

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 delivered¹:

D. Describe how you ensure your meals are kept at an adequate temperature from departure from your food preparation facility to arrival at client's home²:

¹ EOEA Kitchen Food Handling and Sanitation Standards, Section 5

² EOEA Nutrition Standards, Section 3

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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?³ Yes No If yes, please describe procedure:

G. Describe your procedure for sending ASAP agency the menu and informing the agency of any substantial changes to the menu⁴:

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

I. Please describe health inspections of your facility and forward copy(ies) of results of most recent inspection(s)⁵:

J. Describe your policy to notify ASAP agency when service is altered from that which was authorized⁶:

K. Describe procedures if client isn't home at time of meal delivery⁷:

³ EOE A Menu Policies, Section B 9

⁴ EOE A Menu Policies, Sections 4 and 6

⁵ EOE A Kitchen Food Handling and Sanitation Requirements, Non-Homemaker Provider Agreement, Section 1.1

⁶ Non-Homemaker Provider Agreement, Section 6

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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 whom⁸:

Describe how you address sensitivity to elders to these employees⁹:

Describe training of drivers regarding role of daily check-in on client status, including handling client's non-responsiveness, notifying staff supervisor and ASAP immediately of client absence from home, or non-responsiveness to driver contact¹⁰:

C. Describe procedure for supervision for personnel how often and by whom¹¹:

⁷ ASAP Vendor Monitoring Manual

⁸ ASAP Vendor Monitoring Manual

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ *ibid.*

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D. Describe your policy in determining driver's current status registry motor vehicle report¹²:

Name of Provider employee who completed this form:

Signature:

Date:

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

					Home Delivered Meals <u>Employee Records Review</u> Provider: Date: Monitor:
					Start and Termination Date ¹³
					Number of Reference Checks
					Food handler's certificate, if applicable ¹⁴
					Driver's License, if applicable ¹⁴
					Orientation ¹⁵ : Date
					Job Description(s) ¹⁶
					Ongoing training ¹⁷ : dates
					CORI Check ¹⁸
					Performance appraisal dates ¹⁹
					Comments

¹³ M.G.L. c.149 § 52C

¹⁴ Non-Homemaker Provider Agreement, Section 1.1

¹⁵ ASAP Vendor Monitoring Manual

¹⁶ M.G.L. c.149 § 52C

¹⁷ ASAP Vendor Monitoring Manual

¹⁸ M.G.L. c.6 § 172C

¹⁹ M.G.L. c.149 § 52C, ASAP Vendor Monitoring Manual

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					Home Delivered Meals <u>Client Records Review</u> Provider: Date: Monitor:
					Client ID #
					ID Info – name; address; phone; DOB
					Emergency contact(s) name and phone number(s)
					Special dietary requirements, if applicable
					Current case manager/RN phone
					Service start date
					Current authorization
					Termination: date:
					Comments: