



**Waiver Request
Congregate Meals**

Fiscal Contract Period: Oct. 1, 2018 to Sept. 30, 2019

Waiver to Serve Congregate Meals less than five days per week

Name of Legal Entity Polk County Aging Department		Signature Authority Sydney Murphy-County Judge	
Address 602 E. Church Street, Suite 145		City Livingston	State TX
Area Agency on Aging (AAA) Name, if applicable Area Agency on Aging of Deep East Texas		ZIP Code 77351	

1. Does the nutrition provider have an approved Congregate Meal Waiver for 2018?..... Yes No

2. If no, how will the persons and the general public be notified of the change in the pattern of meal service?

Local newspaper

Flyers

Posting at the meal site

Other: _____

3. Number of meal sites included in this waiver: 3

4. Percentage of total meal sites included in the waiver: 100

5. The circumstances necessitating this waiver request: (select all that apply)

Rural area where five days a week is not feasible

Low number of persons at the site

Insufficient number of staff or volunteers

Insufficient funding

Other: Inclement weather. Emergencies.

Assurances

By submitting this waiver request to Texas Health and Human Services (HHS), Office of Area Agencies on Aging, the entity requesting this waiver assures adherence to all AAA contract and subrecipient requirements and applicable Texas Administrative Codes.


Signature Authority

03/14/2018
Date



Home Delivered Meals (HDM) Waiver
(Waivers are in effect Oct. 1, 2018 to Sept. 30, 2019)

Name of Legal Entity Polk County Aging Department	Signature Authority Sydney Murphy-County Judge		
Mailing Address 602 E. Church Street, Suite 145	City Livingston	State Texas	ZIP 77351
Funding Source Title III and Title XX - Common	Area Agency on Aging (AAA) Name, if applicable Area Agency on Aging of Deep East Texas		

HDM Waiver Request:

Each Individual included in an approved HDM waiver must be contacted in person or by telephone at least three times per week.

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 meals5 _____ Chilled meals _____

Waiver Area: What areas or locations will the waiver cover?
Polk County, Texas in its entirety-1,057.9 square miles

Polk County Aging Dept. request a time-waiver to deliver meals beginning at 8:30 AM-1:30 PM due to clients who live on County lines and deep wooded areas.

Alternate Meals:

Estimated number of individuals who will receive alternate meals under this waiver each week. 300

Shortest distance (number of miles) from the meal preparation site to an individual served under this waiver. 1

Add Waiver Request:

Select all circumstances necessitating the HDM 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.

Clients inability to consume hot meals at time of delivery due to medications, illnesses, or unavailable at time of delivery causing clients from not receiving a meal on that particular day.

Holiday Waiver Request (Title III Only):

Complete this section 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.

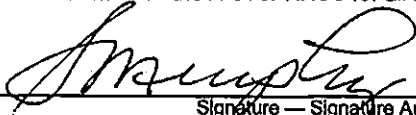
Polk County's estimated F/Y 2019 closure Holidays are fourteen (14) days. Estimated effective delivery days are seven (7) days. If a Holiday effects a delivery day the Aging Department employees will deliver meals prior to County closure.

The above closure days are estimated due to Commissioners' Court Holidays for calendar year 2019 will not be adopted until October or November 2018.

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.



Signature — Signature Authority

Sydney Murphy, County Judge

March 22, 2018

Date

