WASHTENAW COUNTY

SENIOR NUTRITION PROGRAM

POLICIES AND PROCEDURES MANUAL

Updated: February 28, 2014

OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT

Collaborative solutions for a promising future

Washtenaw County Senior Nutrition Program is funded in whole or in part by the Federal Older Americans Act and the Michigan Office of Services to the Aging through the Area Agency on Aging 1-B. Washtenaw County Senior Nutrition Program complies with the terms and regulations of the Title V of the Civil Rights Act of 1964 as amended and Section 504 of the Social Rehabilitation Act of 1973 and is an Equal opportunity employer program. Reasonable accommodation will be provided upon notification or request..

TABLE OF CONTENTS

Program Priorities **2**
Conduct Policies **3**
Site Expectations **4**
Staffing 5
Facilities 7
Site Monitoring 9
Emergency Management 9
Participants **10**
Participant Rights 11
Confidentiality Policy 11
Procedure for Reporting Suspected Cases of Abuse/Neglect 12
Recipient Grievance Resolution Procedure 13
Termination Policy for Participants 14
Donations 14
Private Pay Policy 15
Meal Requirements **16**
Meals 17
Menu Creation Policy 17
Nutrition Education 17
Congregate Meals Service Program **18**
Eligibility and Registration 19
Meals 20
Food Safety 20
Home Delivered Meals Service Program **20**
Eligibility and Registration 21
Prioritization 23
Assessments 24
Meals 27
Home Delivered Meal Walk Away Policy 29

WASHTENAW COUNTY
SENIOR NUTRITION PROGRAM

Washtenaw County Office of Community and Economic Development (OCED) operates the home delivered meals and congregate meals programs that make up the Senior Nutrition Program for Washtenaw County. Funding for this program originates from the Office of Services to the Aging (OSA) and the Older Americans Act at the federal level, and is passed through the Area Agency on Aging, 1-B (AAA 1-B) to OCED. Seniors aged 60 and over are serviced with a daily meal that is designed to meet one third of their daily nutrition requirements. Whenever possible, the program strives to offer meals at locations in conjunction with social, recreational, and educational activities. The program provides an opportunity for companionship, human contact, and relief from isolation for older adults.

Menus for both congregate and home delivered meals have been nutritionally approved by the Area Agency on Aging 1-B, assuring that each meal meets nutritional requirements. Modified diets for diabetics, salt-restricted diets and Kosher (dairy) meals are available upon request. The food is prepared by contracted food service operations.

Many supportive services such as counseling, exercise classes and health education are offered in conjunction with the meals to ensure socialization and activity. Those participants with special needs are referred to the appropriate services by the Site Coordinator or an Assessor.

PROGRAM PRIORITIES

The Senior Nutrition Program strives to meet the needs of all seniors in Washtenaw County. When resources are limited, sites are expected to prioritize service for eligible persons with greatest social and/or economic need**,** with particular attention to low income minority individuals race or ethnic minority, and/or individuals with limited English proficiency. AAA 1-B additionally recommends targeting of Hispanic and/or Lesbian, Gay, Bi-Sexual and Transgender (LGBT) older adult populations. Participants shall not be denied services because of their income or financial resources.

Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services.

CONDUCT POLICIES

CIVIL RIGHTS COMPLIANCE

Each site must not discriminate against any employee, applicant for employment, or recipient of service because of race, color, religion, national origin, age, sexual orientation, height, weight or marital status.

EQUAL EMPLOYMENT

Each site must comply with equal employment opportunity and affirmative action principles. (http://www.dol.gov/elaws/asp/drugfree/screenr.htm).

DRUG FREE WORKPLACE

Each site must agree to provide drug-free workplaces as a precondition to receiving a federal grant. Each program must operate in compliance with the drug-free workplace act of 1988 (www.drugfreeworkplace.org).

AMERICANS WITH DISABILITIES ACT

Each program must operate in compliance with the Americans With Disabilities Act (www.usdoj.gov/crt/ada).

WORKPLACE SAFETY

Each program must operate in compliance with the Michigan Occupational Safety and Health Act (MIOSHA). Information regarding compliance can be found at www.michigan.gov.

UNIVERSAL PRECAUTIONS

Each program must evaluate the occupational exposure of employees to blood or other potentially hazardous materials which may result from performance of the employee's duties and establish appropriate universal precautions (www.osha.gov). Each site with staff who may experience occupational exposure must develop an exposure control plan which complies with Federal regulations implementing the Occupational Safety and Health Act. Personal care staff in Adult Day Service Centers are required to have documentation of TB test results in employee files.

SITE EXPECTATIONS

STAFFING

STAFF MEMBERS AND VOLUNTEERS

While programs are not required to employ staff, those employed shall be competent and qualified personnel sufficient to provide services pursuant to the contractual agreement.

HIRING

Prospective staff and volunteer candidates should be provided a written job description. References must be checked prior to employment.

VOLUNTEER PAPERWORK

Each program utilizing volunteers shall have a written procedure governing the recruitment, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff. Volunteer time must be documented to be included as an in-kind contribution to the Senior Nutrition Program using the In-Kind Documentation Form Forms must be submitted monthly to OCED.

Volunteers must submit a Volunteer Registration Form in order to be eligible to volunteer for the program. Home Delivered Meal volunteer drivers must additionally submit a Background Check Form (i.e. Authorization and Release Form) which may be faxed to OCED. A valid driver's license and automobile insurance is required for any volunteer operating a vehicle as part of their volunteer hours. A copy of the volunteer's driver's license and certificate of insurance should be kept on file.

Sites must report and complete a Volunteer Incident Report immediately if a volunteer becomes hurt or injured due to any accidents.

ORIENTATION AND IN-SERVICE TRAINING

Agency staff with support from OCED is responsible for orientation for new Site Coordinators. Site Coordinators with support from OCED is responsible for orienting new staff members to the Senior Nutrition Program. Site Coordinators are responsible for providing volunteer orientation. Each volunteer must have access to the Volunteer Handbook as part of the training, which includes a written position description.

Staff and volunteers of each program shall receive in-service training provided by OCED at least twice each fiscal year. This training is specifically designed to increase their knowledge and understanding of the program and to improve their skills at tasks preformed in the provision of service. OCED maintains records which identify the dates of training, topics covered, and attendance.

Site coordinators are expected to train staff members and volunteers on an ongoing basis and manage all staff members in order to carry out expected duties. Training provided by site staff

members should include, at a minimum, day-to-day operations, food safety basics, and Senior Nutrition Program policies and procedures. Site staff members are expected to utilize the Volunteer Training Manual provided by OCED to cover all necessary training areas.

STAFF IDENTIFICATION

Staff members and volunteers interacting with participants must be properly identified by a name badge to indicate representation of the congregate and home delivered meals programs.

VEHICLE OPERATION

A valid driver's license and automobile insurance is required for any volunteer operating a vehicle as part of their volunteer hours. A copy of the volunteer's driver's license and certificate of insurance should be kept on file.

PERFORMANCE REVIEW

Staff members working with the Senior Nutrition Program and volunteers who have been with the program for at least 12 months are expected to undergo an annual performance review.

CONDUCT EXPECTED OF PAID AND VOLUNTEER STAFF

Paid and volunteer staff **may not**:

- Accept gifts of payment from the participants
- Offer for sale any type of merchandise or service
- Seek to encourage the acceptance of any particular belief or philosophy by any program participant
- Demonstrate favoritism among participants, such as withholding meals from certain participants or providing additional incentives to your favorite participant

FACILITIES

INSURANCE REQUIREMENT

Each program shall have sufficient insurance to indemnify loss of federal, state, and local resources, due to casualty, fraud, or employee theft. All buildings, equipment, supplies and other property purchased in whole or in part with funds awarded by OSA are to be covered with sufficient insurance to reimburse the program for the fair market value of the asset at the time of loss. Each nutrition program shall carry product liability insurance sufficient to cover its operation.

FACILITY MAINTENANCE

- The congregate meals program should be operated within an accessible facility. Accessibility is defined as a participant with a disability being able to enter the facility, use the restroom, and receive service that is at least equal in quality to that received by able-bodied participants.
- Facilities must comply with local fire safety standards. Each meal site must be inspected by a local fire official no less frequently than every three years. Each meal site must conduct a fire drill at least once a year and provide documentation of the date and time it was completed.
- Sites must comply with Michigan Food Code and local public health codes regulating food service establishments. Sites must be food service licensed by the Public Health Department. Health Inspections must be submitted to OCED within 10 working days. It is the responsibility of the site to address noted violations promptly.

SITE CLOSURE

When a meal site is to be permanently or temporarily closed, the program will notify OCED in writing, including the following information:

1. Intent to close a site, as soon as possible.
2. A rationale for site closure (e.g. lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources)

All closures must be approved by OCED. If a closure occurs without approval, funding may be withheld and/or recaptured at OCED's discretion.

AAA1-B COMMUNITY NUTRITION SERVICES POSTINGS

Each program shall display, at a prominent location in each meal site, the AAA 1-B or the Office of Services to the Aging (OSA) Community Nutrition Services poster. A site may use its own poster as long as all required information is included and clearly presented. The poster shall contain the following information for each program; additional information pertaining to the program shall not be displayed so as to cause any misunderstanding or confusion with information presented on the poster:

- The name of the nutrition project director
- The nutrition project director's telephone number
- The suggested donation for eligible participants
- The guest fee to be charged non-eligible participants
- A statement of non-discrimination identical to the language on the OSA poster: No persons shall be excluded from participating in, denied the benefits of, or be subjected to discrimination under the program because of age, race, color, national origin, or handicap. If you believe you have been discriminated against, please contact the Affirmative Action Officer at the Michigan office of Services to the Aging, 517-373-2057 or the Chicago Regional Office of Civil Rights, 312-886-2359.

Publications about the program must include:

- Phone numbers
- Websites
- Logos for OCED and AAA 1-B
- The following statement:
  The Senior Nutrition Program of the Office of Community and Economic Development (OCED) is funded in part by the Federal Older Americans Act and the Michigan Office of Services to the Aging through the Area Agency on Aging 1-B. OCED complies with the terms and regulations of the Title V of the Civil Rights Act of 1964 as amended and Section 504 of the Social Rehabilitation Act of 1973 and is an Equal Opportunity Employer program. Reasonable accommodation will be provided upon notification or request.

SITE MONITORING AND EVALUATION

OCED will evaluate the Senior Nutrition program by obtaining and evaluating information on the views of service recipients about the quality of services received. This includes client satisfaction surveys and review of assessment records of home delivered meal recipients. Home delivered meal assessment records include a participant satisfaction survey. Congregate Meal Participation surveys will be administered annually to be compared with previous results. Assessment records will also be analyzed each year and compared with previous years.

Additionally, sites will be formally monitored for compliance with AAA 1-B requirements. The monitoring process will consist of two components, an on-site visit and a close monitoring of the submitted paperwork. Results will be shared with sites in order to improve program activities.

VOLUNTEER INCIDENT REPORT

In the unlikely event that a volunteer are injured or hurt while volunteering, the volunteer should let the Site Coordinator know as soon as possible. The Site Coordinator will provide an Incident Report form to complete. We are required to report all accidents and injuries. Should the volunteer require medical attention, their personal medical insurance is the primary coverage.

EMERGENCY MANAGEMENT

Each service program must have established written emergency protocols for both responding to a disaster, and undertaking appropriate activities to assist victims to recover from a disaster, depending upon the resources and structures available.

EMERGENCY PREPARDNESS TRAINING

Each program shall document that appropriate preparation has taken place at each meal site for procedures to be followed in case of an emergency including:

a. An annual fire drill.
b. Staff and volunteers shall be trained on procedures to be followed in the event of a severe weather storm or natural disaster and the county emergency plan.
c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency.

In the event of a weather or natural disaster emergency, site staff are instructed to listen to the local radio station for school closings in their area.

PARTICIPANTS

PARTICIPANT RIGHTS

Participants rights include the right to:

- Be treated with dignity and respect
- Participate in the development of the Senior Nutrition Program
- Be fully informed regarding the Senior Nutrition Program, including frequency of meals, meals menu and suggested donation
- Receive services designed to promote your functional ability to the optimal level and to encourage independence in receiving meals
- Be free from abuse, neglect, and exploitation
- Refuse to provide any information you do not wish to share, with the understanding that this refusal may affect your eligibility status for enrollment in programs
- Attend or refrain from attendance and participation in all Senior Nutrition Program activities
- End participation in the Senior Nutrition Program at any time
- Be accorded rights in the areas of civil rights, grievance procedures and confidentiality

CONFIDENTIALITY POLICY

Staff and Volunteers

1. All staff and volunteers are required to adhere to federal, OCED and AAA 1-B confidentiality/HIPAA agreements.
2. Staff and volunteers, including one-time volunteers, will be asked to sign a confidentiality agreement before their start date.
3. Volunteers are required to sign HIPAA/Confidentiality statements annually.
4. OCED will provide information about HIPAA and OCED confidentiality requirements at the time the volunteer application is submitted and as requested thereafter.
5. Volunteers and staff who breach confidentiality will receive a verbal warning and instruction on how to avoid breaching confidentiality in the future.
6. Continued and willful breaches of confidentiality by staff and volunteers will result in termination of employment and volunteer placement.
7. Volunteers inquiring about the status of a customer who is normally on their route can be told where they are if they are hospitalized, in a nursing home, or in a hospice. Staff cannot tell a volunteer why the customer is hospitalized, etc.

Participants

1. All participants will be informed in writing at their initial assessment and at their reassessment of OCED's confidentiality policy.
2. All participants will be asked to sign both a general and a specific release of information. Participants have the right to refuse signing the specific release of information.
3. Participants or their representative who refuse to sign a general release form may not be accepted as an OCED Senior Nutrition Program participant. It is the discretion of the Human Services Manager to make a decision regarding eligibility for customers who refuse to sign the release of information. Home delivered meal participants are required to sign a release of information annually.
4. The purpose of the general release form is to contact a participant's emergency contacts, NAPIS demographics, and other contacts in case of emergency situations.
5. Participant information will be kept in locked file cabinets. Only necessary information to ensure the well-being of a customer will be shared with their emergency contact(s).

SUSPECTED CASES OF ABUSE/NEGLECT

Persons working in any capacity for the Senior Nutrition Program that observes suspected abuse/neglect situations involving an older adult must report their concern to the Site Coordinator or OCED staff.

Abuse/neglect is defined as any condition, circumstance or person which places the older adult or the household of the older adult in imminent danger.

<u>The following process is to be followed if abuse is suspected:</u>

If a volunteer has a concern, they should report the situation to the Site Coordinator. If this cannot be resolved by the Site Coordinator, the Site Coordinator will discuss the situation with OCED staff for advice, troubleshooting and reporting.

If it is determined that the situation warrants a formal complaint, OCED staff will contact the Department of Human Services, Adult Protective Services Unit to file a report.

If it is determined that a report shall be filed, OCED will keep a record of the situation at the main office in an incident log. The record will include:

- Date of initial contact with staff about incident/concern
- Person reporting incident
- Name of person(s) involved in abuse/neglect
- Date of report to DHS
- Name of worker reported to at DHS

GRIEVANCE RESOLUTION PROCEDURE

Persons determined to be ineligible for service, who have had services terminated or who have perceived unfair treatment by the Washtenaw County Senior Nutrition Program may file a grievance with the organization and have the right to appeal the decision.

Such notice shall be given by posting written materials at congregate meal sites for congregate meal participants and through verbal and written instruction for home delivered meal recipients.

Any older adult or his/her representative may file a complaint by contacting the Site Coordinator either in writing or verbally with the specific complaint.

1. The Site Coordinator will contact the Human Services Program Specialist. The Human Services Program Specialist will meet with the older adult or his/her representative within five (5) days of the complaint to discuss the issues involved in the complaint (a copy of the complaint is also forwarded to the Human Services Manager).

2. Should the complaint be unresolved, the Human Services Manager will call or meet with the complainant.

3. If the complaint is still unresolved, the complaint is forwarded to the Director of the Office of Community and Economic Development who will review the information and meet with the complainant in efforts to resolve issue.

4. The Senior Nutrition Program must provide a copy of the Area Agency on Aging 1-B (AAA 1-B) Service Recipients Grievance Procedure to any older adult or his/her representative who remains unsatisfied after grieving an action with the local Senior Nutrition Program. Complainant has the right to contact AAA 1-B and proceed through the AAA-1B Appeal Procedure.

Complaints of discrimination may be filed with the respective Area Agency on Aging, with the U.S. Department of Human Services, Office of Civil Rights or the Michigan Department of Civil Rights.

TERMINATION POLICY FOR PARTICIPANTS

Participants must meet the eligibility criteria as outlined. Reasons for termination of service may include:

1. the participant's decision to stop receiving services;
2. reassessment which determines a participant to be ineligible;
3. improvements/changes in the participant's condition so they no longer are in need of services;
4. a change in the participant's circumstances which makes them eligible for services paid for from other sources;
5. an increase in the availability of support from friends and/or family; and
6. permanent institutionalization of participant in either acute care or long term care facility (if institutionalization is temporary, services need not be terminated); and/or the program becomes unable to continue to serve the participant and referral to another provider is not possible (may include unsafe work situation for program staff or loss of funding).

Participants receive formal written notification of the termination of services and the termination is documented in the participant file. If the termination was not voluntary and the client does not agree with the decision, he/she has the right to appeal the decision (See Recipient Complaint Resolution Procedure & Appeals Process).

DONATIONS

Individuals who meet the eligibility criteria to participate in the program will be encouraged to donate $3.00 per meal, although no one will be turned away for inability to pay. For HDM participants, information on suggested donation amounts is delivered to each participant during assessment. HDM participants can be provided with stamped labeled envelopes if they are able to donate but do not have any envelopes or stamps. The envelopes should be mailed to the Site Coordinator at the site.

Individuals not otherwise eligible may be served if meals are available, and they must pay $5.50 and receive a receipt for their payment. Meals for these individuals may only be provided after all eligible participants have been served.

Donations must be counted and signed for by two people and kept in a locked container until deposited into a bank account. At the end of each month, sites must mail to OCED the original deposit receipts and documentation showing that each day's donations were counted and signed for by two individuals. Donations will be invested back into the Senior Nutrition Program by OCED. Donation Summary sheets and donation deposit receipts must be submitted to OCED each month. **Any discrepancies found by OCED are noted, discussed with the Site Coordinators and corrected.**

PRIVATE PAY POLICY

OCED assures that high quality service shall be provided regardless of a person's ability to pay and whether the service is funded privately or through OAA/state funds. Private pay revenue is kept separate from OAA funds, and may be used to expand service capacity at the discretion of OCED. Delivery of private pay services are not be subsidized by OAA funds.

Upon intake, individuals must be informed of private pay options. Participants are prioritized using the AAA 1-B prioritization; please see the Priority Ranking and Waiting Lists policy for details on prioritization. AAA 1-B Community Support Services (CSS) participants shall not be offered private pay services unless reviewed and approved by the AAA 1-B Care Manager.

MEAL REQUIREMENTS

MEALS

Meals may be presented hot, cold, frozen, or shelf-stable and shall conform to the following meal pattern with menu flexibility supported by the use of computerized nutrient analysis: Examples of permissible menu options include the following:

- 2 bread servings, 2 vegetable servings and 1 fruit serving;
- 1 bread serving, 1 starchy vegetable serving, 1 other vegetable serving and 1 fruit serving;
- 2 bread servings, 1 vegetable serving and 2 fruit servings;
- 1 bread serving, 1 starchy vegetable serving, and 2 fruit servings;

The AAA 1-B includes the following quality standards to be maintained in the preparation and serving of food:

- Food color and texture as close to original ingredients as can be obtained by good food preparation
- Excellent flavor, aroma, taste, appearance and
- Menu ideas to provide participant's a choice
- Reflect overall participant food preferences

MENU CREATION POLICY

The caterers for both congregate and home delivered meal sites are responsible for menu planning. Upon approval, the caterer will submit the proposed menu to the Area Agency for approval three (3) weeks prior to the beginning of a cycle. Any changes in the approved menu must have prior approval
from the AAA 1-B.

NUTRITION EDUCATION

OCED will provide nutrition education materials to be distributed each month to participants. Additionally, OCED will arrange for any additional nutrition education sessions and coordinate with the site to deliver the nutrition education. Sites are welcome to arrange for additional nutrition education activities.

CONGREGATE MEALS PROGRAM

ELIGIBILITY AND REGISTRATION

All sites are expected adhere to the program operational policies that ensure facilities are providing the best possible service to our clients. All staff and volunteers must fulfill the guidelines set to help the program run smoothly and efficiently.

CONGREGATE PROGRAM ELIGIBILITY REQUIREMENTS

- Older adults having reached 60 years of age are eligible to participate in the congregate program along with their spouses who may or may not be 60 years of age.
- Disabled individuals who have not attained 60 years but who reside in housing facilities occupied primarily by the elderly at which congregate meals are provided may receive services.
- Individuals with disabilities who reside in a non-institutional household with and accompany an eligible older individual are eligible to participate.

PERSONS UNDER 60 AND NOT THE SPOUSE OF AN ELIGIBLE MUST PAY THE TOTAL COST OF THE MEAL RECEIVED THROUGH THE PROGRAM. UNDER AGE PARTICIPANTS MAY ONLY BE SERVED AFTER ALL ELIGIBLE PERSONS ARE SERVED.

INTAKE PROCESS FOR CONGREGATE PARTICIPANTS

A uniform intake process is used at all congregate sites to register program participants.

- Each congregate participant must register with the program within one week after their initial visit at dining site.
- The participant must fill out a Client Registration Form and an attached nutrition risk survey. A copy of this form is kept on site and the original is mailed to OCED. OCED will input the registration information into the electronic database for passing onto the State and keep the hard copy on file.
- Participants must sign on the Daily Sign-in Sheet prior to receiving each meal. Daily Sign-in Sheets must be submitted to OCED each month.
- If a congregate participant is eligible for a home delivered meal, the site coordinator must make a referral to OCED using the Program Referral Form for HDM meals, so that the client may be assessed for the program. This referral will be kept in the client file and data about clients participation in both either/both programs is stored in the OCED Senior Nutrition Program database.

*Client registrations (signatures) must be renewed annually.

MEALS

FOOD WASTE MINIMIZATION

Each participant must reserve a meal at least 24 hours in advance to reduce food waste.

CONGREGATE MEALS TEMPERATURE MAINTENANCE POLICY

In order to ensure the safety of seniors receiving meals, hot meals must be maintained at a temperature above 135 degrees and cold components must be maintained at a temperature below 41 degrees. Meals should be temperature tested just before serving.

ASSISTIVE EATING DEVICES

Each site shall make available, store and clean, upon request, food containers and utensils used as assistive devices for participants who are living with disabilities as part of a therapeutic program.

FOOD TAKEN OUT OF MEAL SITES

Nutrition providers may allow leftovers (food served to participants and not eaten) to be taken out of the site if the following conditions are met:

- A sign shall be posted near the congregate meal sign informing the meal participants that all food removed from the site becomes the responsibility of the individual.
- All new congregate participants receive written material about food safety and preventing food-borne illness when they sign up.
- All participants receive written material about food safety and preventing food-borne illness annually.
- The individual has signed a waiver statement on their registration form that states that the individual understands that /she is responsible for food taken out of the site Containers are not provided for the leftovers.

If a regular congregate meal participant is unable to come to the site due to illness, the meal may be taken out of the site to the individual for no more than seven (7) days. If needed for more than seven days, the participant should be evaluated for home delivered meals. If the person taking out the meal is also a regular congregate participant, they may also take their meal out.

FOOD SAFETY

CLEANING & SANITIZING

All equipment and utensils must be cleaned and sanitized using a bleach and water mixture solution. Cloths that are used for wiping down surfaces of equipment and counter tops shall be stored in a clean bleach and water solution at a strength of 50 - 100 ppm* concentration. Chlorine test strips must be used to check concentration.

HOME DELIVERED MEALS PROGRAM

ELIGIBILITY AND REGISTRATION

All sites are expected adhere to the program operational policies that ensure facilities are providing the best possible service to our clients. All staff and volunteers must fulfill the guidelines set to help the program run smoothly and efficiently.

HOME DELIVERED MEALS ELIGIBILTY REQUIREMENTS

- Older adults having reached 60 years of age are eligible to participate in the program along with their spouses or an unpaid caregiver who may or may not be 60 years of age or
- Any individual with disabilities residing with an eligible participant, may receive a home delivered meal if the assessment indicates receipt of the meal is in the best interest of the participant
- A person must be homebound; i.e., does not leave his/her home under normal circumstances.
- A person must be unable to participate in the congregate nutrition program because of physical or emotional difficulties.
- A person must be unable to obtain food or prepare complete meals.
- That there is no adult living at the same residence or in the vicinity that is able and willing to prepare all meals.
- The person's special dietary needs can be appropriately met by the program
- A person must be able to feed himself/herself.
- A person must agree to be home when meals are delivered, or contact the program when absence is unavoidable.

CLIENT INTAKE

Interested persons may inquire about participating in a congregate program by calling or walking in to a specific meal site. Persons eligible and participating in the Congregate meal program and are no longer able to participate in the Congregate program can be referred to the HDM meal program if they appear eligible for home delivered meals (see HDM program eligibility).

Each Home Delivered Meal (HDM) program shall demonstrate cooperation with congregate and other home delivered meal programs in the program area. If the same provider operates both a congregate and home delivered meals program for an area, it must be able to demonstrate effective utilization of existing congregate meal sites and personnel for the home delivered meal program.

Sites that provide a home delivered meals service must maintain a daily or weekly route sheet signed by the person who delivers the meal from a congregate site located in a senior facility to a participant who resides in a home. All client information is maintained in a confidential locked filing cabinet.

PRIORITIZATION

Prioritization of immediate services includes consideration of the following:

- Individuals recently released from the hospital (requiring services on a short term basis);
- Other individuals recently released from the hospital;
- Economic need (based on self-declaration of income);
- Social need (insufficient community support, cultural or ethnic barriers and/or unsafe conditions); and
- Functional need (mental, physical health, ADL/IADL limitations).

WAITLIST

Where program resources are insufficient to meet the demand for services, written criteria for prioritizing program participants to be served shall be developed which takes into account indicators of need and the prioritization criteria. Such indicators of need must account at a minimum for persons who are frail, homebound because of illness or incapacitating disability, or otherwise isolated.

Each provider must maintain a written list of persons who seek service from a priority service category but cannot be served at that time. Such a list must include:

1. date service is first sought;
2. service being sought; and
3. county, or community (if the service area is less than a county), of residence of the person seeking service.

WAITING LISTS FOR SITES USING THE CAREeVantage DATABASE

Priority Ranking

- Priority status is found in CAREeVantage in the “Referral History” section.
- AAA 1-B customers and individuals with low levels of functional status, recent hospitalizations, economic need, and low levels of support take priority over other individuals.
- The ranking scale ranges, in order of precedence, from 1 – 5.

Waiting Lists

- Every effort will be made to ensure all eligible individuals receive services.
- CAREeVantage generates a waiting list sorted by priority rankings.
- When a space becomes available on a route:
    1. Determine which day(s) a route has space for an additional customer.
    2. Review the list of those currently on hold and select the person with the highest priority. Add the person for as many days as desired and as room allows. Every

effort will be made to add as many customers as possible while still meeting the needs of customers.

Call the customer to let them know their new meal delivery schedule.

ASSESSMENTS

Upon referral to the Home Delivered Meals program, the assessor make a home visit within ten (10) days of the initial referral and assess prospective participants' eligibility and needs more thoroughly. Assessors will use a Person Centered Planning approach to determine meal plan and needs.

Each participant is reassessed every six months, and every three months for those clients receiving liquid supplements. Participants receiving meals are assessed in-person once every year, the remaining assessments may be completed over the telephone if desired. Participants who receive only liquid meals must be reassessed in-person every three months. Clients may receive three meals per day, seven days per week. Frozen meals are available when sites are unable to deliver meals. Liquid supplements are available if the client demonstrates a need and their physician is in agreement.

Sites with access to CAREeVantage software are responsible for entering participant information into the database upon referral. Once entered into CAREeVantage, sites should mark the participant referral status as "pending" assessment or "waitlist," as appropriate. Once the participant is assessed for the program, participant referral status should be marked as "approved" or "rejected," as appropriate.

Each home delivered meal program shall demonstrate cooperation with congregate and other home delivered meal programs in the same region. If the same provider operates both a congregate and home delivered meals program for an area, the provider must be able to demonstrate effective utilization of existing congregate meal sites and personnel for the home delivered meal program.

At a minimum,

- Participants must be assessed in-person during intake and annually thereafter
- Participants must be reassessed by phone or in-person every six months, unless the participant is receiving liquid meals
    - A participant is eligible for phone reassessment if the participant meets the following criteria: 1) is able to complete a telephone assessment by themselves, or with the assistance of a family member, caregiver or friend; 2) has no significant home delivered meal delivery issues; and 3) the home delivered meal driver, delivery person, and family and/or caregivers have no significant concerns

for the participants' well-being. The participants may be deemed not eligible for the telephone reassessment at any time during their participation in the program.

- Participants receiving liquid meals in addition to hot meals must be reassessed in-person every six months
- Participants receiving only liquid meals must be reassessed in-person every three months

Participants must be assessed within 14 calendar days of initiating service. Assessments may occur after a participant has received meals for two weeks. If services are to be provided for 14 calendar days or less, a complete assessment need not be conducted.

During the Assessment

For the initial assessment, assessors should provide a welcome packet containing information about the program, relevant contact information, and food safety information including meal reheating information. Assessors should gather minimal information on each participant and develop a service plan. Minimal information is as follows:

Basic Information

1. Individual's name, address, and phone number
2. Source of referral
3. Name, address and phone number of persons to contact in case of an emergency
4. Name address and phone number of caregiver(s)
5. Gender
6. Age, date of birth
7. Race and/or ethnicity
8. Living arrangements
9. Condition of residential environment
10. Whether or not the individual's income is below the poverty level and/or sources of income (particularly SSI)
11. The Nutrition Screening Initiative: DETERMINE Your Risk, Strong and Healthy score

Functional Status

1. Vision
2. Hearing
3. Speech
4. Oral status (condition of teeth, gums, mouth and tongue)
5. Prostheses
6. Limitations in activities of daily living
7. Eating patterns (diet history) special dietary needs, source of all meals, ability to store and reheat food and nutrition risk
8. History of chronic and acute illnesses
9. Prescriptions, medications and other physician orders

Support Resources

1. Physician's name, address and phone number (for all physicians)
2. Pharmacy name, address and phone number (for all pharmacies used)
3. Services currently receiving or received in past (including identification of those funded through Medicaid)
4. Extent of family and/or informal support network
5. Hospitalization history
6. Medical/health insurance available
7. Clergy name, address and phone number, if applicable
8. Paid or unpaid caregiver support

Participant Satisfaction (at reassessment)

1. Participant's satisfaction with services received
2. Participant's satisfaction with program staff performance
3. Consistency of services provided

Service Plan

1. Statement of the participant's problems, needs, strengths and resources
2. Statement of the participant's goals and objectives for meeting identified needs
3. Description of methods and/or approaches to be used in addressing needs
4. Identification of services and the frequency which they are to be provided
5. Treatment orders of qualified health professionals, when applicable
6. Documentation of referrals and follow-up actions

Duplication

OCED strives to minimize duplication in assessment. The developed OCED assessment and service planning should focus on nutritional risk. Other agencies' assessments and reassessments focusing beyond nutritional risk may be incorporated into the planning/assessment process, including those from:

- Care management programs
- Home-and community-based Medicaid programs
- Other aging network home care programs
- Medicare certified home health providers

Service plans may be accepted from the following:

- Community Living Program
- Care management
- Home- and community-based Medicaid program
- Other aging network home care programs
- Health care discharge plans
- Medicare certified home health providers

Referrals
Assessors must refer individuals thought to be eligible for Medicaid to DHS. Assessors are also expected to refer individuals for applicable services.

Ineligibility
If an individual is found ineligible, the reason(s) must be clearly stated in writing.

Participant Records
The following must be included in each participant record:

1. Details of referral to program from intake and/or assessment
2. Assessment of individual need or copy of assessment (and reassessment) from referring program
3. Person-centered service plan (with note of any revisions)
4. Meal units provided to the participant
5. Notes in response to participant, family, caregiver and agency contacts
6. Copy of signed Release of Information form
7. Service start and stop dates
8. Service termination documentation
9. Signatures and dates on participant documents

All records must be kept confidential in controlled access files and comply with the Health Insurance Portability and Accountability Act (HIPAA).

MEALS

Each program may provide up to three meals per day to an eligible client based on need as determined by the assessment. Providers are expected to set the level of meal service for an individual with consideration give to the availability of support from family and friends and changes in the participants' status or condition. If the participant is needs to cancel a meal, the meal should be canceled at least 24 hours in advance to minimize food waste.

Each home delivered meals provider shall have the capacity to provide three meals per day, which together meet the Dietary Reference Intakes (DRI) and recommended dietary allowances for older adults (RDA) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. These are outlined in AAA1-B's Nutrition Services. Meals shall be available at least five days per week

FROZEN MEALS POLICY

Frozen meals can be provided to HDM clients based on individual need or where hot food service distribution is not logistically feasible, such as for weekend delivery or in documented emergency situations. Where hot meal delivery is not available on the weekend and the

participant is unable to obtain meal from another source, the site can provide a frozen meal to the client.

Frozen Meal Specifications:

Frozen meals shall be obtained from an approved licensed kitchen and/or commercial source. Frozen foods not maintained at 32 degrees F or below upon delivery shall not be left with the client.

Frozen meals should be clearly labeled with reheating instructions and food safety cautions and made available to clients who are provided frozen meals.

Unit/Service Documentation: Route sheets to document the meals must indicate the meal as a frozen meal.

At client assessment every six months, to the assessor will reassess the participants' ability to store and prepare frozen meals.

EMERGENCY MEALS POLICY

Program Emergency Plan will include:

- A minimum of six (6) shelf stable meals to be maintained for each registered HDM participant.
- Emergency meal menus and produces must be approved through the AAA-1B.
- Emergency shelf stable meals will be distributed to each new participant and must be replaced as used in a reasonable time period.
- Emergency meals must be documented on route sheets as a Shelf Stable meal
- Nutrition or emergency information must be made available to HDM participants who are provided emergency meal(s).

LIQUID MEAL PROGRAM POLICIES

The program may also make approved liquid meals available to program participants when ordered by a physician. The physician must complete a Ensure Request Form. The program shall provide instruction to the participant, and/or the participant's caregiver and participant's family in the proper care and handling of liquid meals as outlined by AAA1-B's Program Operating Standards.

a. When liquid meals are used to supplement a participant's diet, the physician's order must be renewed every six months.
b. When liquid meals are the participant's sole source of nutrition, the following requirements must also be met:
    - Diet orders shall include client weight and be explicit as to required nutritional content (i.e. name of product and prescribed amount).
    - A physician must renew diet orders, every three months.

- The care plan for participants receiving liquid meals shall be developed in consultation with the participant's physician.

c. A liquid meal unit of service shall be calculated as two 8-ounce servings/cans.

The program shall verify and maintain records that indicate each client receiving frozen meals has, and maintains, the ability to handle frozen meals.

HOLIDAY MEALS POLICY

OCED is required to participate in the Holiday Meals On Wheels (HMOW) program. Nutrition providers must meet the HMOW standards and procedures listed below:

Assessment: A survey (in person, in writing, or by telephone) is conducted of the older persons to determine if they will be home and alone on the holiday, and without other options for a special holiday meal.

Meal: The meal must meet, or exceed, one-third of the Recommended Dietary Allowances (RDA)/Dietary Reference Intake (DRI). Additionally, the holiday meal should be "traditional" and appropriate to the particular holiday. The menu must be approved through the AAA 1-B menu approval process. Meals shall be prepared on the day of the holiday and delivered hot and ready to be consumed.

Holidays: Meal service on three (3) holidays is required: Thanksgiving, Christmas, and New Years Day.

HOME DELIVERED MEALS TEMPERATURE MAINTENANCE POLICY

In order to ensure the safety of seniors receiving Home Delivered Meals (HDMs), hot meals must be maintained at a temperature above 135 degrees during the entire delivery process. Site Coordinators should follow these instructions to keep meals at their appropriate temperature:

- Heat the stones in an oven at a temperature of 350 degrees from the time of Site Coordinator arrival until the coolers or insulated bags must be loaded.
- Keep individually assembled meals in a **separate oven** at 280 degrees until coolers or insulated bags must be loaded.
- Meals and stones should be kept heated in the ovens until the last possible minute for assembly for drivers.

Meals should be temperature tested just before leaving for delivery and tested again once the meal returns.

HOME DELIVERED MEAL WALK AWAY POLICY

The safety of volunteers is important to us. Although we believe that every senior who needs a meal receives one, this should not be accomplished at the expense of the health and safety of volunteers. Volunteers should feel comfortable walking away without delivering a Home Delivered Meal in situations that threaten their health and safety.

Should a volunteer feel the need to walk away from a home without delivering a meal, the volunteer should deliver the remaining meals on their route and contact you, Site Coordinator about the particular participant upon their return. The Site Coordinator will contact the participant to resolve the situation.