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# Standardized Nutrition Referral/Assessment for Home Delivered Meals (HDM)

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NUTRITIONIST FOR



## OBJECTIVES

- Inform Care Coordination Units (CCUs), Managed Care Organizations (MCOs), Area Agencies on Aging (AAAs), and Home Delivered Meal (HDM) providers of the standardized Nutrition Referral/Assessment for HDMs form that will be used statewide.
- Establish a consistent process for clients to be prioritized, assessed, and reassessed for HDMs.
- Increase the number of referrals for HDMs and connect older Illinoisans to additional nutrition services that they may benefit from.

# Area Agencies on Aging (AAAs)

- The State of Illinois is divided into 13 Planning and Service Areas (PSAs).
- IDoA designated 13 Area Agencies on Aging (AAAs).
- AAAs are community-based service agencies.
- All are not-for-profit organizations except for the City of Chicago (local Government).
- AAAs responsibilities are contained in the Older Americans Act of 1965.



## Illinois Aging Network

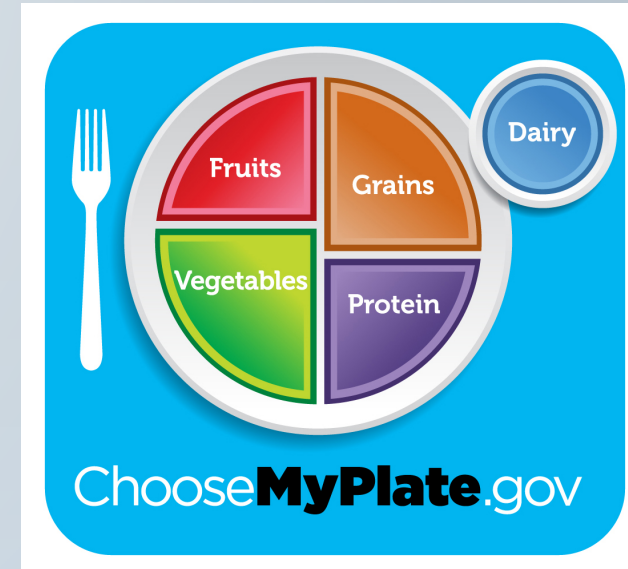
- The Illinois Department on Aging provides federal Older Americans Act funds and State funds to AAAs and oversees and guides their activities.
- AAAs plan, procure, fund, manage, monitor, and evaluate services to seniors and their caregivers.
  - AAAs fund local service providers to deliver needed services.
- AAAs advocate and represent the interests of older persons and their caregivers.

## 5 | Older Americans Act (OAA) HDM Eligibility Guidelines

- Deemed eligible by an in-home assessment by (CCU, MCO, or Nutrition Provider)
  - Under circumstances when the in-home assessment cannot be done in the individual's home (i.e. pandemic, in the hospital, etc.) it may be conducted by telephone.
- They must meet the following:
  1. Age 60+.
  2. Frail, disabled, isolated, and/or homebound.
    - a) Spouse or disabled individual living with the client may be eligible for a meal.
  3. Lives in service area.

## Home Delivered Meals (OAA Title III-C2)

- Daily meal delivery (*some exceptions*).
- Meals can be hot, cold, frozen, and/or shelf stable for emergencies (i.e. weather, pandemic).
- Meals must comply with the most recent Dietary Guidelines for Americans (DGAs) and Dietary Reference Intakes (DRIs).
- Wellness checks.
- All program participants are given the opportunity to make a voluntary contribution for the meal, but it is not required to receive the service.



## 2018 National Survey of OAA HDM Participants

**Data confirms that the Home-Delivered Nutrition Program is effectively targeting services:**

- 60% of participants live alone, compared to 25% of the US population over 60 years old.
- 66% of participants indicate that a HDM provides one-half or more of their total food for the day.
- 76% of participants have difficulty getting outside the house, limiting their ability to shop for food.
- Nearly 88% of participants rate the meal as good to excellent.
- 90% of participants say they eat healthier because of a meal program.
- 90% of participants report the program helped them live independently and remain in their home.

# Benefits of HDMs for Managed Care Clients

## ***What is the return on the time invested in Home Delivered Meal referrals:***

- Nationally, 1 in 6 seniors struggle with hunger.
- 81% of seniors report HDMs improve their health.
- HDM clients report fewer falls, saving \$31 Billion each year.
- 92% of seniors report HDMs enables them to remain in their own home.
- HDMs can be provided for 1 year for about the same cost as 1 day in the hospital.
- 90% of seniors report HDMs makes them feel safer and secure.<sup>1</sup>
- Food insecurity is associated with high health care expenditures, but the effectiveness of food insecurity interventions on health care costs has not been fully quantified.<sup>2</sup>
- Participation in Home Delivered Meal programs has been associated with lower medical spending.<sup>3</sup>

1. Meals on Wheels America, Illinois 2017 Fact Sheet, <https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2017/2017-factsheet-illinois.pdf?sfvrsn=4>.

2. Berkowitz S, Seligman H, Rigdon, J, et al. Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults. JAMA Internal Med. 2017;177(11):1642-1649.

3. Berkowitz S, Terranova J, Hill C, Ajayi T, Linsky T, et al. Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries. Health Affairs. 2018, 37(4).

## MCO Responsibilities for HDMs

- MCOs do not have to pay for non-waiver services.
- MCOs must determine the need and eligibility for HDM by completing the Nutrition Referral/Assessment for HDMs and send it directly to the appropriate agency (as directed by the AAA).
- Older adults can receive HDMs and other non-waiver services without being a waiver client.
- The Determination of Need (DON) is not required if the client only needs home delivered meals.
- AAAs have updated their websites to include HDM provider list with a designated email for HDM referrals.
- Inform client of the suggested donation for HDMs (should not refer to the meals as “free”).
- At a minimum, clients must be reassessed for HDMs **on an annual basis** or sooner if they are considered high nutritional risk.

# CCU Responsibilities for HDMs

## For clients not enrolled in an MCO:

- For most planning and service areas, the CCUs should be conducting the Nutrition Referral/Assessment for HDM.
  - In some areas, it is the HDM nutrition services provider determining eligibility and conducting the Nutrition Referral/Assessment.
- Inform client of the suggested donation (the meals are not “free”).
- At a minimum, clients must be reassessed for HDMs **on an annual basis** or sooner if they are considered high nutritional risk.
- CCUs will not determine eligibility for Home Delivered Meals for anyone in managed care.

# Nutrition Referral/Assessment for HDMs Form

IL-402-1272

Page 1



State of Illinois  
Health Department and Aging

☐ New Client ☐ Reassessment ☐ Ineligible/Termination

Reason:

## Nutrition Referral/Assessment for Home Delivered Meals

*This form must be completed and forwarded to the appropriate Home Delivered Meal nutrition provider agency.*

Referral Source: <input type="checkbox"/> Care Coordination Unit (CCU) _____ <input type="checkbox"/> Managed Care Organization (MCO) _____	
<input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> Nutrition Provider	
Days Older Adult to receive meals (check all that apply): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Friday <input type="checkbox"/> All M-F <input type="checkbox"/> Weekend <input type="checkbox"/> 2nd meals	
Type of meal(s) <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Frozen	Special Notes:
Priority Level:	
Duration of meals: (Check only one) <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term Re-evaluate Date:	
Special Diet Needs: <input type="checkbox"/> General <input type="checkbox"/> Diabetic <input type="checkbox"/> Low sodium <input type="checkbox"/> Other (specify):	
<b>Older Adult Demographic Information</b>	
Name: _____ DOB: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Phone: _____ Cell Phone: _____	
Authorized Representative: _____ Phone: _____	
<b>Emergency Contact Name #1:</b> Relationship: _____ Daytime/Cell Phone: _____	<b>Emergency Contact Name #2:</b> Relationship: _____ Daytime/Cell Phone: _____
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	What is your gender? (Check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Asian American	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Legally Separated	Type of Housing: <input type="checkbox"/> Home <input type="checkbox"/> Apt (# : _____) <input type="checkbox"/> Other (specify): _____
Subsidized Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Below Poverty <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income: _____ # of Individuals in household: _____
Limited English Speaking: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, primary language spoken: _____	

Nutrition Risk Screen (select points under Yes or No)	Yes/No
I have an illness or condition that has made me change the kind or amount of food I eat.	
I eat less than two meals a day.	
I eat few fruits and vegetables, or milk products.	
I have three or more drinks of beer, liquor or wine almost every day.	
I have tooth or mouth problems that make it hard for me to eat.	
I don't always have enough money to buy the food I need.	
I eat alone most of the time.	
I take three or more different prescribed or over-the-counter drugs a day.	
Without wanting to, I have lost or gained ten pounds in the last six months.	
I am not always physically able to shop, cook and/or feed myself.	
<b>TOTAL</b>	<b>/21 possible points</b>
<b>Six or more points = high nutritional risk</b>	
<input type="checkbox"/> Nutritional Risk was explained to client.	
<input type="checkbox"/> Client is considered at High Nutritional Risk. A recommendation was made to follow-up with a healthcare provider.	

# Nutrition Referral/ Assessment for HDMs Form

IL-402-1272

Page 2

Impairment/Problem with Activity of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No			Impairment/Problem with Instrumental Activities of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No		
	PTS	Y/N		PTS	Y/N
Eating			Laundry		
Bathing			Shopping		
Grooming			Light Housework		
Dressing			Heavy Housework		
Toileting			Telephone		
Walking/Mobility			Financial Management		
Transferring (in/out of bed/chair)			Transportation		
			Meal Preparation		
			Medication		
Total Points			Total Points		
Total "Yes"=      Total "No"=			Total "Yes"=      Total "No"=		

Additional Nutrition Information	
Who does the grocery shopping? How often?	Can Older Adult feed self? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who assists? What type of help: <input type="checkbox"/> Cutting <input type="checkbox"/> Feeding <input type="checkbox"/> Opening Containers
Is anyone available to prepare food? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? What days? Which meals?	Does Older Adult have difficulty chewing/poor dental health? <input type="checkbox"/> Yes <input type="checkbox"/> No
Older Adult's kitchen facilities/equipment (Check all that apply): <input type="checkbox"/> Kitchen <input type="checkbox"/> Kitchen privileges <input type="checkbox"/> Freezer w/ available space <input type="checkbox"/> Refrigerator <input type="checkbox"/> Stove <input type="checkbox"/> Microwave	Is Older Adult able to use these appliances unsupervised (Check all that apply): <input type="checkbox"/> Stove <input type="checkbox"/> Microwave <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator
Older Adult food source for the weekends:	Dietary restrictions:
Food Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: <b>NOTE:</b> It is the client's responsibility to review the weekly menu and bring any allergy concerns to the attention of the nutrition provider. When feasible, the provider will supply a special meal to meet the dietary needs of the client.	
Are you currently receiving food assistance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (Examples: SNAP, SFMNP, TEFAP)	
Reason/Eligibility for Home Delivered Meals: (Check all that apply) <input type="checkbox"/> Homebound <input type="checkbox"/> Permanently disabled <input type="checkbox"/> Temporarily disabled <input type="checkbox"/> Respite for caregiver <input type="checkbox"/> Meal for spouse or disabled adult in home <input type="checkbox"/> Other (specify):	
Older Adult will benefit from Home Delivered Meals because (Check all that apply): <input type="checkbox"/> Older Adult has difficulty cooking, tires easily <input type="checkbox"/> Older Adult is recovering from surgery, illness, etc. <input type="checkbox"/> Meals will increase nutritional intake as Older Adult has a limited income <input type="checkbox"/> Other (specify):	
Currently receiving home delivered meals from another source (e.g. family, church, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major Health Problems (check all that apply)	
Ambulation: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Assisted <input type="checkbox"/> Bedfast	Determination of Need (DON) score: (If Known)  Other major health concerns (describe):
Vision: <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Glasses <input type="checkbox"/> Blind	
Hearing: <input type="checkbox"/> Full <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Deaf	

# Nutrition Referral/ Assessment for HDMs Form

IL-402-1272

Page 3

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<b>Priority Level Screening Questions</b> (After client is determined to be "eligible" for HDMs)	
<b>1. (a):</b> If you had groceries available, would you be able to use them to prepare hot meals? <input type="checkbox"/> <b>Yes</b> (Go to Question 2a) ↓ <input type="checkbox"/> <b>No</b> (Go to Question 1b) →	<b>1. (b):</b> Do you have reliable help with meal preparation? <input type="checkbox"/> <b>Yes</b> (Go to Question 2) <input type="checkbox"/> <b>No</b> (STOP – Check High Priority Level)
<b>2. During the last month...</b>	
(a)...how often was this statement true? The food that I/we bought just didn't last, and I/we didn't have money to get more?	
(b)...how often was this statement true? I/we could not afford to eat balanced meals?	
(c)...did you or other adults in your household ever cut the size of your meals because there wasn't enough money for food?	
(d)...did you or other adults in your household ever skip meals because there wasn't enough money for food?	
(e)...did you ever eat less than you felt you should because there wasn't enough money for food?	
(f)...were you ever hungry but didn't eat because you couldn't afford enough food?	
<b>Total points 2a-2f</b>	
<b>3. Are you able to get groceries into your home when you need them?</b> <i>*Refer to total points when selecting</i>	
<b>0-1 Point AND "No" = Low Priority</b> (May benefit from Grocery Shopping Services or Food Delivery) <b>2-6 Points = Intermediate Priority</b> (May benefit from additional nutrition services)	
<b>Check the appropriate Priority Level Box at the top of Page 1</b>	

<b>Other Contacts Information</b>		
Primary Physician Name:	Primary Physician Phone:	
<b>For Home Delivered Meal Providers:</b>		
<input type="checkbox"/> Referred client to Community Care Program (CCP) for additional Home and Community Based Services <input type="checkbox"/> The HDM client was informed of the possibility that foods may contain or come into contact with food allergens.		
<b><u>Authorization of Release of Information</u></b>		
I give permission to _____ to send a copy of this assessment form to the Home Delivered Meal (HDM) Provider, _____, and to discuss my needs with the HDM Provider, Care Coordination Unit (CCU), Managed Care Organization (MCO), and/or the AAA.		
Older Adult Signature:	<input type="checkbox"/> * Verbal Consent Provided    Date:	
<b>I certify this Older Adult meets eligibility criteria for Home Delivered Meals under the Older Americans Act.</b>		
Signature:	Phone:	
Case Manager Name:	Email:	
Organization:	Date:	
HDM Start Date:	Reassessment Date:	Termination Date:
Driver instructions: <input type="checkbox"/> Ring bell <input type="checkbox"/> Knock loudly <input type="checkbox"/> Beware of dog(s) <input type="checkbox"/> Other: (check all that apply)		
* Verbal consent can be provided in the event of a pandemic, civil unrest, or other circumstance that prevents a client from providing their written consent/signature.		
<b>Completed by (For Referring Agencies Only):</b>		
Name of Referring Agency:	Phone #:	
Address:		

# Nutrition Referral/ Assessment for HDMs Form Instructions

## Instructions for Completing The Nutritional Referral/Assessment for Home Delivered Meals Form

### General Instructions

<b>New Client, Reassessment, Ineligible/Termination (Reason)</b>	Check appropriate box. (If ineligible or being terminated, be sure to indicate reason)
<b>Referral Source</b>	Check appropriate box and if a CCU or MCO, include the name of the organization making the referral in the space provided.
<b>Days Older Adult to receive meals (choose all that apply):</b> M T W T H F All M-F Weekend 2 <sup>nd</sup> Meals	<p><b>NOTE:</b> Some options may not be available in the service area.</p> <p>The MCO or the CCU must check the AAA website in the Planning and Service Area (PSA) where the nutrition provider is located to determine what meal options are available.</p> <p>Most nutrition service providers downstate only have the resources to provide one meal per day and generally provide a mid-day meal.</p> <p>2<sup>nd</sup> meals would be preference for supper meals.</p> <p>Choose the days the Older Adult needs meals (choose any options that apply).</p>
<b>Type of meal(s):</b> Hot Cold Frozen	Mark the types of meals the Older Adult would need and/or be able to prepare. (Check the AAA's website in the PSA for available options for Home Delivered Meals.)
<b>Special Notes:</b>	Provide information specific to the Older Adult's restrictions, needs, etc.
<b>Priority Level Drop Down box (Top of Page 1)</b>  Choose "HIGH" on fillable PDF or Hand write on print version	<p><u>Use the Priority Level Screening Questions on Page 3</u></p> <ul style="list-style-type: none"> <li>• If "NO" to both 1(a) and 1(b)</li> <li>• Provide meals as soon as possible, in no later than 2 Business days.</li> </ul> <p>Source: The Expanded Food Security Screener – Home-Delivered Meals Prioritization Tool developed by the College of Agriculture &amp; Natural Resources Department of Nutrition and Food Science at the University of Maryland</p>

# General Instructions

Page 1

## ☐ **New Client**

Check this box for all new HDM clients.

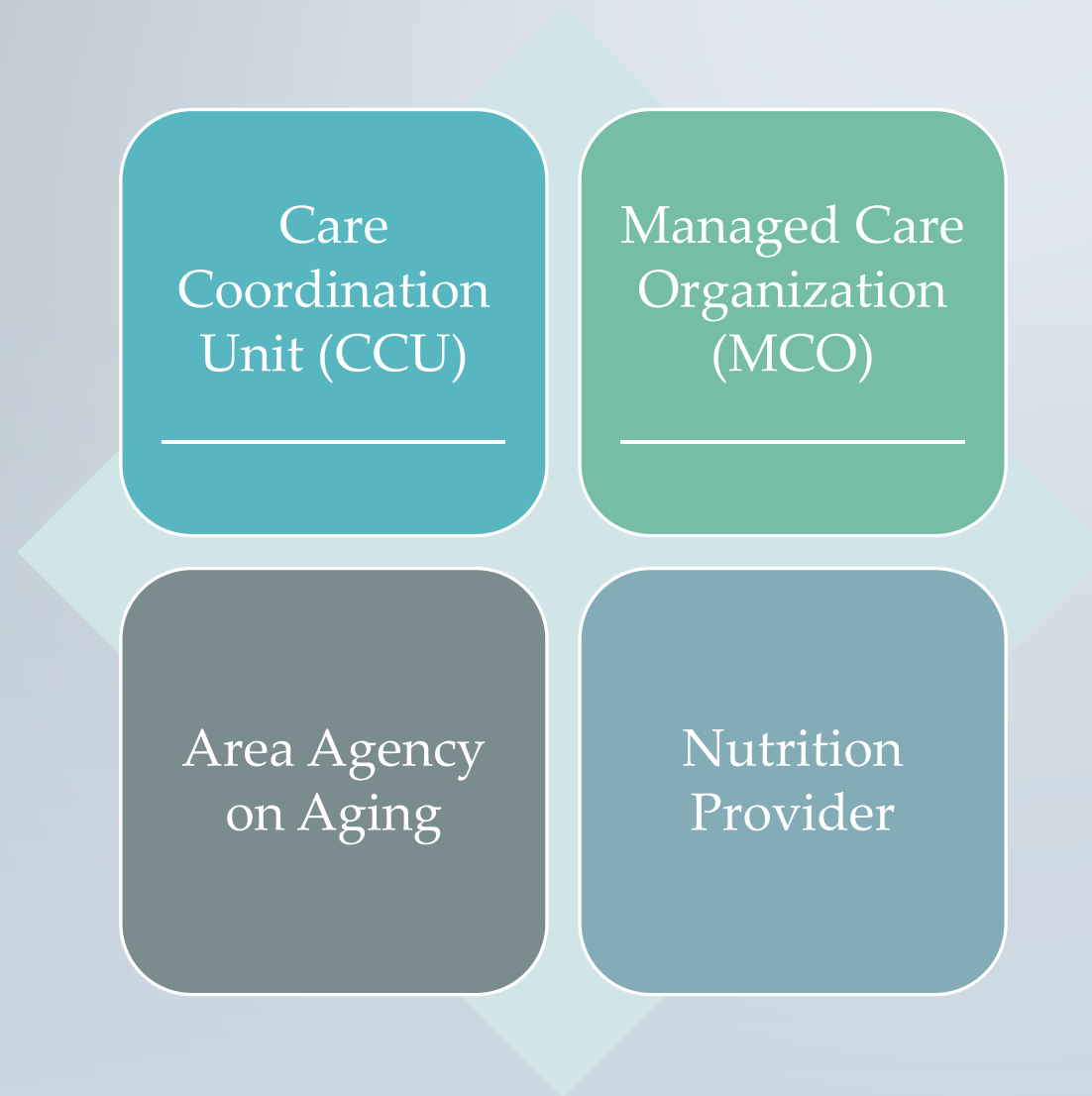
## ☐ **Reassessment**

Check this box for current HDM clients that are being reassessed (annually or sooner).

## ☐ **Ineligible/Termination (Reason)**\_\_\_\_\_

Check this box for a current HDM client that is no longer in need of HDMs (e.g. admission to a long-term care facility, death, moved, etc.).

Or for clients that are not eligible to receive HDMs (e.g. not meeting the OAA eligibility criteria).

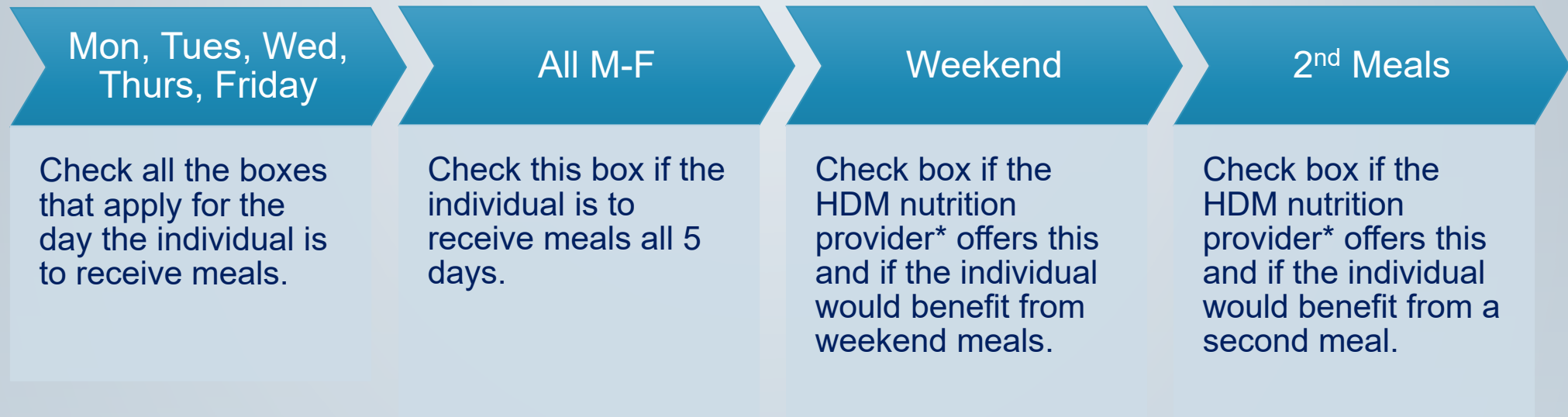


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## Referral Source

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- Check the appropriate box on the form.
- If a CCU or MCO, include the name of the organization in the space provided.



**\*The MCO or CCU must check the AAA website in the Planning and Service Area (PSA) where the nutrition provider is located to determine what meal options are available.**

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## 17 Days Older Adult is to Receive Meals

# Type of Meals and Special Notes

- ☐ Hot
- ☐ Cold
- ☐ Frozen
- The MCO or CCU must check the AAA website in the Planning and Service Area (PSA) where the nutrition provider is located to determine what meal options are available.

## Special Notes (Optional):

- Provide information specific to the older adult's restrictions, needs, etc.



## Priority Level - High

- Using the Priority Level screening questions on page 3, choose this option (or hand write) if the individual answers:
  - **“NO” to 1(a)** If you had groceries available, would you be able to use them to prepare hot meals?
- **AND**
- **“NO” to 1(b)** Do you have reliable help with meal preparation?
- **Provide meals as soon as possible, in no later than 2 Business days.**

## Priority Level - Intermediate

- Using the Priority Level screening questions on page 3, choose this option (or hand write) if the individual scores:
  - **2-6 points** for questions **2(a) through 2(f)**
- **AND**
  - Answers **“YES” or “NO”** to **Question 3** Are you able to get groceries into your home when you need them?
- **Prioritize above those at “Low” priority.**
- **Provide HDMs within 5 Business Days or sooner** if there is NOT a waitlist and resources are available.

## Priority Level - Intermediate

- **Make individual aware of:**
  - Grocery shopping services.
  - Food delivery.
  - Additional nutrition services along with HDMs:
    - The Supplemental Nutrition Assistance Program (SNAP).
    - The Emergency Food Assistance Program (TEFAP).
    - Commodity Supplemental Food Program (CSFP), and others.

## Priority Level - Low

- Using the Priority Level screening questions on page 3, choose this option (or hand write) if the individual scores:
  - **0-1 point** for questions **2(a) through 2(f)**
- **AND**
  - Answers “**YES**” or “**NO**” to **Question 3** Are you able to get groceries into your home when you need them?
- Prioritize last.
- **Provide HDMs within 10 Business Days or sooner** if there is NOT a waitlist and resources are available.

## Priority Level - Low

- **If Answers “NO” to Question 3 then make individual aware of:**
  - Grocery shopping services.
  - Food delivery.



# Expanded Food Security Screener

## Home-Delivered Meals Prioritization Tool

Developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science at the **University of Maryland**.

### WHO should use this tool?

Home-delivered meal program administrators that:

- A** Have a waiting list or limited resources to serve all applicants;
- B** Want to demonstrate to funders and policy-makers the level of need in their community; and/or
- C** Want to understand if they are reaching those with the greatest need, or if more outreach is needed to identify the most food insecure.

### HOW should it be used?

As a screening tool as early as possible at application or referral

### HOW are the results useful?

The results show risk factors the applicant is experiencing, and the level of priority for home-delivered meal services, and may inform alternative or additional support services that could benefit clients.



Screening Questionnaire and Point Calculator provided on reverse.

### The Researchers Behind this Tool

The research design and the assessment model was developed by **Nadine Sahyoun**, professor of nutrition epidemiology, and **Anna Vaudh**, graduate student in the college's Department of Nutrition and Food Science. Their work focuses on assessing the nutritional status of the older adult population and studying the relationship between nutrition risk factors and health outcomes.

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### The Procedure

1. As early as possible after client application/referral and determination of eligibility for home delivered meals, the screening should be conducted via telephone or in person.

2. Priority Level is calculated and recorded for each client:

**Level A:** Highest priority for service and follow-up assessments.

**Levels B, C, D, and E:** See below for recommendations of support service.

### Priority Levels and Recommended Nutrition Service(s)

LEVEL	CRITERIA	PRIORITY LEVEL REASONING	SERVICE
<b>A</b>	Unable to cook and no reliable help	Even if food is affordable and in the home, it cannot be prepared, therefore, it is unlikely there are consistent healthy meals.	Home-Delivered Meals <b>PRIORITIZED</b> on wait list if resources are limited.
<b>B</b>	Can cook or has help. Economically food insecure. Cannot obtain groceries.	Affordability and access to groceries are both issues. With financial support and grocery delivery, healthy meals could be prepared at home.	Home-Delivered Meals <b>ALL</b> clients should receive home-delivered meals if resources are available. If there is a wait list for home-delivered meals clients should be prioritized B - E.
<b>C</b>	Can cook or has help. Economically food insecure. Can obtain groceries.	Affordability is the only issue, can obtain groceries and prepare healthy meals at home.	Regardless of wait list status, all clients may benefit from additional nutrition services: USDA Supplemental Nutrition Assistance Program (SNAP) Grocery Delivery Services
<b>D</b>	Can cook or has help. Economically food secure. Cannot obtain groceries.	Groceries and food delivery are affordable, not physically limited from food preparation (or help is available) therefore healthy meals can be prepared at home.	Additional State or Local Services as Needed
<b>E</b>	Can cook or has help. Economically food secure. Can obtain groceries.	These individuals fulfill the basic eligibility requirements for the home delivered meal program; however, they are able to afford and obtain groceries, and are not physically limited from food preparation (or help is available), therefore healthy meals can be prepared at home.	



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AGRICULTURE &  
NATURAL RESOURCES  
DEPARTMENT OF NUTRITION  
AND FOOD SCIENCE

# Expanded Food Security Screener

## Home-Delivered Meals Prioritization Tool

Client Name \_\_\_\_\_

The following questions ask about your ability to get food and prepare meals. You are eligible for the service regardless of your income.

Proceed to Question 1a

1

a If you had groceries available, would you be able to use them to prepare hot meals?

☐ YES

Proceed to Question 2

☐ NO

Proceed to Question 1b

b Do you have reliable help with meal preparation?

☐ YES

Proceed to Question 2

☐ NO > STOP

Applicant is a Level A Priority

2 During the last month...

a ...how often was this statement true? The food that we bought just didn't last, and we didn't have money to get more.

☐ Often (1 point)

☐ Sometimes (1 point)

☐ Never (0 point)

b ...how often was this statement true? We couldn't afford to eat balanced meals.

☐ Often (1 point)

☐ Sometimes (1 point)

☐ Never (0 point)

c ...did you or other adults in your household ever cut the size of your meals because there wasn't enough money for food?

☐ YES (1 point)

☐ NO (0 point)

d ...did you or other adults in your household ever skip meals because there wasn't enough money for food?

☐ YES (1 point)

☐ NO (0 point)

e ...did you ever eat less than you felt you should because there wasn't enough money for food?

☐ YES (1 point)

☐ NO (0 point)

f ...were you ever hungry but didn't eat because you couldn't afford enough food?

☐ YES (1 point)

☐ NO (0 point)

Add the points from questions 2a - f and enter it here:

3 Are you able to get groceries into your home when you need them?

☐ YES - Select the point range below:

☐ 0 - 1 Points Level E Priority

☐ 2 - 6 Points Level C Priority

☐ NO - Select the point range below:

☐ 0 - 1 Points Level D Priority

☐ 2 - 6 Points Level B Priority

See chart on page one for explanation of Priority Levels and recommended service(s).

Developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science at the University of Maryland.

Grant funds from the Administration for Community Living (ACL), Grant #90AN00002 and the Maryland Department of Aging (MDA) assisted in the development of this material. This presentation is solely the responsibility of the authors and do not necessarily represent the official views of the ACL or MDA.



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DEPARTMENT OF NUTRITION  
AND FOOD SCIENCE

## Duration of Meals and Special Diet Needs

**Duration of Meals** (Check only one):

☐ **Short Term**

- Recovery time after a surgery, caregiver unavailable, hospitalization, etc.

☐ **Long Term**

- Longer time of need for meals.

**Re-evaluate Date:** \_\_\_\_\_

**Special Diet Needs:**

☐ **General** - standard diet.

☐ **Diabetic** – diabetes-friendly.

☐ **Low Sodium** – reduced sodium.

☐ **Other (specify):** \_\_\_\_\_.

**Note:** When feasible, the provider will supply a special meal to meet the dietary needs of the client.

# Older Adult Demographic Information

Page 1

- ☐ Name
- ☐ DOB
- ☐ Address, State, City
- ☐ **Zip Code**
- ☐ Phone
- ☐ Cell Phone
- ☐ Authorized Representative
- ☐ Authorized Representative's Phone
- ☐ Emergency Contacts Names
- ☐ Emergency Contacts Relationship to client
- ☐ Emergency Contacts Daytime/Cell Phone

# Older Adult Demographic Information

## Ethnicity

☐ Hispanic

☐ Latino

**What is your gender** (Check only one)?

☐ Male

☐ Female

☐ Other

## Race (Check all that apply)

☐ White

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ American Indian or Alaskan Native

☐ Asian or Asian American

## Are you a Veteran?

☐ Yes

☐ No

# Older Adult Demographic Information

## Marital Status

- ☐ M - Married
- ☐ D - Divorced
- ☐ S - Single
- ☐ W – Widowed
- ☐ Domestic Partner
- ☐ Legally Separated

## Type of Housing

- ☐ Home
- ☐ Apt (# \_\_\_\_\_)
- ☐ Other (specify): \_\_\_\_\_

## Subsidized Housing

- ☐ Yes
- ☐ No

# Older Adult Demographic Information

## Below Poverty

☐ Yes

☐ No

- Refer to the most recent HHS Federal Poverty Guideline sheet provided annually.
  - Can point to the levels based on number of persons in family/household and have the individual confirm.

Monthly Income \_\_\_\_\_

# of Individuals in Household \_\_\_\_\_

### U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 2021 FEDERAL POVERTY GUIDELINES

Poverty Guidelines for the 48 Contiguous States and the District of Columbia		
Persons in Family/Household	Poverty Guideline	Monthly Income*
1	\$12,880	\$1,073.33
2	\$17,420	\$1,451.67
3	\$21,960	\$1,830.00
4	\$26,500	\$2,208.33
5	\$31,040	\$2,586.67
6	\$35,580	\$2,965.00
7	\$40,120	\$3,343.33
8	\$44,660	\$3,721.67
For families/households with more than 8 persons, add \$4,540 (annual) for each additional person.		

SOURCE: *Federal Register* / Vol. 86, No. 19 / February 1, 2021 / pp. 7732-7734

<https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-guidelines>

\*Monthly income was calculated by dividing the Poverty Guideline, which is an annual figure, by 12 (months).

The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

## Older Adult Demographic Information

### Limited English Speaking

☐ Yes

☐ No

If Yes, primary language spoken: \_\_\_\_\_

## Nutrition Risk Screen

- Federally required nutrition risk screening questions from the validated DETERMINE Your Nutritional Health screening tool.
- Choose Yes or No on the fillable PDF or circle the points Yes or No based on the client's response to the 10 questions on the print version.
- Total will automatically calculate on the fillable PDF.
- 6 or more points suggests "High Nutritional Risk."

## Nutrition Risk Screen

- ☐ Nutritional Risk was explained to client.
  - **CCUs/MCOs/Nutrition Providers:** This box must be checked after explaining their score/risk.
- ☐ Client is considered at High Nutritional Risk. A recommendation was made to follow-up with a healthcare provider.
  - **CCUs/MCOs/Nutrition Providers:** This box should be checked for all individuals that screen at “High Nutritional Risk” and a recommendation to follow-up with a healthcare provider should be made.

**Note:** Nutrition Providers are to give the client the IDoA Nutritional Risk and Your Health brochure upon starting HDMs to reiterate the Nutrition Risk Screening and their risk level (see brochure on next 2 slides).

Use the word  
**DETERMINE**  
to remind you of the  
warning signs.

**D**isease  
**E**ating Poorly  
**T**ooth Loss/Mouth Pain  
**E**conomic Hardship  
**R**educed Social Contact  
**M**ultiple Medicines  
**I**nvolutionary Weight Loss/Gain  
**N**eeds Assistance In Self Care  
**E**lder Years Above Age 80



## TALK TO YOUR HEALTHCARE PROVIDER ABOUT YOUR NUTRITIONAL STATUS

Share this brochure and review the DETERMINE questions. Ask about your specific health conditions and nutrition. Discuss other services that you might be eligible for.



One Natural Resources Way, Suite 100  
Springfield, IL 62702-1271  
[www.illinois.gov/aging](http://www.illinois.gov/aging)

Contact your local Area Agency on Aging  
or the Senior HelpLine at 1-800-252-8966  
(1-888-206-1327 TTY) for more information  
about available services and programs in  
your community.

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

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## Nutritional Risk and Your Health

*Reducing nutritional risk  
among older adults*



DETERMINE Your Nutritional Health Questionnaire	YES	NO
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
I eat fewer than 2 meals per day.	3	0
I eat few fruits or vegetables or milk products.	2	0
I have 3 or more drinks of beer, liquor, or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0
I don't always have enough money to buy the food I need.	4	0
I eat alone most of the time.	1	0
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0
I am not always physically able to shop, cook, and/or feed myself.	2	0
<b>TOTAL</b>		

*The DETERMINE checklist was developed and distributed by the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, The American Dietetic Association and The National Council on the Aging, Inc.*

## WHAT DOES YOUR SCORE MEAN?

### SCORE

#### 0-2: GOOD

Recheck your nutritional score in 6 months or annually.

#### 3-6: MODERATE NUTRITIONAL RISK

Lifestyle changes may be necessary. Recheck your score in 3 to 6 months.

#### 6-21: HIGH NUTRITIONAL RISK

Bring this questionnaire to your healthcare provider, registered dietitian, or social service professional to help improve your nutritional health.

*Remember that warning signs suggest risk, but do not represent a diagnosis of any condition.*

## YOUR HEALTH AND NUTRITION RISK

Your nutritional status can impact your overall health. If your score is a **6 or more** on the Questionnaire (High Nutritional Risk), you should talk with your healthcare provider and other professionals to further understand your nutritional status.



## MALNUTRITION IS A CONCERN

Signs of poor nutritional health are often overlooked. It is estimated that up to half of older adults are at risk of malnutrition. Being malnourished can lengthen hospital stays by 4 to 6 days and poor nutritional status can increase healthcare costs by 300%. Chronic health conditions can increase the risk for malnutrition and being malnourished leads to further complications, falls, and readmissions to the hospital.

*The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.*

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

## DETERMINE YOUR NUTRITIONAL HEALTH

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
<b>TOTAL</b>	

### Total Your Nutritional Score. If it's –

- 0-2 Good! Recheck your nutritional score in 6 months.
- 3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more You are at high nutritional risk. Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

*These materials are developed and distributed by the Nutrition Screening Initiative, a project of:*



AMERICAN ACADEMY  
OF FAMILY PHYSICIANS



THE AMERICAN  
DIETETIC ASSOCIATION



THE NATIONAL COUNCIL  
ON THE AGING, INC.



The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007  
The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

# Impairment / Problem with Activities of Daily Living (ADLs/IADLs)

Page 2

## Needs Assistance Choices:

- No Assistance – 0 points
  - Independent, no assistance required.
  - A score of zero for any function indicates that the Older Adult performs or can perform all essential components of the activity, with or without an existing assistive device.
- Yes (Minimal Assistance) – 1 point
  - A score of one for any function indicates that the Older Adult performs or can perform most essential components of the activity with or without an existing assistive device, but some impairment of function remains such that the Older Adult requires some supervision or physical assistance to accomplish some or all components of the activity.

# Impairment / Problem with Activities of Daily Living (ADLs/IADLs)

Page 2

## Needs Assistance Choices:

- Yes (Moderate Assistance) – 2 points
  - A score of two for any function indicates that the Older Adult cannot perform most of the essential components of the activity, even with an existing assistive device, and requires a great deal of assistance or supervision to accomplish the activity.
- Yes (Extensive Assistance) – 3 points
  - A score of three for any function indicates that the Older Adult cannot perform the activity and requires someone to perform the task, although the Older Adult may be able to assist in small ways, or require constant supervision.

# Impairment / Problem with Activities of Daily Living (ADLs/IADLs)

Page 2

## Needs Assistance Choices:

- No (Unknown) – 4 points
  - Unable to determine need for assistance, needs assistance but refuses or does not provide an answer.
- ✓ Automatically totals based on selections on the fillable PDF.

## Impairment/Problem with Activities of Daily Living (ADLs/IADLs)

- ✓ Eating
- ✓ Bathing
- ✓ Grooming
- ✓ Dressing
- ✓ Toileting
- ✓ Walking/Mobility
- ✓ Laundry
- ✓ Transferring (in/out of bed/chair)
- ✓ Shopping
- ✓ Light Housework
- ✓ Heavy Housework
- ✓ Telephone
- ✓ Financial Management
- ✓ Transportation
- ✓ Meal Preparation
- ✓ Medication

# Additional Nutrition Information

Page 2

- **Who does the grocery shopping?** \_\_\_\_\_
  - How often? \_\_\_\_\_
- **Can Older Adult feed self?**
  - ☐ Yes
  - ☐ No
  - **If no who assists?** \_\_\_\_\_
  - **What type of help?**
    - ☐ Cutting
    - ☐ Feeding
    - ☐ Opening Containers



# Additional Nutrition Information

- Is anyone available to prepare food?

☐ Yes

☐ No

- If yes, who? \_\_\_\_\_
- What days? \_\_\_\_\_
- Which meals? \_\_\_\_\_

- Does Older Adult have difficulty-chewing/poor dental health?

☐ Yes

☐ No



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## Additional Nutrition Information

**Older Adult's kitchen facilities and equipment** (Check all that apply):

- ☐ Kitchen
- ☐ Kitchen privileges
- ☐ Stove
- ☐ Microwave
- ☐ Refrigerator Freezer w/available space

**Is Older Adult able to use these appliances unsupervised** (Check all that apply):

- ☐ Stove
- ☐ Freezer
- ☐ Microwave
- ☐ Refrigerator

# Additional Nutrition Information

- Older adult food source for the weekends: \_\_\_\_\_
- Dietary restrictions \_\_\_\_\_
- Food Allergies
  - ☐ Yes
  - ☐ No
  - If Yes, specify: \_\_\_\_\_

**NOTE:** It is the client's responsibility to review the weekly menu and bring any allergy concerns to the attention of the nutrition provider. When feasible, the provider will supply a special meal to meet the dietary needs of the client.

## Additional Nutrition Information

**Are you currently receiving food assistance benefits?**

- ☐ Yes
- ☐ No

**Reason/Eligibility for Home Delivered Meals** (Check all that apply):

- ☐ Homebound
- ☐ Permanently disabled
- ☐ Temporarily disabled
- ☐ Respite for caregiver
- ☐ Meal for spouse or disabled adult in home
- ☐ Other (specify): \_\_\_\_\_

## Additional Nutrition Information

**Older Adult will benefit from Home Delivered Meals because** (Check all that apply):

- ☐ Meals will increase nutritional intake as Older Adult has a limited income.
- ☐ Older Adult has difficulty cooking, tires easily.
- ☐ Older Adult is recovering from surgery, illness, etc.
- ☐ Other (specify) \_\_\_\_\_,

• **Currently receiving home delivered meals from another source** (e.g. family, church, etc.):

- ☐ Yes
- ☐ No

# Major Health Problems

Page 2

## Major Health Problems (Check all that apply):

- **Ambulation:**

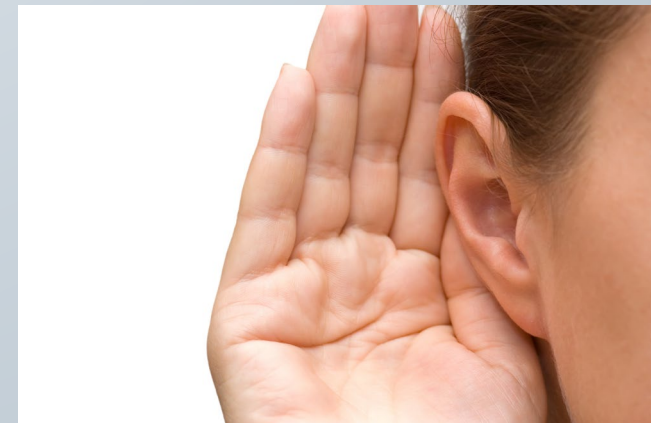
- ☐ Full
- ☐ Partial
- ☐ Assisted
- ☐ Bedfast

- **Vision:**

- ☐ Full
- ☐ Limited
- ☐ Glasses
- ☐ Blind

- **Hearing**

- ☐ Full
- ☐ Hard of Hearing
- ☐ Hearing Aid
- ☐ Deaf



# Major Health Problems

**Determination of Need (DON) score:** (If Known) \_\_\_\_\_

- If you are a Nutrition Provider completing the form then you would not know or need to fill out the DON score.

**Other Major Health Concerns (describe):** \_\_\_\_\_

- Describe any other major health concerns.

# Priority Level Screening Questions

Page 3

Priority Level Screening Questions (After client is determined to be "eligible" for HDMs)	
<b>1. (a):</b> If you had groceries available, would you be able to use them to prepare hot meals <input type="checkbox"/> Yes (Go to Question 2a) ↓ <input type="checkbox"/> No (Go to Question 1b) →	<b>1. (b):</b> Do you have reliable help with meal preparation? <input type="checkbox"/> Yes (Go to Question 2) <input type="checkbox"/> No (STOP – Check High Priority Level)
<b>2. During the last month...</b>	
(a)...how often was this statement true? The food that I/we bought just didn't last, and I/we didn't have money to get more?	
(b)...how often was this statement true? I/we could not afford to eat balanced meals?	
(c)...did you or other adults in your household ever cut the size of your meals because there wasn't enough money for food?	
(d)...did you or other adults in your household ever skip meals because there wasn't enough money for food?	
(e)...did you ever eat less than you felt you should because there wasn't enough money for food?	
(f)...were you ever hungry but didn't eat because you couldn't afford enough food?	
<b>Total points 2a-2f</b>	
<b>3. Are you able to get groceries into your home when you need them?</b> <i>*Refer to total points when selecting</i>	
<b>0-1 Point AND "No" = Low Priority</b> (May benefit from Grocery Shopping Services or Food Delivery) <b>2-6 Points = Intermediate Priority</b> (May benefit from additional nutrition services)	
<b>Check the appropriate Priority Level Box at the top of Page 1</b>	

# Other Contacts Information

Page 3

- Primary Physician Name \_\_\_\_\_
- Primary Physician Phone \_\_\_\_\_
  - ✓ Provide the name and phone number of the doctor the Older Adult would like to be listed on the form in the event of an emergency or other circumstance that they would need to be reached.



# For Home Delivered Meal Providers

Page 3

- ☐ **Referred client to Community Care Program (CCP) for additional Home and Community Based services.**
  - Check this box if the client would benefit from additional services outside of HDMs.
- ☐ **The HDM client was informed of the possibility that foods may contain or come into contact with food allergens.**
  - This is an action step that HDM Nutrition Providers must check regardless of who is completing the referral/assessment form (CCU, MCO, Nutrition Provider).
  - **This box should be checked for all participants**
  - **All participants should be given the “Food Allergy/Special Diets Notification” handout upon receiving their first set of Home Delivered Meals regardless of if they have a food allergy or not.**

# For Home Delivered Meal Providers

Page 3

## Food Allergies and Special Diets Notification

This handout is intended for all Older American Act clients in the Nutrition Program (i.e. Congregate and Home Delivered Meals) to inform individuals of the risk of cross contamination between ingredients for those with a known (diagnosed by a Medical Doctor, such as an Allergist) or unknown food allergy and for those with medical diagnoses that would benefit from a medically tailored meal.

### What are the 8 Major Food Allergens?<sup>1</sup>

The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) identifies eight foods or food groups as the major food allergens. They are as follows:

- Milk
- Eggs
- Fish (e.g., bass, flounder, cod)
- Crustacean shellfish (e.g., crab, lobster, shrimp)
- Tree nuts (e.g., almonds, walnuts, pecans)
- Peanuts
- Wheat
- Soybeans
- Any food ingredients that contain these proteins.

This does not include highly refined oils (e.g. peanut oil or soybean oil) derived from the foods listed above or ingredients exempt under the petition or notification process specified in the federal Food Allergen Labeling and Consumer Protection Act of 2004 (Public Law 108-282).

### What is Cross Contact?<sup>2</sup>

Cross-contact occurs when one food comes into contact with another food and their proteins mix. Each food then contains small amounts of the proteins in the other food. Often it is so small that it usually cannot be seen. This small amount of food protein can cause reactions in people with food allergies! Based on how food items are mixed and prepared, the meals provided to you in the nutrition program cannot be guaranteed to be completely free of any food allergen.

Please note that in most cases, it may not be safe to serve the nutrition program's regular meals to a person with a physician documented life-threatening food allergy due to the risk of unknown ingredients and cross-contact.

**Note:** It is the client's responsibility to review the weekly menu and bring any allergy concerns to the attention of the nutrition provider. When feasible, the provider will supply a special meal to meet the dietary needs of the client.

### Will I receive special meals for a medical diagnosis such as heart disease or diabetes?

The meals served in the Older American Act nutrition program (i.e. Congregate and Home Delivered Meals) must follow the most recent Dietary Guidelines for Americans and meet a minimum of 33.33% of the Dietary Reference Intakes for each meal. This includes minimums for nutrients such as Protein and Carbohydrates and limits for nutrients such as sodium and total fat. However, some individuals would benefit from further diet modifications tailored to their specific needs. When feasible, the provider will supply a special meal to meet the dietary needs of the client.

# Authorization of Release of Information

Page 3

- I give permission to \_\_\_\_\_ to send a copy of this assessment form to the Home Delivered Meal (HDM) Provider, \_\_\_\_\_, and to discuss my needs with the HDM Provider, Care Coordination Unit (CCU), Managed Care Organization (MCO), and/or the AAA.
- **Older Adult Signature:** \_\_\_\_\_
  - ☐ **\*Verbal Consent Provided**
    - **Date:** \_\_\_\_\_

\* Verbal consent can be provided in the event of a pandemic, civil unrest, or other circumstance that prevents a client from providing their written consent/signature.

# Authorization of Release of Information

Page 3

- **I certify this Older Adult meets eligibility criteria for Home Delivered Meals under the Older Americans Act.**
  - **Case Manager Name:** \_\_\_\_\_
  - **Organization:** \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Email:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
  - **Signature:** \_\_\_\_\_
- **HDM Start Date:** \_\_\_\_\_
- **Reassessment Date:** \_\_\_\_\_
  - At a minimum is required annually.
- **Termination Date:** \_\_\_\_\_

# Driver Instructions

Page 3

## **Driver instructions:** (circle all that apply)

- ☐ Ring bell
  - ☐ Knock loudly
  - ☐ Beware of dog(s)
  - ☐ Other: \_\_\_\_\_
- Indicate any instructions for the driver to follow when delivering meals.
  - If “other” is chosen, provide further detail such as “no handrails, steep steps, etc.”

# Completed by Referring Agencies

Page 3

- **Name of Referring Agency**
- **Address**
- **Phone Number**
  - Added to improve communication between the HDM Nutrition Provider and MCO/CCU that completed the initial referral and for reassessment.

## **Print/Save/Clear Form option:**

- The case manager should “Print” or “Save” the form prior to choosing to “Clear Form”.

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## Questions

CCUs should contact  
[aging.occs@illinois.gov](mailto:aging.occs@illinois.gov).

MCO case managers should  
contact their supervisor or HFS.

AAAs should contact their Regional  
Coordinator (RC) at IDoA.

HDM Nutrition Providers should  
contact their AAA.

- **Senior Helpline:**

Information about HDMs and other service programs can be obtained Monday-Friday, 8:30 a.m.-5:00 p.m. CST by dialing **1-800-252-8966 or 1-888-206-1327(TTY).**

- **Adult Protective Services:**

To report abuse, call the 24-hour, toll-free Hotline by dialing **1-866-800-1409 or 1-888-206-1327 (TTY).**

## Resources



- Illinois Department on Aging (IDoA Website):  
<https://www2.illinois.gov/aging/Pages/default.aspx>
- Area Agencies on Aging (Map & AAA Information):  
[https://www2.illinois.gov/aging/forprofessionals/Pages/aaa\\_map.aspx](https://www2.illinois.gov/aging/forprofessionals/Pages/aaa_map.aspx)
- Directory of Illinois Area Agencies on Aging (Contact information for all 13 AAAs):  
[https://www2.illinois.gov/aging/forprofessionals/Pages/aaa\\_list.aspx](https://www2.illinois.gov/aging/forprofessionals/Pages/aaa_list.aspx)
- Service Locator by County (HDM Provider Information including days of the week and type of meal provided)  
<https://webapps.illinois.gov/AGE/ProviderProfileSearch>