

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Home Delivered Meals**

I. General Policies and Procedures

A. Do you prepare the following meals?

	YES	NO	SUN	MON	TUE	WED	THU	FRI	SAT	HOLIDAYS
Hot										
Cold										
Frozen										
Holidays										
Emergency										
Ethnic/ Religious										
Special:										
Pureed										
Diabetic										
Renal										
Vegetarian										
Other: (Describe)										

B. During what hours are meals delivered?

C. If weekend and holiday meals are not delivered on the day they are to be eaten, state when and how these meals are delivered.

D. Describe how you ensure your meals are kept at an adequate temperature from departure from your food preparation facility to arrival at consumer's home.

E. Describe your procedure for preparing and delivering meals *during* a snowstorm or other emergency.

F. Do you have a procedure for providing emergency food supplies *in advance of* an emergency?

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If yes, describe procedure:

- G. Describe your procedure for sending ASAP agency the menu and informing the agency of any substantial changes to the menu.

- H. Describe the procedures used by the meals program to accept a referral for home delivered meals.

- I. Describe health inspections of your facility and forward copy(ies) of results of most recent inspection(s).

- J. Describe your policy to notify ASAP agency when service is altered from that which was authorized.

- K. Describe procedures if consumer is not at home at time of meal delivery.

- L. What is the address of the meal preparation facility?

II. Personnel Procedures

- A. Describe criteria for selection of the following:
 - Site Manager

 - Drivers

 - Coordinators

- B. Describe procedure for orientation and training for personnel and by whom.

- C. Describe how you address sensitivity to elders with these employees.

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D. Describe training of drivers regarding role of daily check-in on consumer status, including handling consumer's non-responsiveness, notifying staff supervisor and ASAP immediately of consumer absence from home, or non-responsiveness to driver contact.

E. Describe procedure for supervision for personnel, including how often and by whom.

F. Describe your policy in determining driver's current status registry motor vehicle report.

Provider employee who completed this form

Name: _____

Date: _____

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Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation.

EMPLOYEE Records Review					
Provider					
Date					
Monitor					
Start and Termination Date if applicable					
Number of reference checks					
CORI Check					
Orientation: Date					
Job Description(s)					
Food handler's certificate, if applicable					
Driver's license, if applicable					
Ongoing training dates					
OIG monthly checks					
Performance appraisal dates					
Comments					

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CONSUMER Records Review					
Provider					
Date					
Monitor					
CONSUMER ID #					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Special dietary requirements, if applicable					
Current case manager/RN phone					
Service start date					
Current authorization					
Termination date, if applicable					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate “on screen”.					
Name and Position of Provider Direct Demonstrator					

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