

# STATE OF COLORADO



**Colorado Department of Human Services**

*people who help people*

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## AGING SERVICES UNIT MEMORANDUM 02- 41

**TO:** AREA AGENCY ON AGING DIRECTORS

**FROM:** JEANETTE HENSLEY, DIRECTOR  
DIVISION OF AGING AND ADULT SERVICES

**DATE:** DECEMBER 20, 2002

**DEADLINE DATE:** N/A

**EFFECTIVE DATE:** MARCH 1, 2003

**SUPERSEDES:** INTERPRETATION OF ELIGIBLE MEALS FOR USDA  
REQUIREMENTS, OCTOBER 23, 1989

**SUBJECT:** MENU STANDARD TO MEET THE OLDER AMERICANS ACT  
REQUIREMENTS

### **PURPOSE**

To communicate the nutrient requirements to meet the Recommended Dietary Allowance (RDA), Dietary Reference Intakes (DRI) and the Dietary Guidelines for the elderly.

### **BACKGROUND:**

The Older Americans Act, amended in 2000 requires that nutrition projects meet:

- The Dietary Guidelines published by the United States Department of Health and Human Services and the Department of Agriculture.
- The Recommended Dietary Allowances (RDA), which is now included in the Dietary Reference Intakes (DRI), established by the Food and Nutrition Board, Institute of Medicine of the National Academy of Sciences.

“The National Nutrition Monitoring and Related Research Act of 1990 requires that the Departments of Health and Human Services and Agriculture prepare and implement a ten-year plan to assess the dietary and nutritional status of the United States population, to support research on, and development of, nutrition monitoring, to foster national education, to establish dietary guidelines. The Departments of Health and Human Services and Agriculture contract with the National Academy of Sciences, to publish reports on nutrient requirements and dietary guidelines. The act requires all federal food, nutrition, and health programs to promote these requirements”.

### **INFORMATION:**

The Older Americans Act of 2000, Section 339 Nutrition requires that

*“A State that establishes and operates a nutrition project under this chapter shall*

- (1) solicit the advice of a dietitian or individual with comparable expertise in the planning of nutrition services, and*
- (2) ensures that the project*
  - (A) provides meals that*
    - (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture,*
    - (ii) provide to each participating older individual*
      - (I) a minimum of 33 1/3 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science, if the project provides one meal per day,*
      - (II) a minimum a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and*
      - (III) 100 percent of the allowances if the project provides three meals per day, and*
    - (iii) to the maximum extent practicable, (menus) are adjusted to meet any special dietary needs of the participants,*
  - (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,*
  - (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed, ...*
  - (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in storage, preparation, service, and delivery of meals to an older individual,”*
  - (G) ensures that meal providers carry out such project with the advice of dietitians (or individuals with comparable expertise), meal participants, and other individuals knowledgeable with regard to the needs of older individuals,...*”

In addition the Colorado Department of Human Services, Staff Manual Volume 10, Services for the Aging, Section 10.320 B. Nutrition Services

B. *“Eligible nutrition service providers shall meet the following requirements:*

- 1. Secure the services of a registered dietitian or nutritionist whose responsibilities shall include menu analysis. The services of a registered dietitian must be used to assure that modified diets are available to program participants for health reasons where feasible and appropriate*
  - a. Each project will provide special menus where feasible and appropriate to meet the needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals.*
  - b. The area agency and the nutrition provider in consultation with the registered dietitian or nutritionist shall develop standards for what is feasible and appropriate.”*

**Requirements**

The Nutrition Provider shall strive to implement these Daily Nutrient Requirements.

<b><u>Daily Nutrient Requirements</u></b>			
<b><u>H</u></b>	<b><u>1 meal/day</u></b>	<b><u>2 meals/day</u></b>	<b><u>3 meals/day</u></b>
<b><u>H</u></b>	<b><u>33% RDA/AI</u></b>	<b><u>66% RDA/AI</u></b>	<b><u>100% RDA/AI</u></b>
<b><u>HMacronutrient</u></b>			
<b><u>HKilocalories1 (Kcal)</u></b>	<b><u>767</u></b>	<b><u>1534</u></b>	<b><u>2300</u></b>
<b><u>HProtein1 (gm)</u></b>	<b><u>21</u></b>	<b><u>42</u></b>	<b><u>63</u></b>
<b><u>HCarbohydrate1, 2 (gm) (or 55% Kcal)</u></b>	<b><u>105</u></b>	<b><u>210</u></b>	<b><u>315</u></b>
<b><u>HFat3 (gm) (or 30% Kcal)</u></b>	<b><u>25</u></b>	<b><u>50</u></b>	<b><u>75</u></b>
<b><u>HMacro. Components</u></b>			
<b><u>HSaturated Fat3 (gm)(or 10% Kcal)</u></b>	<b><u>8</u></b>	<b><u>16</u></b>	<b><u>25</u></b>
<b><u>HCholesterol(mg)</u></b>			
<b><u>HDietary Fiber4 (gm)</u></b>	<b><u>7-12</u></b>	<b><u>13-23</u></b>	<b><u>20-35</u></b>
<b><u>HVitamins</u></b>			
<b><u>HVitamin A (ug)</u></b>	<b><u>300</u></b>	<b><u>600</u></b>	<b><u>900</u></b>
<b><u>HVitamin C (mg)</u></b>	<b><u>30</u></b>	<b><u>60</u></b>	<b><u>90</u></b>
<b><u>HVitamin D (ug)</u></b>	<b><u>5</u></b>	<b><u>10</u></b>	<b><u>15</u></b>
<b><u>HVitamin E (mg)</u></b>	<b><u>5</u></b>	<b><u>10</u></b>	<b><u>15</u></b>
<b><u>HVitamin K (ug)</u></b>	<b><u>40</u></b>	<b><u>80</u></b>	<b><u>120</u></b>
<b><u>HThiamin (mg)</u></b>	<b><u>.4</u></b>	<b><u>.8</u></b>	<b><u>1.2</u></b>
<b><u>HRiboflavin (mg)</u></b>	<b><u>0.43</u></b>	<b><u>0.86</u></b>	<b><u>1.3</u></b>
<b><u>HNiacin</u></b>	<b><u>5.3</u></b>	<b><u>10.6</u></b>	<b><u>15.9</u></b>
<b><u>HVitamin B6 (mg)</u></b>	<b><u>.6</u></b>	<b><u>.12</u></b>	<b><u>1.7</u></b>
<b><u>HFolate (ug)</u></b>	<b><u>133</u></b>	<b><u>267</u></b>	<b><u>400</u></b>
<b><u>HVitamin B12 (ug)</u></b>	<b><u>.8</u></b>	<b><u>1.6</u></b>	<b><u>2.4</u></b>
<b><u>HPantothenic Acid</u></b>	<b><u>1.7</u></b>	<b><u>2.72</u></b>	<b><u>5.10</u></b>
<b><u>HBiotin(ug)</u></b>	<b><u>10</u></b>	<b><u>20</u></b>	<b><u>30</u></b>
<b><u>HCholine</u></b>	<b><u>183</u></b>	<b><u>366</u></b>	<b><u>549</u></b>
<b><u>HBoron (mg)</u></b>	<b><u>Values not</u></b>	<b><u>determined</u></b>	
<b><u>HMinerals</u></b>			
<b><u>HSodium<sup>3</sup> (gm)</u></b>	<b><u>800</u></b>	<b><u>1600</u></b>	<b><u>2400</u></b>
<b><u>HCalcium (mg)</u></b>	<b><u>400*</u></b>	<b><u>800*</u></b>	<b><u>1200*</u></b>
<b><u>HIron (mg)</u></b>	<b><u>2.7</u></b>	<b><u>5.3</u></b>	<b><u>8</u></b>
<b><u>HChromium(ug)</u></b>	<b><u>10</u></b>	<b><u>20</u></b>	<b><u>30</u></b>
<b><u>HCopper(ug)</u></b>	<b><u>300</u></b>	<b><u>600</u></b>	<b><u>900</u></b>
<b><u>HFlouride(mg)</u></b>	<b><u>1.3</u></b>	<b><u>2.6</u></b>	<b><u>3.9</u></b>
<b><u>HIodine(ug)</u></b>	<b><u>50</u></b>	<b><u>100</u></b>	<b><u>150</u></b>
<b><u>HMagnesium (mg)</u></b>	<b><u>140</u></b>	<b><u>280</u></b>	<b><u>420</u></b>
<b><u>HManganese(mg)</u></b>	<b><u>0.8</u></b>	<b><u>1.6</u></b>	<b><u>2.4</u></b>
<b><u>HMolybdenium(mg)</u></b>	<b><u>15</u></b>	<b><u>30</u></b>	<b><u>45</u></b>
<b><u>HNickle(mg)</u></b>	<b><u>Values not</u></b>	<b><u>determined</u></b>	
<b><u>HPhosphorus(mg)</u></b>	<b><u>233</u></b>	<b><u>466</u></b>	<b><u>699</u></b>
<b><u>HSelenium(ug)</u></b>	<b><u>18</u></b>	<b><u>36</u></b>	<b><u>54</u></b>
<b><u>HVanadium(mg)</u></b>	<b><u>Values not</u></b>	<b><u>determined</u></b>	
<b><u>HZinc (mg)</u></b>	<b><u>3.7</u></b>	<b><u>7.3</u></b>	<b><u>11</u></b>

H The Recommended Dietary Allowances/Dietary Reference Intakes are unisex values that equal the highest value for age 51+(RDAs) ages 51-70 or 70+ (DRIs) compiled by the National Policy and

Resources Center on Nutrition and Aging, Florida International University, Revised 9/06/2002. The Macronutrients and the Macro Components meet the Dietary Guidelines.

The Nutrition Provider shall strive to implement the Daily Nutrient Requirements using either option:

1. Computer-assisted software and modify recipes to meet the fat and sodium requirements.

**OR**

2. A meal pattern based on the food servings delineated in the Food Guide Pyramid when combined, would meet 1/3 the RDAs/DRIs and the Dietary Guidelines. The meal pattern must be tested using a computer assisted software program for meeting the Daily Nutrient Requirements. To meet the standard the menu shall included increased servings of fruits, vegetables and whole grain. The tested meal pattern must be sent to Aging and Adult Services Division for approval. All recipes shall be modified to meet the fat and sodium requirements.

Meal Pattern (based on energy requirement in the *2000 Dietary Guidelines\** and based on 1989 RDA energy requirements)

<b>Food Group</b>	<b>Servings per meal</b>	<b>Dietary Guidelines* Servings per day</b>
<i>HBread or Bread Alternate</i>	2* (3**) servings	6-9 servings daily. Include several servings of whole grain (high fiber) foods.
<i>HVegetable</i>	1 (2**) serving(s): ½ cup or equivalent measure (may serve an additional vegetable instead of a fruit)	3-4 servings daily. Include dark-green leafy, orange vegetables, cooked dry peas and beans.
<i>HFruit</i>	1 serving: ½ cup or equivalent measure (may serve an additional fruit instead of a vegetable)	2-3 servings daily. Include orange color fruits.
<i>HMilk or Milk Alternate</i>	1 serving: 1 cup or equivalent measure	3 servings daily
<i>HMeat or Meat Alternate</i>	1 serving: 2.5 (3) oz or equivalent measure	2 servings daily, 5-6 total ounces
<i>HFats</i>	1 serving: 1 teaspoon or equivalent measure	Use lower fat, saturated fat, and cholesterol foods. Limit total fat to 30% and saturated fat 10% of calories.
<i>HDessert</i>	Varies	Use fewer foods high in sugars
<i>HSodium</i>		Use and prepare foods with less salt

H\*Refers to female over age 50, \*\* to male over age 50

The guidelines meet the basic requirements for a diabetic, low fat, low sodium and low cholesterol diet, in other words a prudent diet. If a project has a request for a modified diet, they can notify the client's physician of the menu guidelines and request a statement or prescription from the physician that the menu guidelines meet the needs of his/her patient. If the client requests a specific therapeutic diet such as a renal diet, a prescription from the physician will be required. A registered dietitian must supervise such therapeutic diets.

As a reminder a project can only refuse to do a specific therapeutic diet after they have determined it is not feasible and appropriate.

If you have questions please contact Joan P. Miller RD at (303) 866-2750 or e-mail [Joan.Miller@state.co.us](mailto:Joan.Miller@state.co.us)

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