



Division of Aging Services

State Review Guide

for

Nutrition Service Program HCBS – Section 304.4 Part B – Home Delivered Meals

PSA/County: _____ **Site/Provider:** _____

Reviewer: _____ **Date:** _____

Revised November 18, 2004

Nutrition Review Guide Purpose, Service Definitions and Abbreviations/Acronyms

Purpose and Scope:

This review guide is designed to assist Area Agencies on Aging in measuring the compliance and performance of providers of HCBS Nutrition Services.

Area Agencies shall contract only with qualified agencies, properly licensed food vendors, and licensed registered dietitians (or individuals with comparable expertise) for the provision of these nutrition services. An Area Agency providing these services directly shall be accountable to the same rules, regulations and compliance measures and is subject to being monitored by the Division of Aging Services using this review guide.

This review guide is divided into sections relative to activities and requirements as described in Manual Section 304 – Nutrition Program Guidelines and Requirements. It is the responsibility of the AAA to determine the review guide section or sections required to monitor a service provider or a service appropriately.

Review Guide Sections:

- **Part A, Section 304.3 - Congregate Nutrition Program Description and Performance Requirements**
- **Part B, Section 304.4 - Home Delivered Meal Program Description and Performance Requirements**
- **Part C, Section 304.5 - Requirements for Meals**
- **Part D, Section 304.6 - Administrative Responsibilities of Nutrition Service Providers**
- **Part E, Section 304.8 - Registered Dietitians**
- **Part F, Section 304 - Nutrition Education, Nutrition Screening, and Nutrition Counseling**
- **Part G - Appendix A**
- **Part H - Nutr-HCBS 304 client check sheets (Excel Spreadsheet)**

Abbreviations and Acronyms (Peculiar to this guide/Service/Program):

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AIMS	Aging Information Management System
CBA	County Based Agency
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
FN	Footnote
IADL	Instrumental Activities of Daily Living
NSI	Nutrition Screening Initiative
UCM	Uniform Cost Methodology

Home Delivered Meal Program Description and Performance Requirements

ITEMS TO BE COMPLETED PRIOR TO ON-SITE REVIEW

It is suggested the monitor complete the following tasks and review guide items before making the on-site visit. Items are identified with an asterisk () in the review guide.*

Item #	Review Guide Item	Action Required	Purpose	Completed
1.	All Sections of the Review Guide	<i>Review Previous Monitoring Report</i>	To become familiar with past performance of the provider and/or site.	Yes _____ No _____
2.	1. and 2.	<i>Review Contract and/or AIMS Contract Documents and any applicable Subcontracts</i>	To become familiar with contract, services to be provided, funding, unit cost(s), number of units to be provided, and subcontract(s) if applicable.	Yes _____ No _____
3.	2.	<i>Review “HCBS - Program Performance Report for Provider or AAA”</i>	To verify the number of units provided to date this program year.	Yes _____ No _____
4.	4.A	<i>Review “HCBS – Clients under 60 Receiving Service”</i>	To verify that only eligible clients are receiving meals.	Yes _____ No _____
5.	4.B	<i>Review “HCBS – Missing Data Elements Report by Individual Service”</i>	To determine the number of unduplicated clients in AIMS for the site.	Yes _____ No _____
6.	4.C	<i>Reference “HCBS – Missing Data Elements Report by Individual Service” and the chart in Review Guide Items #5.</i>	To determine the number of client files to be reviewed.	Yes _____ No _____
7.	4.D, 4.E, and 4.F	<p><i>(a) Review instructions for filling out client file checksheets.</i></p> <p><i>(b) Conduct client file review and complete a checksheet for each client file reviewed.</i></p> <p><i>(c) Input totals from each client checksheet into the Excel spreadsheet.</i></p> <p><i>(d) Transfer information to the review guide.</i></p>	The checksheet and Excel spreadsheets are suggested tools and are included to assist the monitor in evaluating contractor performance for file maintenance. (See attached file: Nutr-hcbs304clientchshts.xls.)	(a) Yes _____ No _____ (b) Yes _____ No _____ (c) Yes _____ No _____ (d) Yes _____ No _____
8.	5.	<i>Contact food vendor</i>	To verify the time the food is finished cooking and holding time begins.	Yes _____ No _____
9.	11.	<i>Review Appendix 304-D – Evaluation of Home Delivered Meals Participants for Chilled, Frozen, and/or Shelf Stable Meals Form.</i>	To verify the use of this form for determining the appropriateness of home delivered meals clients to receive alternate meal types.	Yes _____ No _____

Instructions to Complete the Home Delivered Meals Client File Checksheet and Part II of the Attached Excel Spreadsheet

NOTE: The client file checksheet and attached Excel spreadsheet are included for the monitor's convenience only and the use of these documents is not required to complete the review guide.

1. Determine the number of clients in AIMS for the service provider.
2. Determine the number of client files to be reviewed.
3. Request files from service provider.
4. Review client files for items listed on checksheet. Note findings on copies of the checksheet using codes below. Checksheet may be adapted to include additional items of information in the review.
5. Adjust the number of lines in the attached Excel spreadsheet to accommodate the number of client files reviewed.
6. Total the number of marks in the “yes”, “no”, and “N/A” columns on the checksheet.
7. Enter the number of data elements reviewed into the attached Excel spreadsheet. (Same number review items for each client.)
8. Enter column totals for each client into the attached Excel spreadsheet from checksheet.
9. Enter overall compliance/non-compliance rates/percentages in the appropriate spaces in the review guide. (N/A column total is excluded from the calculation of the “yes” and “no” percentages.)

Codes for reviewing information client files for service provider performance:

- Yes** - Information is in compliance.
No - Information is **NOT** in compliance.
N/A - Information requested is not applicable to this particular client.

Section 304.4 – Home Delivered Meal Program Description and Performance Requirements

<p>1. <i>* NOTE – One or more of the review guide sections for Manual Section 304 may be required to adequately monitor a service provider and/or a service.</i></p>	<p>*304.2; *304.6.a; *304.6.c and *304.6.d</p>	<p>Scope</p> <p>(1) _____ The AAA has executed a contract with the provider agency specifically for the provision of Home Delivered Meals Nutrition Services.</p> <p style="text-align: center;">OR</p> <p>_____ The AAA directly provides Home Delivered Meals Nutrition Services.</p> <p><i>Monitor – review contract prior to on-site review to become familiar with contracted services, funding, and the number of units to be provided.</i></p> <p>(2) Does the “AAA directly providing the service” or the “provider” subcontract out any portion of the services to be provided under this contract?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>Which Service(s): _____</p> <p>Provider: If “yes” to (2), provider has provided the AAA with a copy of the subcontract(s). Yes _____ No _____ N/A _____</p> <p>Provider: If “yes” to (2), provider monitors its subcontractor(s) at least annually. Yes _____ /Date: _____ No _____ N/A _____</p> <p>AAA: If “yes” to (2), the AAA directly providing services monitors its subcontractor(s) at least annually. Yes _____ /Date: _____ No _____ N/A _____</p>	<p>(1) Yes ____ No ____ N/A ____ Comments:</p> <p>(2) Yes ____ No ____ N/A ____ Comments:</p>
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Section 304.4 – Home Delivered Meal Program Description and Performance Requirements			
2.	*304.2; *304.6.a; *304.6.c and *304.6.d	<p><i>Monitor – review the respective <u>AIMS HCBS – Program Performance Report</u> (Provider or AAA) to verify that the number of contracted units provided is in line with the percent of the program year passed.</i></p> <p>Month: _____ % of Year Passed</p> <p>Home Delivered Meals: Contracted Units: _____ Units Provided: _____ % of Units Provided</p>	Yes ___ No ___ N/A ___ Comments:
3.	304.4,e; 304.4.a; 304.4.b; 304.4.c; *304.6.a and *304.6.c	<p><u>Schedule of meal service.</u></p> <p>(1) The provider makes meals available at least once a day, five days or more a week.</p> <p>How often are home delivered meals provided?</p> <p>(2) Describe how meals are provided to participants during weather-related or other states of emergency. Monitor - review written procedures.</p> <p>Monitors Findings/Comments:</p>	(1) Yes ___ No ___ N/A ___ Comments: (2) Yes ___ No ___ N/A ___ Comments:
4.	304.4,f; 304.4.d (Rev. 8-2002); 304.4.j; 304.4.j.1; 304.4.j.2; 304.4.n (Rev. 6/2003) and *304.6.a	<p><u>Participant records.</u> The provider shall maintain client files in a form and format approved/accepted by the Division of Aging Services, including information which, at a minimum, identifies regular participants; documents individuals’ eligibility for the program; instructions for emergency contacts and care preferences; and any other additional individual participant information as specified by DAS service program policies and procedures.</p> <p><u>Eligibility and priority for services.</u> The provider serves clients 60 and over, their spouse or disabled child living with them whose functional impairments prevent them from participating in a congregate meals program, etc. {Providers also may offer meals to the non-elderly, disabled individuals, who reside in the households of elderly (age 60+) persons and are dependent on them for care. (Rev. 2002)}</p>	Yes ___ No ___ N/A ___ Comments: Yes ___ No ___ N/A ___ Comments:

Section 304.4 – Home Delivered Meal Program Description and Performance Requirements

4... Cont'd

304.4.d
 (Rev.
 8/2002)

304.4.n
 (Rev.
 6/2003);
 304.4.a;
 304.4.b;
 and
 304.4.c

Nutrition Screening.

Nutrition screening begins at the AAA or County Based Agency (CBA) with the administration of the NSI-D checklist as part of the intake and screening process. The assessing agency (provider, case management, CBA, etc.) administers the NSI-D Checklist at six months following the beginning of services and annually thereafter, or more frequently if indicated by a change in the participant's condition or situation.

(A.) Monitor – prior to the on-site monitoring visit, review the HCBS – Clients under 60 Receiving Service report for the provider to verify that only eligible clients are receiving services.

Only eligible clients are receiving services: Yes _____ No _____

(B.) Monitor – prior to and current to the on-site monitoring visit, run the HCBS – Missing Data Elements Report by Individual Service for the provider.

Number/unduplicated count of clients files in AIMS for this site: _____

Monitor – To evaluate provider file maintenance in accordance with program requirements for current information and/or forms within a timeframe relative to the on-site monitoring visit, randomly select and request client files/source documents from the provider. The Home Delivered Meals Client File Checksheet inserted in the beginning of this review guide and the attached Excel spreadsheet are suggested tools. (See Part II of the attached file: Nutr-hcbs304clientchshts.xls.)

The suggested number of client files to be reviewed would be based on the total number of unduplicated client files in AIMS for this site in the HCBS – Missing Data Elements Report by Individual Service as recorded above. The following chart indicates the number of files to be reviewed.

Number of Client Files in AIMS	Number of Client Files to Review
1 – 60	*Minimum of 6 files
61 +	*Minimum of 10% of total files
*If multiple errors are found, increase sample size.	

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<p>4...Cont'd</p>		<p><i>Fill out a checksheet for each participant by reviewing the client's file for the items. Enter the totals for each client into Part II of the attached Excel spreadsheet. The checksheet and Excel spreadsheet may be adapted to accommodate a review for additional information and/or forms as desired by the AAA.</i></p> <p>(C.) Number of home delivered meals client files to be reviewed. _____</p> <p>(D.) Enter overall compliance/non-compliance rates/percentages from Part II of the Excel spreadsheet or from your own worksheet.</p> <p>Yes (#)____ (%)____ No (#)____ (%)____ N/A (#)____</p> <p>(E.) Were file maintenance discrepancies found? Yes _____ No _____</p> <p>(F.) If “yes”, what kinds of discrepancies were found?</p> <p>Monitor’s Findings/Comments:</p> <p><i>NOTE: Reference “Appendix A” for an optional monitoring tool to evaluate the accuracy of client data entered into AIMS compared to the information contained in the source document (the client file).</i></p>	
<p>5.</p>	<p>304.4.h</p>	<p><u>Meal delivery.</u></p> <p>The provider has developed and implemented procedures for assuring safe meal delivery in accordance with applicable DHR Food Service and Food Safety rules and DAS requirements for holding times.</p> <p><i>Monitor – contact food vendor for the time required to answer “a.” below.</i></p> <p>(1) a. The final stage of food preparation is: _____ (a.m. or p.m.) b. Serving time of last participant is: _____ (a.m. or p.m.) c. Difference: _____ (hours and minutes)</p>	<p>(1) Yes ___ No ___ N/A ___</p> <p>Comments:</p>

Section 304.4 – Home Delivered Meal Program Description and Performance Requirements

5...Cont'd		<p>(2) Does the home delivered meals program staff have in its possession the most current publication of the “Rules and Regulations – Food Service – Chapter 290-5-14”?</p> <p>Administrative Rules and Regulations of The State of Georgia</p> <p>Monitor’s Findings/Comments:</p>	<p>(2) Yes ___ No ___ N/A ___</p> <p>Comments:</p>
6.	304.4.i.1	<p><u>Meal packaging.</u></p> <p>The provider uses meal carriers of appropriate design, construction and materials to transport trays or containers of potentially hazardous food, and other hot or cold foods.</p> <p>(1) Describe meal carriers:</p> <p>(2) List approved temperature ratings/ranges for meal carriers:</p> <p><i>Monitor – check the condition of the food carriers to see if any need replacing.</i></p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
7.	304.4.i.2; Appendix 304-A and *Chapter 290-5-14.06(2)(f)1	<p><u>Meal Packaging.</u></p> <p>The provider cleans and sanitizes meal carriers daily or uses carriers with inner liners which can be sanitized. (Re: Appendix 304-A – Making a Sanitizing solution)</p> <p>Describe how meal carriers are cleaned and sanitized daily:</p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>

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<p>8.</p>	<p>304.4.i.3. A</p>	<p><u>Meal Packaging.</u> Serving containers for home delivered meals should be sealed to prevent moisture loss or spillage to the outside of the container.</p> <p><i>(1) Monitor - observe the meals as they are being prepared for delivery to verify meals are sealed and free of spillage.</i></p> <p><i>(2) Describe condition of the meals after packaging:</i></p> <p><i>Monitor - verify that the entire, required serving amounts/sizes will fit into the designated serving cups/bowls and that the lid will fit appropriately without spillage.</i></p> <p><i>(3) Describe efforts to verify #2: (Water maybe substituted for menu items.)</i></p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___ Comments:</p>
<p>9.</p>	<p>304.4.i.3. B</p>	<p><u>Meal Packaging.</u> Meal tray serving compartments are designed to separate food items for maximum visual appeal and minimize spillage between compartments.</p> <p><i>Monitor - verify adequacy of meal tray serving compartments while observing the packaging of home delivered meals for that day.</i></p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___ Comments:</p>
<p>10.</p>	<p>304.4.i.3. C</p>	<p><u>Meal Packaging.</u> Describe the efforts of the staff and volunteers to assure participants derive maximum consumption and benefit from the meals (i.e. assistance, assistive devices, modified utensils, etc.).</p>	<p>Yes ___ No ___ N/A ___ Comments:</p>

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10...Cont'd		<p>Monitor's Findings/Comments:</p>	
11.	<p>304.4.j; 304.4.j.1; 304.4.j.2 and *Chapter 290-5-14</p>	<p><u>Meal Packaging -Frozen, chilled or shelf-stable meals.</u> These meals are prepared and served in accordance with DAS requirements and may be used only if the criteria as identified in Appendix 304-D - Evaluation of Home Delivered Meals Participants for Chilled, Frozen, and/or Shelf Stable Meals are met.</p> <p><i>Monitor – Verify that the attached HDM evaluation form is being utilized to document the appropriateness of an individual client to receive alternate meal types. Information to complete this item is captured on the individual client file checksheets completed during review of the random sample of client files. (See <u>Participant Records</u> item above.)</i></p> <p># of files reviewed: _____ # of Yes: _____ # of No: _____ # of N/A: _____</p> <p>Monitor's Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___ Comments:</p>
12.	<p>304.4.k and *304.6.j.5</p>	<p><u>Monitoring by provider.</u> Food temperatures are taken and recorded daily.</p> <p><i>Monitor - request to see documentation to verify temperatures of food upon delivery to the site.</i></p> <p>(1) How/where are temperatures recorded?</p> <p>(2) Safe temperatures are being maintained (41 degrees or below for cold foods; or 140 degrees or above for hot foods). Yes _____ No _____</p>	<p>Yes ___ No ___ N/A ___ Comments:</p>

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<p>12... Cont'd</p>		<p>Monitor's Findings/Comments:</p> <p>(3) The provider monitors no less than twice per month and documents the temperature of the last meal delivered on a given delivery route to assure that holding times, safe temperatures and quality of meals are maintained. Providers shall select routes randomly for monitoring.</p> <p><i>Monitor - request to see documentation to verify temperature of last meal delivered and frequency.</i></p> <p>(4) How/where are temperatures recorded?</p> <p>(5) Safe temperatures are being maintained (41 degrees or below for cold foods; or 140 degrees or above for hot foods). Yes _____ No _____</p> <p>Monitor's Findings/Comments:</p>	
<p>13.</p>	<p>304.4.1 and *304.6.b</p>	<p><u>Nutrition outreach.</u></p> <p>(1) Describe the provider's "outreach" efforts.</p> <p>(2) Does the provider refer potential participants to the Area Agency for intake and screening. Yes _____ No _____</p>	<p>(1) Yes ___ No ___ N/A ___ Comments:</p> <p>(2) Yes ___ No ___ N/A ___ Comments:</p>

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13...Cont'd		Monitor's Findings/Comments:	
14.	304.4.m. 1 - 4	<p><u>Nutrition education.</u></p> <p>Home Delivered Meals Program Provider has documentation for the following:</p> <p>(1) Nutrition Education is being provided to HDM Participants. Yes _____ No _____</p> <p>(2) Who administers Nutrition Education at this site?</p> <p>(3) An approved, written Nutrition Education Program Plan is being followed. Yes _____ No _____</p> <p>(4) Nutrition Education services are being provided to home delivered meals recipients and/or their caregivers at least once per month. Yes _____ No _____</p> <p>(5) Written materials and distribution lists. Yes _____ No _____</p> <p>Monitor's Findings/Comments:</p> <p>Note: A separate review guide, "Section 304 – Nutrition Education, Nutrition Screening, and Nutrition Counseling", has been developed to assist in monitoring and evaluating Nutrition Education Plans, Nutrition Screening, and Nutrition Counseling for both congregate and home delivered meals programs.</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>