



Home-Delivered Meals (HDM)
Waiver Request
(Waivers are in effect Oct. 1, 2017 to Sept. 30, 2018)

Name of Legal Entity		Signature Authority	
Mailing Address		City	State ZIP
Funding Source	Common Provider (see instructions)	Area Agency on Aging (AAA) Name, if applicable	

HDM Waiver:

Check the box to request an HDM Waiver. Provide the following waiver information:

Waiver Area: What areas or locations will the waiver cover?

Meal Delivery Pattern: Using the drop-down menu, select the number of hot, frozen and/or chilled meals delivered to individuals each week.

Hot meals _____ Frozen meals _____ Chilled meals _____

Contacting Individuals: How many times per week will the provider contact the individual in person or by telephone?

In person _____ By telephone _____

Additional Comments:

Alternate Meals:

Record the estimated number of individuals who will receive alternate meals under this waiver each week.

What is the shortest distance (number of miles) from the meal preparation site to an individual served under this waiver?

Select all circumstances necessitating this waiver:

- Insufficient number of volunteers to deliver meals daily
- Need to reduce meal preparation costs
- Transportation costs are too high
- Personnel costs
- Other: Provide details in the space below.

Holiday Waiver:

Check the box if the agency will observe more than 10 holidays during the waiver period.

Describe your agency's plan for meeting the meal needs of the older individuals being served when the agency is closed.

Assurances

In submitting this waiver description to the Texas Health and Human Services Commission (HHSC) Community Supports, Access and Intake Division, the entity requesting this waiver assures continuing compliance under the waiver with the following requirements.

1. If a common provider, the waived service description is the same for all funding sources — Title III and Title XX.
2. The home-delivered meals provider has established policies and procedures to ensure:
 - a. The provider does not deny services to an individual eligible for home-delivered meals on the basis of the individual's inability to safely store and prepare a frozen or shelf-stable meal.
 - b. Significant changes in an individual's physical or mental condition or environment are reported per Texas Administrative Code (TAC), Title 40, Part 1, Chapter 55, §55.29 and Chapter 85, Subchapter D, §85.302(n)(1)(D)(iii).
 - c. The provider and every individual affected by the waiver has sanitary and safe conditions for storage, thawing and preparation of the meal [40 TAC §55.21(1), §85.302(k)(1) and §85.302(n)(1)(D)(i)].
 - d. The meal can be safely handled by an individual affected by the waiver, or by another available person if the individual is unable to do so [40 TAC §55.21(2) and §85.302(k)(2)].
 - e. The provider safely packages and transports all frozen meals [40 TAC §55.23 and §85.302(l)-(m)].
 - f. The provider complies with Texas Department of State Health Services rules under TAC, Title 25, Part 1, Chapter 229, Subchapter K, Texas Food Establishments, to ensure all potentially hazardous foods are: properly frozen and stored [25 TAC §229.164(l) and (o)]; prepared, stored and clearly marked using calendar dates [25 TAC §229.164(o)(6)]; cooled quickly within two hours to 70 degrees Fahrenheit, and to 41 degrees Fahrenheit in an additional four hours, not to exceed a total of six hours [25 TAC §229.164(o)(4)(A) and (B)]; and remain frozen until ready for the thawing or cooking process [25 TAC §229.164(o)(1)-(3)].
3. In the event an individual becomes ineligible for the Home-Delivered Meals program for any reason (that is, loss of eligibility, relocation, nursing home placement, death) and the provider has requested payment for meals delivered past the date of the individual's ineligibility, the provider will reimburse the AAA or HHSC for all such meals for which the provider has received payment.

Name of Legal Entity

Printed/Typed Name — Signature Authority

Signature — Signature Authority

Date