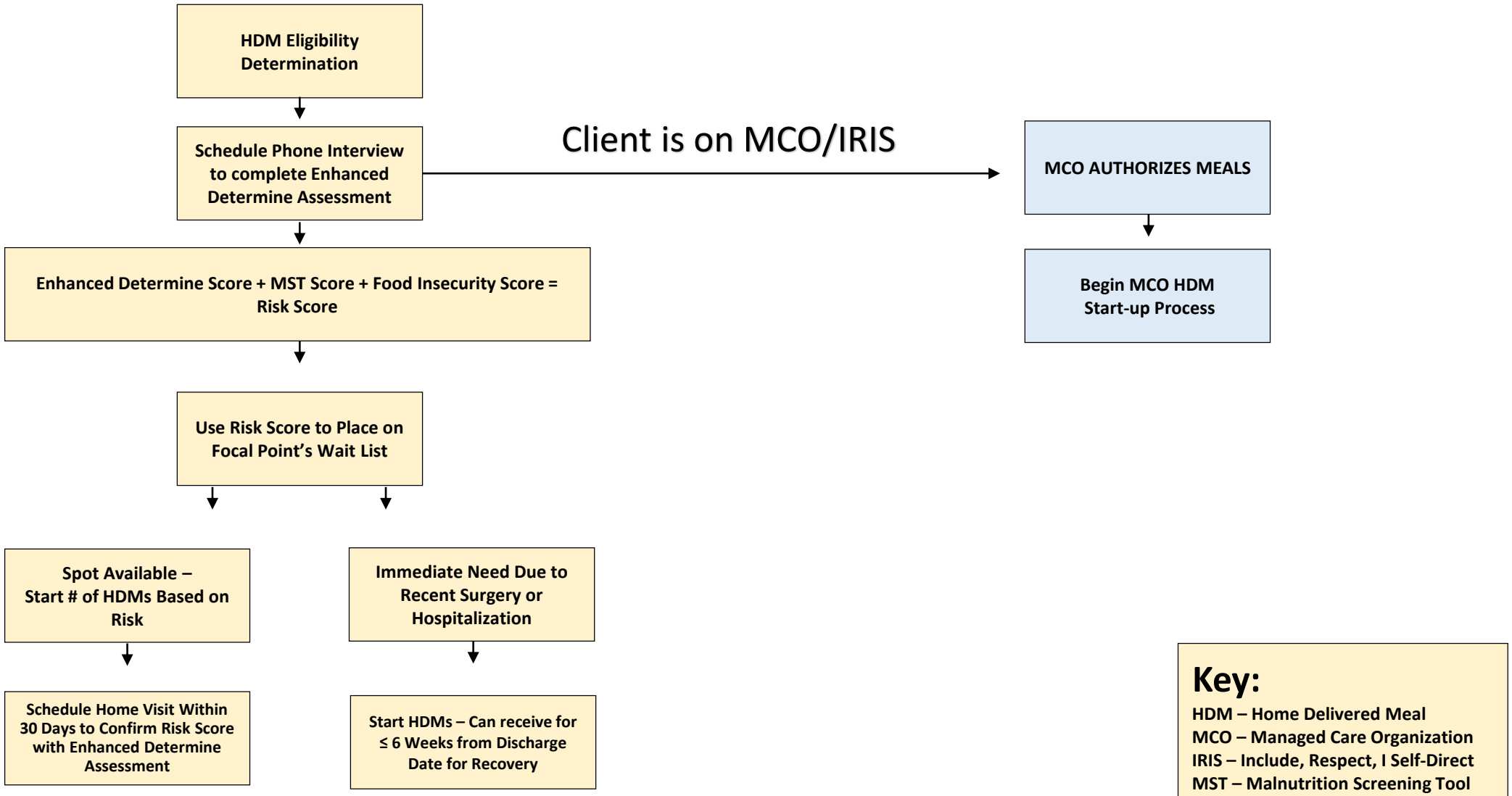
# Title lll Meals

# MCO Meals




**Key:**

HDM – Home Delivered Meal
MCO – Managed Care Organization
IRIS – Include, Respect, I Self-Direct
MST – Malnutrition Screening Tool

# Enhanced DETERMINE Questions Pathways

| DETERMINE Question | If Yes, ask Follow Up Questions | Referral/Intervention Options (Person-Centered Plan) |
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| ***I have an illness or condition that made me changethe kind and/or amount of food Ieat.***<br><br>☐ Yes (2)<br>☐ No (0) | What acute or chronic conditions do they have?<br><br>☐ Recent falls?<br>☐ Recent Surgery?<br>☐ **Do they follow a special diet?**<br><br>If yes, specify: | ☐ Refer to Registered Dietitian for Nutrition Ed and/or Nutrition Counseling.<br>☐ Refer to a Healthcare provider for a specialdiet or medically tailored meal order.<br>☐ Refer to MD for f/u if they didn't go in aftera recent fall.<br>☐ Refer to Stepping Up Your Nutrition (onlineor in-person class).<br>☐ Refer to *Mind Over Matter, Healthy Bowls,Healthy Bladder (MOM).* Evidence-Based Online or In-person program for incontinence<br>☐ Refer to Aging Mastery Program (AMP) offered by Focal Points.<br>☐ Refer to Healthy Living with Diabetes<br>☐ Refer to Living Well w/Chronic Condition<br>☐ Other EB Classes: Stand Up-Move More |
| ***I eat fewer than 2 meals a day.***<br><br>☐ Yes (3)<br>☐ No (0)<br><br>(If Yes, ask what they typically eat in a day and when. Record below)<br><br>**Page 1 Total**: | ☐ No appetite<br>☐ Unable to prepare food.<br>☐ Unable to shop for food.<br>☐ Cannot afford food.<br>☐ I sometimes forget to eat.<br>☐ Can they open the food?<br>☐ Do they have working equipment to cook or reheat food or to store it properly, i.e.working fridge?<br>☐ Do they have enough food for their pet?<br>☐ Are they raising grandchildren?<br>☐ Ask about culture and religious beliefs tosee if this is one of the reasons.<br>☐ Ask if they feel lonely or depressed. **If yes,** ask, In general:<br>• **How often do you feel that you lack companionship?** ☐Hardly Ever, ☐ Someof the time, ☐Often<br>• **How often do you feel left out?** ☐Hardly Ever, ☐Some of the time, ☐Often<br>• **How often do you feel isolated from others?** ☐Hardly Ever, ☐ Some of thetime, ☐Often | ☐ Refer to Dietitian for further assessment.<br>☐ If concerned about med side effects affecting appetite https://www.drugs.com/<br>☐ Complete FoodShare Application.<br>☐ Provide a list of food pantries and community meals and Senior Dining Sites.<br>☐ Provide list of activities to reduce lonelinessand Focal Point newsletter.<br>☐ Arrange for transportation to the sites/foodpantry.<br>☐ Arrange for a proxy food pantry shopper.<br>☐ Arrange for grocery delivery.<br>☐ Provide a list of online stores that deliver.(Remember Walmart and Aldi-InstaCart)<br>☐ Refer to ADRC to explore adaptiveequipment.<br>☐ Refer to Grand Parents Raising Grandchildren support group and programs. |
| ***I eat few fruits, vegetables or milk products.***<br><br>☐ Yes (2)<br>☐ No (0) | ☐ Cannot chew fresh F/V.<br>☐ No access to fresh fruits and veggies.<br>☐ Cannot peel or cut fresh produce.<br>☐ Do not know how to prepare F/V.<br>☐ Lactose Intolerant<br>☐ Ask what fruits & veggies and dairy products they typically eat and list below.<br>☐ Meds limit what they are able to eat.<br>☐ Cannot have leafy green veggies | ☐ Refer to Dietitian for Nutrition Ed and/or Counseling.<br>☐ Refer to ADRC for Adaptive Equipment Evaluation.<br>☐ Complete FoodShare Application.<br>☐ Offer transportation for shopping.<br>☐ Recommend Lactaid or Calcium and Vit. D fortified Juice if available.<br>☐ Offer Senior Farmers Market Vouchers if available. |
| ***I have 3 or more drinks of beer, liquor, or wine almost every day.***<br><br>☐ Yes (2)<br>☐ No (0) | ☐ Are they a widower or live alone?<br>☐ Ask about their appetite. (Poor/Fair/Good)<br>☐ Ask what meds they take, as many are affected by alcohol.<br>☐ Ask if they feel lonely or depressed. If yes, ask, In general:<br>• How often do you feel that you lack companionship? ☐ Hardly Ever, ☐ Some of the time, ☐ Often<br>• How often do you feel left out? ☐ Hardly Ever, ☐ Some of the time, ☐ Often<br>• How often do you feel isolated from others? ☐ Hardly Ever, ☐ Some of the time, ☐ Often | ☐ Refer to Dietitian for further assessment.<br>☐ Refer to Stepping On Falls Prevention Class<br>☐ Refer to Stepping Up Your Nutrition Class (If available)<br>☐ Refer to support group if wanted.<br>☐ Provide resources available from the National Institute for Alcohol Abuse and Addiction to help make informed decisions about drinking alcohol, including Rethinking Drinking: Alcohol and Your Health. |
| ***I have tooth or mouth problems that makes it hardfor me to eat.***<br><br>☐ Yes (2)<br>☐ No (0)<br><br>**Page 2 Total**: | ☐ Dentures? Full or partial. Do they fit?<br>☐ Have their own teeth.<br>☐ Edentulous (No teeth)<br>☐ Dry mouth?<br>☐ Swallowing problems?<br>☐ They have visited the dentist in the pastyear. If no, why? _____<br>☐ Ask about brushing/flossing habits.<br>☐ If they have a caregiver, ask if any challenges with feeding and oral healthcare.<br>☐ They smoke or chew tobacco | ☐ Refer to dietitian for follow up.<br>☐ Rec. healthcare provider review meds to see if they are causing dry mouth.<br>☐ Ask if a Veteran? If yes, refer to VA for a dental assessment.<br>☐ Provide a list of free or no cost dentists.<br>☐ Refer to ADRC for adaptive equipment/ easy-grip toothbrush.<br>☐ Provide information about good oral hygiene for older adults.<br>☐ Ask if interested in quitting tobacco use and make an appropriate referral.<br>☐ Review insurance plans that include dental care during open enrollment. |

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| ***I don't always have enough money to buy the food I need.***<br>☐ Yes (4)<br>☐ No (0) | ☐ Ask if they get food from the food pantry, family, neighbors, etc.to make ends meet.<br>☐ Do they manage their own money?<br>☐ Do they know the meals are offered on a contribution basis? | ☐ Refer to dietitian for tips on how to make meals on a budget.<br>☐ Complete FoodShare Application.<br>☐ Provide a list of food pantries and community meals. |
| ***I eat alone most of the time.***<br>☐ Yes (1)<br>☐ No (0) | ☐ Concerned about social isolation or loneliness.<br>☐ Seems depressed. Why?<br><br>If yes, ask, In general:<br>• How often do you feel that you lack companionship? ☐ Hardly Ever, ☐ Some of the time, ☐ Often<br>• How often do you feel left out? ☐ Hardly Ever, ☐ Some of the time, ☐ Often<br>• How often do you feel isolated from others? ☐ Hardly Ever, ☐ Some of the time, ☐ Often<br>☐ Do they have a pet(s)?<br><br>☐ What do they feed the pet?<br><br>☐ Do they have a smartphone, tablet, or computer?<br>☐ Interested in learning how to Skype, Zoom, Facetime, etc.?<br>☐ Do they have internet access? If no, why not?<br>☐ Are they a Veteran? If yes, are they interested in the Honor Flight or other programs and services from the VA? | ☐ Refer to dietitian for follow-up<br>☐ Arrange transport to Senior Dining Site if able and interested on_____days of the week.<br>☐ Offer Friendly Visit, phone call.<br>☐ Refer to community meals and senior dining locations.<br>☐ Provide information on the free ***Easy Tablet Help for Seniors*** App.<br>☐ Tell them about or help them review eligibility for discounted internet and devise at https://www.everyoneon.org/<br>☐ Connect with Technology buddy to get them up socially connected.<br>☐ Provide information about local Senior Center and other community clubs/organizations/communities of faith that align with their interests.<br>☐ Provide Craft or Coloring Kits<br>☐ Refer to Volunteer Coordinator or RSVP. There may be things they can do at home to stay engaged.<br>☐ Refer to Veterans Office for Honor Flight or other services. |
| ***I take 3 or more different prescribed or over-the-counter drugs a day.***<br><br>☐ Yes (1)<br>☐ No (0)<br><br>**Page 3 Total**: | ☐ Ask what herbs, supplements, vitamins, and other OTC medicines they take. (List below)<br><br>☐ Are they taking their meds as prescribed? If not, why?<br><br>☐ Do they understand the instructions of how and when to take meds? | ☐ Refer to Dietitian for follow-up.<br>☐ Rec. medication review with pharmacist.<br>☐ Refer to Pharmacist/healthcare provider to check for drug/nutrient interactions.<br>☐ Suggest or provide a pillbox to help them manage their meds<br>☐ Encourage them to tell their MD all the over-the-counter supplements they take.<br>☐ Review insurance options for prescription drug coverage during open enrollment.<br>☐ Tell them about Drugs.com if they are interested in knowing more about their meds or supplements. |

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| ***Without wanting to, I have lost or gained 10 pounds in the last 6 months.***<br>☐ Yes (2)<br>☐ No (0) | ☐ Any change in condition or life event change to help determine the root cause.<br>☐ Ask about their sleep habits.<br>☐ Ask about their energy level and strength. | ☐ Refer to dietitian for follow-up.<br>☐ Other: |
| ***I am not always physically able to shop, cook, and/or feed myself.***<br><br>☐ Yes (2)<br>☐ No (0)<br><br>**Page 4 Total**:<br><br>**FINAL DETERMINE SCORE ____** | ☐ Does someone else prepare meals for them? Who?<br>☐ Do they use a lot of convenience foods? What types?<br>☐ Do they have any adaptive equipment? Know how to use it? Or are interested in about it?<br>☐ Able to open boxes, packages, cans?<br>☐ Able to prepare food?<br>☐ Ask if they exercise? If yes, what and how often. | ☐ Refer to dietitian.<br>☐ Refer to Evidence based classes as appropriate.<br>☐ Refer to Stepping Up Your Nutrition Class (if available)<br>☐ Refer to ADRC for adaptive equipment.<br>☐ Provide list of exercise or movement classes/programs |

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| ***ASK EVERYONE and enter total score for question 1 and 2.***<br><br>**MST TOTAL SCORE:** _____ (0-5) | **2 question malnutrition screen MST**<br>1. Have you recently lost weight **without trying?** ☐ Yes ☐ No<br>If Yes, how much weight have you lost?<br>☐ 2-13 lbs. (Score 1)<br>☐ 14-23 lbs. (Score 2)<br>☐ 24-33 lbs. (Score 3)<br>☐ 34 lb. or more (Score 4)<br>☐ Unsure (Score 1)<br>**Weight loss score** _____<br>2. Have you been eating poorly because of a decreased appetite?<br>☐ No (Score 0)<br>☐ Yes (Score 1)<br>**Appetite Score**_____<br><br>**Total Score for question 1 and 2** _____ | **How to Score:**<br><br>**MST = 0 or 1 = NOT At Risk**<br>(Eating well with little or no weight loss)<br><br>**MST= 2 or more = At Risk**<br>(Eating poorly and/or recent weight loss)<br><br>☐ Ask if ok to refer to Dietitian for follow-up. |

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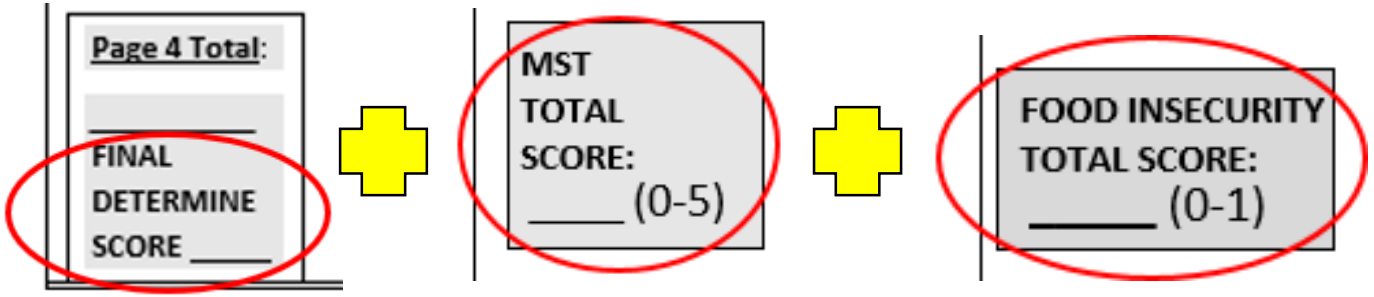
| ***ASK EVERYONE and enter score:***<br><br>☐ Food Secure (0)<br>☐ Food Insecure (1)<br><br>**FOOD INSECURITY TOTAL SCORE:** _____ (0-1)<br><br>***A response of "often true" or "sometimes true"to either question = positive screen for Food Insecurity.*** | **Two Question Food Insecurity Questions**<br><br>I'm going to read you two statements that people have made about their food situation. **For each statement, please tell me whether the statement was often true, sometimes true, or never true** for your household in the last 12 months.<br>1. "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your household in the last 12 months?<br>_____<br>2. "The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household in the last 12 months?<br>_____ | ☐ Refer to Dietitian.<br>☐ Complete FoodShare Application.<br>☐ Provide a list of food pantries and community meals. |




# Total Risk Score

**DETERMINE Nutrition Risk Level:**

- ☐ **Low Risk (0-2)**
- ☐ **Moderate Risk (3-5)**
- ☐ **High Risk (6 or more)**

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| | **DETERMINE Score (0-21)** |
| | **MST Malnutrition Screen Score (0-5)** |
| | **Food Insecurity Score (0-1)** |
| | **Total Risk Score (0-27) (For Assignment on Wait List)** |
| | |
| | **Short-Term Recovery Need for Meals ≤ 6 Weeks** |

***MST Malnutrition Screen Score***

- ☐ Not at Risk (0 to 1)
- ☐ At Risk (2 or more)

***Food Insecure?***

- ☐ No (0)
- ☐ Yes (1)

☐ **Record the MST Score and Food SecurityResponse in SAMs Special Use Fields**

# FAQs

1. **What if a in-home caregiver or family member is hospitalized or recovering from a procedure and no longer able to cook meals for the older adult?** Title lll Meal Process. Short term meals are not started since they're for the individual that is recovering from a procedure or hospitalization.
2. **If person needing meals has a caregiver and it is in the best interest of the person needing meals, the caregiver can receive meals, as well.** (That caregiver receives the meals at the same time that the person needing meals becomes eligible (taken off wait list)).
3. **What if their recovery phase is longer than 6 weeks?** Must have in-home reassessment to continue.
4. **How often are individuals on the wait list reassessed?** Annually, but if their condition worsens – have the client call to be reassessed.
5. **How many wait lists are there and who manages it?** One wait list per focal point – managed by that focal point.
6. **Do I need to complete an in-home assessment prior to placing on the wait list?** No – phone assessment is adequate.
7. **Do I need to complete an in-home assessment prior to starting meals?** No, completed within 30 days.
8. **Private Pay meals are not an option for focal points** (unless that focal point is a caterer, such as Colonial Club).
9. **What happens when one focal point has an available meal spot but another one doesn't? Does that focal point have to give up their available meal spot to the other focal point?** No, you don't lose your spot. Each focal point keeps their assigned number of meal spots. (We'll have adults going on and off due to surgeries, so these periodically empty spots are important.)