



THE PUBLIC'S COMMENTS & ODA'S RESPONSES

ODA thanks all who submitted comments during the public comment period.

Proposed amendments to Chapter 173-4 of the Administrative Code
Period rules posted on ODA web site: November 10, 2011 to November 27, 2011
Date of this document: December 28, 2011, Revised January 5, 2012

GENERAL

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
1	<p>"Both Kay Mavko, our Regulatory Specialist, and I have reviewed the Rules -- they are GREAT!"</p> <p>"Ohio Dietetic Association supports ODAs changes made to the concerns and comments and understands that they can not make some of the suggested changes due to the federal regulations."</p> <p>[Pat McKnight, MS, RD, LD; State Policy, Ohio Dietetic Association]</p>	<p>Thank you.</p>
2	<p>The fact that the Dietary Guidelines for Americans Chart changes every year or three should, by now, paint the picture clearly for all of us that the American Dietetic Association from whom it comes is clueless as to what actually is adequate. So as they change, you change, and then change again, and again, and again. When was the last time anyone at ODA spent a day at a meal provider agency visiting the homes of Home Delivered Meals clients? When did you last ask them nutrition questions? When did you ask them about physical activity? When did you address their "drinking problem" with them? And yet you come up with rules and more rules for providers to tell these frail, old, severely handicapped, homebound people that they can't do this, they have to do that, we can't do this, and we have to do that. Would it really be so hard for you all to spend some time "out here in the field" talking with these old folks and with the meal providers BEFORE you sit down to rewrite your rules?</p> <p>Apparently so.</p> <p>[Phyllis Saylor, Executive Director; Meals on</p>	<p>ODA recognizes there are some who may criticize the nature and content of the Dietary Guidelines for Americans. However, section 339(2)(A)(i) of the Older Americans Act requires all meals purchased in full or in part with Older Americans Act funds to comply with the <i>most recent</i> Dietary Guidelines for Americans. Moreover, section 339(2)(A)(ii) requires each meal to comprise 1/3 of the nutritional content in the DRIs.</p> <p>ODA allows both meal patterns and nutrient analysis software to determine daily or weekly options for complying with the new federal guidelines. The Dietary Guidelines for Americans change every five years.</p>

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	Wheels-Older Adult Alternatives of Fairfield County, Inc.]	
3	<p>It is our observation that most nutrition clients eat fewer than three meals per day, eat fewer than 5 servings of fruits or vegetables per day, eat fewer than two servings of dairy per day and/or do not always have enough money to buy food. If there is a waiting list for meals these are the individuals determined to be most at risk and given priority for service. However, congregate and home delivered meals can fill these dietary gaps only when individuals accept and consume the meals.</p> <p>Older adults lived most of their lives before the health benefits of limiting fat and sodium were realized and many find meals low in fat and sodium unappealing. As a result they often substitute/supplement the meal with cheaper satisfying foods high in calories, fat and sodium while sacrificing beneficial nutrients.</p> <p>Less rigid dietary guidelines allow providers more flexibility to serve clients meals they like, with nutrients they need, and less fat, sodium and fewer calories than alternatives they frequently choose. If improving and/or maintaining the health of our consumers is the desired outcome please consider the possibility of attaining that goal with compromise rather than additional restrictions.</p> <p>[Margaret (Peg) Wells, Executive Director; Crawford County Council on Aging, Inc.]</p>	Please see ODA's response to general comment #2.
4	<p>These newly proposed rules are pretty extravagant. I am listing our major concerns here -</p> <p>Cost Our first comment would be cost. How are providers that do not use nutrition analysis software supposed to track all of these new requirements? At Simply EZ, we are using a hands-on approach by reading all of our food labels and using an Excel spreadsheet to design our menus with the current guidelines. With the number of very specific requirements, the ODA is almost forcing small businesses to purchase a program that costs thousands of dollars - which is not easy in this tough economy, the recent 3% rate decrease [for meals provided through the PASSPORT Program], as well as the budget cutbacks from the State which solely funds us. This also adds to the cost burden from last years labeling requirement which forced us to install labeling machines on all of our</p>	<p>In 2010, ODA worked with providers on the home-delivered meal rule for the PASSPORT Program. Many of the costs that are cited are in response to that program, not nutrition programs of the Older Americans Act. However, all programs supported by federal dollars, including the PASSPORT Program, are required to comply with the federal dietary guidelines.</p> <p>One difference between the rules for the PASSPORT Program and those ODA is proposing for the non-Medicaid programs is that the PASSPORT Program's rules simply require the provider to provide meals that each meet 1/3 of the DRIs. ODA's proposed new rules for the non-Medicaid programs also have that requirement, but (1) have elected to target 14 leader nutrients and (2) explain, at length, how a provider that does not use nutrient-analysis software can provide meals with a menu pattern in order to comply with the</p>

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	<p>vacuum sealers to the tune of \$160,000 total, as well as the increase in labor to require consumer signatures on every delivery.</p> <p>Limited Access to High Quality Food Items We are already tracking our sodium and we are somewhat close to the new proposed rule, occasionally exceeding it. The issue is that with all of the required items (entree, milk, bread, 3 fruit/veg) the majority of sodium is in the entree. We would need to locate <u>entrees</u> that are at a minimum of 14g protein and that do not exceed 300 mg sodium which is virtually impossible. We would end up serving our consumers less in entree variety for "fun" items like dessert with the extreme sodium restriction. It is already difficult finding healthy, tasty entrees with lower sodium. Most importantly, if we decrease sodium this drastically from our food, consumers will use their own table salt and most likely "over salt" to make it taste better, thus defeating the purpose and creating additional health risks. Remember, this generation of consumers grew up with high sodium foods.</p> <p>We are very agreeable to the challenge of limiting sodium, but being so specific on decreased sodium, cholesterol and saturated fat is really the challenge. With a low sodium diet, we are not serving fatty meats or desserts because the fat and sodium kind of go hand in hand. It seems that we would lose consumers left and right if we only served un-breaded meats that are tough to bite and chew, low carb vegetables and no desserts in order to comply.</p> <p>Guidelines Exceed current American Heart Association Recommendations I learned today from our LD, who also works for a State funded hospital, that their two heart healthy diets are 2,000 mg and 4,000 mg per day. As such, she has been designing our menus to be in the 2,000 to 2,500 range for Simply EZ. Even if we get close to 1500 mg, we far exceed what the State is doing for it's sickest patients. This does not make a lot of sense. Also, I read that the American Heart Association is planning to decrease their sodium level from their current 2,400 mg per day to 1,500 mg in the year 2020 - that is nine years from now and would most likely change before then.</p> <p>The bottom line is, the consumer will end up with less choice and lower quality food - which is our mission to provide them with - and which we built our company on. We would highly recommend the</p>	<p>federal guidelines. The menu pattern may seem complicated for it must be specific in details in order for a meal that follows a pattern to meet both 1/3 of the DRIs and also meet the Dietary Guidelines for Americans.</p> <p>Also, please see ODA's response to general comment #2.</p>

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	<p>sodium levels be within a 2,000 to 2,400 range for meal providers.</p> <p>[Renee Flack, Simply-EZ Home-Delivered Meals]</p>	
5	<p>We appreciate the opportunity to review the proposed regulations for Non-Medicaid Meals—Chapter 173-4 of the Ohio Administrative Code. Enclose with this letter are more specific [comments], a summary of case review findings and our service priority schedule once client need, coping skills and nutritional risk are assessed. These tools are used for our Title III, private and partial-pay clients.</p> <p>We are mindful of the Federal intent to improve the nutritional status of program participants through implementation of the new guidelines. However, our case review indicates that the majority of current recipients are of any age that they have already experienced the major medical traumas associated with poor nutrition, are weakened by their current physical condition, suffer from dementia issues which impair their decision and memory skills, and are living alone at great risk. Our increased number of safety-related incident reports during the past two years substantiates these findings, as does random case reviews of PASSPORT files.</p> <p>A PASSPORT review conducted earlier this summer was initiated due to concerns about the funding cuts imposed by the Area Agencies. The hot home-delivered meal is a much more costly product given the daily delivery requirement. Forty percent of our PASSPORT clients in counties where we provide the hot meal are getting either hot meals only or a combination of hot and frozen meals. Two physical conditions dominated the profiles of the clients: dementia and blindness—which transfer to remembering to eat and/or being able to heat meals using microwaves.</p> <p>Given the ages of our Title III recipients, as documented with the enclosed information, we remain concerned with providing basic nutritious meals for sustenance. Imposing additional requirements, which result in higher food costs, works against us in doing so and undermines the original intent of the Older Americans Act.</p> <p>Self-prep-programs, which use their local food banks/pantries as a source of food for Title III meals, will be hampered by the cost of additional</p>	<p>Of interest, many local food banks are receiving fresh produce that may benefit with menu planning options.</p> <p>As for the Dietary Guidelines, sodium continues to be an area that the food industry will continue to address with new products that will reduce sodium content of meals. For the Older Americans Act (or, non-Medicaid) rules, a provider who uses nutrient-analysis software has the option to meet 10 out of the 14 leader nutrients (daily or weekly).</p>

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	<p>raw food items. Another issue is most food donated to food banks will not meet the proposed sodium guidelines.'</p> <p>Thank you for your attention to our comments. Feel free to contact us if you have any questions.</p> <p>[enclosed information below]</p> <p>Appropriateness of Intent: The original intent of the Older Americans Act was to remedy malnutrition in persons 60 years of age and older. The age and physical condition of our current recipients indicates that this mandate far outweighs considerations of the Federal Dietary Guidelines/ "DRI Nutrient-Value Requirements." See the additional materials submitted.</p> <p>Cost of Implementation Seventy percent of our Title III recipients receive hot home-delivered meals based on their total ADL-IADL and Nutrition Screening Score; their physical and mental conditions, and ability/non-ability to use frozen meals. By virtue of the need for daily delivery and safety checks; hot home delivered meals are most costly. Current funding cannot support additional costs that would be incurred to provide the number of choices and fresh foods versus processed foods that are needed to support the proposed nutrient values.</p> <p>Another concern is that clients would not want these meals resulting in cancelled meals, food waste and reduced donations rates. All of these factors add to the providers' financial losses.</p> <p>Review of 25 Title IIIC2 Recipients – November 2011</p> <p>Eleven of 25 initiated service with MMI during time period 2011-2008.</p> <p><u>Age Ranges</u></p> <table data-bbox="373 961 438 1092"> <tr><td>60-64</td><td>1</td></tr> <tr><td>65-69</td><td>3</td></tr> <tr><td>70-74</td><td>1</td></tr> <tr><td>75-79</td><td>0</td></tr> <tr><td>80-84</td><td>5</td></tr> <tr><td>85-89</td><td>8</td></tr> <tr><td>90-94</td><td>7</td></tr> </table> <p><u>Living Status</u> All but two (2) live alone, one (1) lives with a mentally disabled son who cannot prepare meals. The second is caregiver to a wife with Alzheimer's.</p> <p><u>Sex</u> 13m 12F</p> <p><u>Race</u> 24 Caucasian 1 African American</p> <p><u>Service Priority Scores (SEE attached Service Priority List)/Coincides with MMI Policy</u></p> <table data-bbox="284 1255 560 1312"> <tr><td>Priority 1</td><td>50-75 Score for 3 clients</td></tr> <tr><td>Priority 2</td><td>37-49 Score for 15 clients</td></tr> <tr><td>Priority 3</td><td>18-36 Score for 7 clients</td></tr> </table>	60-64	1	65-69	3	70-74	1	75-79	0	80-84	5	85-89	8	90-94	7	Priority 1	50-75 Score for 3 clients	Priority 2	37-49 Score for 15 clients	Priority 3	18-36 Score for 7 clients	
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	<p style="text-align: center;">SERVICE PRIORITY LIST</p> <p>Due to the economic turndown and projected declines in government funding, Mobile Meals examined the value of their service priority list in determining need/risk of the population being served as of April 1, 2011. A sampling of 100 clients that are eligible for funding for meals from community foundation funders was reviewed. Their Total Score from nutrition screening performed by case management staff is reflected in these findings.</p> <p>Priority 1 – If service is not provided, client’s health and welfare would be at immediate risk.</p> <p>18% of the clients meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Bedridden or non-ambulatory • Terminal illness • Specialized therapeutic diet prescribed by physician • Recovering from surgery/illness • Other in-home services needed to avoid institutionalization • ADL/IADL and Nutrition Score is 50 -75. <p>Priority 2 – If service is not provided, client’s health and welfare would be at risk.</p> <p>57% of the clients met one or more of the following criteria:</p> <ul style="list-style-type: none"> • Ambulatory within specified criteria (doctor’s visits, medical care, etc.) • Wheelchair bound, requiring partial assistance to transfer • Lives alone, with elderly caregiver, or has inconsistent, inadequate or unstable support system. • ADL/IADL and Nutrition Score is 37 – 49. <p>Priority 3 – If service is not provided, client’s health and welfare could be at risk.</p> <p>25% of the clients met one or more of the following criteria:</p> <ul style="list-style-type: none"> • Client can partially meet own needs. • Lives with spouse or family who can partially meet needs. • Ambulatory within specified criteria (doctor’s visits, medical treatments) • ADL/IADL and Nutrition Score is 18 - 36. <p>Priority of funding of those clients at high nutritional risk and fitting into Priority 1 will be given first consideration for funding and be the last group denied or closed in the event of a shortage of funding. Priority 2 will be the next considered followed by Priority 3.</p> <p>Note: The high the ADL/IADL score the greater the need. ADL = Activity of Daily Living IADL = Independent Activities of Daily Living</p> <p>As adopted by the Mobile Meals, Inc. Board of Directors</p> <p>[Kathleen D. Downing, President/CEO; Mobile Meals, Inc.]</p>	

173-4-05 Meal service.

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1	<p>(B)(1): "How does this translate to one meal served 5 days a week? This is unrealistic to expect providers to undertake this. This would be very costly to do and a nightmare for providers using the menu pattern"</p> <p>[Becky Deaner]</p>	<p>The paragraphs under paragraph (B)(1) of the proposed new rule cite the Dietary Guidelines for Americans. The Older Americans Act requires all meals purchased in part or in full with Older Americans Act funds to comply with the Dietary Guidelines for Americans. Increases in the cost of food, paper products, fuel, and labor do affect the price of meals.</p> <p>Of interest: The proposed new rules are quite similar to the current rules/specifications.</p>
2	<p>(B)(1)(a)(i):</p> <p>Questions Regarding 173-4-05 (B)(1)(a)(i)</p> <ol style="list-style-type: none"> Why the age of fifty –one when Older Americans Act monies are for those 60+? Are African Americans or those who have hypertension, diabetes or kidney disease to be told this is the only meal available to them? Are providers at risk of discrimination claims? The guidelines call for two types of meals (2300) and (1500). Providers may not be able to afford to produce multiple meals and the associated costs of doing so –individual labeling etc. <p>[Kathleen D. Downing, President/CEO; Mobile Meals, Inc.]</p>	<ol style="list-style-type: none"> The dietary reference intake begins at age 50. This is from the Dietary Guidelines for Americans, so ODA is just repeating the information. Most consumers only receive one meal per day; but according the Older Americans Act, we may provide more than one meal per day. Therefore, guidelines are discussed. Additionally, meals are labeled based upon other state regulations (<i>i.e.</i>, the Ohio Department of Agriculture: when there is a break in service from the food preparers to delivery service. Any food processor must label products.) According to paragraph (B)(3) of this proposed new rule, all consumers must have access to the ingredient content of their meals.
3	<p>(B)(3): "How? When clients ask?"</p> <p>[Becky Deaner]</p>	<p>Paragraph (B)(3) of the proposed new rule is a requirement that also appears in the current rule. Consumers have the right to know the ingredient content in their meals. The local AAA decides upon a system or approves a system that works best for communicating the ingredient content of meals to their consumers.</p>

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4	<p>(B)(4): "Meal Service -Need clarification on "consumer choice". Providers just need to choose one of the following methods . . . correct?</p> <ul style="list-style-type: none"> (a) Allows consumer choice of three (up from two) menu options (b) Allows consumer to select an "alternative" meal type – so consumers can opt out of hot meals and just get frozen? (c) Providers can offer consumers options regarding frequency of meal deliveries – such as Monday, Wednesday, Friday deliveries rather than Monday through Friday? OR (d) Allows consumer to make an informed choice at each meal regarding the menu, food alternates, and portion sizes based on the availability of food items. What kind of "records" need to be retained to show that the provider informs consumers of the benefits and risks of dietary choices? <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>You are correct. Paragraph (B)(4) of the rule only requires a provider to use "one or more" of the methods listed in the sub-paragraphs.</p>

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5	<p>(B)(4): "Meal Service -Need clarification on "consumer choice". Providers just need to choose one of the following methods . . . correct?</p> <p>(a) Allows consumer choice of three (up from two) menu options</p> <p>(b) Allows consumer to select an "alternative" meal type – so consumers can opt out of hot meals and just get frozen?</p> <p>(c) Providers can offer consumers options regarding frequency of meal deliveries – such as Monday, Wednesday, Friday deliveries rather than Monday through Friday? OR</p> <p>(d) Allows consumer to make an informed choice at each meal regarding the menu, food alternates, and portion sizes based on the availability of food items. What kind of "records" need to be retained to show that the provider informs consumers of the benefits and risks of dietary choices?</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>You are correct. Please see ODA's response to comment #4 to this rule.</p>
6	<p>(B)(4): "All 4 options would be costly."</p> <p>[Becky Deaner]</p>	<p>In consideration of the comments ODA received on the proposed new rule during the public-comment period, ODA revised paragraph (B)(4) of the rule before filing it with the Joint Committee on Agency Rule Review (JCARR) to begin the legislature's formal rule-review process. ODA increased the options on consumer choice from four to five. Additionally, the option to let consumers choose from three menu options at a meal (e.g., skim or 1% milk, wheat or rye bread, corn or broccoli) was reduced to two menu options, which should make that option less expensive for the providers who choose it over the other options. This option in the proposed new rule reflects an option in the current version of the rule.</p>

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7	<p>(B)(4)(a): Comments are regarding the increase of choices required for clients to have in their meals (173-4-05 section 4(a)):</p> <p>Over the past years as government entities continue to make more rules and restrictions that providers must comply with in order to receive state and federal funding, providing services is becoming more cost prohibitive. Not only have we had to solve how to comply with all the new nutritional requirements enforced earlier this year, but now we are being told to increase the amount of choices each client has with each meal. On the surface it seems like a nice courtesy to extend, however, from a provider's standpoint it is going to increase even more waste in both food and dollars spent.</p> <p>Providers are already faced with the dilemma of stretching their budgets to meet the needs of the increasing amount of seniors who want a meal service. Requiring that they have a choice in THREE areas instead of the previous TWO will significantly impact our food service budget. Many providers do not have the space or means to stock such a diverse menu. If we are all working with the same goal of providing the senior client with a well balanced, nutritious meal then evaluating the impact on a provider should seem to be one of the first things taken into consideration. The outcome is obvious – the more it costs to produce one meal, the more seniors will not get served due to budget constraints.</p> <p>At what point does the “choice” of the client become excessive and its negative impact on the overall service is considered. It seems that the providers are being asked once again to assume the expense of a change that isn't necessary and counterproductive.</p> <p>[Lucinda Smith; Senior Enrichment Services]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>
8	<p>(B)(4)(a): In a time of economic instability and State financial crisis I believe it is pathetic and ludicrous that proposed rules made by government entities are clearly out-of-touch with the reality of the times as well as what clients actually need and want.</p> <p>Albeit I am a proponent for personal options and choices I foresee additional costs, waste, and time constraints involving a decision making process that stagnate senior nutrition programs that are already overwrought with unfunded government</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>

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	<p>mandates and controls.</p> <p>Over the past years as government entities continue to make more rules and restrictions that providers must comply with in order to receive state and federal funding, providing services is becoming more cost prohibitive and more of a challenge. Not only have we had to solve how to comply with all the new nutritional requirements enforced earlier this year, but now we are being told to increase the amount of choices each client has with each meal. On the surface it seems like a nice courtesy to extend, however, from a provider's standpoint it is going to increase even more waste in both food and dollars spent.</p> <p>Over the last 11 years I've happily served as the Executive Director of a rural multi-senior services provider and I have overseen the distribution and review of over <u>12,106 quality scale nutrition customer surveys</u> here at our agency (both congregate and home delivered and each of which are on file) and NOT ONCE have our home delivered or congregate meal clients and customers ever requested more choices and options. Not once!</p> <p>If the State of Ohio wants to truly help and better serve (and satisfy) older adults than perhaps ODA should spend more time in the field talking to providers and clients and less time conjuring up ways to implement empirical research and supportive data to accomplish their own hidden agendas by making providers' programs virtually financially unable to sustain and operate due to excessive unfunded mandates, over regulation, and systematic governmental control.</p> <p>Providers are already faced with the dilemma of stretching their budgets to meet the needs of the increasing amount of seniors who want a meal service. Requiring that they have a choice in THREE areas instead of the previous TWO will significantly impact our food service budget. Many providers do not have the space or means to stock such a diverse menu. If we are all working with the same goal of providing the senior client with a well balanced, nutritious meal then evaluating the impact on a provider should seem to be one of the first things taken into consideration. The outcome is obvious – the more it costs to produce one meal, the more seniors will not get served due to budget constraints.</p>	

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	<p>At what point does the “choice” of the client become excessive and its negative impact on the overall service is considered. It seems that the providers are being asked once again to assume the expense of a change that isn't necessary and counterproductive.</p> <p>The loss of local government, personal property tax, and phased out CAT tax funds coupled with the minimum wage raising to \$7.70 effective January 1, 2012, and now the cost of adding proposed client choices, further exhausts nutrition providers' already diminishing available funding resources to provide quality home and community based services. This proposed rule partnered with already increased cost/deficient reimbursement rate ratios we as nutrition providers all continue to face and grapple with on a day-to-day basis will ultimately devastate many existing senior nutrition programs throughout the State of Ohio and essentially result in clients having NO CHOICES RATHER THAN HAVING TOO MANY.</p> <p>SUMMARY: AGAINST RULE CHANGE OF INCREASING TO THREE CHOICES.</p> <p>Thank you.</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	
9	<p>(B)(4)(a): “It never fails that as funding decreases the demand for more costly expectations increases. With our current Title-III funding at a 10-year low per meal, you now find it prudent to demand more costly services, in this case going from a choice of two to three meal components. And you expect providers to be the bottomless pit of other funds to pay for these costly changes, while you merely sit and think of them. We can only hope that one day someone at ODA will address the cost issue for providers in coordination with the expectation”</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>

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10	<p>(B)(4)(a): "I noticed that the meal service rule now includes 3 choices instead of 2 choices. This is a real problem for many rural providers – the cost of food, staff, and transportation are increasing and offering and additional item will increase costs and will prohibit our providers from bidding on the congregate meals."</p> <p>"We have enough issue with seniors that reserve a meal will not show and food is wasted. I don't see how offering choice of an additional item on the menu besides the bread and milk with increase the number of clients – but it will increase costs due to waste."</p> <p>[Rhonda Davisson, RD, LD, Nutrition Care Coordinator, Area Agency on Aging, 3]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>
11	<p>(B)(4)(a): My comment comes from a provider's point of view. This is in regards to Rule 173-4-05 – Meal Service – Consumer Choice:</p> <p>We currently accommodate two choices for each consumer – bread & milk. These two choices – because they are packaged separately - are manageable. Having to choose yet a third one from the list provided – would be much more difficult. The additional time that would be spent on preparing specific meals with individual preferences – not to mention the additional time that would be needed to be spent with each consumer to make these choices - would surely guarantee an increased cost for the final product. We are all for keeping costs reasonable so more seniors can be served. I do not know if we – as a provider – could survive this change.</p> <p>[Connie Knippen, Lock Sixteen Catering, Inc.]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>
12	<p>(B)(4)(a): Currently, providers may implement consumer choice by providing a choice within two food groups. The proposed rule stipulates providers may implement consumer choice by providing a choice within three food groups. This will increase costs for providers, who currently implement this method of consumer choice.</p> <p>Recommend maintaining choice within two food groups or increase funding to provide a choice within three food groups.</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>

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13	<p>(B)(4)(a): "Why have 3 choices? This will be very difficult to keep track of. This would also increase our food cost"</p> <p>[Becky Deaner]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>
14	<p>(B)(4)(a): Currently, providers may implement consumer choice by providing a choice within two food groups. The proposed rule stipulates providers may implement consumer choice by providing a choice within three food groups. This will increase costs for providers, who currently implement this method of consumer choice. The implementation will require additional provider staff time and have potential for more waste since it will be more difficult to plan accurate numbers of specific food items. Recommend maintaining choice within two food groups.</p> <p>[Penny Lovett, Director of Association Services; Ohio Association of Area Agencies on Aging]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>
15	<p>(B)(4)(a): "In the proposed spec for Meal Service (173.4.05), it says under B4(a) that providers must allow a minimum of three options for seniors. I'm worried about this because most providers in PSA1 offer their HDM clients a choice between two meals if they choose daily (or Mon-Fri) delivery. They have up to 15 or sometimes more options to choose from if they choose to receive their meals weekly (all 7 delivered on one day). My concern is that this rule will require providers to offer three choices to daily clients and I feel that is a great hardship on the provider and the caterer.</p> <p>If the weekly option is available, the client can choose from a good variety of meals and the proposed rule change will not hurt providers. If a client chooses to be on a daily schedule and the providers are forced to make three or more options available, it will strain the provider network. I feel clarification needs to come with this rule that if a provider offers a client the option to be on a weekly delivery schedule and the client chooses to be on the daily schedule, then the two options should be enough. After all, it would be the clients choice to receive daily meals and therefore limiting the options they have.</p> <p>[Joshua Howard, Center Director; Sycamore Senior Center]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
16	<p>(B)(4)(a): "The proposed meal service rule includes 3 choices instead of 2. This is a problem for rural provider. The cost of food, staff and transportation are increasing and offering an additional item will increase costs. There are already issues with food waste. Offering another choice will not increase the number of clients at the congregate site. The additional choice will only increase costs for a program that is already underfunded.</p> <p>"Congregate clients already have the choice on milk and bread; and the choice as to when to attend the congregate site."</p> <p>[Carrie McNmaee, Director of Senior and Community Services, Senior Nutrition Program, Washington-Morgan Community Action]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>
17	<p>(B)(4)(c): "It is ok for HDM consumers to determine what days they receive meal deliveries to meet this requirement so why isn't that enough for congregate – since they already decide when they want to go to the mealsites??"</p> <p>[Rhonda Davisson, RD, LD, Nutrition Care Coordinator, Area Agency on Aging, 3]</p>	<p>Please see ODA's responses to comments #4 and #6 to this rule.</p>
18	<p>(B)(4)(d)[now (B)(4)(e)]: This new option for consumer choice is unclear. Would a provider be in compliance, if he/she educated the participant and offered lower sodium and lower concentrated sweet alternates, where appropriate, as well as, allowed participants to request smaller portion sizes of items?</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>This option is only for congregate meal sites. On July 3, 2012, ODA will revise-rile this rule to make this more clear.</p> <p>The provider of a congregate meal site would indicate that the consumer requested smaller portions of the set items. As paragraph (B)(4)(e) of the rule requires, the AAA approves the method for recording the information.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
19	<p>(B)(4)(d)[now (B)(4)(e)]: “On the surface this rule seems to give those providers who deliver vacuum packed meals in quantity to cover multiple days an advantage over providers who deliver a daily hot meal. If the consumer can pick and choose what they want from a weeks worth of food items why is there such an emphasis on menu patterns and nutritional analysis? I realize that the convenience and cost savings of fewer deliveries is enticing (and apparently ,with regard to the rules,rewarding) however I believe the original intent was to deliver a hot meal with real nutritional value and in a way that when consumed as a unit met at least 1/3 of the consumers suggested dietary intake. Under this rule a piece of paper informing the consumer of the consequences of their choices removes that responsibility from the provider and diminishes the original intent. It would make more sense to build a rule around packaging a meal as a unit to ensure the nutritional analysis or meal pattern is not compromised than to empower more pick and choose options that could lead to less contact with the consumer at a time when they need it the most and nutritional decisions that could negatively impact the consumers health. I understand the need for multiple meal deliveries as it pertains to schedules, and appointments however even multiple meal deliveries can be accomplished using full meal units (frozen, box etc.). Vacuum packed meals also require more than moderate preparation by the consumer (using stove, boiling water, opening hot package and placing on plate or bowl). If menu pattern and/or nutritional analysis methods are to be enforced then emphasis must be placed on the meal unit and its preparation, packaging and delivery with the intent that the consumer will view it as a unit and hopefully consume it as such.”</p> <p>[Chuck Sousa, Director of Nutrition; Senior Resource Connection]</p>	<p>This option is only for congregate meal sites. On July 3, 2012, ODA will revise-rile this rule to make this more clear.</p> <p>The provider must plan a meal or “grouping” of meals in order to meet ⅓ of the DRI and the Dietary Guidelines for Americans—no matter what type of meal(s) the provider services.</p> <p>Regarding home-delivered meals: It is understood that a consumer may select what combination of foods to have at the meal, but with a menu to follow along with preparation instructions. Furthermore, all consumers must be assessed to see if they are able to prepare the meal type they desire and have the appropriate kitchen equipment to do so.</p>
20	<p>(B)(4)(d)[now (B)(4)(e)]: “How can HDM clients do this? More record keeping? This would add to our cost of serving a meal.”</p> <p>[Becky Deaner]</p>	<p>This paragraph pertains to congregate meals, not home-delivered meals.</p>

173-4-05.1 Methods for determining nutritional adequacy.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
1	<p>(A)(1): "It seems increasingly clear that we are being pushed hard and fast in this direction, so that in the not-so-distant future it will be a required purchase. We would ask, but since we already know the answer won't, that you will not be coming forth with any funding to help with this purchase."</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>Although ODA sees benefits to providers who use nutrient-analysis software, ODA's current rules <i>and proposed new rules</i> clearly allow providers to use a menu-pattern method. Some foodservice companies provide nutrient-analysis software to their customers.</p>
2	<p>(A)(2) "There is a concern that the compliance range for calories for regular meals has been dropped to 600-700 calories. We feel that the current range utilized by our Council on Aging of 600-800 is reasonable and should be maintained. We feel [that] the proposed compliance range is too low."</p> <p>[Stephen Smookler MSSA, MBA; Executive Director; Wesley Community Services]</p>	<p>After considering your comment, ODA has determined that, on January 3, 2012, ODA will revise-file the proposed new rule to change the target value to 700 calories with a compliance range of 600-800 calories.</p> <p>A menu is in compliance if it meets 10 of the 14 leader nutrients. Another option is the average calorie level for a week's worth of menus.</p> <p>Note: Calories levels based upon age groups, gender, and activity levels could vary from 1600-2600 kcal/day.</p>
3	<p>(A)(2): Sodium. The DGAs recommendation is 1,500 mg/day for our target population. One-third of this would be 500 mg; however, the target value listed in the proposed rule is 430 mg. It will be very difficult for providers to reach this recommendation, if they utilize frozen foods and processed items. Recommend increasing the target value for sodium to 500 mg per meal.</p> <p>[Penny Lovett, Director of Association Services; Ohio Association of Area Agencies on Aging]</p>	<p>After considering your comment, ODA has determined that, on January 3, 2012, ODA will revise-file the proposed new rule to change the target value to 500 mg.</p>
4	<p>(A)(2): DRI Nutrient-Value Requirements. If utilizing nutrient analysis, the target and compliance ranges for many items have changed. What is the source/basis for these values? They do not appear to coincide with the values listed in Appendix 5-6 of the <i>Dietary Guidelines for Americans 2010</i>(DGAs).</p> <ol style="list-style-type: none"> 1. Calories. The estimated calorie needs for healthy, individuals 61+ years of age range from 1,600 kcal-2,600 kcal per day. This equates to 533-867 kcal per meal. The median is 2,100 kcal per day, which is 700 kcal per meal. The allowable number of kcal has been reduced from 800 kcal to 	<p>Please note that these proposed new rules will be in effect during your next round of contract negotiations. ODA was trying not to change every item in the rule. Yet, we feel the comments are worthy of merit.</p> <ol style="list-style-type: none"> 1. Please see ODA's response to comment #2 on this proposed new rule. 2. It is important to offer fat free, low-fat dairy to meet the requirements, yet realize the challenge. 3. Please see ODA's response to comment #3 on this proposed new rule.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
	<p>700 kcal. By lowering the kcal range compliance by 100 kcal, many of our meals will now be out-of-compliance. Recommend the compliance range for calories remain 600 kcal-800 kcal.</p> <p>2. Vitamin D. Noted this requirement increased, as a result of the Institute of Medicines 2010 recommendations. However, it is difficult to obtain the recommended amount of vitamin D from food alone. Vitamin D is a fat-soluble vitamin found in significant quantities in fatty fish and fortified milk. Fat Free milk only provides 115 IU per 8 oz. serving. Butter, which is not allowed under the proposed rules, provides a small amount of vitamin D, whereas margarine provides none. Most meals will be out-of-compliance for vitamin D requirements. We understand as long as menus are in compliance for 10 of 14 leader nutrients, they may be served. Recommend allowing serving higher fat milk and butter.</p> <p>3. Sodium. The DGAs recommendation is 1,500 mg/day for our target population. One-third of this would be 500 mg; however, the target value listed in the proposed rule is 430 mg. It will be very difficult for providers to reach this recommendation, if they utilize frozen foods and processed items. Recommend increasing the target value for sodium to 500 mg.</p> <p>4. Potassium. In addition to lowering sodium intake, the importance of increasing potassium intake is also mentioned in the DGAs. Potassium counteracts the negative effect of sodium on blood pressure. The DRI for potassium listed in the DGAs is 4,700 mg/day. One-third of this is 1,567 mg. The target value in the proposed rule is 1,300 mg. Recommend increasing the target value of potassium to 1,567 mg, which is one-third the RDA.</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>4. After considering your comment, ODA has determined that, on January 3, 2012, ODA will revise-file the proposed new rule to change the target value to 1,567 mg, which is 1/3 of the DRI. At the time of review, acknowledge difficult to meet potassium level so target was lower; but acknowledge much easier to target 1/3 level.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
5	(B)[“Menu Pattern” table]: “Are these minimum servings?” [Becky Deaner]	The meal pattern lists optional food types to serve as well as a range of servings.
6	(B)(2)(a): “Keep processed meats twice per mo.” [Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]	In response to comments ODA received on the proposal to reduce the number of times a provider may serve high-fat and high-sodium processed meats to once per month, in the version of the rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR), ODA increased the number of times to twice per month.
7	(B)(2)(a): “So, if we want to serve a Sub Sandwich that has as its protein content ½ oz of ham, ½ oz of turkey, 1/2oz of bologna, and 3/4oz of cheese, and then in that same month we want to send a bratwurst as the protein, we can’t? Can we split that hair down further so maybe we can only send it every-other month? I think we’ll lean on the “client choice” option for this ridiculous rule!” [Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]	Please see ODA’s response to comment #6 to this rule.
8	(B)(2)(a): “The provider shall not serve high-fat and high-sodium processed meats (e.g. hot dogs, bologna, or sausage) more than once per month – If a provider offers a choice of entrée (daily), and the client may choose to opt out of ever being “served” the processed meat option, will this meet the requirement?” [Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]	Please see ODA’s response to comment #6 to this rule.
9	(B)(2)(a): “The provider shall not serve high-fat and high-sodium processed meats (e.g. hot dogs, bologna, or sausage) more than once per month – If a provider offers a choice of entrée (daily), and the client may choose to opt out of ever being “served” the processed meat option, will this meet the requirement? ” [Shon E. Gress, Guernsey County Senior Citizens Center]	Please see ODA’s response to comment #6 to this rule.
10	(B)(2)(a): “Why only once? This will limit our breakfast and brunch program by limiting sausage to once per month.” [Becky Deaner]	Please see ODA’s response to comment #6 to this rule.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
11	<p>(B)(2)(b): "No more than one egg per meal shall be served. What about low-cholesterol egg substitute, i.e. egg beaters, or egg whites? Recommend changing to <i>no more than one egg yolk per meal shall be served</i> or adding a statement about allowing low-cholesterol egg substitutes/egg whites."</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>In response to comments ODA received on the proposal to reduce the number of times a provider may serve eggs per meal, in the version of the rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR), ODA replaced the limitation on eggs to a limitation on egg yolks that is one egg yolk per meal. A provider may serve a greater number of egg whites or egg substitutes.</p>
12	<p>(B)(2)(b): "So, no more omelets because that's made up of 2 eggs. Did I hear "client choice" spoken again? I'm just sure I did."</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>Please see ODA's response to comment #11 to this rule.</p>
13	<p>(B)(2)(b): "Why only one egg? This would eliminate the use of eggs as the protein source if only 1 is permitted. NO more omelets. [(B)(2))(a) and [(B)(2))(b) would eliminate our breakfast/brunch program."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #11 to this rule.</p>
14	<p>(B)(2)(b):</p> <p>(b) The provider shall not serve more than one egg per meal?*</p> <p>(d) The provider may serve meatless meals that contain eggs, dried beans . . . etc.**</p> <p>**Items (b) and (d) contradict each other (egg vs. eggs) – if not, please clarify intent of this rule/language.</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>Please see ODA's response to comment #11 to this rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
15	<p>(B)(2)(b):</p> <p>(b) The provider shall not serve more than one egg per meal?*</p> <p>(d) The provider may serve meatless meals that contain eggs, dried beans . . . etc.**</p> <p>**Items (b) and (d) contradict each other (egg vs. eggs) – if not, please clarify intent of this rule/language.</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>Please see ODA's response to comment #11 to this rule.</p>
16	<p>(B)(2)(b): "This contradicts (b) when you mention EGGS as a meatless alternative if only 1 egg is permitted per meal."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #11 to this rule.</p>
17	<p>(B)(3)(b): "Forgot Cranberry Juice."</p> <p>[Becky Deaner]</p>	<p>On January 3, 2012, ODA will revise-file the proposed new rule to clarify that the full-strength fruit juices allowed under paragraph (B)(3)(b) are <i>unsweetened</i> juices and also to allow ½ cup of cranberry juice drink under paragraph (B)(3)(i) of the rule. The goal is not to serve fruit drinks. Obviously, we rely on dietitians to note what consumers will tolerate.</p>
18	<p>(B)(3)(c): "[B](3)(c) states SHALL PREFER...low sodium and [B](3)(d) considers a serving as 1/2c SODIUM REDUCED. Not all clients need to watch sodium. Making this mandatory will add to our cost since of then the reduced sodium is more expensive."</p> <p>[Becky Deaner]</p>	<p>The Dietary Guidelines for Americans restrict sodium. Unfortunately, many processed food products contain sodium making it a challenge if just using the menu-pattern method. Of interest, the food industry is working to improve products to reflect lower sodium levels and maintain quality products. Another alternative is to use nutrient-analysis software for a week of menus which allows the provider to average the sodium content over a week.</p>
19	<p>(B)(3)(c): "Please consider the cost center and availability of sodium reduced tomato juice"</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>Please see ODA's response to comment #18 to this rule.</p>
20	<p>(B)(3)(c): "Please consider the cost center and availability of sodium reduced tomato juice"</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>Please see ODA's response to comment #18 to this rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
21	<p>(B)(3)(g): "Why is this mandatory? Not all clients need to watch sodium."</p> <p>[Becky Deaner]</p>	<p>Chronic health conditions of older adults are heart disease and hypertension. While we understand your comment that not all consumers need to watch their sodium content, ODA's goal is to adhere to both the Dietary Guidelines for Americans and 1/3 of the DRIs.</p> <p>Providers who use menu patterns instead of nutritional-analysis software may have difficulty providing meals that comply with the new federal Dietary Guidelines for Americans.</p> <p>However, after considering the comments submitted during the public-comment period, ODA will allow serving sauerkraut a second time a month if it is an ingredient in another food item rather than a full serving. ODA made this change in the version of the proposed new rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR) to begin the legislature's formal rule-review process.</p>
22	<p>(B)(3)(g): We grow cabbage in Northwest Ohio, we should support that industry by allowing sauerkraut more than once per month? Again why place limits where we have no federal mandate to do so?</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>Thank you for your interest in supporting northwest Ohio's agricultural industry. Please see ODA's response to comment #21 to this rule.</p>
23	<p>(B)(3)(g): "So back to that bratwurst, with which our clients want sauerkraut served as a side veggie. If I want to do a Ruben casserole that month, that's a no-no, is that correct? There's that voice again, 'client choice'."</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>Please see ODA's response to comment #21 to this rule.</p>
24	<p>(B)(3)(g): "Please clarify, is this referring to sauerkraut served as a vegetable, or may sauerkraut still be served in casseroles (as an ingredient) during the same month? Also, is "month" a 4-week period or a calendar month? Please define."</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>Please see ODA's response to comment #21 to this rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
25	<p>(B)(3)(g): "Please clarify, is this referring to sauerkraut served as a vegetable, or may sauerkraut still be served in casseroles (as an ingredient) during the same month? Also, is "month" a 4-week period or a calendar month? Please define."</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>Please see ODA's response to comment #21 to this rule.</p>
26	<p>(B)(3)(i): "Forgot cranberry juice."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #17 to this rule.</p>
27	<p>(B)(4)(d): The proposed rule contains the following language, which is repeated for all of the food groups: <i>When planning a meal under the menu-pattern method, the provider may use the guidelines the "Serving Sizes for Breads and Bread Alternates" table to this rule to determine one serving of bread or bread alternate.</i> The language <i>May use</i> suggests these serving sizes are optional. Recommend rules are consistent with serving sizes listed on USDA My Plate.</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>ODA has listened to its nutrition network as ODA has been asked to expand the bread/bread alternates to be part of the USDA MyPlate; diabetic exchanges; and follow a portion size that may be available through the food industry.</p> <p>An AAA may select what bread/bread alternates it allows for its planning and service area, just as it can for menu types.</p>
28	<p>(B)(4)(d)[<i>"Serving Sizes for Bread and Bread Alternates"</i>]: "The serving sizes for some breads and alternates, as well as yogurt, do not match the serving sizes listed on USDA My Plate. (Please see attached) Recommend rules are consistent with serving sizes listed on USDA My Plate. Also, recommend adding the serving size for cornbread, since many providers serve it."</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>Please see ODA's response to comment #27 to this proposed new rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
29	<p>(B)(4)(d) ["Serving Sizes for Bread and Bread Alternates"]: "Desserts, such as sugar free pudding, angel food cake and unfrosted cake are listed as a bread/bread alt. or a dessert. This seems incongruous with other areas of the proposed rule, where changes have been made to reduce sodium and fat. Table A2 1. Key Consumer Behaviors and Potential Strategies for Professionals of the DGAs, lists under refined grains and solid fats individuals should eat fewer cakes, cookies and other desserts, which are often made with refined grains, solid fats and added sugar. In addition, manufacturers often increase the sodium content of a food item, when replacing fat or sugar. Recommend removing these items from the bread alternate serving size list. If a provider would like to substitute one of these items as a serving of bread, then the nutrient analysis method should be utilized."</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>While desserts are optional, ODA tries to encourage the use of simple desserts as included on the substitution lists. Although we encourage the use of nutrient-analysis software, meal pattern is still available for some options.</p>
30	<p>(B)(4)(d) ["Serving Sizes for Bread and Bread Alternates"]: "White rice is no longer allowed? Have you priced the difference between brown and white rice recently? Oh, yea, that's not your problem is it? And a brownie is no longer a substitute either?"</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>After considering the comments submitted during the public-comment period, ODA revised the table to allow for rice in general, not just brown rice.</p>
31	<p>(B)(4)(d) ["Serving Sizes for Bread and Bread Alternates"]: "Forgot Brownie, Dinner Rolls and the option of White Rice."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #30 to this rule.</p> <p>However, after considering the comments submitted during the public-comment period, ODA revised the table to allow 1-ounce rolls.</p> <p>ODA did not amend the rule to allow for brownies.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
32	<p>(B)(5)(a): "2% milk has been removed from the milk options. Only 1%, skim, Chocolate and buttermilk are allowed. The DGAs list as a strategy: <i>Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, and fortified soy beverages. Replace higher fat milk and milk products with lower fat options. Drink fat-free (skim) or low-fat (1%) milk. If you currently drink whole milk, gradually switch to lower fat versions.</i> Most providers serve 2% milk per participant preference."</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>Providers who use menu patterns instead of nutritional-analysis software may have difficulty providing meals that comply with the new federal Dietary Guidelines for Americans.</p> <p>Additionally, the rule only requires a provider to <i>prefer</i> fat-free or low-fat milk. If a consumer insists on 2% milk, a provider could serve it. However, in doing so, it may be difficult to provide an overall meal that stays within the fat-intake limits in the Dietary Guidelines for Americans.</p>
33	<p>(B)(5)(a): "SHALL PREFER, but not mandatory? Clients still prefer 2%. We consider it a success that clients are drinking 2% rather than whole milk. I can see many clients option for NO milk rather than 1% or skim."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #32 to this proposed new rule.</p>
34	<p>(B)(5)(d)[“Serving Sizes for Milk and Milk Alternates”]: “Milk or milk alternatives: Eliminating 2% milk from available options for our clients will upset consumers and eliminate milk from many of their diets. Currently, 80-90% of our clients drink 2% milk even though skim and non-dairy milk are offered. Our vendor does not carry 1% milk in the serving size we need, nor does another vendor we checked with. We would prefer to serve 2% milk over chocolate or buttermilk. Recommend allowing 2% milk for participant preference and choice.”</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>Please see ODA's response to comment #32 to this proposed new rule.</p>
35	<p>(B)(5)(d)[“Serving Sizes for Milk and Milk Alternates”]: “Need to add 2% milk. I can see clients choosing NO milk rather than 1% or skim”</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #32 to this proposed new rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
36	<p>(B)(5)(d) ["Serving Sizes for Milk and Milk Alternates"]: "Juice fortified with calcium and vitamin D is allowed as a serving of milk alternate. However, juice is not a suitable substitute for milk. Beneficial nutrients found in milk are not the same in juice, such as protein, potassium, magnesium and conjugated linoleic acids. In addition, the DGAs recommend increasing milk and milk products. Soy beverages are mentioned as an allowable substitute. Dairy products are integral to the DASH diet, which is listed in the DGAs as one of the acceptable templates. Recommend removing juice fortified with calcium and vitamin D from the list of foods considered a milk alternate."</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>ODA agrees with you about the importance of milk, but continue to allow alternatives for consumers who cannot tolerate milk.</p>
37	<p>(B)(6)(d): "NO TRANS or avoid trans as much as possible? Most of our products are trans free, but still some out there."</p> <p>[Becky Deaner]</p>	<p>In the version of the proposed new rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR) to begin the formal rule-review process, ODA now requires the provider to "prefer to ... avoid products that contain trans fats."</p>
38	<p>(B)(6)(e): "Desserts- Unfrosted cake, Angel Food Cake, and SF Pudding can be considered a bread option? Please explain the rationale for this change."</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>During a previous round of comments for the nutrition rules, ODA was asked to add some bread alternates that could be used as desserts. Provider sought to offer more than fruit for dessert; therefore, we were trying to show options provider may have if they use the menu pattern.</p>
39	<p>(B)(6)(e): "Desserts- Unfrosted cake, Angel Food Cake, and SF Pudding can be considered a bread option? Please explain the rationale for this change."</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>Please see ODA's response to comment #38 to this proposed new rule.</p>
40	<p>(B)(8)(b): "Are you saying if my Congregate Clients ask for salt, I'm to refer them to this rule and refuse to give it to them? May I invite you to one of our Sites so that you can explain this rule to a group of 60 older adults who have no sodium restrictions, and want to salt their roast beef?"</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>ODA has no authority to change the federal Dietary Guidelines for Americans and it will be difficult for meals to comply with the sodium limits in the federal guidelines if the provider serves salt at the table. Pepper may be a seasoning option.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
41	<p>(B)(8)(b): "Are you serious? We don't salt food when cooking. If the trend is toward client driven and choice, you are taking away a client's choice to salt their own food. It is not a valid assumption that all seniors need to watch sodium."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #40 to this proposed new rule.</p>
42	<p>(B)(8)(b): The provider shall not supply any salt for seasoning meals. It has been noted (with much appreciation) that the Ohio Department of Aging is championing "Consumer Directed Choice". This rule seems to contradict that philosophy.</p> <p>Food production standards already require "no added salt" during preparation of the meals. Furthermore, if a provider does not offer salt (and pepper) at the dining sites the consumers will bring in their own salt shakers (which could be a sanitation issue).</p> <p>Where is the Consumer Choice in this proposed regulation?</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>Please see ODA's response to comment #40 to this proposed new rule.</p>
43	<p>(B)(8)(b): The provider shall not supply any salt for seasoning meals. It has been noted (with much appreciation) that the Ohio Department of Aging is championing "Consumer Directed Choice". This rule seems to contradict that philosophy. Food production standards already require "no added salt" during preparation of the meals. Furthermore, if a provider does not offer salt (and pepper) at the dining sites the consumers will bring in their own salt shakers (which could be a sanitation issue). Where is the Consumer Choice in this proposed regulation?</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>Please see ODA's response to comment #40 to this proposed new rule.</p>
44	<p>(B)(9): "Tea and Coffee are listed as optional beverages, which may be served. Are these now allowable expenses for Title IIIC? If they are not an allowable expense for Title IIIC, then recommend removing."</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>For clarification, ODA has added this language to paragraph (B)(9) of the proposed new rule: "Although serving a beverage is optional and may not be purchased with Older Americans Act funds,"</p>

173-4-05.2 Therapeutic and modified meals.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
1	(A)(1)(c): Who is the case manager at the AAA? [Title] III clients are managed at our level not the AAAs." [Becky Deaner]	In the version of the proposed new rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR), ODA said, "The case manager of the AAA <i>or the provider</i> shall review"
2	(A)(1)(c): "SUGGEST REPEATING THAT AN LD MUST APPROVE MENUS FOR EACH THERAPEUTIC AND MODIFIED MEAL like you did in (A)(1)(d)." [Becky Deaner]	Paragraph (A)(1)(d) of the rule applies to all therapeutic meals. There is no reason to duplicate the requirement in another paragraph.
3	(A)(2)(a): Dysphagia therapeutic meals: under (A)(2) (a) we would recommend that a change be made to be ..The provider may provide therapeutic meal for someone with a diagnosed neurological or chewing condition.... We strongly feel that there are a significant number of individuals with oral/dental problems that result in the senior not being able to chew the food which then results in swallowing complications. We feel that the proposed sentence would be too limiting and eliminate clients who greatly benefit from the dysphagic meals. [Stephen Smookler MSSA, MBA; Executive Director; Wesley Community Services]	Dental soft substitutions that are chopped, ground, or pureed can be offered to help with chewing. Paragraph (B)(3)(b) of this proposed new rule allows for this.
4	(A)(3)(b)(iii): "What is your opinion on hominy?" [Becky Deaner]	Grans and starches allowed in a gluten-free diet include hominy.
5	(A)(3)(b)(iv): "You forgot cranberry juice?" [Becky Deaner]	Cranberry juice drink is ½ cup. Neither the menu patterns in the proposed new rule nor proposed new rule 173-4-05.1 of the Administrative Code cannot address every food item. It is assumed that a dietitian would not offer unsweetened cranberry juice based upon taste.
6	(A)(3)(b)(v): "Add 2% milk" [Becky Deaner]	ODA has no authority to change the federal Dietary Guidelines for Americans. It is best to offer fat-free milk or low-fat milk because fat-free and low-fat milk provide the same nutrients with less solid fat and thus fewer calories.
7	(A)(3)(b)(vi): "You forgot brownie" [Becky Deaner]	On January 3, 2012, ODA will revise-file the proposed new rule to allow a brownie.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
8	<p>(A)(3)(b)(vii)[“Carbohydrate Choice Guidelines” table]: “Revise chart to include 2 breads. Since 2 breads are required for the menu pattern, list two breads in the guideline. Almost always, the total will be 5.”</p> <p>[Becky Deaner]</p>	<p>ODA will take this into consideration as it considers the future development of this proposed new rule.</p>
9	<p>(B)(3): “Are these the only modifications that are acceptable?”</p> <p>[Becky Deaner]</p>	<p>Yes, the rule does not allow other options.</p>
10	<p>[We] are also concerned about the lack of therapeutic meals for cardiac and renal clients.</p> <p>Currently Wesley, in conjunction with the Council on Aging of Southwestern Ohio makes available cardiac therapeutic meals that average sodium levels of less than 800 mg/meal and have low fat products at 25% of calories.</p> <p>Wesley Community Services also provides for Renal therapeutic meals for individuals on dialysis that are less than 800 mg./meal of sodium, less than 1000 mg./meal of Potassium, less than 420 mg./meal of [phosphorus], and 30-35 Gm./meal of protein.</p> <p>We strongly urge the Ohio Department of Aging to consider our concerns and provide for therapeutic meals for severe cardiac and renal patients on dialysis.</p> <p>We would be happy to provide additional information to help this happen.</p> <p>[Stephen Smookler MSSA, MBA; Executive Director; Wesley Community Services]</p>	<p>If a physician orders a therapeutic diet, the provider may determine if it is able to provide the diet based upon LD/RD input.</p>

173-4-05.3 Alternative meals and meal types.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
1	<p>GENERAL: "SUGGEST REPEATING THAT AN LD MUST APPROVE MENUS FOR EACH ALTERNATIVE MEAL AND MEAL TYPE"</p> <p>[Becky Deaner]</p>	<p>Rule 173-4-05 requires all menus to be approved by an LD. The beginning of this rule makes it clear that all alternative meals must meet the requirements of rule 173-4-05 of the Administrative Code.</p> <p>On January 3, 2012, ODA will revise-file the rule to clarify that all alternative meals must comply with rule 173-4-05.1 of the Administrative Code, too.</p>
2	<p>(B): "Breakfast and brunch are listed, but we can only offer sausage (or other high fat meat) once a month and only 1 egg per meal. This will seriously reduce our successful breakfast and brunch program."</p> <p>[Becky Deaner]</p>	<p>After considering comments submitted during the public-comment period, in the version of proposed new rule 173-4-05.1 of the Administrative Code that ODA filed with the Joint Committee on Agency Rule Review (JCARR), ODA is proposing to allow providers using menu patterns to serve sausage twice a month, but only one egg <i>yolk</i> per meal. A provider could serve more egg whites per meal.</p>
3	<p>(C)(3): "Why is dessert required on the salad bar, but is optional on the regular meal?"</p> <p>[Becky Deaner]</p>	<p>After considering comments submitted during the public-comment period, in the version of proposed new rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR), ODA made it clear that the dessert is <i>optional</i> on the salad bar just like it is for a regular meal.</p>
4	<p>(C)(5): "Clarify Why is this necessary? Temperatures are taken and the health department inspects. Food Safety training is already being done for all staff."</p> <p>[Becky Deaner]</p>	<p>After considering comments submitted during the public-comment period, in the version of proposed new rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR), ODA now only requires the provide to document that it provided food safety and sanitation training before serving a salad bar.</p>
5	<p>(C)(5): "The provider shall obtain the approval of a LD to include food safety and sanitation training before serving a salad bar or soup and salad bar meal. If all of a provider's cooks/servers are ServSafe certified, is approval needed from an LD as well? If so, please clarify what the "approval" entails."</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>Please see ODA's response to comment #4 for this proposed new rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
6	<p>(C)(5): "The provider shall obtain the approval of a LD to include food safety and sanitation training before serving a salad bar or soup and salad bar meal. If all of a provider's cooks/servers are ServSafe certified, is approval needed from an LD as well? If so, please clarify what the "approval" entails."</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>Please see ODA's response to comment #4 for this proposed new rule.</p>
7	<p>(E): "WITHOUT HEATING. This is difficult and costly. I guess canned goods can be eaten without being reheated. We are using this loosely."</p> <p>[Becky Deaner]</p>	<p>ODA reminds providers that providing alternative meals is optional. No provider is required to provide non-perishable, emergency, or shelf-stable meals unless it enters into a contract with an area agency on aging to provide such meals. A provider may distribute information to consumers on what food items to stock for an emergency situation.</p>
8	<p>(E)(1): Every provider of a congregate or home delivered nutrition program shall develop a written plan At a minimum in the plan the provider shall explain how it plans to enact one of the two strategies:</p> <p>(a) Distribute information to the consumers on how a consumer may stock his/her emergency food shelf OR</p> <p>(b) Distribute shelf-stable meals to consumers for storage on a consumer's emergency food shelf.</p> <p>** Please clarify: Is this stating providers have the option of providing either shelf (emergency) meals to consumers or the information?</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>Please see ODA's response to comment #7 to this proposed new rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
9	<p>(E)(1): Every provider of a congregate or home delivered nutrition program shall develop a written plan At a minimum in the plan the provider shall explain how it plans to enact one of the two strategies:</p> <p>(c) Distribute information to the consumers on how a consumer may stock his/her emergency food shelf OR</p> <p>(d) Distribute shelf-stable meals to consumers for storage on a consumer's emergency food shelf.</p> <p>** Please clarify: Is this stating providers have the option of providing either shelf (emergency) meals to consumers or the information?</p> <p>[Shon E. Gress, Guernsey County Senior Citizens Center]</p>	<p>Please see ODA's response to comment #7 to this proposed new rule.</p>
10	<p>(E)(2): "This is almost impossible using canned goods to have the same nutrient content as our hot meal."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #7 to this proposed new rule.</p>

173-4-05.4 Medical food and food for special dietary use.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
1	(B)(5)(a): Renewal of prescriptions every 90 days continues to be difficult to achieve Physicians are not always timely in getting the prescriptions returned. [Kathleen D. Downing, President/CEO; Mobile Meals, Inc.]	ODA will take this into consideration as it considers the future development of this proposed new rule.

173-4-07 Nutrition education service.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
1	<p>(B)(1)(a): "Why does the AAA LD have to approve the education materials when the LD at the provider has to complete the form for the RFP?"</p> <p>[Becky Deaner]</p>	<p>In response to your comment, in the version of the proposed new rule that ODA filed with the Joint Committee on Agency Rule Review to begin the legislature's formal rule-review process, ODA says the "provider or AAA" in all paragraphs of the rule where this makes sense.</p>
2	<p>(B)(1)(c): Provider needs to be defined. In PSA4, the AAA does not contract with the nutrition service providers to conduct nutrition education. This AAA is acting as the nutrition education provider and distributes print copies of nutrition handouts for distribution to clients (by the nutrition provider). What entity is responsible for monitoring/approving/determining if the materials distributed meet this requirement?</p> <p>Is (B)(1)(c) states that if a provider is reimbursed with OAA funds that nutrition education service must be offered two (2) times per year. Again, would the AAA be the provider in this case?</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>The AAA would request a waiver from ODA that would allow them to directly provide nutrition education services.</p> <p>Also, please see ODA's response to comment #1 to this proposed new rule.</p>
3	<p>(B)(1)(c)(i)(a): "This is really too complicated. We rely on cooperative extension providing in kind nutrition ed for our clients. We cannot expect to dictate what the presenter should discuss."</p> <p>[Becky Deaner]</p>	<p>Cooperate extension sites have always worked with our network in the past and they are very involved with food-safety issues as well as the importance of Dietary Guidelines for Americans messages including the importance of physical activity and healthy weights.</p>
4	<p>(B)(1)(c)(i)(b): You surely know by now what a joke the "Dietary Guidelines for American's" really is. The whole world knows it's a joke because the ADA changes it every year or three! Oh, don't misunderstand, Susan Green our Educator does it EVERY YEAR, but it's still a joke.</p> <p>(b) Odd-numbered year's requirement – so you want us to encourage these old, frail, homebound, severely handicapped people to get up and get moving? We will give them physical activity information but we will NOT encourage them to do it!</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>They Dietary Guidelines for Americans are updated every five years and jointly published by HHS and USDA, not the ADA.</p> <p>A goal of the nutrition education service is to strongly encourage physical activity that has been approved by a consumer's physician, but general information can be helpful, too. All nutrition education materials must be approved by the AAA.</p> <p>Please also see ODA's response to general comment #2.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
5	<p>(B)(1)(c)(i)(b): "I do not agree with this topic at all. First, this is too complicated. We rely on cooperative extension to provide in-kind nutrition education for our clients. We cannot expect to dictate topics to the presenter. Also, this is outside the scope of our mission to discuss physical activity and healthy weight to clients. I would be very leary of suggesting a HDM client be physically active if homebound. Many are at risk of falling and cannot engage in activity. It would be unsafe. I am not comfortable with this."</p> <p>[Becky Deaner]</p>	<p>Good comments! With guidance and input, a handout could be produced.</p>
6	<p>(B)(2)(a): "Please define group setting. This AAA is acting as the nutrition education provider and distributes print copies of nutrition handouts for distribution to clients (by the nutrition provider). These materials are made available on static kiosks at dining sites but are not delivered as a program/presentation. Will this meet the requirements for this regulation?"</p> <p>[Denise C. Niese, Executive Director; Wood County Committee on Aging, Inc.]</p>	<p>Nutrition education for the congregate nutrition program is done in a group setting with a presentation and evaluation component. An alternative to nutrition education may be nutrition counseling. Please refer to rule 173-4-06 of the Administrative Code, which is our nutrition counseling rule.</p> <p>Also, please see ODA's response to comment #1 to this rule.</p>
7	<p>(B)(2)(c): "Why? The LD at the local level determines this. If we have to wait on the AAA, it will delay the RFP process."</p> <p>[Becky Deaner]</p>	<p>The administrative function for compliance with the nutrition education rule rests with the AAA.</p> <p>Also, please see ODA's response to comment #1 to this rule.</p>
8	<p>(C): "Clarify For HDM, each client who receives NE is considered a unit?"</p> <p>[Becky Deaner]</p>	<p>Yes.</p>

173-4-08 Nutrition health screening.

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
1	<p>(B)(1)(a): This rule pertains to the Nutrition Health Screening requirement for Congregate, as well as HDM participants. Providers have had difficulty administering the Nutrition Health Screening at the Congregate sites because it is a barrier to service. Meal participants feel this is invasive. Congregate participation rates have been declining across the nation. This may contribute to further decline. In addition, the DETERMINE checklist is designed to be self-administered. Perhaps, in the congregate setting it would be more appropriate to administer/address the DETERMINE checklist as part of annual nutrition education. It can be administered in a group setting with topics and resources discussed. Recommend moving this requirement for congregate meal participants to nutrition education.</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>In the past, typically the screenings helped determine future nutrition education topics. The idea of performing nutrition education at the same time as nutrition screenings has merit and should be considered at the local level. All congregate participants must complete a health screen annually.</p>
2	<p>(B)(3): In addition, a referral for excessive alcohol consumption has been added. If a person answers <i>yes</i> to the question <i>Do you have three(3) or more drinks of beer, liquor or wine almost every day?</i>, then the provider shall offer to refer the participant to one of the agencies or organizations that address excessive alcohol consumption. We recommend removing this requirement. Site managers are often the individuals to administer the Nutrition Health Screening at the Congregate sites and it is not appropriate for many of them to address the issue of excessive alcohol consumption. As stated previously, many congregate meal participants already perceive the Nutrition Health Screening at Congregate sites invasive. Addressing alcohol consumption may be an even more sensitive issue. Perhaps, it is more appropriate for the individual to discuss with his/her physician. Recommend removing this new proposed requirement of referring an individual for excessive alcohol consumption based on response to Nutrition Health Screening.</p> <p>[Rebecca Liebes, Director of Nutrition and Wellness, Area Office on Aging of Northwestern Ohio, Inc.]</p>	<p>After considering the comments submitted to ODA during the public-comment period, ODA has changed the way that it expects providers to conduct nutrition health screening in a way that responds to the Dietary Guidelines for Americans' concern over excessive alcohol consumption. In the proposed amended rule that ODA filed with the Joint Committee on Agency Rule Review (JCARR), ODA now proposed to require the provider to provide <i>information</i>, not <i>referrals</i> regarding excessive alcohol consumption.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
3	<p>(B)(3): "If Billy-Bob Lastname has been a drinker all his life, and at the age of 90 answers "yes" you expect us, the provider of 5 of his 21 meals per week, to sit in judgment of his life choices and refer him to alcohol treatment program? It is our opinion that Billy-Bob has the right to drink or not drink and we have no right to judge him or insult him by referring him for treatment! If he was age 50, maybe, but let's get real here folks – we're talking about "old people".</p> <p>Now we have no problem with asking him if he would "like to have information on an alcohol treatment program" or "has this been a problem for you that you would like to have help with, or something similar. But the way you have the rule written offends me and I don't even drink! So just know, that if you leave it written as is, we will NOT be doing it as you have written, we will do it as I have written here."</p> <p>[Phyllis Saylor, Executive Director; Meals on Wheels-Older Adult Alternatives of Fairfield County, Inc.]</p>	<p>Please see ODA's response to comment #2 to this rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
4	<p>(B)(3): As a large nutrition provider, serving over 1,000,000 meals annually through both its home-delivered meal and congregate dining programs, LifeCare Alliance would like to request that the item in Rule 173-4-08 Section B(3)(b) be revised as such: "The provider shall offer to refer to one of the <u>make information available on agencies or organizations</u> that address excessive alcohol consumption <u>to any</u> consumer who answers 'yes' to the alcohol consumption question on the 'Determine Your Own Nutritional Health' checklist."</p> <p>LifeCare Alliance is making this request primarily because the agency's congregate dining sites are managed by staff and volunteers who are not professionally trained to make a referral such as this. Further, because the Determine Your Own Nutritional Health survey is initially completed at the start of a client's service, LifeCare Alliance is concerned that a client may feel "judged" by the program that he/she has just joined and choose not to return.</p> <p>Therefore, as stated above, LifeCare Alliance suggests that congregate dining sites and home-delivered meal assessors have information available if the participant wishes to receive it, rather than making a direct referral. We feel this approach will be less threatening, decreasing the likelihood that the program would lose these clients' participation all together.</p> <p>[Molly Haroz, Assistant Director, Nutrition Programs, LifeCare Alliance]</p>	<p>Please see ODA's response to comment #2 to this rule.</p>
5	<p>(B)(3):</p> <p>Question Regarding 173-4-08 (3b) - Referrals for excessive alcohol consumption- This ruling has multiple concerns such as the appropriateness of having site staff become involved with these concerns. This matter is best handled by licensed social workers. This would be a limitation for some meal providers. Our mental health system is already taxed and unfortunately these individuals may end up on waiting lists. Who is to pay for any treatment modalities?</p> <p>[Kathleen D. Downing, President/CEO; Mobile Meals, Inc.]</p>	<p>Please see ODA's response to comment #2 to this rule.</p>

	THE PUBLIC'S COMMENTS	ODA'S RESPONSES
6	<p>(B)(3): "I am very uncomfortable with this. Our assessors are very uneasy about referring clients. I find it offensive and only see problems if we suggest to someone that they seek help from an organization that addresses excessive alcohol consumption. To specifically address alcohol and nothing else is putting us in an awkward position. We already have to make referrals based on the DETERMINE check list, why specifically [address] alcohol? This is not a good idea."</p> <p>[Becky Deaner]</p>	<p>Please see ODA's response to comment #2 to this rule.</p>