



Division of Aging Services

State Review Guide

for

Nutrition Service Program HCBS – Section 304.3 Part A - Congregate Meals

PSA/County: _____ **Site/Provider:** _____

Reviewer: _____ **Date:** _____

Revised November 18, 2004

Nutrition Review Guide Purpose, Service Definitions and Abbreviations/Acronyms

Purpose and Scope:

This review guide is designed to assist Area Agencies on Aging in measuring the compliance and performance of providers of HCBS Nutrition Services.

Area Agencies shall contract only with qualified agencies, properly licensed food vendors, and licensed registered dietitians (or individuals with comparable expertise) for the provision of these nutrition services. An Area Agency providing these services directly shall be accountable to the same rules, regulations and compliance measures and is subject to being monitored by the Division of Aging Services using this review guide.

This review guide is divided into sections relative to activities and requirements as described in Manual Section 304 – Nutrition Program Guidelines and Requirements. It is the responsibility of the AAA to determine the review guide section or sections required to monitor a service provider or a service appropriately.

Review Guide Sections:

- **Part A, Section 304.3 - Congregate Nutrition Program Description and Performance Requirements**
- **Part B, Section 304.4 - Home Delivered Meal Program Description and Performance Requirements**
- **Part C, Section 304.5 - Requirements for Meals**
- **Part D, Section 304.6 - Administrative Responsibilities of Nutrition Service Providers**
- **Part E, Section 304.8 - Registered Dietitians**
- **Part F, Section 304 - Nutrition Education, Nutrition Screening, and Nutrition Counseling**
- **Part G - Appendix A**
- **Part H - Nutr-hcbs 304 client check sheets (Excel Spreadsheet)**

Abbreviations and Acronyms (Peculiar to this guide/Service/Program):

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AIMS	Aging Information Management System
CBA	County Based Agency
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
FN	Footnote
IADL	Instrumental Activities of Daily Living
NSI	Nutrition Screening Initiative
UCM	Uniform Cost Methodology

Section 304.3 – Congregate Nutrition Program Description and Performance Requirements

ITEMS TO BE COMPLETED PRIOR TO ON-SITE REVIEW

It is suggested the monitor complete the following tasks and review guide items before making the on-site visit. Items are identified with an asterisk (*) in the review guide.

<i>Item #</i>	<i>Review Guide Item</i>	<i>Action Required</i>	<i>Purpose</i>	<i>Completed</i>
1.	All Sections of the Review Guide	<i>Review Previous Monitoring Report</i>	To become familiar with past performance of the provider and/or site.	Yes _____ No _____
2.	1. and 2.	<i>Review Contract and/or AIMS Contract Documents and any applicable Subcontracts</i>	To become familiar with contract, services to be provided, funding, unit cost(s), number of units to be provided, and subcontract(s) if applicable.	Yes _____ No _____
3.	2.	<i>Review “HCBS - Program Performance Report for Provider or AAA”</i>	To verify the number of units provided to date this program year.	Yes _____ No _____
4.	4.	<i>Review “HCBS – Validation – Add/Edit Meal Log”</i>	To verify documentation of guests.	Yes _____ No _____
5.	5.A	<i>Review “HCBS – Clients under 60 Receiving Service”</i>	To verify that only eligible clients are receiving meals.	Yes _____ No _____
6.	5.B	<i>Review “HCBS – Missing Data Elements Report by Individual Service”</i>	To determine the number of unduplicated clients in AIMS for the site.	Yes _____ No _____
7.	5.C	<i>Reference “HCBS – Missing Data Elements Report by Individual Service” and the chart in Review Guide Items #5.</i>	To determine the number of client files to be reviewed.	Yes _____ No _____
8.	5.D, 5.E, and 5.F	<i>(a) Review instructions for filling out client file checksheets.</i> <i>(b) Conduct client file review and complete a checksheet for each client file reviewed.</i> <i>(c) Input totals from each client checksheet into the Excel spreadsheet.</i> <i>(d) Transfer information to the review guide.</i>	The checksheet and Excel spreadsheets are included to assist the monitor in evaluating contractor performance for file maintenance. (See attached file: Nutr-hcbs304clientchkshts.xls)	(a) Yes _____ No _____ (b) Yes _____ No _____ (c) Yes _____ No _____ (d) Yes _____ No _____
9.	16.	<i>Contact food vendor</i>	To verify the time the food is finished cooking and holding time begins.	Yes _____ No _____

Instructions to Complete the Congregate Meals Client File Checksheet and Part II of the Attached Excel Spreadsheet

NOTE: The client file checksheet and attached Excel spreadsheet are included for the monitor's convenience only and the use of these documents is not required to complete the review guide.

1. Determine the number of clients in AIMS for the service provider.
2. Determine the number of client files to be reviewed.
3. Request files from service provider.
4. Review client files for items listed on checksheet. Note findings on copies of the checksheet using codes below. Checksheet may be adapted to include additional items of information in the review.
5. Adjust the number of lines in the attached Excel spreadsheet to accommodate the number of client files reviewed.
6. Total the number of marks in the “yes”, “no”, and “N/A” columns on the checksheet.
7. Enter the number of data elements reviewed into the attached Excel spreadsheet. (Same number review items for each client.)
8. Enter column totals for each client into the attached Excel spreadsheet from checksheet.
9. Enter overall compliance/non-compliance rates/percentages in the appropriate spaces in the review guide. (N/A column total is excluded from the calculation of the “yes” and “no” percentages.)

Codes for reviewing information client files for service provider performance:

- Yes** - Information is in compliance.
No - Information is **NOT** in compliance.
N/A - Information requested is not applicable to this particular client.

SECTION 304.3 – CONGREGATE MEALS CLIENT FILE CHECKSHEET

NOTE: The client file checksheet and attached Excel spreadsheet are included for the monitor's convenience as a suggested form to check a service provider's maintenance of client files. The use of these documents is not required to complete the review guide.

Client Name: _____ Client I.D. #: _____
(Last) (First) (Middle)

Provider: _____ Reviewer's Name: _____

File # ____ of ____ (number) of files to be reviewed.

Item #	Data Elements	Yes	No	N/A	Comments
1.	Client Notification / Service Status				
2.	Client Information / CRF				
3.	Current Income Work Sheet (CBS only)				
4.	Emergency Contact Information				
5.	Current Assessment (DON-R, ADL, & IADL Scores)				
6.	Current NSI				
7.					
8.					
9.					
10.					
Total					

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
1. <i>*NOTE – One or more of the review guide sections for Manual Section 304 may be required to adequately monitor a service provider and/or a service.</i>	*304.2; *304.6.a; *304.6.c and *304.6.d	<p>Scope</p> <p>(1) _____ The AAA has executed a contract with the provider agency specifically for the provision of Congregate Nutrition Services.</p> <p style="text-align: center;">OR</p> <p>_____ The AAA directly provides Congregate Nutrition Services.</p> <p><i>Monitor – review contract prior to on-site review to become familiar with contracted services, funding, and the number of units to be provided.</i></p> <p>(2) Does the “AAA directly providing the service” or “the provider” subcontract out any portion of the services to be provided under this contract?</p> <p>Which Service(s); _____</p> <p>Provider: If “yes” to (2), the provider has provided the AAA a copy of the subcontract(s). Yes _____ No _____ N/A _____</p> <p>Provider: If “yes” to (2), the provider monitors its subcontractor(s) at least annually. YES _____ /DATE: _____ NO _____ N/A _____</p> <p>AAA: If “yes” to (2), the AAA directly providing the services monitors its subcontractor(s) at least annually. YES _____ /DATE: _____ NO _____ N/A _____</p>	<p>(1) Yes ____ No ____ N/A ____ Comments:</p> <p>(2) Yes ____ No ____ N/A ____ Comments:</p>

	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
2.	*304.2; *304.6.a; *304.6.c and *304.6.d	<p><i>Monitor – review the respective <u>AIMS HCBS – Program Performance Report</u> (Provider or AAA) to verify that the number of contracted units provided is in line with the percent of the program year passed.</i></p> <p>Month: _____ % of Year Passed</p> <p>Congregate Meals: Contracted Units: _____ Units Provided: _____ % _____ of Units Provided</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
3.	304.3.e.1 and *304.6.a	<p><u>Schedule of meal services.</u> The provider uses an advance reservation system to determine the number of meals necessary for each day’s service and has informed participants of procedures for reserving meals.</p> <p>Describe the reservation system:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
4.	304.3.e.2	<p><u>Schedule of meal services.</u> The provider serves eligible drop-in seniors and other unscheduled guests only after participants who have made advance reservations are served a meal which provides all of the Recommended Dietary Allowances.</p> <p>Yes _____ No _____</p> <p><i>Monitor – If “yes”, review <u>HCBS – Validation – Add/Edit Meal Log</u> for several months previous to monitoring for documentation of guests.</i></p> <p><i>Monitor – if “no”, ask why not?</i></p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
5.	304.3.f; 304.3.d; 304.3.1 (Rev. 6/2003) and *304.6.a	<p><u>Participant records.</u> The provider shall maintain client files in a form and format approved/accepted by the Division of Aging Services, including information which, at a minimum, identifies regular participants; documents an individuals' eligibility for the program; instructions for emergency contacts and care preferences; and any other additional individual participant information as specified by DAS services program policies and procedures.</p>	<p>Yes ____ No ____ N/A ____ Comments:</p>
	304.3.1 Rev. 6/2003); 304.3.a; 304.3.b; and 304.3.c.2	<p><u>Nutrition screening</u> The AAA/County Based Agency (CBA) telephone screens all referrals to the nutrition program unless there is no waiting list for the site. The Nutrition Screening Initiative DETERMINE (NSI-D) Checklist is part of the intake and screening process.</p> <p>The assessing agency (provider, case management, CBA, etc.) administers the NSI-D Checklist six months after services begin and, at a minimum, annually thereafter, or at anytime that a change in the participant's condition or circumstances warrants.</p> <p><i>(A.) Monitor – prior to the on-site monitoring visit, review the <u>HCBS – Clients under 60 Receiving Service</u> for the provider to verify that only eligible clients are receiving services.</i></p> <p>Only eligible clients are receiving services: Yes _____ No _____</p> <p><i>(B.) Monitor – prior to and current to the on-site monitoring visit, run the <u>HCBS – Missing Data Elements Report by Individual Service</u> report for provider.</i></p> <p>Number/unduplicated count of client files in AIMS for this site: _____</p> <p><i>Monitor – To evaluate provider file maintenance in accordance with program requirements for current information and/or forms, within a timeframe relative to the on-site monitoring visit randomly select and request client files/source documents from the provider. The <u>Congregate Meals Client File Checksheet</u> inserted in the beginning of this review guide and the attached Excel spreadsheet are suggested tools. (See Part II of the attached file: Nutr-hcbs304clientchkshts.xls.)</i></p>	<p>Yes ____ No ____ N/A ____ Comments:</p> <p>Yes ____ No ____ N/A ____ Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments						
5. Cont'd...		<p><i>The suggested number of client files to be reviewed would be based on the total number of unduplicated client files in AIMS for this site in the <u>HCBS – Missing Data Elements Report by Individual Service</u> as recorded above. The following chart indicates the number of client files to be reviewed.</i></p> <table border="1"> <thead> <tr> <th>Number of Client Files in AIMS</th> <th>Number of Client Files to Review</th> </tr> </thead> <tbody> <tr> <td>1 – 60</td> <td>*Minimum of 6 files</td> </tr> <tr> <td>60 +</td> <td>*Minimum of 10%</td> </tr> </tbody> </table> <p><i>*If multiple errors are found, increase your sample size.</i></p> <p><i>Fill out a checksheet for each participant by reviewing the client's file for the items listed. Enter the totals for each client into Part II of the attached Excel spreadsheet. The checksheet and Excel spreadsheets may be adapted to accommodate a review for additional information and/or forms as desired by the AAA.</i></p> <p>(C.) Number of client files to be reviewed: _____</p> <p>(D.) Enter overall compliance/non-compliance rates/percentages from Part II of the Excel spreadsheet or from you own worksheet.</p> <p>Yes (#) _____ (%) _____ No (#) _____ (%) _____ N/A (#) _____</p> <p>(E.) Were file maintenance discrepancies found? Yes _____ No _____</p> <p>(F.) If “yes”, what kinds of discrepancies were found?</p> <p>Monitors Findings/Comments:</p> <p><i>NOTE: Reference “Appendix A” for an optional monitoring tool to evaluate the accuracy of client data entered into AIMS compared to the information contained in the source document, the client file.</i></p>	Number of Client Files in AIMS	Number of Client Files to Review	1 – 60	*Minimum of 6 files	60 +	*Minimum of 10%	
Number of Client Files in AIMS	Number of Client Files to Review								
1 – 60	*Minimum of 6 files								
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Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
6.	304.3.g.1 and *304.6.c	<p><u>Meal service requirements.</u> Provider uses the correct portion sizes and utensils as specified on approved menus.</p> <p><i>Monitor – observe provider staff and volunteers serving the meal and verify portion sizes and utensils used are as specified on the approved menu for that day.</i></p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
7.	304.3.g.2 and *304.6.c	<p><u>Meal service requirements.</u> The provider’s staff and volunteers have access to the applicable Federal, State and local rules and regulations for the prescribed food sanitation requirements.</p> <p>Does the congregate nutrition program staff have in its possession the most current publication of the <u>Rules and Regulations – Food Service – Chapter 290-5-14</u>? Yes _____ No _____</p> <p>Administrative Rules and Regulations of The State of Georgia</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
8.	304.3.g.3 and *304.6.j.5	<p><u>Meal service requirements.</u> Food temperatures are to be taken and recorded daily.</p> <p><i>Monitor – request to see documentation of temperatures taken daily of food upon delivery to the site and temperatures prior to serving.</i></p> <p>How/where are temperatures recorded?</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
		Safe temperatures are being maintained (41 degrees or below for cold foods; or 140 degrees or above for hot foods). Yes _____ No _____ Monitor Findings/Comments:	
9.	304.3.g.4 and *304.6.c	<u>Meal service requirements.</u> Provider staff and volunteers utilize practices described in <u>Appendix 304-A, Making a Sanitizing Solution</u> to prevent cross-contamination and to avoid food-borne illness. (1.) Is this Appendix posted in clear view of the kitchen area for quick reference? (2.) Have all nutrition program kitchen and food handling staff and volunteers been trained on the information in Appendix 304-A, <u>Making a Sanitizing Solution</u> and the procedures contained within? How is this training documented? Monitor Findings/Comments:	(1) Yes ____ No ____ N/A ____ Comments: (2) Yes ____ No ____ N/A ____ Comments:
10.	304.3.g.5	<u>Meal service requirements.</u> Assistance with trays, food, drink, etc. should be given to those participants who have physical difficulties. <i>Monitor – observe meal service in progress.</i> Monitor Findings/Comments:	Yes ____ No ____ N/A ____ Comments:
11.	304.3.g.6	<u>Meal service requirements.</u> Food is available for at least 30 minutes after serving begins. <i>Monitor – observe the timeframe the food is available to the participants.</i>	Yes ____ No ____ N/A ____ Comments:

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
		Monitor Findings/Comments:	
12.	304.3.g.7	<p><u>Meal service requirements.</u> Describe the measures or policies and procedures which have been established to assure that participants do not take potentially hazardous foods from the site.</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
13.	304.3.g.8	<p><u>Meal service requirements.</u> Describe the food containers and utensils available to appropriately meet the needs of the visually-impaired, blind or otherwise handicapped persons at this site.</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
14.	304.3.g.10	<p><u>Meal service requirements.</u> The provider does not arrange for or provide covered dish meals at nutrition sites or other locations, using any funds which are administered through the contract with the Area Agency on Aging to support the cost of such activities.</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
15.	304.3.h	<p><u>Food storage safety.</u> The provider stores potentially hazardous foods at safe temperatures as stated in Section 290-5-14.03 of the Administrative Rules and Regulations of the State of Georgia; Food Care.</p> <p>(1) Is the temperature inside of the refrigerator maintained at 41 degrees Fahrenheit or below? _____ Degrees</p>	<p>(1) Yes ____ No ____ N/A ____</p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
		<p><i>Monitor – locate the thermometer inside of the refrigerator and log the actual temperature.</i></p> <p>Monitor Findings/Comments:</p> <p>(2) Is the temperature inside of the freezer maintained at 0 degrees Fahrenheit or below? _____ Degrees</p> <p><i>Monitor – locate the thermometer inside of the freezer and log the actual temperature.</i></p> <p>Monitor Findings/Comments:</p>	<p>(2) Yes ____ No ____ N/A ____</p> <p>Comments:</p>
16.	304.3.i and *304.6.c	<p><u>Food storage safety.</u></p> <p><u>Holding time.</u> Providers holding times for hot foods do not exceed four hours from the final stage of food preparation until the meal is served to the participants, including delivery to the homes of home delivered meals participants.</p> <p><i>Monitor – contact food vendor for the time required to answer “a.” below.</i></p> <p><u>Congregate Noon Meals:</u></p> <p>a. The final stage of food preparation is: _____ (a.m. or p.m.)</p> <p>b. Serving time is: _____ (a.m. or p.m.)</p> <p>c. Difference: _____ (hours and minutes)</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
17.	304.3.j and	<p><u>Nutrition outreach.</u></p> <p>(1) Describe the provider’s “outreach” efforts.</p>	<p>(1) Yes ____ No ____ N/A ____</p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
	304.6.b	<p>(2) Does the provider refer potential participants to the Area Agency for intake and screening? Yes _____ No _____</p> <p>If “yes”, describe the process:</p> <p>If “no”, why not?</p>	<p>(2) Yes ____ No ____ N/A ____</p> <p>Comments:</p>
18.	304.3.k. 1 - 5	<p><u>Nutrition education.</u></p> <p>Congregate Nutrition Program Provider has documentation for the following:</p> <p>(1) Nutrition Education is being provided to Congregate Participants. Yes _____ No _____</p> <p>(2) Who administers Nutrition Education at this site?</p> <p>(3) An approved, written Nutrition Education Program Plan is being followed. Yes _____ No _____</p> <p>(4) Sessions are provided at least once monthly of not less than 15 minutes in length. Yes _____ No _____</p> <p>(5) List of attendees and written materials for each session. Yes _____ No _____</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
18. cont'd...		<i>Note: A separate review guide, “Part F, Section 304 – Nutrition Education, Nutrition Screening, and Nutrition Counseling”, has been developed to assist in monitoring and evaluating Nutrition Education Plans, Nutrition Screening, and Nutrition Counseling for both congregate and home delivered meals programs.</i>	
19.	304.3.n.1	<p><u>Alternative meals.</u> Picnic, holiday and weekend meals:</p> <p>These menus are prepared and certified to meet the 1/3 RDA requirements by (name/license number/expiration date):</p> <p>_____</p> <p>(Name/License Number/Expiration Date)</p> <p>How are the temperature requirements for hot and cold picnic, holiday, and weekend foods met?</p> <p>Monitor Findings/Comments:</p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>
20.	304.3.n.2	<p><u>Alternative meals.</u> Shelf-stable, chilled and frozen meals:</p> <p>(1) These menus are prepared and certified to meet the 1/3 RDA requirements by:</p> <p>_____</p> <p>(Name/License Number/Expiration Date)</p> <p><i>Monitor - request package labeling from shelf-stable, chilled, and frozen meals to verify legible packaging, packaging date, list of food items in the package, storage instructions, and instructions for preparation or safe thawing and re-heating.</i></p>	<p>Yes ____ No ____ N/A ____</p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
20. Cont'd...		<p>Monitor Findings/Comments:</p> <p>(2) What measures are taken to ensure the temperatures of chilled and frozen meals are delivered at safe temperatures?</p> <p>Monitor Findings/Comments:</p>	