



"Working Harder To Make Aging Easier"

Northeastern Illinois Agency on Aging Home Delivered Meal Client Process Addendum

Care Coordination Units that also receive Title III-B Information & Assistance funding must adhere to the Title III Information and Assistance Service Standards in addition to the policies and procedures listed below.

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

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

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

B. A meal may be available to:

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

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

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

II. Assessment for Home Delivered Meals (IDOA603.20.H.1)

- A.** An assessment of each person requesting home delivered meals must be completed to determine the individual's need for service. The assessment can be completed by the nutrition service provider, Care Coordination Unit or other qualified organization (based on other Area Agency on Aging requirements). (IDOA603.20.H.1)
- B.** A periodic reassessment of the home delivered meal recipient must also be completed at least annually or sooner if circumstances change (IDOA 603.20.H.2).
- C.** The assessment form should include overall eligibility criteria for determining when services are authorized or terminated. The nutrition provider staff member and/or the Care Coordination Unit staff member completing the assessment will be able to use their professional judgment to determine when an older adult needs home delivered meals. (IDOA 603.20.H.3)
- D.** Service providers conducting the assessment for home delivered meals must determine the most appropriate form of meal delivery in communities where cold or frozen meals are offered in addition to hot meals. (IDOA 603.20.H.4)
- E.** Service providers must assess all participants receiving cold and frozen meals to ensure they have the proper equipment (freezer, oven, microwave, and refrigerator) and physical and cognitive skills to store and re-heat the meals.
 - 1.** An older adult eligible to receive home delivered meals should not be denied services based on the individual's inability to safely store and prepare a frozen meal. If the older adult does not have the capacity to heat the frozen meal or family members or others are not able to heat the frozen meal for the older adult, the nutrition provider should attempt to deliver hot meals to the older adult if the older adult resides within a community where home delivered meals are provided. In isolated rural areas and where the nutrition provider only has the capacity to provide frozen meals, the nutrition provider should make a referral for Medicaid Waiver in-home or adult day service or other community services as appropriate for the older adult to receive assistance with meals. (IDOA 603.20.H.5)

Temporary HDM eligibility for congregate meal site participants may be granted through prior approval of the Area Agency on Aging under special circumstances related to natural disasters, weather emergencies, or other service disruptions.

III. Initiation of Services

A. Requirements

- 1.** All persons referred for Title III HDM services must be prescreened by the CCU or other qualified organization (based on Area Agency on Aging requirements), either by phone or in person, to be authorized to receive HDM services. The HDM Prescreening Tool or another NEIL approved method must be completed with the applicant or the applicant's representative.
- 2.** Home-Delivered Meals (HDM) providers may not initiate HDM services without CCU authorization or referral from other qualified organization (based on Area Agency on Aging requirements).
- 3.** Procedures for receiving and processing referrals from Managed Care Organizations will be provided by the Agency on Aging as developed.

EXCEPTION: Congregate Meal participants who require HDMs on an intermittent basis (isolated home service not to exceed five (5) consecutive days) may be authorized and served by the HDM provider as long as they meet HDM eligibility requirements. Meals delivered to the home are to be recorded as HDM meals (NEIL).

- 4.** Eligibility criteria must be made available and distributed to clients, physicians, referral agencies, and the general public.
- 5.** Based on client needs, CCUs are to determine the most appropriate HDM source.
- 6.** CCU's negotiate service schedules with HDM providers.
- 7.** Home Delivered Meal services should be initiated no later than five (5) days from the day the CCU receives the referral unless there is a waiting list and the request does not meet the need for an immediate response. HDM Providers need a minimum of three days notification prior to delivery of service.
- 8.** It is the responsibility of the CCU to identify the need for a therapeutic diet and to notify the physician, nurse practitioner, RN or Christian Science Practitioner if a therapeutic diets is not available through the Home Delivered Meals Provider. A written notice to the health care specialist notifying them of the non-availability of a therapeutic diets, and requesting return contact to the CCU if the health care specialist determines at any time that the available HDM diet is inappropriate for their patient, must be documented in the file. If there is no return contact from the health care specialist, it is assumed that the diet offered through the HDM program is acceptable.
- 9.** Note: The meal provided by HDM providers is a low salt, low fat, minimum 600 calories; meaning no additional salt is added and fried foods are avoided. Low salt meals are not the same as low sodium meals. The HDM meal is not nutrient or texture controlled. Meals served in accordance with the meal standards are

appropriate for persons with chronic disease, such as diabetes, heart disease and hypertension. (IDOA 603.20 P 14) Any diet requirement more restrictive than this would be considered a therapeutic diet.

B. Procedures

1. Inquiries concerning Home-Delivered Meals are referred to the CCU.
2. The CCU Worker completes the intake, initiates client service records for new clients, and reviews CCU and HDM procedures.
3. CCU discusses HDM eligibility with the applicant/client or their representative, determines if the perspective client is eligible for HDM services, and completes the Home Delivered Meals prescreening. Contribution or donation policies of the HDM providers are discussed at this time unless other arrangements have been put into place with the HDM provider.
4. The CCU notifies the appropriate HDM provider of an authorized client, sends the provider a copy of the HDM prescreening and HDM Case Action Notice (CAN).
5. CCU contacts the referral source, client, or family member with schedule of services and establishes date for the CCU home visit
6. The HDM Provider is informed by the CCU Worker of outcome of CCU home visit. Notice of approval/denial on the Case Action Notice is sent to the applicant and/or the client's representative by the CCU.

IV. Home Visits/Home Delivered Meals Eligibility Determinations

A. Requirements

1. HDM clients are to be visited in the home by the CCU within 30 calendar days of the initiation of services.
2. EXCEPTION: Congregate Meal participants who require HDMs on an intermittent basis (isolated home service not to exceed five (5) consecutive days) as authorized and served by the HDM provider.

B. Procedures

1. The CCU case manager will complete a home visit to the HDM client within 30 calendar days of the start of services, if not previously assessed in-home at the time of the initial prescreening. The visit purpose is to verify intake information, confirm the appropriateness of HDMs for the client, validate HDM eligibility, determine ADL/IADL and nutritional risk, and in non-CCP cases, to discuss HDM consumer options concerning continued Case Management services.

2. For each HDM recipient choosing not to participate in Case Management, the DON is completed to determine ADL/IADL status, a nutrition screening is completed to determine nutritional risk status, and the Case Management Choice Form or some other form of documentation is completed to verify continued interest in Case Management services.
3. For each HDM recipient choosing to participate in Case Management, a complete Comprehensive Assessment Tool, care plan, and documentation of request for case management services is completed. Care Plans are to be developed with the cooperation of the client and in compliance with Case Management Service Standards.
4. Needs identified in the home visit are discussed with the HDM consumer, verified, and additional services that the recipient may need are discussed and offered.
5. The worker establishes a face-to-face HDM eligibility re-determination date with the client, no longer than twelve (12) months from the initial service date.
6. Clients found to be inappropriate for home delivered meals are terminated from services and referred to more appropriate services including congregate meal sites. The HDM Provider is informed by the CCU Worker of the termination and the Case Action Notice is sent to the applicant and/or the client's representative.
7. For HDM consumers participating in Case Management: CCU establishes a schedule of follow-up and monitoring contacts for future contact with the HDM client. Monitoring must be conducted at least every three (3) months, or as specified more frequently in care plans. Consumers that are both HDM clients and case management clients must be reevaluated annually during a face-to-face visit as specified in the IDOA case management standards.

V. Priority for Services/Waiting Lists

A. Requirements

1. HDM Providers are to keep CCUs informed of the availability of meals in their service area. A waiting list will begin when the HDM provider notifies the CCU that a cap on the number of clients has been instituted.
2. The CCU shall maintain the HDM waiting list in cooperation with the HDM provider.
3. CCUs are responsible for setting priorities for HDM services as low, high, or immediate. In areas where home-delivered meal service demand exceeds supply, the

CCU may suspend from service "Low" or "High" priority HDM clients whose needs are less severe than applicants.

4. The intake HDM Prescreening Tool interview or another NEIL approved method establishes initial priority status for the initiation of HDM services.
5. Determination of priority status by the CCU shall be consistent with the Older Americans Act intent to prevent unnecessary institutionalization and to maximize services to individuals in greatest social and economic need. An older person's vulnerability to preventable institutionalization is the key factor in determining order of access to HDM services and is documented in the HDM eligibility determination process through priority designation as "immediate", "high" or "low".
6. Within any one priority status ranking, greatest social and economic need factors then determine order of access to HDM services. Older adults in greatest economic and social need, especially low-income minority older adults, are the target group for Title III services. Title III providers must attempt to provide services to individuals whose incomes are at or below poverty, minority individuals, minority individuals whose incomes are at or below poverty, individuals 75 years and older, and individuals living alone at a rate at least in proportion to the incidence level of each group within the county. Incident rates will be established in cooperation with the Area Agency on Aging.
7. Priority rankings are to be based on the health/safety risk to the applicant/client and the importance of Home Delivered Meal services to diminishing that risk. Assignment of priority status by the CCU implies follow-up actions according to the following categories:
 - a. Immediate - Situations where nutritional needs, combined with a lack of alternative treatment/services, place the applicant/client at IMPENDING risk of hospitalization or institutionalization if HDM service is not started or continued.
 - i. Action: Immediate priority dictates prompt initiation (within 3 days) of HDM services; waiting list placement unacceptable.
 - b. High - Situations where nutritional needs place the applicant/client at PROGRESSIVE risk of hospitalization or institutionalization if HDM service is not started or continued.
 - i. Action: High priority dictates timely initiation of HDM service; waiting list placement endurable for short period (30 days). No High priority applicant may be placed on a waiting list when Low priority clients are receiving services. High priority clients may be suspended from HDM services to initiate services for immediate or more vulnerable high priority applicants/clients.

- c. Low - Situations where HDMs augment marginal nutritional resources of the applicant/client or relieve caregiver stress.
 - i. Action: Low priority prescribes initiation or continuation of HDM services when resources permit; continued service dependent upon absence of any waiting list. Low priority clients must be suspended from HDM services to initiate or resume services for Immediate or High priority applicants/clients.

B. Procedures

1. CCUs are kept informed of HDM availability through routine contact with HDM Providers.
2. HDM Providers assist CCUs in identification of HDM clients whose needs are less severe than others so that CCUs may prioritize HDM clients.
3. HDM clients are terminated according to termination policies and procedures.
4. HDM Providers are to report in The Quarterly Program Report the number of persons on the waiting list and reasons for the waiting list.

VI. Changes in Client Status and Re-Determinations

A. Requirements

1. In-home HDM eligibility re-determinations are to be completed for each HDM client no less than once every twelve (12) months.
2. Significant changes in client status, such as the loss of a caregiver or a change in physical functioning, require notification of the CCU for in-home visits and comprehensive assessments as appropriate.
3. Changes in client status require documentation through revision of the Prescreening Tool and entries in Case Recording Forms.
4. Down-grading priority status, changes in meal plans or donation agreements do not require in-home visits, but require documentation through revised Prescreening and Case Recording entries.

B. Procedures

1. The NEIL Case Action Notice (CAN) is completed at the initial prescreening, the annual re-determination and whenever there is an adverse action. Copy of the HDM CAN is sent to the recipient/representative and the provider.
2. The HDM Prescreening is revised at annual eligibility re-determinations, and whenever there is a change in priority status, meal plan, or donation agreement, if applicable. Notice of changes is sent to the provider.

VII. Holds and Suspensions

A. Involuntary Suspensions Due to Demand Exceeding Provider's Ability to Supply

1. In areas where home delivered meal service demand exceeds supply, the CCU may suspend from services HDM clients who may still be able to benefit from HDM services but whose needs are less severe than others.
2. A waiting list will begin when the HDM provider notifies the CCU that a cap on the number of clients has been instituted.
3. The CCU shall maintain the HDM waiting list in cooperation with the HDM provider.
4. HDM services may not be suspended for immediate priority status clients.
5. No high priority status client may be suspended when low priority status clients are receiving services.
6. Order of suspension within either high and low priority status is based on comparative health and safety risks to clients and the importance of HDM services to diminishing that risk as determined by the CCU.
7. Grievance or appeal procedures established by the CCU shall be followed upon client appeal.
8. Effective dates of suspensions are to be fifteen (15) calendar days from the date the client is notified of the suspension, unless waived by the client or immediate suspension warranted due to involuntary suspension for cause.
9. Suspended clients are considered to have access rights to Title III HDMs equal to applicants. Services are resumed in accordance with current priority rank status and as resources permit. Eligibility re-determination is not required.

B. Involuntary Suspensions Due to Supply

1. The CCU case manager documents change in client status through entries in the client record.
2. Phone pre-screenings are required to restart HDM services and notice is sent to the provider.
3. The NEIL CAN is completed at the initial prescreening, the annual re-determination and whenever there is an adverse action from an in-home assessment. Copy of the CAN is sent to the client/representative and the provider.

C. Voluntary Holds

1. Medical Hold -- Temporary interruptions in HDM service due to hospitalizations, short-term nursing home placement, transitory meal preparation from other sources related to medical treatment may result in a HDM client being placed on Medical Hold. Under such circumstances, the client shall retain HDM eligibility because the need for home meal services is still present but is temporarily being met by another source. Medical Hold shall last for a maximum of 60 days.
2. Non-Medical Hold – Temporary interruption in HDM service due to any non-medical reason such as travel, etc. Non-Medical Hold shall last for a maximum of 30 days.
3. Clients placed on hold are considered to have access rights to Title III HDMs equal to applicants. Services are resumed in accordance with current priority rank status and as resources permit. Re-assessment is not required unless client status has changed.
4. Grievance or appeal procedures established by the CCU shall be followed upon client appeal.

D. Procedures - Voluntary Holds

1. The CCU case manager documents change in client status through entries in the client record.
2. Phone pre-screenings are required to restart HDM services and notice is sent to the provider.
3. The NEIL CAN is not required.

VII. Terminations

A. Requirements

1. Cause for termination of home-delivered meal services is a change in client status whereby eligibility criteria are no longer met. HDM Providers assist CCUs in identifying such changes in client status.
2. Unless the client voluntarily terminates, no client may be terminated from services without documentation of the loss of eligibility as determined by an in-home eligibility re-determination.
3. Grievance or appeal procedures established by the CCU shall be followed upon client appeal.
4. Effective dates of involuntary terminations are to be fifteen (15) calendar days from the date client is notified of the termination unless waived by the client.
5. Clients exhibiting continuing need for services upon termination are to be referred to qualified alternatives.

B. Procedures

1. Upon termination from HDM services, the cause for termination is noted in the client record. Case outcome reasons shall include:
 - a. Not in need of services;
 - b. Placed in nursing home
 - c. Transferred to other HDM Provider
 - d. Moved from service area
 - e. Dissatisfied with service
 - f. Uncooperative/ refuses services
 - g. Displaced by needier client
 - h. Deceased
 - i. Other
2. The HDM Provider is notified of the impending involuntary termination. Written notification of termination reason and date, using the NEIL Case Action Notice, is provided to client and copied to the provider.
3. Qualified alternative HDM Providers are notified for those clients that exhibit continued need.

IX. Involuntary Suspensions for Cause

A. Requirements - involuntary suspensions for cause

1. Clients may be involuntarily suspended for cause if the recipient is not at home two or more times in any month and has failed to notify the HDM provider not to deliver the meal on those days.
2. Clients may be suspended for cause immediately if the CCU staff, HDM staff, or volunteers are threatened in any way by the client/family member/friend/acquaintance of the client, for reasons to include but not limited to:
 - a. threats of physical violence
 - b. acts of physical violence
 - c. sexually abusive comments
 - d. sexually abusive behavior
 - e. the threatening behavior of any animal in the home or on the property of the client
3. The provider will notify the CCU of the incident immediately (the same business day).
4. The client will be informed by the CCU of the suspension the same day if possible but no later than the next business day.

B. Grievance Procedures when suspended for cause:

1. Grievance or appeal procedures established by the CCU shall be followed upon client appeal.
2. Effective dates of suspensions are to be from the date the client is notified of the suspension, unless waived by the client.

C. Submission to Memorandum of Understanding (MOU) process

1. Clients may request to be reinstated using the MOU process.
2. The client, the case manager and the HDM provider must all agree upon a plan whereby the client may be reinstated. The plan must be in writing and signed by all parties.
3. Submitting to the MOU process does not guarantee the client will be reinstated.
4. Grievance or appeal procedures established by the CCU shall be followed upon client appeal.

X. HDM Eligibility Determination Documentation & Reporting Requirements

A. Requirements

- 1.** HDM Providers maintain responsibility for reporting HDM Program participants and services. However, the CCU is responsible for providing the HDM Provider with demographic information on the Case Information Sheet or by another NEIL approved method, the nutritional risk, and the ADL/IADL status by using the NEIL Case Management Assessment Tool or by another NEIL approved method).
- 2.** Clients who receive multiple services authorized by the CCU do not require separate files for each service but HDM recipients must be readily identifiable.

B. Procedures

- 1.** CCUs and HDM Providers are to follow normal service reporting procedures.
- 2.** Each CCU file for HDM-Case Management clients will contain:
 - a.** Case Information Sheet or another NEIL approved method of documentation
 - b.** Case Management Choice Form or another NEIL approved method of documentation
 - c.** Comprehensive Assessment
 - d.** NEIL Case Action Notice
 - e.** Case notes
 - f.** Physician Authorization Notice
 - g.** Termination explanation
 - h.** Grievance or appeal records
- 3.** Each CCU file for HDM-No Case Management clients will contain:
 - a.** Case Information Sheet or another NEIL approved method of documentation
 - b.** Case Management Choice Form or another NEIL approved method of documentation
 - c.** Documentation of nutritional risk assessment and need for service as outlined in the Home Delivered Meals Eligibility Criteria
 - d.** HDM Prescreening Tool or another NEIL approved method of documentation
 - e.** NEIL Case Action Notice
 - f.** Case notes
 - g.** Physician Notice for special diets if appropriate
 - h.** Termination explanation
 - i.** Grievance or appeal records