

# **A-1000 Older Americans Act**

Revision 21-0; Effective January 15, 2021

## **A-1010 Overview**

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The Older Americans Act (OAA), enacted in 1965, focuses on planning and policy related to aging issues. The OAA establishes the “aging network”, consisting of the Administration on Aging (AoA), State Agencies on Aging (more commonly known as State Units on Aging) and Area Agencies on Aging. Later amendments added a variety of services and supports for people age 60 and over and their caregivers.

Legislation authorizes grants to states for community planning and social services, research and development projects, and personnel training in the field of aging.

The aging network supports a wide range of social services and programs for older people including:

- supportive services;
- congregate meals;
- home-delivered meals;
- family caregiver support, evidence-based health programs;
- the long-term care ombudsman program; and
- services to prevent the abuse, neglect, and exploitation of older persons.

The Administration on Aging, within Administration for Community Living (ACL) in the U.S. Department of Health and Human Services (DHHS), administers all programs.

The aging network helps older people age well and live with dignity when aging brings challenges and is an important part of the support systems which they and their caregivers

The Declaration of Objectives of Title I of the OAA ensures equal opportunity to the full and free enjoyment of:

- an adequate income in retirement;
- the best possible physical and mental health services without regard to economic status;
- suitable and affordable housing, selected, designed, and found with reference to special needs of older people;
- restorative services, and a range of community based long-term care services, to sustain older people in their communities and in their homes. This includes support for family members and others giving voluntary care to older people who need long-term care services;
- opportunity for employment without discrimination based on age;
- retirement in health, honor and dignity;
- participation and contribution in civic, cultural, educational and recreational opportunities;
- efficient community services which provide a choice in supported living arrangements and social assistance in a coordinated manner and are readily available, with emphasis on maintaining a variety of care for vulnerable older people;
- immediate benefit from proven research knowledge which can support and improve health and happiness;
- freedom, independence, and the exercise of self-determination, full participation in the planning and operation of community-based services and programs for their benefit; and
- protection against abuse neglect and exploitation.

The Older Americans Act (OAA) authorizes the provision of services to support the independence, health, and well-being of eligible people. Area Agencies on Aging (AAAs) decide the type of services to offer to eligible people in their service area through needs assessments and other tools they use to prepare an Area Plan.

AAAs evaluate regional strengths, find local resources and service gaps, and seek input from the people they serve, service providers and other stakeholders about aging issues. AAAs use this information to develop an Area Plan that describes how they will coordinate and provide services during the planning period. They also assess regional characteristics and trends every few years to update the Area Plan. Texas Health and Human Service Commission (HHSC) approves the area plans.

AAAs advocate for people they serve and engage in local and state issues beyond the programs they fund or deliver. AAAs use a variety of approaches to address regional aging issues and collaborate with many organizations to offer comprehensive, broad-based solutions. Those organizations can be:

- local governments;
- state agencies;
- education;

- health care;
- social services;
- faith-based entities;
- business; or
- charitable foundations.

These partnerships support and expand the AAAs' goals.

The AAAs have local decision-making authority to adapt services and supports to the regional circumstances in their Planning and Service Areas (PSAs).

AAAs provide some of their services directly to the people they serve such as information, referral, and assistance, case management, benefits counseling and caregiver support programs. Except for certain services AAAs must get approval from HHSC to provide services directly to eligible people.

AAAs contract with local service providers to offer congregate and home delivered meals, transportation and in-home services.

## **-1090 Records Maintenance**

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AAAs and their subrecipients must keep all records related to services according to the AAA's written policies and provider contracts.

AAAs, subrecipients and contractors must keep records of people receiving services in a locked facility when not in use by authorized staff. They must also limit access to records kept in computer information systems through acceptable computer security practices, including password protection.

AAAs, subrecipients and contractors must give access to all program records and reports to representatives of the AAA, HHSC, state of Texas or federal agencies for audit, assessment or evaluation unless specifically prohibited by law. They must retain records for the period stated in the provider contracts.

## **-1240 Frequency of Service**

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Providers must make available at least five meals per week to eligible homebound people and are encouraged to provide seven meals per person if feasible.

A HDM may be a hot, chilled, frozen, fresh, or shelf-stable meal and any supplemental foods the provider chooses to deliver.

Providers must make available five meals a week for a total of 250 meals a year whether the meals served are hot, chilled, frozen, or other meals, or a combination of meals. If a meal provider is in a rural area, it can request HHSC permission to provide less than five HDMs each week.

The State Program Report (SPR) defines rural as any area not defined as urban. Urban areas are (1) a central place and its adjacent densely settled territories with a combined minimum population of 50,000 and (2) an incorporated place, or a census designated place, with 20,000 or more inhabitants.

## **F-1620 Meal Types**

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Providers may deliver or serve hot, chilled, frozen, dried, shelf-stable, emergency meals or a combination of meal types. Requirements for the different types of meals are as follows:

- *Hot Meals:* Food items are required to be held at temperatures at or above 135 degrees Fahrenheit until served or packaged for delivery. May include chilled items, fresh fruit, crackers or bread.
- *Chilled Meals:* Food items are required to be held at refrigerated temperatures at or below 41 degrees Fahrenheit until served, packaged for delivery or cooked. They are intended to be consumed on a day other than the day the meals are delivered. Chilled meals may include Modified Atmosphere Packaging or Reduced Oxygen Packaging chilled meals.
- *Frozen Meals:* Food items must remain in a solid frozen state until delivered. Congregate sites may also use frozen meals at congregate sites in rural areas where participation is low and other food service options are not possible. Heated and served daily at the congregate meal site, such meals are reported as hot meals.
- *Shelf-stable Meals:* Food items do not need refrigeration and are non-perishable. Shelf-stable meals are not required by the U.S. Department of Agriculture (USDA) to have a safe handling statement, cooking directions or a “keep refrigerated” statement.
- *Emergency Meals:* Food items are provided on a temporary basis when a regular meal service is not possible. Each meal provider maintains written policy to define when an emergency exists. Emergency meals generally consist of shelf-stable items that do not require refrigeration and can be consumed at room temperature if necessary due to power outages. Defined as “Health Maintenance” other emergency meals may be funded through various sources such as Title III-B and do not need to comply with the meal

requirements. Meals are not eligible for Nutrition Services Incentive Program (NSIP) cash when they do not meet the nutrition guidelines

## **F-1860 Food Packaging and Transporting Meals**

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All meal providers must have processes, supplies and equipment that maintain the safe and sanitary handling of all menu items from the time the cooking process is complete through the end of the delivery period.

Do not leave meals unattended. Deliver meals directly to an eligible person or the person's caregiver. If the eligible person or the caregiver as documented in the eligible person's file is not present to accept the meal, the provider cannot leave the meal.

The meal provider must document the meal as undelivered and the reason the meal is undelivered.

Discard hot or chilled meals not served or delivered within the four-hour period after removal from temperature control.

Meals prepared using reduced oxygen packaging method must comply with 25 Texas Administrative Code, Chapter 228, Retail Food, Subchapter C, Food.

Chilled, frozen, or other meals delivered for consumption at a time later than the time of delivery must be clearly labeled, including an expiration date. Instructions for storage and cooking must be in large print. Meals are delivered and scheduled to be consumed prior to the expiration date.

## **F-1861 Meal Packaging**

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Meal providers must use proper packaging for transporting meals. A meal provider must:

- use supplies and carriers to package and transport hot foods separately from chilled foods;

- use enclosed meal carriers to transport easily damaged trays or containers of hot or cold foods to protect them from contamination, crushing, or spillage;
- ensure the meal carrying equipment or vehicle is equipped with insulation or supplemental hot or chilled sources as is necessary to maintain temperatures;
- clean and sanitize food carriers, or use containers with inner liners that can be sanitized;
- seal individual meal containers to prevent moisture loss or spillage to the outside of the container throughout transport (Styrofoam “clam shells” are not acceptable as they do not seal);
- completely wrap or package food utensils to protect them from contamination;
- use a container designed with compartments to separate food items for visual appeal and to minimize spillage between compartments;
- use a container an eligible person can easily open;
- ensure meals delivered in bulk maintain temperature throughout the delivery period;
- help people in taking meals delivered in bulk inside the home, as needed;
- help people in opening a bulk container and storing meals inside a proper appliance (refrigerator or freezer), as needed;
- notify the AAA within one day of planned delivery if meals delivered in bulk cannot be left with an eligible person due to damage;
- replace unconsumable damaged meals in compliance with AAA policy; and
- not request reimbursement for unconsumable meals damaged in transit.

## **-1880 Socialization for People Receiving Multiple Meals**

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Meal providers maintain written procedures to provide socialization contacts for people who receive fewer than five home delivered meals a week.

- Socialization contacts must occur at least three times a week for people who receive fewer than three meal deliveries each week, regardless of the type of meal or meals delivered:
  - count one contact when meals are delivered; and
  - make two additional contacts by phone, email, text or another method agreed upon by the meal service recipient and the meal provider.
- A person receiving meals may choose to opt out of receiving socialization contacts other than the meal delivery day.
- A person making a socialization contact must report any significant changes in the person’s physical or mental condition or environment to the proper person or entity.

AAAs that authorize meals through a contracted meal provider must maintain written procedures on socialization for people receiving multiple meals in accordance with this handbook.

Acceptable forms of contact with the eligible person include:

- phone;
- email;
- text messages;
- skype; or
- any method that lets the eligible person to ask questions or request help if needed.

## **Documentation**

Documentation of socialization contacts must include the name of the meal provider, date of contact, type of contact and name of contacted person.

If a person opts out of socialization contacts other than the meal delivery day, document the person's choice in their file. Update information annually.

# **1630 General Meal Service and Delivery Requirements**

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Meal providers must:

- serve or deliver only meals that are safe and sanitary;
- establish regularly scheduled time of day to serve or deliver meals to maximize participation;
- for meals delivered outside the established schedule, deliver meals on the day of the week and at a time agreed upon by the provider and person receiving the meal;
- deliver HDMs directly to the eligible person or the person's caregiver at the person's home;
- not leave meals unattended at the home of the person receiving HDMs;
- follow-up on the same day with a person receiving HDMs who was not available to receive a meal when a meal delivery was attempted;
- ensure a significant change in a person's physical or mental condition or environment is reported to the provider by people delivering meals;

- act on the same day the person delivering the meals reports the change
- prepare and keep meals at the temperatures required by Texas Department of State Health Services (DSHS), Retail Food rules (25 Texas Administrative Code, Subchapter C, Food) until serving or packaging for delivery; and
- manage all aspects of nutrition programs in compliance with DSHS, Retail Food rules and Food and Drug rules, U.S. Department of Health and Human Services (DHHS), U.S. Food & Drug Administration, Food Code and USDA, Dietary Guidelines.