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

MELANIE KLUZEK, MS, RDN, LDN
NUTRITIONIST FOR

Illinois Department on Aging
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.
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.¹
- 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.²
- Participation in Home Delivered Meal programs has been associated with lower medical spending.³

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 Home Delivered Meals

** IL-402-1272  
Page 1

## Nutrition Referral/Assessment for Home Delivered Meals

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

### Referral Reason:
- [ ] New Client
- [ ] Reassessment
- [ ] Ineligible/Termination

### Referral Source:
- [ ] Care Coordination Unit (CCU)
- [ ] Managed Care Organization (MCO)
- [ ] Area Agency on Aging
- [ ] Nutrition Provider

### Days Older Adult to receive meals (check all that apply):
- [ ] Mon
- [ ] Tues
- [ ] Wed
- [ ] Thur
- [ ] Fri
- [ ] All M-F
- [ ] Weekend
- [ ] 2nd Meals

### Type of meals:
- [ ] Hot
- [ ] Cold
- [ ] Frozen
- [ ] Special Notes:

### Priority Level:
- [ ] Duration of meals:
- [ ] Short Term
- [ ] Long Term
- [ ] Re-evaluate Date:

### Special Diet Needs:
- [ ] General
- [ ] Diabetic
- [ ] Low sodium
- [ ] Other (specify):

### Older Adult Demographic Information

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Authorized Representative</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Contact Name #1:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Contact Name #2:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Ethnicity:
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

### Race (Check all that apply):
- [ ] White
- [ ] Black or African American
- [ ] Native Hawaiian or Pacific Islander
- [ ] American Indian or Alaska Native
- [ ] Asian or Asian American

### What is your gender? (Check only one):
- [ ] Male
- [ ] Female

### Marital Status:
- [ ] Married
- [ ] Divorced
- [ ] Single
- [ ] Widowed
- [ ] Other:

### Type of Housing:
- [ ] Home
- [ ] Apartment
- [ ] Subsidized Housing

### Below Poverty
- [ ] Yes
- [ ] No

### Monthly Income:

<table>
<thead>
<tr>
<th># of Individuals in household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Limited English Speaking
- [ ] Yes
- [ ] No

### Yes/No

**Nutrition Risk Screener**

- [ ] 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.

**Total**

Six or more points = high nutritional risk

[ ] Nutritional Risk was explained to client.

[ ] Client is considered at High Nutritional Risk. A recommendation was made to follow-up with a healthcare provider.

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Page 1 of 3
<table>
<thead>
<tr>
<th>Impairment/Problem with Activity of Daily Living</th>
<th>Impairment/Problem with Instrumental Activities of Daily Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 No Assist = No</td>
<td>1-3 Assist = Yes</td>
</tr>
<tr>
<td>Pts</td>
<td>YN</td>
</tr>
<tr>
<td>Eating</td>
<td>Laundry</td>
</tr>
<tr>
<td>Bathing</td>
<td>Shopping</td>
</tr>
<tr>
<td>Dressing</td>
<td>Light Housework</td>
</tr>
<tr>
<td>Toilet</td>
<td>Heavy Housework</td>
</tr>
<tr>
<td>Walking/Mobility</td>
<td>Telephone</td>
</tr>
<tr>
<td>Transferring (difficult of bed/chair)</td>
<td>Financial Management</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Meal Preparation</td>
</tr>
<tr>
<td></td>
<td>Medication</td>
</tr>
<tr>
<td>Total Points</td>
<td>Total Points</td>
</tr>
<tr>
<td>Total “Yes”</td>
<td>Total “No”</td>
</tr>
</tbody>
</table>

**Additional Nutrition Information**

- 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

- Is anyone available to prepare food? □ Yes □ No
  - If yes, who?
  - What days?
  - Which meals?

**Older Adult’s kitchen facilities/requirements (Check all that apply):**
- □ Kitchen □ Kitchen privileges □ Food available at home □ Refrigerator □ Stove □ Microwave
  - Is Older Adult able to use these appliances unsupervised? (Check all that apply):
    - □ Yes □ No

**Older Adult’s food source for the week:**
- 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.

**Are you currently receiving food assistance benefits?** □ Yes □ No (Examples: SNAP, SFMNP, TEFAP)

**Reason/Reasonability 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):

**Older Adult will benefit from Home Delivered Meals because (Check all that apply):**
- □ Older Adult has difficulty cooking, time easily
  - □ Older Adult is recovering from surgery, illness, etc.
- □ Meals will increase nutritional intake as Older Adult has a limited income
  - □ Other (specify):

**Currently receiving home delivered meals from another source (e.g. family, church, etc.):** □ Yes □ No

**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

**Other major health concerns (describe):**
Nutrition Referral/Assessment for HDMs Form
IL-402-1272
Page 3
Instructions for Completing
The Nutritional Referral/Accessment for Home Delivered Meals Form

<table>
<thead>
<tr>
<th>General Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Client, Reassessment, Ineligible/Termination (Reason)</td>
</tr>
<tr>
<td>Check appropriate box. (If ineligible or being terminated, be sure to indicate reason)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check appropriate box and if a CCU or MCO, include the name of the organization making the referral in the space provided.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days Older Adult to receive meals (choose all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
</tr>
<tr>
<td>2nd Meals</td>
</tr>
</tbody>
</table>

NOTE: Some options may not be available in the service area.

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.

Most nutrition service providers downstate only have the resources to provide one meal per day and generally provide a mid-day meal.

2nd meals would be preference for supper meals.

Choose the days the Older Adult needs meals (choose any options that apply).

<table>
<thead>
<tr>
<th>Type of meal(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot</td>
</tr>
<tr>
<td>Cold</td>
</tr>
<tr>
<td>Frozen</td>
</tr>
</tbody>
</table>

Mark the types of meals the Older Adult would need and/or be able to prepare.

(Click the AAA’s website in the PSA for available options for Home Delivered Meals)

Special Notes:
Provide information specific to the Older Adult’s restrictions, needs, etc.

Priority Level Drop Down box (Top of Page 1)
Choose “HIGH” on fillable PDF or Hand write on print version

Use the Priority Level Screening Questions on Page 3

- If “NO” to both 1(a) and 1(b)
- Provide meals as soon as possible, in no later than 3 Business days.

Source: The 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

Revised 6/16/2021
- **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).
Referral Source

- Check the appropriate box on the form.
- If a CCU or MCO, include the name of the organization in the space provided.
Days Older Adult is to Receive Meals

<table>
<thead>
<tr>
<th>Mon, Tues, Wed, Thurs, Friday</th>
<th>All M-F</th>
<th>Weekend</th>
<th>2nd Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all the boxes that apply for the day the individual is to receive meals.</td>
<td>Check this box if the individual is to receive meals all 5 days.</td>
<td>Check box if the HDM nutrition provider* offers this and if the individual would benefit from weekend meals.</td>
<td>Check box if the HDM nutrition provider* offers this and if the individual would benefit from a second meal.</td>
</tr>
</tbody>
</table>

*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.
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.

Source: The Expanded Food Security Screener – Home-Delivered Meals Prioritization Tool developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science
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)
  • 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.

Source: The Expanded Food Security Screener – Home-Delivered Meals Prioritization Tool developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science
Priority Level - Intermediate

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

Source: The Expanded Food Security Screener – Home-Delivered Meals Prioritization Tool developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science
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.

**Source:** The Expanded Food Security Screener – Home-Delivered Meals Prioritization Tool developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science
Priority Level - Low

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

Source: The Expanded Food Security Screener – Home-Delivered Meals Prioritization Tool developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science
# 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 should:

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.
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.

### The Procedure
1. As early as possible after client application/initial 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)

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>CRITERIA A</th>
<th>PRIORITY LEVEL</th>
<th>REASONS</th>
<th>SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Unable to cook and no reliable help</td>
<td>Even if food is affordable and in the home, it cannot be prepared, therefore consistent healthy meals are limited.</td>
<td>Home-Delivered Meals prioritized as wait list of resources are limited.</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Can cook or has help, economically food insecure</td>
<td>Affordability and access to groceries are both an issue, but financial support and pantry delivery of healthy meals could be prioritized.</td>
<td>Home-Delivered Meals All clients should receive home delivered meals if resources are available.</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Can cook or has help, economically food insecure, can afford to buy</td>
<td>Affordability is the only issue, can obtain groceries and prepare healthy meals at home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Can cook or has help, economically food secure</td>
<td>Unaffordable food delivery and affordability, not physically limited from food presentation help is available therefore healthy meals can be prepared at home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Can cook or has help, economically food secure</td>
<td>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 presentation help (for help available therefore healthy meals can be prepared at home).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*The researchers involved in this tool:

The measure design and the assessment model was developed by Nadine Sahyoun, professor of nutrition and policy analysis, and Anne Vauthy, graduate student in the college's Department of Nutrition and Food Science. Their work focuses on assessing treatment effects on the older adult population and studying the relationship between nutrition risk factors and health outcomes.*

[napcardiac.state.edu](napcardiac.state.edu)  
[aroused.com](aroused.com)  
[age.uc.edu](age.uc.edu)  
[collegeofag.uconn.edu](collegeofag.uconn.edu)
Expanded Food Security Screener

Home-Delivered Meals Prioritization Tool

1. If you had groceries available, would you be able to use them to prepare hot meals?
   - Yes
   - No

Proceed to Question 2

1a. Do you have reliable help with meal preparation?
   - Yes
   - No

Proceed to Question 2

Applicants at 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 any 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 any 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
   - No

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.

Note: This form is not for distribution or use by Committees in the MDC Social Services Administration (SSA) Home Care Program Provider Network. This form is for development of this material. This material is subject to the copyright laws of the United States. The unauthorized reproduction or distribution of this material or any portion of it may subject the user to civil and criminal penalties.
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.
- [ ] 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

- 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

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Type of Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>M - Married</td>
<td>Home</td>
</tr>
<tr>
<td>D - Divorced</td>
<td>Apt (# _____)</td>
</tr>
<tr>
<td>S - Single</td>
<td>Other (specify):_________</td>
</tr>
<tr>
<td>W – Widowed</td>
<td><strong>Subsidized Housing</strong></td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Yes</td>
</tr>
<tr>
<td>Legally Separated</td>
<td>No</td>
</tr>
</tbody>
</table>
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 _____
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.”

Source: DETERMINE Your Nutritional Health screening tool developed by the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, American Dietetic Association, and The National Council on the Aging, INC.
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.

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.

Nutritional Risk and Your Health
Reducing nutritional risk among older adults

Illinois Department on Aging
One Natural Resources Way, Suite 100
Springfield, IL 62702-1271
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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Determine Your Nutritional Health Questionnaire

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

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.

**Score**

0-2: **Good**
Recheck your nutritional score in 6 months or annually.

3-5: **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 diettitian, 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.

<table>
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<tr>
<th>Statement</th>
<th>YES</th>
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</tr>
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<td>I am not always physically able to shop, cook and/or feed myself.</td>
<td>2</td>
</tr>
</tbody>
</table>

**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 Warning 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.
Impairment / Problem with Activities of Daily Living (ADLs/IADLs)

Page 2

Needs Assistance Choices:

• No Assistance – 0 points
  o Independent, no assistance required.
  o 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
  o 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.
Needs Assistance Choices:

• Yes (Moderate Assistance) – 2 points
  o 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
  o 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.
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
• 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

This Photo by Unknown Author is licensed under CC BY-NC-ND
**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 (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

1. (a): If you had groceries available, would you be able to use them to prepare hot meals
   - Yes (Go to Question 2a)
   - No (Go to Question 1b)

1. (b): Do you have reliable help with meal preparation?
   - Yes (Go to Question 2)
   - No (STOP – Check High Priority Level)

2. During the last month...
   (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?

3. Are you able to get groceries into your home when you need them?
   - Total points 2a-2f

   *Refer to total points when selecting

   0-1 Point AND “No” = Low Priority (May benefit from Grocery Shopping Services or Food Delivery)
   2-6 Points = Intermediate Priority (May benefit from additional nutrition services)

Check the appropriate Priority Level Box at the top of Page 1
• 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.
- 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.
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?*

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?*

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 55.5% 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.

Sources: FDA Food Allergen Labeling and Consumer Protection Act of 2004 Questions and Answers; Food Allergy Research and Education (FARE) 3/2021
• 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.
  o Case Manager Name: _____________________
  o Organization: ___________________________
  o Phone: ___________________
  o Email: ________________________
  o Date: _____________________________
  o Signature: _________________________

• HDM Start Date: _______________________  

• Reassessment Date: ________________  
  • At a minimum is required annually.

• Termination Date: ________________
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

Print/Save/Clear Form option:

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

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.
CCUs should contact 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
- Directory of Illinois Area Agencies on Aging (Contact information for all 13 AAAs):
  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