



“Working Harder To Make Aging Easier”

Home Delivered Meal Client Process Addendum

Care Coordination Units (CCU) that receive Title III-B Information & Assistance funding and Title III-C Nutrition Providers (HDM) must adhere to the following processes and procedures established by the Area Agency on Aging (AAA).

I Home Delivered Meals Eligibility Criteria (IDOA603.20.F2)

A. Individuals eligible to receive a home delivered meal include:

1. Individuals aged 60 or over who are frail and/or homebound by reason of illness, incapacitating disability as defined in OAA Section 102(13) or are otherwise isolated.
2. The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the AAA, receipt of the meal is in the best interest of the frail and/or homebound person.

B. A meal may be available to:

1. Disabled individuals (as defined in OAA Section 102 (13) who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which a congregate nutrition services are provided; and
2. Individuals with disabilities who reside at home with older individuals who are eligible under the OAA.

C. ACL Recent Guidance on the Definition of Spouse (IDOA603.20F3):

1. ACL has provided guidance that nutrition programs should recognize individuals of the same sex who are lawfully married under the law of a state, territory, or foreign jurisdiction as spouses. This policy applies based on the jurisdiction of celebration. In other words, if individuals of the same sex are legally married in any jurisdiction, ACL will recognize the marriage, regardless of whether the individuals are domiciled or reside in a state or territory that does not recognize the marriage. Thus, when this guidance discusses individuals or the same sex who are “legally married,” the intention is to include all legal marriages, regardless of the individuals’ current domicile or residence.

II Communication and Coordination of HDM Services

- A. The CCU and HDM provider will establish a procedure to communicate with each other and document relevant participant information such as start date, delivery schedule, participant holds, terminations and other relevant information. Significant changes in participant status brought to the attention of the HDM provider, such as the loss of a caregiver or a change in physical functioning require notification to the CCU for appropriate follow up.
- B. HDM provider will contact referred participants, establish a start date and provide relevant information on delivery and donation procedures.
- C. The CCU shall notify the participant in writing of their eligibility for meals. The CCU may use a form of their choosing to communicate eligibility. At minimum this form shall include the following information:
 - 1. Approved, the HDM provider will contact you to establish a start date.
 - 2. Approved, your services will remain the same.
 - 3. Approved, pending an opening on the waiting list. You will be called when a meal becomes available.
 - 4. Temporarily suspended due to a shortage of meals. You will be called when a meal becomes available.
 - 5. Denied or Terminated including the reason for the termination or denial.
- D. Preapproval by the AAA is required if an HDM provider wishes to complete the prescreening for HDMs.
- E. The CCU should work with the nutrition provider to understand the meal options available in their area.
- F. The meal provided by HDM providers is a low salt, low fat, minimum 600 calories; meaning no additional salt is added and fried foods are avoided. ***Low salt meals are not the same as low sodium meals.*** Meals served in accordance with the meal standards are appropriate for persons with chronic disease, such as diabetes, heart disease and hypertension. (IDOA 603.20 P 14) Any diet requirement more restrictive than this would be considered a therapeutic diet.
- G. The Illinois Department on Aging and the AAA will provide HDM providers procedures for receiving and processing referrals from Managed Care Organizations.
- H. Eligibility criteria should be made available and distributed to participants, physicians, referral agencies, and the general public.

III Prescreening and Assessment

A. Prescreening Requirements and Procedures

- 1.** All persons referred for HDM services must be prescreened by the CCU or HDM Provider either by phone or in person, to be authorized to receive HDM services, by completing the prescreen sections on the IDOA Nutrition Referral for Home Delivered Meals form (refer to appendices A & B).
- 2.** An inquiry for HDMs can be taken by the CCU or HDM provider.
 - a.** The HDM provider may:
 - i. forward the inquiry to the CCU or
 - ii. complete the prescreen sections of the IDOA Nutrition Referral for Home Delivered Meals form, initiate meals, and forward within 24 hours to the CCU for an assessment.
 - b.** When the CCU receives an inquiry for HDMs (either directly or from the HDM provider):
 - i. The CCU will complete the prescreen sections of the IDOA Nutrition Referral for Home Delivered Meals Form.
 - ii. If the participant is appropriate for meals, the CCU will send the form with completed prescreen sections to the HDM provider.

B. Assessment Requirements and Procedures

- 1.** An assessment of each person requesting home delivered meals must be completed to determine the individual's need for service. The assessment can be completed by the nutrition service provider, Care Coordination Unit or other qualified organization (based on AAA requirements). (IDOA603.20.H.1)
 - a.** In PSA 02 the CCU will complete the assessments of persons requesting home delivered meals, unless otherwise approved by AAA.
 - b.** The CCU shall report all activities involved in completing an HDM referral for persons under 60, as defined in The Home Delivered Meal Client Process

Addendum Section IA(2) and IB(1)(2), as Information and Assistance units and persons.

2. The assessment form should include overall eligibility criteria for determining when services are authorized or terminated. The nutrition provider staff member and/or the Care Coordination Unit staff member completing the assessment will be able to use their professional judgment to determine when an older adult needs home delivered meals. (IDOA 603.20.H.3)
 - a. The CCU has 30 days from the date of the prescreen to complete a CCC assessment (or other comprehensive assessment tool as determined by IDOA) and the full IDOA Nutrition Referral for Home Delivered Meals form.
 - b. CCUs will use the IDOA Nutrition Referral for Home Delivered Meals form when making HDM referrals for all persons eligible for an HDM under the Nutrition Standards as included in this Addendum. Refer to Appendix 2 for instructions on completing the IDOA Nutrition Referral for Home Delivered Meals form. **The CCU shall hand write the HDM priority (immediate, high, low) at the top of the form.**
 - c. The purpose of the in-home assessment is to verify intake information, confirm the appropriateness of HDMs for the participant, validate HDM eligibility, determine ADL/IADL and nutritional risk, and to discuss HDM consumer options concerning continued case management services.
 - i. The CCU will discuss dietary needs with the participant and notify the physician, nurse practitioner, RN or Christian Science Practitioner if a therapeutic diet is not available through the Home Delivered Meals Provider. A written notice to the health care specialist notifying them of the non-availability of a therapeutic diet and requesting return contact to the CCU if the health care specialist determines at any time that the available HDM diet is inappropriate for their patient, must be documented in the file. If there is no return contact from the health care specialist, it is assumed that the diet offered through the HDM program is acceptable.
 - ii. Service providers conducting the assessments for HDMs must determine the most appropriate form of meal delivery in communities where cold and frozen meals are offered in addition to hot meals.

- iii. Service providers must assess all participants receiving cold and frozen meals to ensure they have the proper equipment (freezer, oven, microwave, and refrigerator) and physical and cognitive skills to store and re-heat the meals.
 - iv. An older adult eligible to receive home delivered meals should not be denied services based on the individual's inability to safely store and prepare a frozen meal. If the older adult does not have the capacity to heat the frozen meal or family members or others are not able to heat the frozen meal for the older adult, the nutrition provider should attempt to deliver hot meals to the older adult if the older adult resides within a community where home delivered meals are provided. In isolated rural areas and where the nutrition provider only has the capacity to provide frozen meals, the nutrition provider should make a referral for Medicaid Waiver in-home or adult day service or other community services as appropriate for the older adult to receive assistance with meals. (IDOA 603.20.H.4)
 - v. The CCU will work with the participant to develop a person centered care plan to meet participant needs in addition to HDMs by following protocol provided by the IDOA for completing the CCC assessment (or other comprehensive assessment tool as determined by IDOA).
 - vi. The CCU will establish a schedule of follow-up and monitoring contacts with the HDM participant. Monitoring must be conducted, via phone or in person, at least every three (3) months, or as specified more frequently in care plans.
- d.** The CCU will notify the HDM provider and notify the participant in writing of their eligibility for HDMs.

C. Starting Home Delivered Meals

- a.** HDM providers will contact referred participants, establish a start date and provide relevant information on delivery and donation procedures.
- b.** HDM services should be initiated no later than five (5) days from the day the HDM provider receives the referral unless there is a waiting list and the request does not meet the need for an immediate response. HDM Providers need a minimum of three days notification prior to delivery of service.

D. Reassessment Requirements and Procedures

1. A periodic reassessment of the home delivered meal recipient must also be completed at least annually or sooner if circumstances change (IDOA 603.20.H.2).
2. The IDOA Nutrition Referral for Home Delivered Meals form must be revised at annual reassessments to verify continued eligibility for HDM services.
3. The CCU will notify the HDM participant in writing regarding their ongoing eligibility for services.
4. Participants found to be inappropriate for home delivered meals are terminated from services and referred to more appropriate services including congregate meal sites. The HDM Provider is informed by the CCU of the termination through their established communication procedures.
5. Down-grading priority status and changes in meal plans do not require in-home visits but must be communicated to the HDM provider through the established communication procedure between the CCU and HDM provider and documented in the participant file.

IV Priority for Services/Waiting Lists

A. Requirements and Procedures

1. HDM providers are to keep CCUs informed of the availability of meals in their service area.
2. The HDM provider will determine when to start a waiting list based on the availability of meals. The HDM Provider should take into consideration allowing room for immediate priority participants when establishing a waiting list.
3. The HDM provider will maintain the waiting list.
4. When beginning HDMs for persons on the waiting list, nutrition provider will inform the CCU. The CCU and nutrition provider will follow the prescreening and assessment standards as stated above in Section III.
5. **CCUs are responsible for prioritizing HDM participants as immediate, high or low. All participants must be assigned a priority.**
 - a. Priority rankings are to be based on the health/safety risk to the applicant/participant and the importance of HDM services to diminishing that risk. Assignment of priority status by the CCU implies follow-up actions according to the following categories:

- i. **Immediate** - Situations where nutritional needs, combined with a lack of alternative treatment/services, place the applicant/participant at **IMPENDING** risk of hospitalization or institutionalization if HDM service is not started or continued.

Action: Immediate priority dictates prompt initiation (within 3 days) of HDM services.

- ii. **High** - Situations where nutritional needs place the applicant/participant at **PROGRESSIVE** risk of hospitalization or institutionalization if HDM service is not started or continued.

Action: High priority dictates timely initiation of HDM service within 5 days, or as determined between the nutrition provider and the participant.

- iii. **Low** - Situations where HDMs augment marginal nutritional resources of the applicant/participant or relieve the stress of meal preparation on an informal caregiver.

Action: Low priority prescribes initiation or continuation of HDM services when resources permit.

- b. Determination of priority status by the CCU shall be consistent with the Older Americans Act intent to prevent unnecessary institutionalization and to maximize services to individuals in greatest social and economic need. **An older person's vulnerability to preventable institutionalization is the key factor in determining priority designation as "immediate", "high" or "low".**

V Holds and Suspensions

A. Voluntary Holds

1. Definitions

- a. **Medical Hold** -- Temporary interruptions in HDM service due to hospitalizations, short-term placement in a facility, transitory meal preparation from other sources related to medical treatment may result in a HDM participant being placed on Medical Hold. Under such circumstances, the participant shall retain HDM eligibility because the need for home meal services is still present but is temporarily being met by another source. Medical Hold shall last for a maximum of 60 days.

- b.** Non-Medical Hold – Temporary interruption in HDM service due to any non-medical reason such as travel, etc. Non-Medical Hold shall last for a maximum of 30 days.
- 2.** The HDM Provider and CCU will communicate Voluntary Holds via the established communication procedure and document the hold accordingly in the participant’s file.
 - a.** An eligibility notification is not required.
- 3.** Participants placed on hold are considered to have access rights to HDMs equal to applicants. Services are resumed in accordance with current priority rank status and as resources permit. Re-assessment is not required unless participant status has changed.
- 4.** Grievance or appeal procedures established by the CCU shall be followed upon participant appeal.

B. Involuntary Suspensions Due to Demand Exceeding Provider’s Ability to Supply

- 1.** In areas where home delivered meal service demand exceeds supply, the AAA will work the HDM provider and CCU to suspend from services HDM participants who may still be able to benefit from HDM services but whose needs are less severe than others.
- 2.** Grievance or appeal procedures established by the CCU shall be followed upon participant appeal.
- 3.** Effective dates of suspensions are to be fifteen (15) calendar days from the date the participant is notified of the suspension, unless waived by the participant or immediate suspension warranted due to involuntary suspension for cause.
- 4.** Suspended participants are considered to have access rights to HDMs equal to applicants. Services are resumed in accordance with current priority rank status and as resources permit. Eligibility re-determination is not required.
- 5.** The CCU documents change in participant status through entries in the participant record.
- 6.** The HDM Provider will notify participants when meal services will be restarted. The HDM Provider will notify the CCU when a participant’s meals are restarted.
- 7.** The CCU will notify the HDM Participant in writing regarding the involuntary suspension.

C. Involuntary Suspensions for Cause

1. Requirements

- a.** Participants may be involuntarily suspended for cause if the recipient is not at home two or more times in any month and has failed to notify the HDM provider not to deliver the meal on those days.
- b.** Participants may be suspended for cause immediately if the CCU staff, HDM staff, or volunteers are threatened in any way by the participant/family member/friend/acquaintance of the participant, for reasons to include but not limited to:
 - i. threats of physical violence
 - ii. acts of physical violence
 - iii. sexually abusive comments
 - iv. sexually abusive behavior
 - v. the threatening behavior of any animal in the home or on the property of the participant
- c.** The HDM Provider or CCU witnessing/informed of the threatening behavior will notify that collaborating HDM Provider or CCU of the threatening behavior immediately. The CCU and HDM Provider shall establish emergency contact procedures to communicate such incidents to ensure staff are notified prior to the next date of services.
- d.** The participant will be informed by the CCU of the suspension the same day if possible but no later than the next business day.

2. Grievance Procedures when suspended for cause:

- a.** Grievance or appeal procedures established by the CCU shall be followed upon participant appeal.
- b.** Effective dates of suspensions are to be from the date the participant is notified of the suspension, unless waived by the participant.

3. Memorandum of Understanding (MOU) Process

- a.** Participants may request to be reinstated using the MOU process.
- b.** The participant, the CCU and the HDM provider must all agree upon a plan whereby the participant may be reinstated. The plan must be in written MOU and signed by all parties.

- c. Submitting to the MOU process does not guarantee the participant will be reinstated.
- d. Grievance or appeal procedures established by the CCU shall be followed upon participant appeal.

VI Terminations

A. Requirements

1. Cause for termination of HDM services is a change in participant status whereby eligibility criteria are no longer met. HDM Providers assist CCUs in identifying such changes in participant status.
 - a. Upon termination from HDM services, the cause for termination is noted in the participant record. Case outcome reasons shall include:
 - i. Not in need of services;
 - ii. Placed in nursing home
 - iii. Transferred to other HDM Provider
 - iv. Moved from service area
 - v. Dissatisfied with service
 - vi. Uncooperative/ refuses services
 - vii. Discontinued due to lack of supply
 - viii. Deceased
 - ix. Other
2. The HDM Provider is notified of the impending termination.
3. The CCU will notify the participant in writing of the termination reason and date, shall be provided to participant and copied to the provider.
4. No participant may be involuntarily terminated from services without documentation of loss of eligibility as determined by an in-home eligibility re-determination.
5. Grievance or appeal procedures established by the CCU shall be followed upon participant appeal.
6. Effective dates of involuntary terminations are to be fifteen (15) calendar days from the date participant is notified of the termination unless waived by the participant.
7. Participants exhibiting continuing need for services upon termination are to be referred to qualified alternatives.

