

ELDERLY SERVICES PROGRAM (ESPSM)/TITLE III

HOME DELIVERED MEALS

SERVICE SPECIFICATIONS

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(BCESP) (CCESP) (HCESP) (WCESP)**

ELDERLY SERVICES PROGRAM
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HOME DELIVERED MEALS SERVICE SPECIFICATIONS

1.0 OBJECTIVE

- 1.1 Home Delivered Meal Service is a service in which the provider furnishes one or more meals in the home setting to an eligible client or other eligible customer and provides client/customer choice of meal content. Each meal must meet these requirements:
 - (a) Contain at least one-third (1/3) the Dietary Reference Intakes (DRI); unless a therapeutic diet requires otherwise
 - (b) Follow the 2015-2022 Dietary Guidelines for Americans, unless a therapeutic diet requires otherwise.
 - (c) Be served by a nutrition service provider which is under contract with Council on Aging of Southwestern Ohio;
- 1.2 Eligibility Criteria: Eligibility is determined by the ESP Care Manager in accordance with Ohio Administrative Code 173-4-02 and COA policy.

2.0 UNIT OF SERVICE

- 2.1 A unit of service is one (1) meal that is delivered in a single delivery or a part of a multiple delivery and prepared and delivered according to the Elderly Services Program (ESP)/ Title III Service Specifications to the client's residence.
- 2.2 The unit rate must be a total of meal cost and frequency of meal delivery. The unit rate for the meal cost must include administration, in-kind, food production, and packaging. The delivery cost is strictly for the cost to transport the meal. The frequency of meal delivery will be established by the Care Manager as a daily delivery or weekly delivery. HDM daily delivery is defined as delivery of a meal to the client's residence which occurs three to five days a week and may include delivery of weekend meals. HDM weekly delivery is defined as delivery of meals to the client's residence which occurs one or two days a week and may include delivery of weekend meals.

- 2.3 The number of authorized units of service may vary. Additional units of service and/or permanent change in delivery schedule will require prior authorization from the Care Manager.

3.0 MENU PLANNING

3.1 Methods for Determining Nutritional Adequacy:

The Provider must furnish a menu that complies with rule 173- 4-05, 173-4-05.2 and 173-4-06 of the Ohio Administrative Code.

3.2 Meal type options include:

- (a) Hot, ready to eat; or reheated at the client's home by the meal driver
- (b) Chilled, ready to eat and/or heat
- (c) Frozen, ready to heat (may be a commercially frozen meal if the meal is compliance with the applicable Service Specifications)
- (d) Shelf stable

3.3 The Provider must ensure that all menu types offered meet the following requirements:

- (a) Be approved by an Ohio Licensed Dietitian;
- (b) Include specified serving sizes for each food;
- (c) Ingredient list for all food items must be available to clients;
- (d) All menu substitutions retain the nutritional adequacy of the pre-planned menu through:
 - (i) pre-approval by a licensed dietitian; or
 - (ii) adherence to a menu substitution list/procedure pre-approved by a licensed dietitian.

3.4 Person Centered Direction: The Provider must offer clients an opportunity to make a choice about food served and delivery options.

4.0 ALTERNATIVE MEALS

4.1 Therapeutic meals

- (a) If authorized by the Care Manager, a Provider must furnish a therapeutic meal. A therapeutic meal is a diet ordered by a physician, or another healthcare professional with prescriptive authority, as part of a treatment of a disease or a clinical condition to eliminate, decrease, or increase certain foods, nutrients or substances in the diet. It is a food regimen requiring a daily minimum or maximum amount of one or more specific nutrients or a specific distribution of one or more nutrients.
- (b) Council on Aging determines which therapeutic meals the Provider may furnish. Current meal plans considered for therapeutic reimbursement include: Gluten Free, Diabetic, Renal, Cardiac, Dysphagia Management Level 1 & Level 2 and Lactose Free.
- (c) The provider may begin delivery of a therapeutic diet at start of service. The provider must obtain a diet order within 30 days of start of service, in order to continue providing the therapeutic diet.
- (d) The Provider shall obtain the diet order from the physician or healthcare professional with prescriptive authority for a therapeutic meal. The diet order must be obtained any time the diet order is changed, and verified at least annually. A statement of approval from the physician or healthcare professional with prescriptive authority must be obtained before changing from a therapeutic diet to a regular diet.
- (e) The Provider shall ensure that the therapeutic meal is consistent with the diet order by utilizing a meal plan approved by a Licensed Dietitian.

4.2 Modified meals

- (a) The Provider may only provide a modified meal if the nutritional adequacy of the meal is determined by nutrient analysis or the meal pattern. A physician's order is not required.
- (b) The Provider may offer the following modifications to the regular menu. These meal types may be offered per

client request:

- (i) lower concentrated sweets substitutions;
 - (ii) lower fat/cholesterol substitutions
- (c) The Provider must provide a modified consistency meal should the client or care manager request to ease client in chewing, with a consistency specific to the client's needs. The following food textures are recommended:
- (i) chopped (all foods cut to $\frac{3}{4}$ " or smaller);
 - (ii) ground (all foods placed in food grinder and made to $\frac{1}{4}$ " and meats are moistened with gravy/sauce);
 - (iii) pureed "spoon-thick" (food placed in blender until food holds up on a spoon, not watery).
- (d) As some food items are not suitable to be modified, any menu substitutions must receive approval from a licensed dietitian and kept on file at COA.

Kosher meals

- (e) If authorized by a Care Manager, the Provider may furnish a home delivered kosher meal.
- (f) The kosher meal must comply with rule 173-4-05 of the Ohio Administrative Code as much as possible while complying with kosher practices for meal preparation and dietary restriction.
- (g) The Provider shall furnish evidence to COA that the home-delivered kosher meals that it furnishes are certified as kosher by a recognized kosher certification or a kosher establishment under orthodox rabbinic supervision.
- (h) As some food items are not suitable to be modified, any menu substitutions must receive approval from a licensed dietitian and kept on file at COA.

5.0 BULK MEALS

5.1 The Home Delivered Meal (HDM) service is not designed to provide bulk quantities of foods for a client to portion out and/or prepare. All home delivered meals must be delivered as a single meal. Providers are required to assemble a prepared meal that meets at least one-third ($\frac{1}{3}$) the DRI.

- (a) While home delivered meals can be delivered for multiple days, they may not be delivered as bulk food items. Providers may not deliver a bag of food that is

to be portioned out for more than one meal at a time.

- (b) It is permissible to incorporate a client's preference for an alternate delivery method for only the following food items: milk, kefir, juice, bread and butter. Milk, kefir and juice containers must not exceed one half gallon in size. Loaves of sliced bread and small containers of butter/margarine may be delivered. If these items are delivered in a larger container than one serving, the meals must include instruction) as to which meal components must be combined to meet the daily nutritive requirements.
- (c) The Provider must document the client's choice and preference for an alternative delivery method for milk, juice, kefir, bread and butter.

6.0 FOOD SANITATION AND SAFETY

- 6.1 The provider shall maintain current food service licensure and demonstrate food safety compliance as determined by the local health department that has jurisdiction in the location where the provider prepares meals for delivery.
- 6.2 Ohio-based meal producers must maintain registration with the Ohio Department of Agriculture, Meat Division and/or Food Safety Division.
- 6.3 Council on Aging representatives will report any reasonable cause to believe the provider is out of compliance with food safety laws to appropriate authority.
- 6.4 The Provider must deliver meals that:
 - (a) Meet the following criteria:
 - (i) processing must adhere to the Hazardous Analysis Critical Control Point (HACCP) principles
 - (ii) only freshly prepared or commercially processed foods can be used (no leftovers)
 - (iii) preparation techniques must be modified, when necessary, to ensure quality
 - (iv) chilled meals that are to be delivered hot (re-thermalized) to the client must be heated to a minimum of 165° F prior to packing the HDM route, and maintain temperature above 135° F until delivered to the client

- (v) meals delivered chilled must remain at or below 41° F from the time of packing through delivery to the client
 - (b) Include written preparation directions for both commercially prepared and self-produced meals.
 - (c) Are labeled with a production date and a “use before” date.
- 6.5 Food items, including donations, must be from a commercial vendor unless approved by COA.
- 6.6 Upon request, meal production must be accessible to COA for periodic monitoring.

7.0 MEAL DELIVERY

- 7.1 Delivery: At the time of each delivery, the provider shall verify that each meal for which is bills was delivered by one of the following methods:
 - (a) An electronic system: For each meal delivery, the system must collect the consumer’s name, date, time, number of meals delivered, and whether the delivery successfully reaches the consumer; and an identifier (e.g. electronic signature, fingerprint, password, swipe card, bar code) unique to the consumer. The system must produce reports upon request for monitoring purposes
 - (b) A manual system: For each meal delivery, the provider must maintain a record of the consumer’s name, date, time, number of meals in the delivery, whether the delivery successfully reaches the consumer and collects handwritten signature of the consumer and the driver. If the consumer is unable to produce and handwritten signature, the consumer’s handwritten initials, stamp, or mark are acceptable if the method is documented in the consumer record.
- 7.2 The Provider shall only leave the meal with the client or caregiver. Meals are never to be left without verifying the client’s whereabouts. If meals are left with the caregiver, the delivery driver must inquire as to the client’s whereabouts. If the meal delivery driver is aware that the client has been hospitalized or is not home to accept meal, it is the Provider’s responsibility to document such and notify the

case management staff. The delivery person may put the meal in the client's refrigerator if the delivery person is willing to do so.

- 7.3 The Provider must ensure that delivery of the meal occurs between 10:00 a.m. and 6:00 p.m., or have written consent from the client and Care Manager to deliver at another time. The Provider must notify the client if the meal will be delivered more than one (1) hour past the established delivery time.
- 7.4 The Provider must begin regular meal delivery on a start date authorized by the Care Manager.
- 7.5 The Provider must deliver meals to clients who need immediate meal support as authorized by the Care Manager or the ESP Intake and assessment:
 - (a) Within twenty-four (24) hours; or;
 - (b) Within a time period negotiated with the ESP Intake and assessment, not to exceed seventy-two (72) hours.
- 7.6 Providers using temperature-controlled food delivery vehicles must maintain verification of testing meal temperatures at least monthly. All other delivery systems must test meal temperatures at least weekly.
- 7.7 The Provider shall provide each client with the opportunity to voluntarily contribute to a meal's cost. When soliciting for voluntary contributions, the provider must:
 - (a) Clearly inform each client that he/she has no obligation to contribute. The Provider shall not deny a client a meal because the client does not contribute.
 - (b) Protect each client's privacy and confidentiality with respect to the client's contribution.
 - (c) Establish appropriate procedures to safeguard and account for all contributions.
 - (d) Not base the suggested contribution on the client's financial means to contribute.
- 7.8 The Provider may use a technology-based system to collect or retain the records required under this rule, if the system is approved by COA.

8.0 EMERGENCY PROCEDURES

- 8.1 The Provider must develop and document implementation of written contingency procedures for situations such as short-term weather-related emergencies, loss of power, on-site/central kitchen malfunctions, or meal delivery delays. Procedures must include notifying clients of closure and also their COA Business Relations Partner. It is not an acceptable practice to cancel meal delivery based solely on local school closures.
- 8.2 The Provider must prepare clients for emergencies when meals may not be delivered as scheduled by supplying each client with an emergency shelf-stable meals that meets at least one-third (1/3) the DRI.
 - (a) Providers are expected to replace shelf-stable meals once utilized for an emergency.
- 8.3 Providers shall develop and implement procedures for assuring the delivery of safe meals. Providers must immediately notify their COA Business Relations Partner if:
 - (a) A person complains of a food-borne illness. The Provider must contact COA in the event that a client reports illness after eating a Provider's food, even if there is only one client.
 - (b) An unsafe meal is delivered to one or more clients. Providers must have a written policy in place should the unfortunate circumstance occur that an unsafe meal is delivered to one or more clients. Procedure must include the retrieval of all meals, name of every client who received an unsafe meal, indicate whether meal was picked up prior to being consumed (or partially consumed), and which portion of the meal was consumed.
- 8.4 The Provider must ensure that delivery persons understand how to respond to common client in-home emergencies (e.g., client is non-responsive) or meal-related concerns (e.g. client has not eaten previous meals). The provider must document any client-related concerns in the client record and notify the Care Manager.
- 8.5 The Provider must ensure that delivery persons have and carry a current valid driver's license.
- 8.6 The Provider shall retain records to show that the owner of each meal delivery vehicle used for this service carries auto liability insurance on the vehicle.

9.0 PROVIDER REQUIREMENTS

- 9.1 The Provider is required to have service delivery capability and telephone availability at a minimum of eight (8) hours per day, seven (7) days each week even if it is a voice mail or answering machine. The Provider must be able to provide meals for each of the seven (7) days per week and not necessarily deliver each of the seven (7) days.
- 9.2 Providers will bill the holiday meal in the month in which the meal is consumed rather than when the meal was delivered (e.g. January 1st New Year Holiday meals delivered to client on December 30th would be entered on January 1st and paid with the January billing).

10.0 PROVIDER STAFF TRAINING

- 10.1 The Provider develop a training plan that includes orientation and annual continuing education.
- 10.2 Orientation: The provider shall assure that each employee, including each volunteer who participates in meal preparation, handling or delivery receives orientation on topics relevant to the employee's job duties before the employee performs those duties.
- 10.3 Continuing education: The provider shall assure that each employee, including each volunteer who participates in meal preparation, handling or delivery receives of training completes continuing education each year on topics that a relevant to the employee's job duties.
- 10.4 The provider shall make, and retain, a written record of each employee and volunteer's completion of orientation and continuing education. The record shall include topics covered during the orientation and continuing education.
- 10.5 All providers who produce meals must have at least one (1) food-service employee certified in food safety training.

11.0 PROVIDER QUALITY IMPROVEMENT

- 11.1 Consistent with the Conditions of Participation, the Provider must continuously monitor all aspects of the operation and take immediate action to improve practices. Aspects required to be monitored are, at a minimum:
- (a) Food temperatures during storage, preparation, transport, and delivery of food to the client;
 - (b) Preparation, holding, and delivery practices to ensure retention of quality food characteristics (e.g., flavor and texture);
 - (c) Client satisfaction; provider must elicit comments from clients regarding satisfaction with food taste, portion size, appearance and temperature; meal delivery schedule and meal delivery personnel.
- 11.2 Providers shall develop and implement an annual plan to evaluate and improve the effectiveness of the program's services. In the plan, the Provider shall include:
- (a) A review of the existing program;
 - (b) Satisfaction survey results from clients
 - (c) Program modifications made that responded to changing needs or interests of clients, staff or volunteers;