

# Understand Review Averaging

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Per USDA regulations, sponsors must review home care providers at least three times per year, and no more than six (6) months can pass between reviews. However, many sponsors have updated their management plans to handle review averaging. This means that sponsors can review some providers only twice a year, as long as the agency visits providers an average of three (3) times per year and no more than six (6) months passes between each visit.

To effectively implement review averaging:

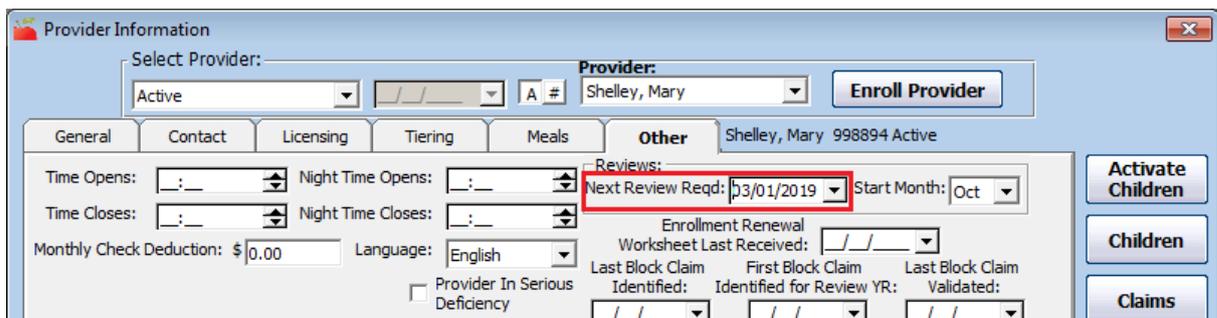
Identify no more than one-third of your providers as in-good standing. These are those providers you are confident offer a high quality of care to the children in their home, always comply with Food Program regulations, and have never been put on corrective action. To make this determination:

1. Print the **Review List Export File**.
  - In the Review Filter window, check the **Meals Disallowed** box and select the **Yes** option.
  - Sort the report by provider name.
  - Remove any provider who has had a meal disallowed during a review.
2. Print the **Serious Deficiency List**.
  - Filter this list to specifically look for providers who have **not** been in serious deficiency in the last three (3) years.
  - Those providers who have been in the serious deficiency process should be removed from your list.
3. If you have one-third or more of your caseload in the resulting list from **Step 1**, manually review this list and remove any provider you do not feel should qualify until you reduce it to about one-third of our caseload.

Once you have your list, update review schedules. Minute Menu HX stores a next review required date for each Provider stored in the system. This is the date by which the next regularly schedule review should occur. This information is stored in the Next Review Rq box in the Provider Information Other tab.

To override this setting:

1. Click the **Providers** menu and select **Provider Information**. The Provider Information window opens.
2. Click the **Provider** drop-down menu and select the provider to change.
3. Click the **Other** tab.
4. Click the **Next Review Rq** box and enter the next review date for this provider.



The screenshot shows the 'Provider Information' window for 'Shelley, Mary' (ID: 998894). The 'Other' tab is selected. The 'Next Review Rq' field is highlighted with a red box and contains the date '03/01/2019'. Other fields include 'Time Opens', 'Night Time Opens', 'Time Closes', 'Night Time Closes', 'Monthly Check Deduction' (\$0.00), 'Language' (English), and 'Enrollment Renewal' (Worksheet Last Received). There are also buttons for 'Activate Children', 'Children', and 'Claims' on the right side.

5. Click **Save**.

If you do this once or twice a year, you will visit these good-standing providers less often. Because many visits

result in a required follow-up (especially for providers placed on corrective action), you should easily remain above the three (3) reviews per-year average. To ensure you are staying above the required average, run the Home Visit Status report.

**Note:** Some agencies are required to specifically assign providers to a particular review cycle—two, three, or four reviews—as part of state agency requirements related to review averaging. If this is necessary for your agency, contact Minute Menu Support to enable a custom field to track the type of schedule a provider has.