

Nutrition Contract FY 11
Attachment E
Title III Home-Delivered Meals Policy and Procedures
Revised September 2009

INTRODUCTION

The Older Americans Act Title III Home-Delivered Meals Program is designed to provide meal service for those who are homebound and unable to cook. For many older people, nutritional services are the entry point to the entire Older Americans Act Title III service delivery system. Service coordination can be accomplished to help meet other needs of the older individual. Title III nutrition providers, therefore, have a special opportunity to look at the overall needs of each individual and help to find a configuration of assistance that will most appropriately benefit the recipient.

Individuals have differing needs: some may be semi-homebound and can get out occasionally when there is assistance available; some may be permanently homebound due to severe impairment; others may be temporarily homebound recovering from surgery or an injury. During the initial assessment, every alternative way an older person can realistically obtain meals should be explored; home-delivered meals should be the last resort. The reason for this is to discourage unnecessary use of the service and to maintain the individual's maximum independence. Some other ways meals can be obtained are by:

- Using a shopping service if grocery shopping is a problem.
- Receiving assistance from family, neighbors, or friends.
- Attending a congregate meal site several days a week if the individual can get out occasionally.
- Teaching simple, nutritious ways of cooking if the individual does not know how to prepare meals.
- Receiving other in-home services.

It is assumed that each person approved for home-delivered meals needs the service every day. Title III nutrition providers who do not furnish weekend service should endeavor to ensure that participants will be provided meals during the weekend. This can be accomplished by furnishing frozen or shelf stable meals prepared or purchased by the provider if at all possible, or by ensuring that family, neighbors, friends, or other informal providers will provide a meal on Saturdays, Sundays, and holidays.

Caution should be exercised to ensure that the home meal delivery program does not increase a person's isolation and dependence. Where feasible, participation in group meal settings should be encouraged, thereby increasing socialization.

REQUIREMENTS FOR MEAL DELIVERY AND DAILY CONTACT

The Bureau of Senior Services requires the following in the home-delivered meal program:

1. Home-delivered meal participants must receive at least five meals per week.
2. Meals must be delivered to each eligible participant at least three times per week.
3. The maximum percentage for pre-packaged/frozen meals is 40% (i.e., no more than two meals per week).
4. Extenuating circumstances preventing the previous three requirements will be addressed with the Area Agency on Aging (the Agency) and adjustments allowed if approved. Documented emergencies (e.g., weather-related) are exempt from Agency approval.
5. Daily contact by the nutrition provider, either in person or by telephone, with each home-delivered meal participant is required. The participant should be notified as to a time frame when to expect the call on the days that home delivery is not made.

Nutrition providers may wish to implement more stringent standards in tailoring their own policies and procedures. It is understood that meal service to eligible individuals is subject to the nutrition provider's transportation routes, schedules, and available resources in the home-delivered meals program.

ELIGIBILITY CRITERIA

Individuals may be certified to receive home-delivered meals based on the following criteria:

The person is **60 years of age** or older, **AND** is

1. **Homebound** – The person cannot leave his/her house under normal circumstances (and is therefore unable to participate in the Title III congregate meals program) due to illness, including a terminal illness, incapacitating disability, isolation, lack of transportation, **OR**
2. **Lives alone** and is physically or mentally unable to obtain food and prepare meals, and there is no one else available to obtain food and prepare meals.

Note: If an individual is eligible for home-delivered meals, it is likely that he/she will be eligible for other in-home programs.

Spouse Eligibility – The spouse (regardless of age) of an eligible participant is also eligible if receipt of the meal is determined to be in the best interest of the participant.

Disabled Dependent's Eligibility – A disabled individual, regardless of age, who resides at the home of an eligible participant is eligible for home-delivered meals. The individual may or may not be related to the participant.

APPLICATION PROCESS

The **Application for Home-Delivered Meals** shall be used for the initial assessment. The **Nutritional Health Assessment** must be completed. If approved, a **Bureau of Senior Services Intake Form (BIF)** will be completed. Nutritional Health Assessment Score must be entered on the BIF.

APPROVAL

If an application is approved, an **approval letter** shall be sent to the applicant within seven working days from the date of the application. The approval letter shall be followed up with a telephone call. An entry must be made on the application indicating that “Applicant is eligible for home-delivered meals” and reason(s) must be specified. Once approved, the reassessment date shall be entered on the application and a BIF completed.

DENIAL

If an application is denied, a **denial letter** that includes notification of appeal rights shall be sent to the applicant within seven working days from the date of the application. The denial letter shall be followed up with a telephone call. An entry must be made on the application indicating that “Applicant is not eligible for home-delivered meals” and reason(s) must be specified.

If a denied individual wishes to appeal, the appeal shall be heard first at the local level, the nutrition provider; if the individual is not satisfied with the decision and wants to continue the appeal process, he/she may then continue to the regional level, the Area Agency; the final avenue of appeal is at the state level, the Bureau.

REASSESSMENT

When an individual is determined to be eligible for the home-delivered meals program, it shall be noted on the application that he/she is classified as a **temporary** participant or a **regular** participant. The participant shall be reassessed according to that classification, using the **Reassessment for Home-Delivered Meals**. A temporary participant will be reassessed in three months or less; a regular participant shall be reassessed within a three- to twelve-month period.

When the reassessment has been completed, the participant shall be notified of the results of the assessment. An **approval letter** shall be given /mailed to participant who remains eligible. Additionally, the new reassessment date must be entered on the **Reassessment Form**. An updated **Nutritional Health Assessment** and **BIF** will also be completed at this time. A denial letter that includes notification of appeal rights shall be given /mailed to the individual whose participation will cease. If mailed, the **denial letter** must be followed up by a telephone call to ensure the individual understands that his/her case will be closed.

WAITING LIST

If the demand for home-delivered meals exceeds the budgeted level, a waiting list will be initiated by the service provider. The **Application for Home-Delivered Meals** and a **BIF** are to be completed for each individual who will be placed on a waiting list. Those on the list will be served on a first-come, first-served and/or documented need basis, as determined by the provider.

CONTRIBUTIONS AND CONFIDENTIALITY

Each nutrition provider is to have in place a policy for collecting contributions (program income) from participants. The methods of collection must assure the safeguarding of funds and protect the confidentiality of participant donations per the Older Americans Act. Contribution reminder notices are to be distributed to all participants on a regular, ongoing basis.

EMERGENCY MEALS

Each nutrition provider is to have in place a method for providing home-delivered meals when the nutrition site is closed due to inclement weather or emergencies. When meals will not be delivered, every effort should be made to notify participants by telephone, public media, neighbor, emergency contact, or some other means. Frozen and/or shelf stable meals can be provided in advance of such emergencies.

MENUS

Menus are to be provided in advance to the home-delivered meal participant. This may be accomplished through newspapers, newsletters, and/or direct distribution to the participant.

DIETARY SUPPLEMENTS

Dietary supplements (i.e., Ensure) that are **sold to clients or purchased with a minimum donation** cannot be counted as Title IIIIC meals (including home-delivered meals) or invoiced for reimbursement.

Dietary supplements that are used as a part of the Title IIIIC program **on a contribution basis** (i.e., a participant is not refused the supplement if a contribution is not made) are to be treated as follows:

- When a dietary supplement is provided in addition to a conventional Title IIIIC meal, the meal and supplement together constitute a single meal for purposes of counting and reimbursement; OR
- When a dietary supplement is provided as a substitute for a conventional Title IIIIC meal (two cans equal the meal for reporting purposes), reimbursement at the rate of \$1.50 per can is allowed when both of the following criteria are met:

- There is a recommendation for use of a dietary supplement by a physician as part of an overall medical nutrition therapy plan for the participant, and the plan is re-evaluated according to the “Reassessment” section of the “Home-Delivered Policy and Procedures”; **AND**
- The participant is provided with a minimum of 1/3 of the Recommended Dietary References for Older Adults as certified in writing by a registered licensed dietitian.

APPLICATION FOR HOME-DELIVERED MEALS

Client Number (use existing number if applicable): _____
Referral Date: _____ Starting Date: _____
Initial Assessment Date: _____ Reassessment Date: _____
Source of Referral: _____

PERSONAL DATA

Name: _____
Address: _____
Phone: _____ Birth Date: _____ Age: _____

Directions to Home: _____

EMERGENCY CONTACTS

1. Name: _____
Address: _____
Phone: _____
2. Name: _____
Address: _____
Phone: _____

Doctor's Name(s) and Phone(s): _____

LIVING SITUATION

- 1. Lives alone
- 2. Lives with spouse/significant other
- 3. Lives with child/children
- 4. Lives with others (Specify: _____)

HEALTH STATUS

- 1. **Ambulation:** Full Partial Crutches Walker/Cane
 Wheelchair Bedfast
- 2. **Vision:** Adequate Partial Blind
- 3. **Hearing:** Adequate Partial Deaf
- 4. **Other Incapacitating Disabilities (Specify):** _____

- 5. **Other Major Health Problems/Illnesses (Specify):** _____

- 6. **Recently Released from Hospital:** Yes No
If yes, specify date: _____
- 7. **Homebound:** Yes No
If not evident, describe in applicant's own words: _____

- 8. **Special Diet Requirements:** Yes No
If yes, please list: _____

MEAL PREPARATION CAPACITY

- 1. Do you currently prepare your own meals: Yes No
If no, who prepares them: _____
- 2. Do you know anyone who could or would be willing to prepare meals for you:
 Yes No
If yes, who: _____
- 3. Would you accept frozen/shelf stable meals: Yes No

ISOLATION FACTORS

- 1. Do you have transportation available to you: Yes No
- 2. How do you secure groceries and other necessities: _____

- 3. If transportation were provided, would/could you come to a nutrition site to eat with others?
 Yes No
If no, please clarify: _____

ELIGIBILITY DETERMINATION (to be completed by Home-Delivered Meals Service Provider)

_____ Applicant is **not eligible** for home-delivered meals. Specify reasons(s): _____

_____ Applicant is **eligible** for home-delivered meals. Specify reason(s): _____

_____ Applicant is **eligible** as a **temporary** participant (three months or less). Reassessment date (maximum three months): _____

_____ Applicant is eligible as a **regular** participant (more than three months). Reassessment date (maximum twelve months): _____

OTHER COMMENTS

I certify that the information provided in this application is true and accurate and has been given to the best of my ability, and I authorize this information to be used on my behalf in making referrals for other services.

Applicant Signature: _____

Interviewer Signature: _____

Date: _____

Nutritional Health Assessment

Note : this assessment form is not the same as the nutritional health assessment that is now page 2 of the BIF which is currently (2010) under review.

CLIENT NAME: _____

DATE OF BIRTH: _____

DATE COMPLETED: _____

Do you have an illness or condition that make you change the foods you eat?	YES=2	NO=0
Do you eat at least two times every day?	YES=0	NO=3
Do you eat some fruits and vegetables every day?	YES=0	NO=1
Do you have some milk products every day?	YES=0	NO=1
Do you have 2-3 or more drinks of beer, wine or liquor almost every day?	YES=2	NO=0
Do you have any problems with your teeth, mouth or throat that makes it hard for you to eat or swallow?	YES=2	NO=0
Do you eat alone most of the time?	YES=1	NO=0
Do you take 3 or more pills each day?	YES=1	NO=0
Are you always physically able to get around to shop, cook and/or feed yourself?	YES=0	NO=2
Without trying, have you lost or gained 10 pounds in the last 6 months?	YES=2	NO=0
Do you have enough money to buy the foods you need?	YES=0	NO=4

TOTAL NUMBER OF POINTS _____

IF YOUR NUTRITION SCORE IS:

0-2 points is GOOD

3-5 points indicate MODERATE NUTRITIONAL RISK

6 + points indicates HIGH NUTRITIONAL RISK

Sample Approval Letter

Date: _____

Dear _____:

I am pleased to inform you that your application for participation in the Title III Home-Delivered Meals Program has been approved.

The Home-Delivered Meals Program provides a nutritionally balanced meal five days a week to seniors who are unable to leave home and do not have someone to prepare meals for them.

Funding for this program is provided by the Older Americans Act through the West Virginia Bureau of Senior Services via the regional Area Agency on Aging, the U.S. Department of Agriculture, and also by **your contributions**. Total state and federal funding does not cover the entire cost of the meals provided; therefore, we rely heavily on donations from participants to keep our program operating. Our current average cost for a meal is \$ _____; your donations help offset this cost, enabling us to serve you and others. Following is the suggested donation schedule adopted by our program:

Monthly Income

Suggested Contribution per Meal

In order to ensure the confidentiality of your contributions, we utilize the following method(s) of accepting your donations:

No eligible person will be denied a meal due to his/her inability or unwillingness to contribute.

Your meals will be delivered to your home _____, between _____ and _____, unless you are notified otherwise. If you are not going to be home, please call the nutrition program at _____ no later than _____. We will not leave a meal at your house if you are not there.

The primary goal of our nutrition program is to help you be as independent as possible and remain in your own home. We realize that home-delivered meals, though now a necessity, could become a convenience in the future. As has been discussed with you, your senior services worker will visit you periodically to evaluate your continued need for this service.

If you have any questions about the Home-Delivered Meals Program or any other senior services, please call _____ at _____.

Sincerely,

ABC Nutrition Director

Sample Denial Letter

Date: _____

Dear _____:

This letter is to inform you that your application for the receipt of Title III home-delivered meals has been evaluated in accordance with federal guidelines. You are not eligible for home-delivered meals at this time because of the following: _____.

If you do not agree with this decision, you have a right to appeal. Please contact me in writing, in person, or by telephone within 30 days if you wish to appeal.

If you think you need other senior services, please contact us by phone or at (nutrition provider's address).

Although you are not eligible to receive a home-delivered meal, please join us at _____ for the congregate meal, which is served _____ at _____.

Sincerely,

ABC Nutrition Director

REASSESSMENT FOR HOME-DELIVERED MEALS

Client Number: _____

Client Name: _____

Address: _____

____ NUTRITIONAL HEALTH ASSESSMENT score.

____ **NO CHANGES** from the original assessment.

CHANGES from the original assessment are:

Applicant Signature: _____

Interviewer Signature: _____

Date: _____

(This section is to be completed by home-delivered meals provider.)

____ **ELIGIBLE** for continued meal service.
Next reassessment date: _____

____ **NOT ELIGIBLE** for continued meal service because: _____

Sample Reassessment Approval Letter

Date : _____

Dear _____:

I am pleased to inform you that you have been reassessed for participation in the Home-Delivered Meals Program. Please be reminded of the following information.

The Home-Delivered Meals Program provides a nutritionally balanced meal five days per week to seniors who are unable to leave home and do not have someone to prepare meals for them.

Funding for this program is provided by the Older Americans Act through the West Virginia Bureau of Senior Services via the regional Area Agency on Aging, the U.S. Department of Agriculture, and also by your contributions. Total state and federal funding does not cover the entire cost of the meals provided; therefore, we rely heavily on donations from participants to keep our program operating.

Our current average cost for a meal is \$_____; your donations help offset this cost, enabling us to serve you and others. Following is the suggested donation schedule adopted by our program:

Monthly Income

Suggested Contribution per Meal

In order to ensure the confidentiality of your contributions, we utilize the following method(s) of accepting your donations:

No eligible person will be denied a meal due to his/her inability or unwillingness to contribute.

Your meals will be delivered to your home _____, between _____ and _____, unless you are notified otherwise. If you are not going to be home, please call the nutrition program at _____ no later than _____. We will not leave a meal at your house if you are not there.

The primary goal of our nutrition program is to help you be as independent as possible and remain in your own home. We realize that home-delivered meals, though now a necessity, could become a convenience in the future. As has been discussed with you, your senior services worker will visit you periodically to evaluate your continued need for this service.

If you have any questions about the Home-Delivered Meals Program or any other senior services, please call _____ at _____.

Sincerely,

ABC Nutrition Director

Sample Reassessment Denial Letter

Date: _____

Dear _____:

This letter is to inform you that your eligibility for participation in the Home-Delivered Meals Program was reevaluated on ____ (date) ____ in accordance with federal guidelines.

You are no longer eligible to receive home-delivered meals for the following reasons:

The meals will be discontinued effective ____ (date) ____.

If you do not agree with this decision, you have a right to appeal. Please contact me in writing, in person, or by telephone within 30 days if you wish to appeal.

If you think you need other senior services, please contact us by phone or at _____.

Although you are not eligible to receive a home-delivered meal, please join us at _____ for the congregate meal, which is served _____ at _____.

It has been our pleasure serving you. If you would like to have information about other senior services, please contact us at ____ (phone number) ____.

Sincerely,

ABC Nutrition Director