PART II – Chapter 1700

POLICIES AND PROCEDURES
for
EDWP (CCSP and SOURCE)
HOME DELIVERED MEAL SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

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PART II - POLICIES AND PROCEDURES
FOR
HOME DELIVERED MEALS

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PREFACE

Home Delivered Meals

Policies and procedures in this Chapter apply to all Home Delivered Meals providers. This Chapter must be used in conjunction with the manuals listed below.

Part I - Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II - Chapters 600 – 1000 Policies and Procedures for CCSP and SOURCE General Services Manual

Rules and Regulations for Food Service, Chapter 290-5-14 (Department of Community Health-Division of Public Health)

Georgia Department of Human Services, Division of Aging Services Requirements for Non-Medicaid Home and Community Based Services, Nutrition Service Program Guidelines and Requirements (December 2004).

PART II - CHAPTER 1700

1700. General

The CCSP and SOURCE programs recognize that proper and complete nutrition contributes positively to individual health, maintenance, and prevention of premature nursing facility placement. To assist in addressing member's nutritional and health needs, the EDWP (CCSP/SOURCE) Home Delivered Meals (HDM) service offers nutritious meals, nutrition education, nutrition screening, and nutrition counseling.

1701. Provider Requirements

All EDWP (CCSP/SOURCE) Home Delivered Meals service providers must meet the following requirements:

- Must have completed the enrollment process for EDWP (CCSP/SOURCE)
- Must have received a Medicaid Provider Number from the Department of Community Health, Division of Medical Assistance
- **Must be current non-Medicaid Title III / Social Services Block Grant (SSBG) Nutrition Contractors, a sub-contractor with the AAA OR licensed and accredited to provide meal services in hospitals or nursing facilities. Refer to each applicable AAA for their specific bidding process. (Rev 1/2012, 1/2023)**
- Must have been in business for 12 consecutive months and have an active caseload of clients at the time of registration and throughout the application process (Rev 4/2011)
- Must use procedures that comply with all applicable state and local fire, health, sanitation, and safety laws and regulations
- Must comply with applicable requirements of the Rules and Regulations for Food Service, Chapter 290-5-14. The rules and regulations may be obtained from county health departments or at: http://health.state.ga.us/pdfs/environmental/Food/Rules/ProposedFoodRules

1701.1 Nutrition Service Program Guidelines and Requirements

Meals provided through the EDWP (CCSP/SOURCE) funding are subject to the same monitoring and supervision guidelines as required for Title III/SSBG funded meals as outlined in Chapter 304, Section 300 of the Georgia Department of Human Services, Division of Aging Services, Requirements for Non-Medicaid Home and Community Based Services, Nutrition Service Program Guidelines and Requirements and the *Rules and Regulations for Food Service, Chapter 290-5-14.*

The Nutrition Service Program Guidelines and Requirements provide a complete description of:

- Nutritional content – The nutrient content of the meals shall provide a minimum of one-third of the recommended dietary allowance (RDA) and adequate intake levels.

- Meal packaging – HDM providers shall use supplies and carriers that allow for packaging and transporting hot foods separately from cold foods. Carriers shall be enclosed to protect food from contamination, crushing or spillage and be equipped with insulation and/or supplemental sources of heat and/or cooling as is necessary to maintain safe temperatures.

- Meal delivery – HDM providers shall develop and implement procedures for assuring safe meal delivery in accordance with Department of Community Health requirements and applicable food service and food safety rules and regulations for holding times.

- Sanitation – HDM providers shall use procedures that provide for sanitation and shall ensure that staff, subcontractors and volunteers adhere to food sanitation requirements as prescribed by applicable federal, state and local rules and regulations.

- Food safety – HDM providers shall use procedures that provide for food safety, including taking and recording food temperatures to document that safe temperatures are maintained and ensuring that foods are stored at safe temperatures.

- Inspection requirements – HDM providers are responsible for obtaining all required health inspections and certificates from the appropriate local health authorities and for posting the current inspection reports, certificates and food service permits.

- Orientation and training of staff, subcontractors and volunteers – HDM providers shall assure that orientation and ongoing training for administrative, direct service staff, subcontractors and volunteers is adequate to provide for the safe, appropriate and efficient services to the EDWP (CCSP/SOURCE) members. HDM providers will maintain documentation of all orientation and on-going training for staff, subcontractors and volunteers.

All HDM providers maintain and comply with the current Nutrition Service Program Guidelines and Requirements.

Nutrition Service Program Guidelines and Requirements are available through the Division of Aging Services and the Department of Community Health.

1702. Member Profile

To be eligible for home delivered meals through the EDWP (CCSP/SOURCE), the member:

- is **incapable of preparing meals** due to functional impairment, disability, or incapacity
- receives at least **one additional EDWP (CCSP/SOURCE) service excluding Alternative Living Services (ALS)**

The presence of one or more of the following risk factors indicates the possibility of poor nutritional status. These factors indicate that a member will benefit from nutritional assistance and home delivered meals:

- has lost or gained ten pounds (or more) in the past six months
- does not eat at least two meals per day
- is taking three or more prescription or over-the-counter medications daily
- has a poor appetite
- . is on a modified or therapeutic diet
- has difficulty chewing or swallowing
- has pain in the mouth, teeth, or gums
- has more than one alcoholic drink per day if the member is female; has more than two alcoholic drinks per day if the member is male
- is not always physically able to shop, cook and/or feed self
- usually eats alone
- is homebound
- does not have a stove and/or refrigerator
- does not meet the U.S. Department of Agriculture guidelines for a [illegible] ed number

EDWP (CCSP/SOURCE) members are not required to pay cost share for HDM services. EDWP (CCSP/SOURCE) does not allow monetary contributions from members.

1703.1 Description of Home Delivered Meals Service Components

A. Nutritious meals

The Home Delivered Meals provider agency prepares the meals outside the members' homes and delivers the meals to the members. The HDM provider agency provides the member requested options for hot/frozen/chilled/and shelf -stable meals. Meals for weekends, evenings, emergency and holidays will consist of the mentioned types. Rev 10/2019

The nutrient content of each meal shall provide a minimum of one-third the daily Recommended Daily Allowance (RDA).

Types of meals:

1). Regular meals are hot, frozen, and chilled meals. The member receives the requested option or combination of options for a regular meal unless the member requests that the Case Management orders an alternative meal that is more appropriate for the member's needs. Rev 10/2019

2). Alternative meals are shelf stable meals. Package labeling must be legible and show the packaging date, list of food items in the pack, storage instructions, and instructions for preparation or safe thawing, re-heating and reconstituting.

HDM providers deliver meals according to member need indicated in the delivery schedule outlined on the Member Referral Form (Appendix A) and only to members who have the ability or support to safely store and prepare meals for consumption. **The HDM provider record contains justification for the choice of the alternative type meals as a replacement for the required regular meals.** Rev 10/2019

Alternative meals shall be prepared and served in accordance with the Department of Community Health's requirements and may be used only if:

1. the HDM provider and member or member's caregiver assure sanitary and safe conditions for storage, thawing (if applicable), re-heating and reconstituting

2. **the member is provided with written safe storage, handling and preparation instructions (Rev 4/12)**

3. the member can safely handle the meal or has someone available to assist with food preparation, meal handling and eating, if necessary.

Unless sufficient assistance is routinely available, HDM providers do not deliver alternative meals to members who are:

1. physically or cognitively impaired (see Section 1704.2)

2. unable to prepare or safely store meals because of inadequate kitchen facilities, equipment or lack of knowledge of food preparation methods

If the HDM provider delivers alternative meals, documentation in the member's file indicates sufficient ability to heat or prepare the meals.

Regular and alternative meals are available within the following four types of diets:

1). Regular Diet – A regular diet is absent of any special physical, nutritional or religious need.

2). Modified Diet – A modified diet is altered to meet specific physical requirements for different health conditions. The diet may be modified in its consistency, content, calories, carbohydrate, protein, fat, specific nutrients, flavor, methods of preparation, or service and frequency of consumption.

3). Therapeutic Diet–A therapeutic diet must be ordered by the member's physician on the Level of Care and Placement Instrument. A registered dietician follows the Georgia Dietetic Association Manual in planning therapeutic meals. The Case Management documents the member's continued need for a therapeutic diet on the Member Referral Form (Appendix A) and sends the Member Referral Form to the HDM provider for review.

The HDM provider maintains a current member record that contains:

- member's name
- member's age
- member's sex
- member's address
- member's height and weight

- member's physician's name, address and telephone number
- member's medical history and health problems
- date, type, frequency and duration of prescribed therapeutic diet
- emergency contact person(s) and telephone number(s)

4). Special Diet – A special diet is a modification of the regular menu to meet religious, personal and/or ethnic needs.

NOTE

Where feasible and appropriate, the HDM provider delivers special or modified meals to meet the particular dietary needs arising from health requirements, religious preferences, and/or ethnic backgrounds of members.

B) Nutrition Education

1) The HDM provider offers a nutrition program designed to promote better health. Accurate and culturally sensitive information related to nutrition, physical fitness or health (as relates to nutrition) is provided to members. A dietician or individual of comparable expertise oversees the nutrition education program. The nutrition education program includes information on:

- amounts and kinds of food necessary to meet daily nutritional needs
- menu planning
- preparation of a grocery list prior to scheduled shopping assistance
- general assistance in the modification of food intake required by health conditions
- food safety in the home
- assistance in learning to read nutrition labels
- role of diet in health and disease
- basic cooking techniques

2) The HDM provider uses a newsletter, leaflet, flyer, brochure or other means to provide each member with monthly education on nutritional needs specific to each individual's health condition and living situation.

   The nutrition education program provides clear and accurate information on topics that are pertinent and appropriate to the member's needs. HDM providers shall make available materials which are sufficiently large (14 point or larger), clear and printed with commonly used typefaces, such as Arial or Times New Roman, to be easily read, and in language which is appropriate for the educational levels and cultural background of the members.

3) Nutrition education contents shall address the nutritional needs of the elderly. Nutrition educational materials are developed, approved and/or distributed by a qualified dietician, county extension agent, home economist or other qualified source.

   Each HDM provider shall maintain written documentation of educational materials provided and monthly distribution lists to verify education requirements are met. HDM providers shall also document telephone and/or home visit contacts.

C. Nutrition Screening and Assessment Initiative

The Case Management nurse completes the Nutrition Screening Initiative (NSI) checklist (see Appendix D) during the initial assessment of the member. The completed NSI form and member's referral packet are sent to the HDM provider. The Case Management nurse reviews and, if indicated, revises the NSI during the annual reassessment of the member. If indicated by the member's NSI score, the Case Management may complete the NSI checklist more frequently.

Rev. 7/01, 7/02 The HDM provider maintains a current copy of the NSI in the member's record.

D. Nutrition Counseling

The provider ensures that members who are at nutritional risk receive appropriate advice and guidance. The risk factors include:

- nutritional history, and/or
- current dietary intake, and/or
- medication use, and/or

- chronic illnesses, and/or
- NSI score of 6 or more

1704. Requirements Related to Home Delivered Meals Service

1704.1 HDM Provider Assessment of Member

The Case Management makes the referral to the HDM provider and specifies meal type, diet type, delivery schedule, nutrition education, and/or nutrition counseling. The HDM provider reviews the Member Referral Form for the following:

1. The number of meals per month ordered by the Case Management. **A member is limited to a maximum of 14 meals per week, or 62 per month, plus emergency meals twice per year. (Rev 4/2013) (See also Section 1704.3.E, Rev 4/2013.)**
2. The frequency of delivery, including specific days and number of meals per day
3. The type of meals (regular or alternative) ordered for the member.
4. The type of diet (regular, modified, therapeutic, or special) ordered for the member
5. The member's condition and comments related to service provision
6. Any physical limitations which may make meal delivery difficult
7. The member's nutritional status and need for nutrition education and/or nutrition counseling.

If the HDM provider is unable to meet any of the specifications, the HDM provider telephones the Case Management within 24 hours and follows up with a EDWP Notification Form within three business days. When necessary, Case Management and providers problem-solve and negotiate service needs.

1704.2 Processing the HDM Evaluation Form for Alternative Meals

The HDM provider/Case Management visits the member's home to complete the HDM Evaluation Form (Appendix C) to ensure that requested meals are appropriate and to instruct the member in the preparation of the meal, if necessary.

Upon brokering/rebrokering of the service by Case Management, the Case Management or HDM provider sends the completed HDM Evaluation Form to the Case Management/meal provider. Rev 10/2019

The HDM Evaluation Form identifies:

1. Homes lacking proper cooking equipment and utensils, i.e., working oven, refrigerator/freezer space to store one week's supply of meals, etc.
2. Members with physical or cognitive impairments who cannot process meals for consumption, i.e., safely store, thaw and heat the meal to required temperature standard (an internal temperature of at least 165º F).
3. Food spoilage because of storage/handling problems that may occur as a result of the above-mentioned conditions.

1704.3 Emergency Procedures

A. The HDM provider shall make facilities, equipment, and services available to the fullest extent possible in emergencies and disasters. The provider shall develop and implement written procedures to provide for the availability of food to members in anticipation of and during emergencies and disasters, including contingency planning for delivery vehicle breakdowns, inclement weather, shortages in deliveries, food contamination, spoilage, etc.

B. If the HDM provider attempts to deliver meals but is unable to gain access to the member (or caregiver), the provider immediately:

1. telephones the member

2. telephones the primary person listed as an emergency contact if unable to contact the member. This person may be able to provide information regarding the member's whereabouts and have access to the member's home.

3. telephones the Case Management within 24 hours if a potential problem exists; and follows up with a EDWP Notification Form within three business days.

C. Case Management instruct members to notify the HDM provider in advance of medical appointments or any other activity that involves the member's absence from home during the time of scheduled meal delivery.

D. Frequently, the HDM staff is the first to know of the member's hospitalization or other changes in the member's condition. **If the HDM provider staff, subcontractors or volunteers are concerned about the member's condition, the provider telephones the Case Management within 24 hours.** The provider sends a EDWP Notification Form within three business days of the incident.

E. Up to 6 shelf stable meals can be provided to a member no more than twice yearly to be held by the member for periods when conditions won't permit meal delivery, such as emergency conditions caused by extreme weather, power outages, etc. The provider must communicate with care coordination to have these meals authorized in the care and service plan and service authorization. Provision of emergency meals must be clearly documented in the member's record, including annotation on the delivery log.

Rev 4/2013

1704.4 Member Records

HDM providers maintain the following information in member files that are accessible to the HDM supervisor and/or other responsible person:

A. Member Referral Packet, including the completed NSI

B. Member Referral Form (Appendix A). The Case Management completes the Member Referral Form which gives pertinent information on the member's condition and any special circumstances which may relate to meal delivery, nutrition education and nutrition counseling.

As changes occur, the Case Management updates the information on the Member Referral Form and sends a copy of the current Member Referral Form to the HDM provider.

C. The Case Management completes the Service Authorization Form (SAF) that authorizes the HDM provider to deliver meals to a member.

D. The HDM provider sends a EDWP Notification Form to the Case Management to advise when service will begin and to communicate member changes.

E. The **HDM** provider uses the Monthly Log of Home Delivered Meals (Appendix B) to indicate the number of meals delivered to members each day and records explanations of meals not delivered; to document meal consumption and follow-up care with the Case Management; and to document content of the nutrition education and/or nutrition counseling provided to the member. Explanations include attempts to locate the member through emergency contacts and whether the provider notified the Case Management of the incident. Appendix B contains an example of a form that HDM providers **may** use for documentation purposes. The HDM provider or designated staff member who signs and dates the monthly log documents supervision of member services.

F. The DHS Authorization for Release of Information (DHS Form 5459) authorizes Case Management and HDM providers to discuss the member's case with authorized parties.

G. A completed Member Emergency Information Form (Appendix U of the EDWP (CCSP/SOURCE) General Manual)

H. The Level of Care and Placement Instrument

NOTE: Refer to 606.4/Clinical Records Part II Chapters 600-1000 Policies and Procedures for CCSP and SOURCE General Services for documents forwarded from Case Management.

1704.5 Meal Delivery

HDM providers shall develop and implement procedures for assuring safe meal delivery in accordance with applicable DCH Food Service and Food Safety Rules and the Department of Community Health requirements for holding times.

NOTE: The member must sign a delivery log or delivery service document/electronic device to acknowledge receipt at the time of delivery and to indicate their receipt of the meals listed on the Appendix B/HDM log. Rev 1/12, 7/20 Member initials, member's mark or 'x' is accepted on Appendix B/ HDM log with witness to the 'mark' or 'x' by the deliverer. Provider/Center Manager signature attests to the member documentation on the log. Member signature is required on the Appendix B/HDM log at the end of each month or last delivery date for the month. Rev 4/2020,7/20.

1704.6 Meal Consumption

A. The HDM provider and/or Case Management determines if the member consumes meals.

B. The person delivering meals and/or Case Management reports to the supervisory staff within 24 hours if the member is accumulating meals and/or failure of the refrigeration unit. The supervisory staff records the information in the member's record.

C. If a member is not consuming meals, the HDM provider staff promptly reports the information to the HDM supervisory staff. If the member accumulates meals, the HDM provider telephones the member's Case Management within 12 hours of the report from the deliverer and follows-up with a EDWP Notification Form within three business days. This procedure alerts the Case Management to determine if a reassessment is necessary. The Case Management determines the appropriateness of the meals in meeting the member's needs and preventing the waste of meals.

With the member's permission, the person delivering the HDM meal monitors, at least once a month, the member's refrigerator/ freezer/pantry (pantry re shelf meals) to check for accumulation of meals and appropriate cooling/storage capability of the cooling unit. This information is recorded on the Home Delivered Meals Log (Appendix B).

D. The HDM provider conducts the initial routine assessment three months after service begins, then every six months thereafter. HDM provider staff report meal consumption concerns to the Case Management within 12 hours of receipt of the information.

E. The Case Management assesses for meal accumulation during home visits. Other EDWP (CCSP/SOURCE) service providers communicate with the member's Case Management when issues concerning meal consumption are observed or reported.

1704.7 Program Evaluation and Member Satisfaction

The HDM designated staff position conducts program evaluation and monitoring at least annually [see Section 609 of the EDWP (CCSP/SOURCE) General Manual]. The HDM provider maintains available evidence to demonstrate that the results of the program evaluations are analyzed and used to improve the quality of service.

At a minimum, the HDM provider agency evaluates:

A) Quality of Member Service as indicated by the measurement of:

1. meal and nutrition education and nutrition counseling service is appropriate to the identified need and choice of the member

2. service is provided in a timely fashion

3. activities are performed as required

4. member dignity and self-respect are supported

B. Member Satisfaction as indicated by the measurement of:

1. staff responsiveness to member needs

2. timeliness

3. sensitivity to culturally diverse populations

4. quality, variety, and temperature of meals (hot meals hot; cold meals cold)

5. benefit of nutrition education and/or nutrition counseling

6. staff respect for member's rights, choices, privacy, dignity, property and protection from harm and exploitation.

7. staff attitude and courtesy.

C. Policies and Procedures – The provider reviews the agency's policies and procedures at least annually and revises them as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

D. Clinical Records – The provider monitors and reviews clinical records at least annually to insure they contain current, required information.

1705. Staffing Qualifications and Responsibilities

The HDM provider agency may use employees, subcontractors, or volunteers to deliver meals, monitor meal consumption, and conduct nutrition education and/or nutrition counseling for members. The provider ensures that individuals accomplish tasks timely and competently while maintaining the rights, safety, choice, and dignity of members. [See Sections 601.1H, 601.1M, 604, and 607.3C of *Part II Policies and Procedures for EDWP (CCSP/SOURCE) Services General Manual* for specific information regarding member protection, personnel code of ethics, and subcontracting].

1705.1 Registered Dietician

A. All HDM service providers must administer their HDM programs with the advice of qualified dieticians or individuals with comparable expertise.

B. Case Management nurses may provide nutritional advise as stated in the Georgia Board of Examiners of Licensed Dieticians Laws, License Requirements §43-11A-18, "Exceptions: Nothing in this chapter shall be construed to affect or prevent: (3) Persons licensed to practice the professions of dentistry, medicine, osteopathy, chiropractic, nursing or pharmacy from engaging in the practice of dietetics when incidental to the practice of their professions, except that such person may not use the title "dietician."

1705.2 Supervision of the Service

A. Registered Nurse (RN) supervision is not a requirement for HDM. Refer to Section 606.17 of *Part II – Chapters 600 – 1000 Policies and Procedures for EDWP (CCSP/SOURCE) General Manual* for general policies and requirements pertaining to supervision of EDWP (CCSP/SOURCE) services.
In addition to the policies and standards stated in Section 606.17 of the EDWP (CCSP/SOURCE) General Manual, the HDM provider is subject to the following supervisory functions:

1. The HDM log example captures one month of data on a single page. The provider supervisor reviews, signs and dates each monthly log. The supervisor's signature constitutes supervision of the service for the Division of Medical Assistance, Utilization Review.

2. The responsibility for checking meal accumulation and refrigerator/freezer/pantry and cooking equipment rests with the HDM provider. HDM providers and Case Management monitor member meal consumption.

1706. Reimbursement Methodology

To receive reimbursement for HDM the member or member's caregiver must receive the meals. Attempted meal delivery will not be reimbursed.

Providers will be reimbursed for meals delivered on (or intended for in the case of weekly delivery) the date of the member's admission to or discharge from the hospital/nursing home. Date span billing across any nights in the hospital will result in denial or recoupment of the entire span after the 14th day of institutionalization. Rev 1/2012, 10/2023

Frozen or shelf stable meals that are delivered weekly are to be billed for the date they are expected to be consumed. (EXAMPLE: Meals that are delivered for the 7 day week on Monday 10/1/12 must be billed for 10/1/12 through 10/7/12.) Rev. 1/2012

NOTE: Advanced notice to HDM providers is required by Case Management when members transition to Structured Family Care (SFC) or Alternative Living Services (ALS) and discharge from the HDM option. Collaboration with the HDM provider will ensure payment for meals delivered has paid based on consumption before SFC/ALS can begin. (1/2021, 4/2021)

Refer to Appendix S of the EDWP (CCSP/SOURCE) General Manual for the basis of reimbursement rates and procedure codes. Reimbursement for HDM includes the cost of raw food; all costs incurred in meal preparation; and all delivery costs, including travel reimbursement provided to those who deliver the meals.

APPENDIX A
MEMBER REFERRAL FORM – HOME DELIVERED MEALS

Date: _____

Meal Delivery Instructions:
Number per day: M ____ T____ W____ T____ F____ S____ S____
Days per week: M ____ T____ W____ T ____ F ____ S ___ S____
Type of Meal: ☐ **Regular** ☐ **Alternative**
Meal/Diet Specifics: ☐ **Hot** ☐ **Therapeutic** ☐ **Chilled** ☐ **Shelf-stable** ☐ **Modified** ☐ **Special** ☐ **Frozen**
☐ ADA (how many calories) ____
Nutrition Education and/or Nutrition Counseling Needs:
Special Instructions/Notations:

Case Management**:** _____ **Telephone:** (_____) _____

Rev 10/2019
Comments:

HOME DELIVERED MEALS

INSTRUCTIONS FOR COMPLETION OF THE MEMBER REFERRAL FORM

The Member Referral Form serves as the order to the HDM provider to initiate and provide home delivered meals to the member. The form contains information the HDM provider needs regarding the member's condition, dietary needs, and/or specific instructions. The Case Management completes the form when:

- Ordering HDM service
- Reporting changes

The Case Management uses the Member Referral Form to:

- Indicate the number of meals ordered per day
- The specific day(s) per week when the HDM provider is to deliver meals
- The type of meal the member requires
- The type of diet the member requires*
- Any nutrition education and/or nutrition counseling the member may need
- Any limitations that may impact the delivery of meals, i.e., member has arthritis and may be slow to answer the door, or member is very hard of hearing. Knock loudly on the door

After completing the Member Referral Form, the Case Management signs and dates the form and sends a copy of the form to the HDM provider. The Case Management maintains a copy of the form.

***A therapeutic diet should be indicated on the Level of Care Page**

Appendix B Monthly Home Delivered Meals Log

Member _____ Meal Type _____Month _____NEdu_____ Total Meals_____

Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
# of Meals:															
Delivery Times:															
Initials of Deliverer:															
Initials of Member:															

Provider Signature_____ Write in # of meals delivered per day. Bulk delivery appropriate on single days. IE…7 or 14. Provider signature attests to member initials noted re delivery of daily or bulk meals. *Document non-deliveries; non-consumption of food by member; refrigerator/freezer/shelf meal accumulation/cooking equipment checks at least once a month; content of nutrition and/or counseling information (indicate whether the case management was notified)*

Date:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
# of Meals:																
Delivery Times:																
Initials of Deliverer:																
Initials of Member:																

Provider Signature_____ Write in # of meals delivered per day. Bulk delivery appropriate on single days. IE…7 or 14. Provider signature attests to member initials noted re delivery of daily or bulk meals. *Document non-deliveries; non-consumption of food by member; refrigerator/freezer/shelf meal accumulation/cooking equipment checks at least once a month; content of nutrition and/or counseling information (indicate whether the case management was notified)*

Member Signature _____ Date :_____

(end of month or last delivery date for the month)

Instructions for the Completion of the Home Delivered Meals Log

The Home Delivered Meals Log provides a daily record of meals delivered to the HDM member. It is the HDM provider's guarantee of service provision and explanation of any meals ordered but not delivered.

HDM provider staff uses the following instructions to complete the form:

1) Write the member's name, meal type, month of service, nutrition education type, and total meals in the appropriate sections.

2) In each box, indicate the number of meals delivered each day under the corresponding date; indicate the initials of the person delivering meals and the time the meals were delivered. Member initials each date that meal delivery occurred. Multiple meals per day can be recorded on a single day. Example- 14 meals on one day for a two- week delivery. Circle the date that the nutrition education was included in the delivery.

3) Provide explanations for meals ordered by the Case Management but not delivered. Explanations may include, but are not limited to:

   - member had a medical appointment
   - member's neighbor reports that she/he was hospitalized

   Indicate date and place of hospitalization; notify Case Management, and note reason member failed to notify the provider of absence from home.

4) Document meal consumption and follow-up with Case Management.

5) Document content of the nutrition education and/or nutrition counseling provided to the member.

6) Center manager signs and gives full date each month to constitute supervision of service.

APPENDIX C

HOME DELIVERED MEAL
EVALUATION FORM FOR
HOT, CHILLED, FROZEN, AND/OR SHELF-STABLE MEALS

Member Name: _____ Date: _____

Provider Agency: _____

Form Completed By: _____ Title: _____

PHYSICAL/MENTAL EVALUATION: **Fair ___ Good ___** **Poor ____**
(needs assistance)

Motor Tasks:
Ability to perform small motor tasks (i.e., open cans, milk carton)
Yes _____ No _____

Mental Condition: Ability to cook/heat food safely.
Yes _____ No _____

ADEQUATE COOKING EQUIPMENT:	**Yes _____**	**No _____**
Working refrigerator	_____	_____
Working oven	_____	_____
Working microwave	_____	_____
Working toaster oven	_____	_____
Adequate kitchen utensils, towels/hot pads to remove hot meal plates from oven safely	_____	_____
Adequate refrigerator and freezer space to store one week's supply of meals if needed	_____	_____

ADDITIONAL COMMENTS/RECOMMENDATIONS:
Rev, 7/01 Rev 10/19

Type of meal recommended for use:

Shelf Stable _____ Hot _____ Frozen _____Chilled _____ Therapeutic_____ Special_____
Modified _____ Other _____

INSTRUCTIONS FOR HDM EVALUATION FORM

HDM and/or Case Management providers use this form to document the member's meal choice(s). Regardless of whether the meals are on weekends, holidays, or otherwise, the provider(s) completes this form when service is ordered and as needed when meal type changes are requested. The provider (s) use the form to monitor member's refrigerator/freezer and cooking equipment, and if appropriate, communicates this information to the chosen meal provider and Case Management. Rev 10/2019

When there is a change in environment, or health status of the member, the provider telephones the meal provider/Case Management within 24 hours and sends a EDWP Notification Form with an explanation of the change(s) within three (3) business days.

The Home Delivered Meals provider/Case Management staff completes the form by:

1) Filling in the member's name, date, the name of the provider agency, and the name of the person completing the form with her/his title

2) Evaluating the member's physical and mental status in relationship to preparing home delivered meals

3) Indicating the adequacy of the member's refrigerating and cooking equipment

4) Providing meal type recommendation and additional comments as appropriate.

APPENDIX D

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetable, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's _____

0 - 2 **Good!** Recheck your nutritional score in 6 months.

3 - 5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutritional program, senior citizens center or health Division can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you have. Ask for help to improve your nutritional health.

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

THE AMERICAN DIETETIC ASSOCIATION

NATIONAL COUNCIL ON THE AGING

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the warning Signs of poor nutritional health.

The Nutrition Checklist is based on the Warning Signs described below.
Use the word <u>DETERMINE</u> to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or make it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than $6,000 per year. Having less--or choosing to spend less--than $25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being Overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

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