

COMMUNITY LONG TERM CARE (CLTC)
SCOPE OF SERVICES
FOR MEDICAID
HOME DELIVERED MEALS

A. Objective

The objective of Home Delivered Meal Services is to provide at least one nutritionally sound meal per day to persons unable to care for their nutritional needs because of a functional disability/dependency and who require nutrition assistance to remain in the community.

B. Condition of Participation

1. Agencies of Home Delivered Meals Services must agree to participate in the Care Call monitoring and payment system.

C. Description of Services

1. The Unit of Service is one meal delivered to a client's residence, or other location, as agreed to by the provider and as indicated on the service authorization. Each meal must provide a minimum of one-third of the current recommended dietary allowance (RDA) for the age group as adopted by the United States Department of Agriculture. The number of units of service provided to each client is contingent upon the client's service plan, which is established by the Case Manager in consultation with the client.
2. Standard Diet menus and Modified Diet menus must be developed using Dietary Guidelines for Americans and must be reviewed and approved by a registered dietitian. Established procedures must be in place to assure that each client requiring a Modified meal receives only the meal ordered for that individual.
3. Home delivered meals are made available at a minimum Monday through Friday. The Provider shall annually provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days.

D. Conduct of Service

1. The Case Manager will request home delivered meal services by designating the amount, frequency and duration of service for clients in accordance with the client's service plan which will be developed in consultation with the client and/or responsible party. More than one meal for each day's consumption may be delivered if authorized by CLTC. The Case Manager will note on the authorization if the person requires a modified diet due to diabetes or some other condition.
2. The Provider will initiate home delivered meals on the date negotiated with the Case Manager and indicated on the Medicaid home and community-based authorization. Services must not be provided prior to the authorized start date as stated on the Service Authorization.
3. Each provider must offer one hot meal per day, five or more days each week, and any additional authorized meals may be hot or cold. Non-perishable meals may be provided if

authorized by the Case Manager. A hot meal, for the purposes of this program, is one in which the main food item is hot at the time of serving. A blast-frozen meal, if authorized, meets the hot meal requirement for this standard.

4. No home-canned or home-prepared food shall be used in the preparation and service of the meals.
5. The facility at which the meals are prepared and/or packaged, as well as the manner of handling, transporting, serving and delivery of these meals must meet all applicable health, fire safety and sanitation regulations.
6. Only single service covered aluminum foil or styrofoam divided containers can be used for hot food. Each tray compartment must be large enough to contain the required portions without spillover.
7. Unless providing a blast frozen meal, hot and cold food shall be portioned and packed separately to ensure retention of heat or cold and shall be transported in approved insulated carriers which will maintain the required hot (130 degrees Fahrenheit or above) and cold (45 degrees Fahrenheit or below) temperatures until the time of delivery to the client. Blast frozen meals must be transported in approved insulated carriers which will maintain the meals in a frozen state until the time of delivery to the client.
8. Delivery routes must be clearly established. No more than one hour shall elapse between the time of packaging and the time of delivery of the last hot meal on the route. Delivery of a cold meal beyond the one hour limit for a client who lives too far away may be made upon written approval of the Head of the Provider Relations and Compliance Department, CLTC Division of Waiver Management.
9. Each meal must be received, in hand, by an individual at the client's door or at another location as agreed to by the provider and as indicated on the service authorization.
10. The Provider shall give initial and on-going training in the proper service, handling, and delivery of food to all staff, both volunteer and paid.
11. The Provider will maintain a record keeping system which establishes an eligible client profile in support of units of home delivered meal service provided, based on the Service Authorization.
12. The Provider shall regularly observe, or at a minimum inquire about, the client's condition and will confirm at least monthly the client continues to reside in the home and is available to receive the meals. The provider will notify the Case Manager as soon as possible, but no more than two (2) working days, of the following client changes:
 - a. Client's condition has changed or client no longer appears to need home delivered meal services; or,
 - b. Client is institutionalized, dies or moves out of service area; or,
 - c. Client no longer wishes to receive home delivered meal services; or,

- d. Knowledge of the client's Medicaid ineligibility or potential ineligibility.
- 13. The Case Manager will review a client's service plan within three (3) working days of receipt of a request from the provider to modify service authorization.
- 14. The Case Manager will notify the Provider immediately if services to a client are to be terminated. However, the Provider should refer to the language in the Community Long Term Care Services Provider Manual on page 1-5 regarding the provider's responsibility in checking the client's Medicaid eligibility status.

F. Administrative Requirements

- 1. The Provider agency shall designate an individual to serve as the agency administrator. This does not have to be a full time position; however, the designated administrator must have the authority and responsibility for the direction of the Provider agency. The Provider agency shall notify CLTC within three (3) working days in the event of a change in the agency Administrator, address, or phone number.
- 2. The organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on client care level staff shall be set forth in writing. This must be accessible to all staff and must include an organizational chart. A copy of this must be forwarded to SCDHHS at the time the contract is implemented. Any future revisions or modifications must be distributed to all staff of the Provider agency and to SCDHHS.
- 3. The Provider agency must have written bylaws, or equivalent, which are defined as "a set of rules adopted by the Provider agency for governing the agency's operations." Such bylaws, or equivalent, must be available to provider agency staff and shall be provided to SCDHHS upon request.
- 4. Administrative and supervisory functions must not be delegated to another agency or organization.
- 5. A governing body, or designated persons so functioning, shall assume full legal authority for the operation of the Provider agency. A listing of the members of the governing body shall be made available to SCDHHS upon request.
- 6. An annual operating budget, including all anticipated revenue and expenses related to items which would, under generally accepted accounting principles, be considered revenue and expense items, must be submitted to SCDHHS prior to the signing of the initial contract with SCDHHS. The Provider agency must maintain an annual operating budget which shall be made available to SCDHHS upon request.
- 7. The Provider agency must acquire and maintain for the duration of the contract liability insurance and worker's compensation insurance to protect all paid and volunteer staff, including board members, from liability and/or injury incurred while acting on behalf of the agency. The Provider agency shall furnish annually a copy of the insurance policies to SCDHHS.

Effective July 1, 2005