

HDM Prioritization

Discussion on DRAFT



Priority 1: Urgent Need (Minimum of 5 meals per week) DRAFT 4-1-22

Home-delivered meals for persons living alone with 1 or more of the risk factors. Meals needed to prevent institutionalization or hospitalization.

- Frail & essentially homebound under normal circumstances **with no supports** and cannot obtain food and prepare adequate meals due to illness, emotional, intellectual or physical disability
- 3 + of the following ADLs/IADLs:
 - Transferring, Feeding, Food Prep, Shopping, Transportation
- Unable to participate in the congregate meals program because of physical or emotional condition.
- Recently discharged (from hospital, LTC) with no paid or unpaid supports
- At high risk due to confusion, memory loss, dementia, severe cognitive or mental health impairment
- DETERMINE Score (6+), MST Score (2+) and may be Food Insecure.
- Live in partner, spouse or caregiver is unable to prepare adequate meals for themselves and the eligible participant. (Meals are in the best interest of the participant).

Priority 2: Minimal Supports (Up to 5 meals per week) DRAFT 4-1-22

Live alone with minimal support systems who have 2 or more of the following:

- Ambulatory, unable to leave home without assistance but can prepare meals and eat without assistance, but unable to obtain groceries and are economically food insecure)

- Confused or self-endangered when left alone, living with someone who is not present during the day to care for them.

- Limited capacity to preform ADLs/IADLs (2 of the following)
 - Transferring, Feeding, Food Prep, Shopping, Transportation

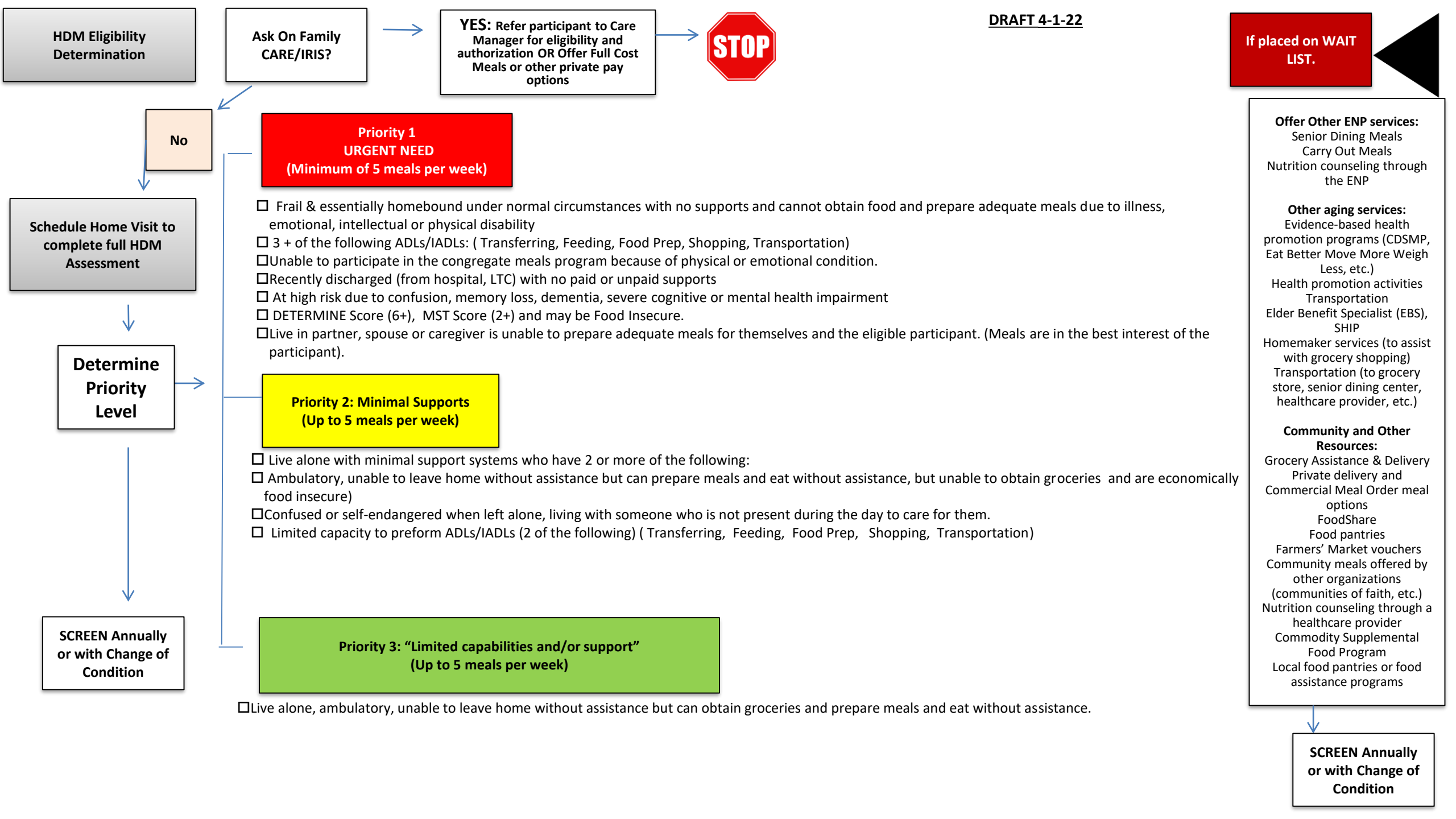
Priority 3: “Limited capabilities and/or support”
(Up to 5 meals per week) DRAFT 4-1-22

- Live alone, ambulatory, unable to leave home without assistance **but can obtain groceries and prepare meals and eat without assistance.**

Priority 4: “Has access to meals/supports”
(Full-cost should be recovered for meals, do not use OAA funds)
DRAFT 4-1-22

The person is enrolled in Family Care, IRIS, or the Insurance Plan includes HDMs.

- Refer to their case manager to authorize HDMs at full-cost as available.
- Refer participant/legal guardian to Care Manager for eligibility and authorization.
- Refer to insurance company to authorize meals.
- Private Pay for full cost of meals



HDM Eligibility Determination

Ask On Family CARE/IRIS?

YES: Refer participant to Care Manager for eligibility and authorization OR Offer Full Cost Meals or other private pay options



No

Priority 1 URGENT NEED (Minimum of 5 meals per week)

- Frail & essentially homebound under normal circumstances with no supports and cannot obtain food and prepare adequate meals due to illness, emotional, intellectual or physical disability
- 3 + of the following ADLs/IADLs: (Transferring, Feeding, Food Prep, Shopping, Transportation)
- Unable to participate in the congregate meals program because of physical or emotional condition.
- Recently discharged (from hospital, LTC) with no paid or unpaid supports
- At high risk due to confusion, memory loss, dementia, severe cognitive or mental health impairment
- DETERMINE Score (6+), MST Score (2+) and may be Food Insecure.
- Live in partner, spouse or caregiver is unable to prepare adequate meals for themselves and the eligible participant. (Meals are in the best interest of the participant).

Priority 2: Minimal Supports (Up to 5 meals per week)

- Live alone with minimal support systems who have 2 or more of the following:
- Ambulatory, unable to leave home without assistance but can prepare meals and eat without assistance, but unable to obtain groceries and are economically food insecure)
- Confused or self-endangered when left alone, living with someone who is not present during the day to care for them.
- Limited capacity to preform ADLs/IADLs (2 of the following) (Transferring, Feeding, Food Prep, Shopping, Transportation)

Priority 3: "Limited capabilities and/or support" (Up to 5 meals per week)

- Live alone, ambulatory, unable to leave home without assistance but can obtain groceries and prepare meals and eat without assistance.

Schedule Home Visit to complete full HDM Assessment

Determine Priority Level

SCREEN Annually or with Change of Condition

If placed on WAIT LIST.

Offer Other ENP services:
Senior Dining Meals
Carry Out Meals
Nutrition counseling through the ENP

Other aging services:
Evidence-based health promotion programs (CDSMP, Eat Better Move More Weigh Less, etc.)
Health promotion activities
Transportation
Elder Benefit Specialist (EBS), SHIP
Homemaker services (to assist with grocery shopping)
Transportation (to grocery store, senior dining center, healthcare provider, etc.)

Community and Other Resources:
Grocery Assistance & Delivery
Private delivery and Commercial Meal Order meal options
FoodShare
Food pantries
Farmers' Market vouchers
Community meals offered by other organizations (communities of faith, etc.)
Nutrition counseling through a healthcare provider
Commodity Supplemental Food Program
Local food pantries or food assistance programs

SCREEN Annually or with Change of Condition

Priority Level	Recommended Action	Possible Additional or Alternative Services
Level 1 URGENT NEED	NWL: Home Delivered Meals (at least 5 days a week) & additional services as appropriate WL: Highest priority on wait list	Other ENP services: <ul style="list-style-type: none"> <input type="checkbox"/> Senior Dining Meals <input type="checkbox"/> Carry Out Meals <input type="checkbox"/> Nutrition counseling through the ENP <input type="checkbox"/> Home-delivered or congregate meals (depending on which services are at capacity) Other aging services: <ul style="list-style-type: none"> <input type="checkbox"/> Evidence-based health promotion programs (CDSMP, Eat Better Move More Weigh Less, etc.) <input type="checkbox"/> Health promotion activities <input type="checkbox"/> Transportation <input type="checkbox"/> Elder Benefit Specialist (EBS), SHIP <input type="checkbox"/> Homemaker services (to assist with grocery shopping) <input type="checkbox"/> Transportation (to grocery store, senior dining center, healthcare provider, etc.) Community and Other Resources: <ul style="list-style-type: none"> <input type="checkbox"/> Grocery Assistance & Delivery <input type="checkbox"/> Private delivery and Commercial Meal Order meal options <input type="checkbox"/> FoodShare <input type="checkbox"/> Food pantries <input type="checkbox"/> Farmers' Market vouchers <input type="checkbox"/> Community meals offered by other organizations (communities of faith, etc.) <input type="checkbox"/> Nutrition counseling through a healthcare provider <input type="checkbox"/> Commodity Supplemental Food Program <input type="checkbox"/> Local food pantries or food assistance programs
Level 2 Minimal Supports	NWL: Home Delivered Meals (3-5 days a week) & additional services as appropriate WL: Second highest priority on wait list, suggest alternative services.	
Level 3 Limited Capabilities	NWL: Home Delivered Meals (Up to 3 days a week) WL: Third highest priority on wait list, suggest alternative services.	
Level 4 Has other funding stream	NWL: Full-cost meals provided based on approved care plan. WL: Lowest priority on wait list, suggest alternative services.	