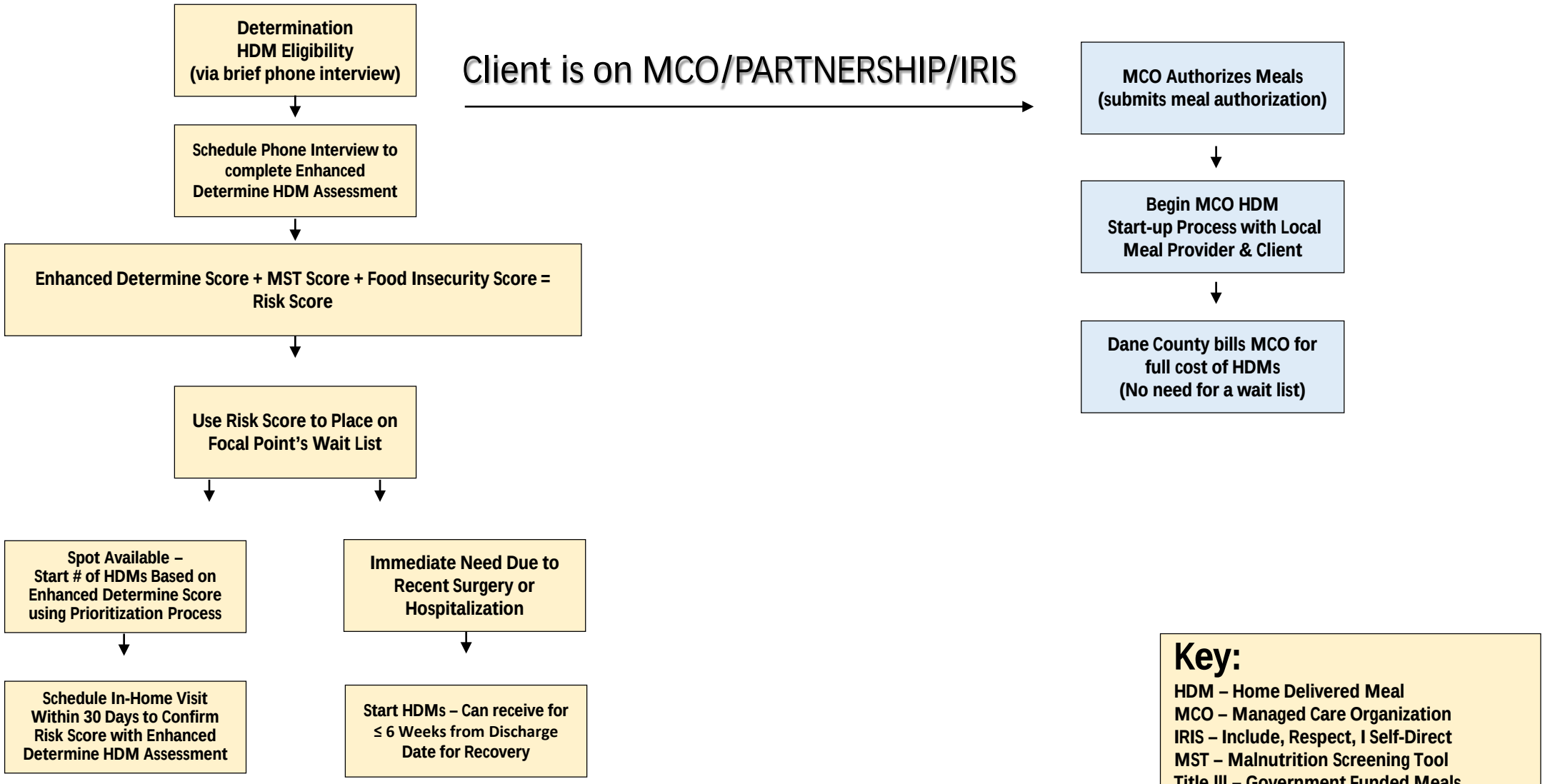
Title III Meals

MCO Meals



Key:

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

Approved by Nutrition & Wellness Committee November 2022

2023-2024 Dane County Senior Nutrition Program
Home-Delivered Meals Assessment/Reassessment Cover Sheet

Recipient: _____ **Phone:** _____

Address: _____ **DOB:** _____

HDM Start Date: _____

Please complete the following assessment information to verify eligibility.
(If completing for SSM Health Meals on Wheels, fax to 246-7423.)

Is the person on Care Wisconsin, My Choice Family Care, iCare, or IRIS? If yes, refer the client to their Partnership or Family Care Case or Care Manager to authorize home-delivered meals. DO NOT CONTINUE BELOW.

☐ **Yes** ☐ **No**

***If in contact with the managed care organization's care manager, inform them to send a meal authorization to auths@countyofdane.com. ***

BASIC ELIGIBILITY REQUIREMENTS: Must Check ONLY One.

☐ **Age 60+:** Is frail and/or currently essentially homebound by reason of illness, disability or isolation. Homebound is defined as "does not leave home under normal circumstances."

☐ **Relational Exception:** A spouse of a person eligible for HDM's regardless of age or condition, if assessment concludes it is in the best interest of the homebound older individual.

☐ **Relational Exception:** A disabled individual who resides at home with an eligible older individual participating in the program.

☐ **Eligible to receive meals for** ☐ **3 months** ☐ **6 months** ☐ **1 year**

☐ **Not eligible to receive meals (please indicate reason below)**

# of Meals per week: Check the box that corresponds with the Nutrition Risk Score
- ☐ **0-2 = 2 days per week**
- ☐ **3-5 = 3 days per week**
- ☐ **6+ = 5 days per week**
- ☐ **Case Manager overriding Nutrition Risk Score and approving _____ # of meals each week (please indicate reason below)**

Comments:

Focal Point: _____ **Date of Assessment:** _____

Case Manager: _____ **Phone Number:** _____

2023-2024 HOME DELIVERED MEAL ASSESSMENT

Name (First, MI, Last):

Date of Assessment:

Residential Address (Fire No. & Street):

Date of Birth (month/day/year):

City/State/Zip:

Ethnicity:
- ☐ Hispanic or Latinx
- ☐ Not Hispanic or Latinx

Telephone Number (with Area Code)/Email Address:

Household
- ☐ I live alone
- ☐ I live with others

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other_____

Gender Identity:
- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Transgender Unspecified
- ☐ Gender Nonconforming
- ☐ Gender Fluid/Not Exclusively Male or Female
- ☐ Self-Describe (specify) : _____

Income Status:

Is your income below the following Federal Income Guidelines?

☐ Yes ☐ No

# in Home	Month	Year
1	$1,255	$15,060
2	$1,703	$20,440
3	$2,152	$25,820
4	$2,600	$31,200

ACTIVITIES OF DAILY LIVING (ADLs) / INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Check each ADL that you/the client have/has difficulty in completing or need help with:	No Help Needed	Needs Help
Bathing: Gets in/out of the bath/shower, uses faucets, washes, dries oneself safely	☐	☐
Dressing: Dress and undress safely	☐	☐
Toileting: Uses toilet and cleans oneself	☐	☐
Transferring: Moves in/out of bed/chair	☐	☐
Feeding: Gets food/drink from plate, bowl, cup into mouth and uses utensils	☐	☐
Continence: Exercises complete self-control	☐	☐
TOTAL Number of Needs Help ADLS		

Instrumental Activities of Daily Living (IADLs)

Check **Needs Help** for each IADL that you/the client *cannot* perform without help (supervision, cuing, or hands-on assistance). Check **No** for each IADL you *can* complete without help.

	No Help	Needs Help
Food Preparation: Plans, prepares, and serves adequate meals independently	☐	☐
Shopping: Takes care of all shopping needs independently.	☐	☐
Responsibility for Own Medications: Takes medication in correct dosages at correct time.	☐	☐
Ability to Handle Finances: Handles financial matters and/or day-to-day purchases.	☐	☐
Housekeeping: Participates in housekeeping tasks.	☐	☐
Laundry: Launders some items independently.	☐	☐
Mode of Transportation: Travels unassisted via personal vehicle, public transportation, or taxi.	☐	☐
Ability to Use a Telephone: Dials and/or answers the telephone.	☐	☐
TOTAL Number Needs Help IADLs		____

Enhanced DETERMINE Questions Pathways

DETERMINE Question	If Yes, ask Follow Up Questions	Referral/Intervention Options (Person-Centered Plan)
I have an illness or condition that made me change the kind and/or amount of food I eat. ☐ Yes (2) ☐ No (0)	What acute or chronic conditions do they have? ☐ Recent falls? ☐ Recent Surgery? ☐ **Do they follow a special diet?** ☐ No Yes If yes, specify:	☐ Refer to Registered Dietitian for Nutrition Ed and/or Nutrition Counseling. ☐ Refer to a Healthcare provider for a special diet or medically tailored meal order. ☐ Refer to MD for f/u if they didn't go in after a recent fall. ☐ Refer to Stepping Up Your Nutrition (Online: March and September). ☐ Refer to *Mind Over Matter, Healthy Bowls, Healthy Bladder (MOM).* Evidence-Based Online or In-person program for incontinence ☐ Refer to Aging Mastery Program (AMP) offered by Focal Points. ☐ Refer to Healthy Living with Diabetes ☐ Refer to Living Well w/Chronic Condition ☐ Other EB Classes: Stand Up-Move More
I eat fewer than 2 meals a day. ☐ Yes (3) ☐ No (0) (If Yes, ask what they typically eat in a day and when. Record below) Page 1 Total:	☐ No appetite ☐ Unable to prepare food. ☐ Unable to shop for food. ☐ Cannot afford food. ☐ I sometimes forget to eat. ☐ Can they open the food? ☐ Do they have working equipment to cook or reheat food or to store it properly, i.e.working fridge? ☐ Do they have enough food for their pet? ☐ Are they raising grandchildren? ☐ Ask about culture and religious beliefs tosee if this is one of the reasons. ☐ Ask if they feel lonely or depressed. **If yes,** ☐ ask, In general: • **How often do you feel that you lack companionship?** ☐Hardly Ever, ☐ Someof the time, ☐Often • **How often do you feel left out?** ☐Hardly Ever, ☐Some of the time, ☐Often • **How often do you feel isolated from others?** ☐Hardly Ever, ☐ Some of the time, ☐Often	☐ Refer to Dietitian for further assessment. ☐ If concerned about med side effects affecting appetite https://www.drugs.com/ ☐ Complete FoodShare Application. ☐ Provide a list of food pantries and community meals and Senior Dining Sites. ☐ Provide list of activities to reduce loneliness and Focal Point newsletter. ☐ Arrange for transportation to the sites/ ☐ food pantry. ☐ Arrange for a proxy food pantry shopper. ☐ Arrange for grocery delivery. ☐ Provide a list of online stores that deliver.(Remember Walmart and Aldi-InstaCart) ☐ Refer to ADRC to explore adaptiveequipment. ☐ Refer to Grand Parents Raising Grandchildren support group and programs.

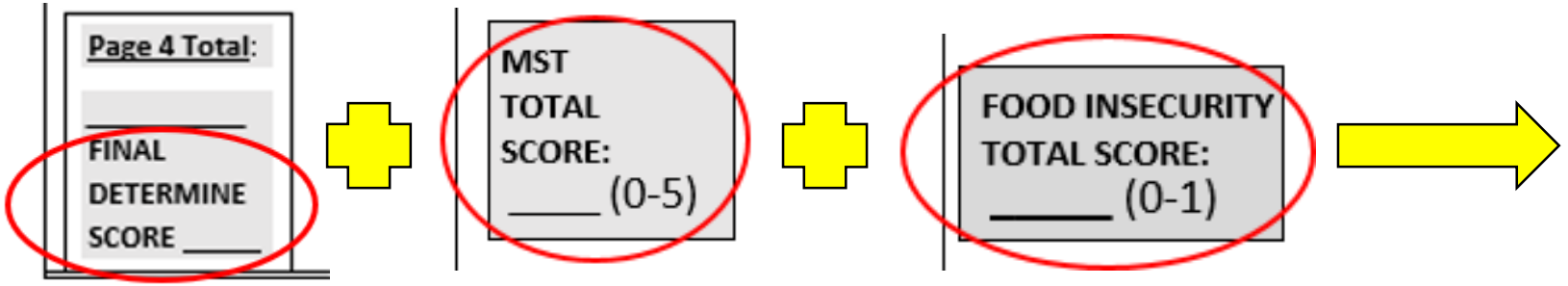
I eat few fruits, vegetables or milk products. ☐ Yes (2) ☐ No (0)	☐ Cannot chew fresh F/V. ☐ No access to fresh fruits and veggies. ☐ Cannot peel or cut fresh produce. ☐ Do not know how to prepare F/V. ☐ Lactose Intolerant ☐ Ask what fruits & veggies and dairy products they typically eat and list below. ☐ Meds limit what they are able to eat. ☐ Cannot have leafy green veggies	☐ Refer to Dietitian for Nutrition Ed and/or Counseling. ☐ Refer to ADRC for Adaptive Equipment Evaluation. ☐ Complete FoodShare Application. ☐ Offer transportation for shopping. ☐ Recommend Lactaid or Calcium and Vit. D fortified Juice if available. ☐ Offer Senior Farmers Market Vouchers if available.
I have 3 or more drinks of beer, liquor, or wine almost every day. ☐ Yes (2) ☐ No (0)	☐ Are they a widower or live alone? ☐ Ask about their appetite. (Poor/Fair/Good) ☐ Ask what meds they take, as many are affected by alcohol. ☐ Ask if they feel lonely or depressed. If yes, ask, In general: • How often do you feel that you lack companionship? ☐ Hardly Ever, ☐ Some of the time, ☐ Often • How often do you feel left out? ☐ Hardly Ever, ☐ Some of the time, ☐ Often • How often do you feel isolated from others? ☐ Hardly Ever, ☐ Some of the time, ☐ Often	☐ Refer to Dietitian for further assessment. ☐ Refer to Stepping On Falls Prevention Class ☐ Refer to Stepping Up Your Nutrition Class (Online: March and September) ☐ Refer to support group if wanted. ☐ 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 hard for me to eat. ☐ Yes (2) ☐ No (0) Page 2 Total:	☐ Dentures? Full or partial. Do they fit? ☐ Have their own teeth. ☐ Edentulous (No teeth) ☐ Dry mouth? ☐ Swallowing problems? ☐ They have visited the dentist in the pastyear. If no, why? _____ ☐ Ask about brushing/flossing habits. ☐ If they have a caregiver, ask if any challenges with feeding and oral healthcare. ☐ They smoke or chew tobacco	☐ Refer to dietitian for follow up. ☐ Rec. healthcare provider review meds to see if they are causing dry mouth. ☐ Ask if a Veteran? If yes, refer to VA for a dental assessment. ☐ Provide a list of free or no cost dentists. ☐ Refer to ADRC for adaptive equipment/ easy-grip toothbrush. ☐ Provide information about good oral hygiene for older adults. ☐ Ask if interested in quitting tobacco use and make an appropriate referral. ☐ Review insurance plans that include dental care during open enrollment.

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

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

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

ASK EVERYONE ☐ Food Secure ☐ Food Insecure**	**Food Access Questions** 1. "We worried whether our food would run out before we got money to buy more." ☐ Often True** ☐ Sometimes True** ☐ Never True 2. "The food that we bought just didn't last and we didn't have money to get more." ☐ Often True** ☐ Sometimes True** ☐ Never True	☐ Refer to Dietitian. ☐ Complete FoodShare Application. ☐ Provide a list of food pantries and community meals.



Total Risk Score

OFFICE USE ONLY	*MST Malnutrition Screen Score*
***DETERMINE Score:*_____** **DETERMINE Nutrition Risk Level:** ☐ **Low Risk (0-2)** ☐ **Moderate Risk (3-5)** ☐ **High Risk (6 or more)**	☐ Not at Risk (0 to 1) ☐ At Risk (2 or more) ***** Food Insecure?*** ☐Yes (1) ☐No (0)

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

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

FAQs

1. **Relational Exceptions:** A spouse or disabled individual who resides at home with an eligible homebound individual, will start meals at the same time as them, if it is in the best interest of the homebound individual.
2. **What if their recovery phase is longer than 6 weeks?** Must have in-home reassessment to continue. Base the amount of received meals on updated Enhanced Determine Score.
3. **How often are individuals on the wait list reassessed?** Annually, but if their condition worsens – have the client call to be reassessed, as this may move them up the list if their Total Risk Score increases.
4. **How many wait lists are there and who manages it?** One wait list per focal point – managed by that focal point.
5. **Do I need to complete an in-home assessment prior to placing on the wait list?** No – phone assessment is adequate.
6. **Do I need to complete an in-home assessment prior to starting meals?** No, completed within 30 days.
7. **Private Pay meals are not an option for focal points** (unless that focal point is a caterer, such as Colonial Club).
8. **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 spots. Each focal point keeps their assigned number of meal spots. (We'll have adults going on and off due to surgeries or hospitalizations, so these periodically empty meal spots are important.)
9. **How would the amount of meals per focal point or meal site be assigned?** If there ever was a freeze or wait list that needed to start – the amount of meals you're serving at your site (would remain the same). Let's say Middleton is serving 80 HDMs – they would keep all 80 of those HDM spots and someone would have to come off the list for them to add an individual. Their meals served would never go above that 80 count. (This is why it's very important to utilize Dane County's prioritization policy – not everyone automatically receives 5 meals when they start – it's based on their Enhanced Determine (Nutrition Risk) Score.)