	4,299	4,736	444	10,183

* Indicates Rural Town

North Central Area Agency on Aging Focal Points

Organization Name & Address	Phone	Contact Person	Date of Designation
Berlin Senior Center 33 Colonial Drive Berlin, CT	860-828-7006	Antoinette Pajor	2005
Bloomfield Senior Services 330 Park Avenue Bloomfield, CT 06002	860-243-8361	Yvette Hughue-Pannel	1994
Bristol Senior Center 240 Stafford Avenue Bristol, CT 06010	860-584-7895	Peggy Sokol	1990
Calendar House Senior Center 338 Pleasant Street Southington, CT 06489	860-621-3014	Robert Verderame	1990
Catholic Charities New Britain Family Service Center 90 Franklin Square New Britain, CT 06051	860-225-3561	Dolores Griffin	1997
Connecticut Community Care, Inc. 100 Great Meadow Road, Suite 102 Wethersfield, CT 06109	860-257-1503	Gayle Kataja	1981
East Hartford Senior Services 740 Main Street East Hartford, CT 06108	860-569-5659	Michelle Pantaleo	1994
Ellington Human Services 55 Main Street Ellington, CT 06029	860-870-3131	Anna Turner	2005
Elmwood Senior Center 1106 New Britain Avenue West Hartford, CT 06110	860-561-8167	Gina Marino	1981
Enfield Senior Center 299 Elm Street Enfield, CT 06082	860-763-7426	Susan Lather	1994
Farmington Senior Center 321 New Britain Avenue Unionville, CT 06085	860-675-2490	Sharon Holmes	1997
First Church Village 117 Wells Road Wethersfield, CT 06109	860-529-7022	Marlene Schempp	2005
Glastonbury Senior Center At Riverfront Community Center 300 Welles Street Glastonbury, CT 06033	860-652-7638	Pat Schneider	1990
Granby Senior Center 15C North Granby Road	860-844-5351	Kerry Ann Kielbasa	1981

Granby, CT 06035			
Gr. Hdfd. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	860-231-4571	Elana MacGilpin	1990
Hartford Elderly Services c/o North End Senior Center 80 Coventry Street Hartford, CT 06112	860-757-0801	Karen Bailey-Addison	1981
Hockanum Valley Community Council 155 West Main Street Vernon, CT 06066	860-870-9450	Joan Cadieux	1994
Immanuel House 15 Woodland Street Hartford, CT 06105	860-525-4229 x28	Karen Dean	1997
Manchester Community College Older Adult Program, MS#16 Great Path, Box 1046 Manchester, CT 06045-1046	860-512-2825	Steve Starger	1994
Manchester Senior & Family Services 479 Main Street, Box 191 Manchester, CT 06045-0191	860-647-3096	Diane Wicks	1994
Manchester Memorial Hospital 71 Haynes Street Manchester, CT 06040	860-647-6889	Nancy Cucca	1997
Marlborough Senior Services 26 North Main Street, Box 29 Marlborough, CT 06447	860-295-6209	Violet Schwarzmann	2005
McLean 75 Great Pond Road Simsbury, CT 06070	860-658-3918	Lynn Veith	2005
New Britain Senior Center 55 Pearl Street New Britain, CT 06051	860-826-3553	Michael Karwan	1990
Newington Senior & Disabled Center 120 Cedar Street Newington, CT 06111	860-665-8778	Dianne Stone	1990
Perlas Hispanas Center 90 Main Street New Britain, CT 06051	860-229-8182	Zulma Garcia	1997
Plainville Senior Citizens Center 200 East Street Plainville, CT 06062	860-747-5728	Shawn Cohen	1981
Plymouth Health & Human Services 77 Main Street Terryville, CT 06786	860-585-4026	Lee Ann Meyers	2009
Rockville General Hospital 31 Union Street Rockville, CT 06066	860-872-5208	Nancy Cucca	1994

Rocky Hill Human Services 699 Old Main Street Rocky Hill, CT 06067	860-258-2799	Mark Williams	1994
Rocky Hill Senior Center 699 Old Main Street Rocky Hill, CT 06067	860-258-2726	Cathy Sylvester	1994
Russell Mercier Senior Center 14 Stonecroft Drive Hebron, CT 06248	860-228-1700	Sharon Garrard	1994
Salvation Army Senior Center 120 Sigourney Street Hartford, CT 06105	860-246-3251	Marilyn Hardrick	1994
Simsbury Senior Citizens Center 754 Hopmeadow Street, Box 495 Simsbury, CT 06070	860-651-9161	Kathleen Marschall	1994
South Windsor Human Services c/o Community Center 150 Nevers Road South Windsor, CT 06074	860-648-6357	Irene Murray	1981
Tolland Senior Ctr./Elderly Outreach 674 Tolland Stage Road Tolland, CT 06084	860-870-3725	Fran Weigand	2005
Vernon Department of Social Services 114 Franklin Park West Vernon, CT 06066	860-896-2375	Paula Claydon	2005
Vernon Senior Citizens Center 26 Park Place Vernon, CT 06066	860-870-3680	Penny Rand	1994
Visiting Nurse & Health Svcs. of CT 8 Keynote Drive Vernon, CT 06066	860-872-9163	Jeanette Telesco-East	1994
Warehouse Point Library Association 107 Main Street East Windsor, CT 06088	860-623-5482	Vincent Bologna	2005
West Hartford Senior Center 50 South Main Street West Hartford, CT 06107	860-561-7582	Ned Skinnon	1994
Wethersfield Human Services Pitkin Community Center 30 Greenfield Street Wethersfield, CT 06109	860-721-2979	Donna Mattison	1997
Windsor Locks Senior Center 41 Oak Street Windsor Locks, CT 06096	860-627-1425	Ann Marie Claffey	1981
Windsor Senior Center 599 Matianuck Avenue Windsor, CT 06095	860-285-1992	Rick Leigl	1994

North Central Area Agency on Aging Population Characteristics 2000 Census

CAPITOL REGION	60+ Total	60+ Minority		60+ Low Income		60+ Low Income Minority		60+ Near Poor	
		(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
TOWN	(#)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Bloomfield	5,300	1,822	34.38%	451	8.50%	201	3.80%	696	13.13%
East Hartford	9,850	1,125	11.42%	673	6.83%	170	1.73%	1,469	14.91%
East Windsor	1,908	86	4.51%	74	3.88%	0	0.00%	238	12.47%
Glastonbury	5,380	189	3.51%	233	4.34%	10	0.19%	569	10.57%
Hartford	15,463	9,181	59.37%	3,436	22.22%	2,564	16.58%	5,755	37.22%
Manchester	9,646	550	5.70%	671	6.96%	86	0.89%	1,194	12.38%
Newington	6,982	274	3.92%	208	2.98%	0	0.00%	783	11.22%
Rocky Hill	3,691	200	5.42%	89	2.40%	0	0.00%	298	8.08%
South Windsor	3,884	191	4.92%	165	4.24%	9	0.24%	275	7.07%
West Hartford	14,894	872	5.85%	678	4.55%	37	0.25%	165	10.51%
Wethersfield	7,460	221	2.96%	391	5.24%	10	0.13%	984	13.19%
Windsor	5,261	1,010	19.20%	247	4.69%	90	1.71%	549	10.44%
Windsor Locks	2,491	60	2.41%	114	4.58%	9	0.35%	266	10.66%
Region Total	92,210	15,781	17.11%	7,429	8.06%	3,187	3.46%	14,641	15.88%

CENTRAL REGION	60+ Total	60+ Minority		60+ Low Income		60+ Low Income Minority		60+ Near Poor	
		(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
TOWN	(#)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Berlin	3,778	79	2.09%	248	6.57%	0	0.00%	404	10.70%
Bristol	11,201	374	3.34%	625	5.58%	71	0.63%	1,659	14.81%
Burlington	862	16	1.86%	16	1.86%	0	0.00%	95	11.04%
New Britain	13,528	1,792	13.25%	1,119	8.27%	269	1.99%	2,173	16.06%
Plainville	3,365	161	4.78%	172	5.12%	0	0.00%	370	11.01%
Plymouth	1,909	34	1.78%	97	5.09%	0	0.00%	277	14.53%
Southington	7,616	136	1.79%	399	5.24%	0	0.00%	908	11.92%
Region Total	42,259	2,592	6.13%	2,676	6.33%	340	0.80%	5,887	13.93%

FARMINGTON VALLEY REGION	60+ Total	60+ Minority		60+ Low Income		60+ Low Income Minority		60+ Near Poor	
		(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
TOWN	(#)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Avon	3,176	91	2.87%	56	1.77%	0	0.00%	172	5.40%
Canton	1,437	29	2.02%	1	0.05%	0	0.00%	90	6.26%
East Granby **	791	12	1.52%	25	3.15%	0	0.00%	48	6.12%
Farmington	4,568	158	3.46%	324	7.10%	0	0.00%	685	15.00%
Granby	1,542	29	1.88%	45	2.89%	4	0.27%	82	5.34%
Hartland **	268	2	0.92%	9	3.23%	2	0.92%	22	8.29%
Simsbury	3,816	112	2.94%	152	3.99%	30	0.79%	265	6.95%
Suffield	2,430	78	3.21%	141	5.80%	0	0.00%	408	16.77%
Region Total	18,028	511	2.83%	753	4.18%	37	0.21%	1,772	9.83%

** Indicates "Rural" Town

HOCKANUM VALLEY REGION	60+ Total	60+ Minority		60+ Low Income		60+ Low Income Minority		60+ Near Poor	
		(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Andover**	343	11	3.21%	16	4.70%	0	0.00%	22	6.40%
Bolton	806	14	1.74%	47	5.88%	0	0.00%	66	8.13%
Ellington	1,718	29	1.69%	67	3.90%	0	0.00%	141	8.19%
Enfield	8,087	210	2.60%	434	5.37%	0	0.00%	1,258	15.55%
Hebron**	798	22	2.76%	35	4.42%	0	0.00%	118	14.81%
Marlborough	655	24	3.66%	51	7.86%	0	0.00%	102	15.50%
Somers	1,477	50	3.39%	55	3.71%	0	0.00%	184	12.46%
Stafford**	1,795	15	0.83%	108	6.01%	0	0.00%	418	23.30%
Tolland**	1,523	46	3.02%	50	3.27%	0	0.00%	130	8.51%
Vernon	5,043	171	3.39%	290	5.76%	0	0.00%	790	15.67%
Region Total	22,245	592	2.66%	1,154	5.19%	0	0.00%	3,228	14.51%

** Indicates "Rural" Town

Summary of North Central CT PSA

By Region

North Central Connecticut	60+ Total	60+ Minority		60+ Low Income		60+ Low Income Minority		60+ Near Poor	
		(#)	% PSA total	(#)	% PSA total	(#)	% PSA total	(#)	% PSA total
Capitol	92,210	15,781	81.03%	7,429	61.84%	3,187	89.43%	14,641	57.35%
Central	42,259	2,592	13.31%	2,676	22.28%	340	9.54%	5,887	23.06%
Farmington Valley	18,028	511	2.63%	753	6.27%	37	1.03%	1,772	6.94%
Hockanum Valley	22,245	592	3.04%	1,154	9.61%	0	0.00%	3,228	12.64%
PSA Summ.	174,742	19,476	100%	12,012	100%	3,563	100%	25,527	100%

Overall

North Central Connecticut	60+ Total	60+ Minority		60+ Low Income		60+ Low Income Minority		60+ Near Poor	
		(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
PSA Total	174,742	19,476	11.15%	12,012	6.87%	3,563	2.04%	25,527	14.61%

Western CT Area Agency on Aging, Inc. Focal Points

Bethel Senior Center 1 School Street Bethel, CT 06801 203-792-3048	Brookfield Senior Center 100 Pocono Road P.O. Box 5106 Brookfield, CT 06804 203-775-5308 (5309)
Cheshire Senior Center 240 Maple Avenue Cheshire, CT 06410 203-272-8286	Danbury Senior Center 10 Elmwood Place Danbury, CT 06810 203-797-4686
Litchfield Community Center 421 Bantam Road Litchfield, CT 06759 860-567-8302	Middlebury Senior Center 1172 Whittemore Road P.O. Box 392 Middlebury, CT 06762 203-577-4166
Mt. Olive Senior Center 82-100 Pearl Street Waterbury, CT 06704 203-574-1113	Naugatuck Senior Center 300 Meadow Street Naugatuck, CT 06770 203-720-7069
New Fairfield Sunshine Center 28 Route 39 New Fairfield, CT 06812 203-312-5665	New Milford Senior Center 40 Main Street New Milford, CT 06776 860-355-6075
Newtown Senior Center 14 Riverside Road Sandy Hook, CT 06482 203-270-4310	Sullivan Senior Center 88 East Albert Street Torrington, CT 06790 860-489-2211
Woodbury Senior Center 265 Main Street South Woodbury, CT 06798 203-262-2828	

Western CT Area Agency on Aging, Inc.
Population Characteristics
2000 Census

Town	All Ages	60+	Minority 60 +	Minority Poverty 60+	Poverty 65+
Barkhamsted	3,494	511	8	0	5
Beacon Falls	5,246	688	13	0	23
Bethel	18,057	2,492	120	0	97
Bethlehem	3,422	570	8	0	49
Bridgewater	1,824	360	6	0	2
Brookfield	15,664	2,368	77	13	39
Canaan	1,081	221	7	0	6
Cheshire	28,543	4,552	156	0	137
Colebrook	1,471	280	5	0	19
Cornwall	1,434	325	3	0	4
Danbury	74,848	10,880	1,327	233	638
Goshen	2,697	568	16	0	16
Harwinton	5,283	920	10	0	23
Kent	2,858	655	12	8	47
Litchfield	8,316	1,799	27	0	71
Middlebury	6,451	1,375	23	0	39
Morris	2,301	439	13	0	0
Naugatuck	30,989	4,631	173	11	203
New Fairfield	13,953	1,777	39	0	57
New Hartford	6,088	799	12	0	17
New Milford	27,121	3,526	133	12	131
Newtown	25,031	3,078	89	2	77
Norfolk	1,660	323	4	3	14
North Canaan	3,350	783	18	0	27
Prospect	8,707	1,551	57	6	20
Redding	8,270	1,207	35	5	31
Ridgefield	23,643	3,584	91	4	128
Roxbury	2,136	412	4	0	18
Salisbury	3,977	1,089	32	5	20
Sharon	2,968	780	19	0	0
Sherman	3,827	716	12	0	30
Southbury	18,567	5,544	90	7	216
Thomaston	7,503	1,180	12	0	41
Torrington	35,202	7,458	211	19	389
Warren	1,254	246	9	0	4
Washington	3,596	753	24	0	52
Waterbury	107,271	19,885	3,402	489	1,650

Watertown	21,661	3,896	68	12	106
Winchester	10,664	2,057	51	0	118
Wolcott	15,215	2,612	60	0	94
Woodbury	9,198	1,613	36	0	76