

	<p align="center">DELAWARE HEALTH AND SOCIAL SERVICES</p> <p align="center">Division of Services for Aging and Adults with Physical Disabilities</p>	<p align="center">Home-Delivered Nutrition Services Specifications</p>
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Revision Table

Revision Date	Sections Revised	Description
7/31/2015		Revisions per Dietary Directions & DSAAPD Planning
10/27/2015	6.8	Deleted: <i>or are otherwise isolated according to DSAAPD's Home Delivered Nutrition Criteria Guide. (Attachment H)</i>
10/27/2015	6.8.1	Added entire section
10/27/2015	7.2	Added: <i>and must be documented on file for DSAAPD review.</i>
11/13/2015	6.8.1	Redefined

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1.0 SERVICE DEFINITION

1.1 Home-delivered nutrition services provide meals and related nutrition services to older individuals that are homebound. According to the Administration on Aging (AOA), home-delivered nutrition services are often the first in-home service that an older adult receives, and the program is a primary access point for other home and community-based services. Home-delivered nutrition services are also an important service for many family caregivers by assisting family members with their caregiving responsibilities and, for some, helping them maintain their own health and personal well-being.

1.1.1 Home-Delivered Nutrition is a service that provides nutritionally balanced meals to homebound individuals that meet one-third of the daily Dietary Reference Intakes (DRI), established by the Food and Nutrition Board of the Institute of Medicine and the most recent Dietary Guidelines for Americans, published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture (USDA) and nutrition program guidelines established by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). (See Attachment A).

<http://www.health.gov/dietaryguidelines/>

<http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>

1.1.1 Nutrition intervention services are provided, as appropriate, such as screening, nutrition education, nutrition counseling, or coordination of nutrition care, based on the needs of meal participants and as outlined by the Academy of Nutrition and Dietetics “Snapshot of Nutrition Intervention”.

<http://www.andean.org/vault/2440/web/files/20140527-NI%20Snapshot.pdf>

Nutrition Intervention Terminology has been developed by the International Dietetics & Nutrition Terminology (IDNT) Reference Manual.

<https://www.nutritioncaremanual.org/vault/IDNT%20e3%20NITerms-NCM.pdf>

2.0 SERVICE UNIT

2.1 **Meal Unit** – The Meal Unit is one complete meal provided to one eligible participant. A complete meal is defined as that which meets one-third of the daily Dietary Reference Intakes (DRI), (within 15%) of nutrients of concern in Older Americans, as established by the Food and Nutrition Board of the Institute of Medicine, and the most recent Dietary Guidelines for Americans, published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture (USDA) and nutrition program guidelines established by DSAAPD. (See Attachment A)

<http://www.health.gov/dietaryguidelines/>

Approved Meal Unit Types

2.1.1 **Meal** - a meal that meets the Section 2.1 definition above.

2.1.2 **Emergency Meal** – a meal that consists of shelf-stable items which are provided to participant for use when the nutrition program is unable to deliver meals due to weather related and/or other unforeseen emergencies. NOTE: Shelf-stable foods that do not need refrigeration in order to be safe can be kept at room temperature until their “use-by” date. For best quality, store them in



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clean, dry, cool (below 85 degrees F) cabinets away from the stove or appliance (such as refrigerator) exhaust).

2.1.3 Medical Food - a meal/food which is formulated to be consumed or administered enterally under supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on scientific principles, are established by medical evaluation. The need for and use of Medical foods (also known as liquid meals and/or oral supplements) must be assessed and evaluated annually by a Delaware licensed and registered dietitian/nutritionist (hereafter referred to as dietitian). Written MD approval is required. At least 3 of the approved products must be available to participants (refer to DSAAPD Policy on Medical Foods to Homebound Clients – Policy X-V-23). Assessment and follow-up by a dietitian is required.

2.1.4 Modified and Therapeutic Meal – a meal consisting of a modified therapeutic and/or textured diet which must be made available to the maximum extent possible. This meal is to meet the same standards as the regular menu items, but contain modifications to one or more items in an effort to meet the specialized requirements for program participants (for example, texture modifications for persons with dysphagia and/or dental impairments, potassium and/or phosphorus restrictions for dialysis patients, etc.). The provision of such foods should be planned and prepared under the advice and recommendations of a dietitian and requires a physician's diet order. Modified therapeutic and textured diets must be made available to the maximum extent possible.

2.2 Nutrition Intervention services will be incorporated into the meal budget, but will be tracked according to federal and/or state reporting requirements. There are no separate line items (reimbursement) on invoices for these services.

2.2.1 Outreach and intake are performed to ensure eligible clients are identified and screened for eligibility (see Section 6.0).

2.2.2 Screening and assessment are provided annually for each meal participant (See 7.14).

2.2.3 For clients assessed as high risk, nutrition counseling will be provided and reported by number of hours provided and by unduplicated number of clients served (see 7.14 and 7.36).

2.2.4 Coordination of nutrition care will be provided as needed and counted as nutrition counseling.

2.2.5 Information and referral services must be made available to home delivered nutrition services clients including services outlined in Sections 7.4 and 7.6.

2.3 Other activities that support home-delivered nutrition services include, but are not limited to, providing written educational materials such as newsletters and other mailings, staff training and development, site monitoring, menu development. These services are not required to be tracked for DSAAPD reporting purposes but may be tracked to assist with budget development.

3.0 SERVICE GOAL

3.1 The goals of this service are: to promote better health among homebound older persons through improved nutrition; to avoid unnecessary institutionalization; and to provide regular contact to a person who may be otherwise socially isolated.

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4.0 SERVICE AREA

- 4.1 Services are available to all eligible residents of the State of Delaware.
- 4.2 Providers are permitted to apply to serve sub-areas within the state.

5.0 SERVICE LOCATION

- 5.1 Service will be available at the home(s) of eligible homebound persons residing in the State of Delaware.

6.0 ELIGIBILITY

Title III-C Funded Home-Delivered Nutrition Services

- 6.1 Home-Delivered Nutrition Services funded by Title III-C will be made available to persons age 60 or over who are homebound by reason of illness, incapacitating disability or are otherwise isolated according to DSAAPD's Home Delivered Nutrition Criteria Guide ([Attachment H](#)) and DSAAPD Policy Manual for Contracts-Nutrition, Homebound Meals Criteria X-V-21.
- 6.2 The spouse of an older person may also receive a home-delivered meal if it is in the best interest of the homebound older person and the provision of the meal will not prevent service delivery to more needy individuals.
- 6.3 Meals may be made available to individuals with disabilities under age 60 who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided. (This provision is only applicable to public housing facilities in which nutrition sites are located. The person with the disability must be a resident of this same housing facility. Spouses of individuals with disabilities are not eligible unless they too have disabilities. In order to receive services under this provision, individuals must provide proof of Social Security Disability Insurance coverage).
- 6.4 Meals may also be made available to a non-elderly person with a disability who is a member of the household of an elderly person who is eligible for home-delivered nutrition services. (In order to receive services under this provision, individuals must provide proof of Social Security Disability Insurance coverage.)
- 6.5 In conducting marketing activities related to this service, providers must pay particular attention to reaching low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- 6.6 Income shall not be criteria for eligibility.
- 6.7 There shall be no time limit on length of service.

SSBG Funded Home-Delivered Nutrition Services

- 6.8 Home-Delivered Nutrition services funded by Social Service Block Grant (SSBG) will be made available to persons between the ages of eighteen (18) and fifty-nine (59) who are homebound by reason of physical disability.
 - 6.8.1 For the purposes of Home-Delivered nutrition physical disability would be defined as a disability that is anticipated to last 12 months or longer and that includes at least one Activity of Daily Living (ADL) deficit that impacts the individual's ability to live independently. ADL's include bathing, walking, dressing, toileting, bowel/bladder control, transferring, and eating.

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- 6.9 The potential participant must be a U.S. citizen or legal alien, per the [DSAAPD Policy Manual for Contracts](#) (Section X-O – SSBG Alien Verification Procedure).

7.0 SERVICE STANDARDS - Title III & SSBG Funding

- 7.1 The provider must develop and maintain policies and procedures pertaining to the delivery of Home Delivered Nutrition services.
- 7.2 Eligibility determination for home-delivered nutrition services applicants must be based on the criteria presented in section 6.0, and must be documented on file for DSAAPD review.
- 7.3 Home-delivered meals must be made available at least five (5) days per week according to participant needs.
- 7.4 Providers must inform program participants of other services that may be needed by participants through the DSAAPD Aging & Disability Resource Center (ADRC).
<http://www.delawareadrc.com/>
- 7.5 Appropriate officials must be notified when conditions or circumstances place a service recipient or household member in imminent danger.
- 7.6 Provision must be made for participants to take advantage of the benefits available under Supplemental Nutrition Assistance Program (SNAP).
<http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>
- 7.7 Outreach must be conducted as necessary to reach the target population (See 6.5).
- 7.8 Efforts must be made to recruit volunteers to assist in service delivery.
- 7.9 Federal funds must not be used to supplant existing resources, including funds from nonfederal sources and volunteer support.
- 7.10 Providers must document the cost of food items per menu item and per meal, including the cost of USDA commodities utilized.
- 7.11 Providers must develop and implement a policy manual containing at minimum the following information:
- 7.11.1 Fiscal Management
 - 7.11.2 Food Service Management
 - 7.11.3 Safety and Sanitation
 - 7.11.4 Staff Responsibilities
- 7.12 Providers must develop and implement a system of soliciting feedback from participants related to the quality of the service, including the acceptability of the meals provided. Participant feedback and menu modifications will be reviewed by DSAAPD.
- 7.13 Providers must maintain service records, including names of participants and date(s) of service and report Homebound Service Units (Attachment E) quarterly to DSAAPD for monitoring and tracking purposes.
- 7.14 Providers must conduct Nutrition Screening annually for all participants using the DETERMINE Nutrition Screening Tool (See Attachment E).
http://nutritionandaging.fiu.edu/downloads/NSI_checklist.pdf
Participants identified as “high-risk” must be referred to the provider Dietitian for nutritional counseling and education. Appropriate nutrition intervention and follow-up will be provided and documented by the dietitian.
- 7.15 Providers must develop a cycle menu.
- 7.16 The provider’s dietitian must approve the cycle menu to ensure that it meets one-third of the DRI (within 15%) (for DSAAPD selected nutrients) as well as menu guidelines developed by DSAAPD and the most recent Dietary Guidelines for Americans (see

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Attachment A). The approval form, menus and analysis signed by the project dietitian must be submitted to DSAAPD for approval two weeks prior to consumption (Attachment C).

- 7.17 The applicable food standards are described and hereby attached (Attachment B).
- 7.18 All meals must be analyzed for nutrient adequacy prior to consumption. All recipes must be analyzed and checked for accuracy by the provider's dietitian and a signature of approval will be submitted to DSAAPD (Attachment C).
- 7.19 Changes to the cycle menu must be recorded and submitted to DSAAPD for approval.
- 7.20 When meal service is subcontracted, the provider must follow formal procedures for procuring a cost-effective, sanitary, quality meal service and maintain a system for monitoring the service subcontractor on a quarterly basis.
- 7.21 When the meal service is subcontracted for amounts over \$15,000, the provider must follow competitive bid procedures.
- 7.22 When the service is subcontracted, a signed copy of the contract between the provider and subcontractor must be made available to DSAAPD within sixty days (60) of the beginning of the contract year.
- 7.23 Excess food can be served only as a frozen meal to participants. The meal must be assembled on the day of preparation, immediately frozen in compliance with the most recent State of Delaware Food Code guidelines <http://dhss.delaware.gov/dhss/dph/hsp/files/ofpcode14toc.pdf> and delivered frozen to the participant. The meal composition, as served, must meet DSAAPD guidelines for nutrient adequacy (See Attachment A). No other use of excess food can be incorporated into a reimbursable meal.
- 7.24 Providers must develop policies and procedures surrounding the use of planned frozen meals. All steps in food preparation, freezing and serving must adhere to the most recent State of Delaware Food Code.
- 7.25 Food containers and utensils for persons with disabilities, including persons with visual impairments, must be made available for use upon request to the greatest extent possible.
- 7.26 The provider must establish a plan for the delivery/availability of meals to participants in weather-related emergencies.
- 7.27 Special menus may be served to meet the particular dietary needs arising from religious requirements or ethnic backgrounds of eligible individuals.
- 7.28 Written diet prescriptions from a physician/health care professional must be on record for all participants and the orders must be updated on an annual basis.
- 7.29 Special diets must be planned, prepared and served under the supervision of and/or in consultation with the project's dietitian.
- 7.30 In purchasing food and preparing and delivering meals, proper procedures must be followed to preserve nutritional value and food safety and be in compliance with the most recent Delaware State Food Code guidelines.
- 7.31 Food service staff must be trained in and adhere to the most recent State of Delaware Food Code.
- 7.32 Delivery time for foods must not exceed four (4) hours.
- 7.33 If the provider coordinates with another organization to perform nutrition assessments, a written agreement between the provider and the outside organization must be developed.

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- 7.34 Information and activities must be provided to homebound persons that will promote improved nutrition and health.
- 7.35 In the event that a program participant is unable to receive services due to a hospitalization or other issue, the provider may allow the participant to stay active up to 45 days. After 45 days, the participant must be terminated from the program and may be re-enrolled in the program once they are able to accept services (refer to DSAAPD Policy on Homebound Meals Criteria X-V-21).

Service Standards – Title III Funding ONLY

- 7.36 Providers must collect and compile the information required by the National Aging Program Information System (NAPIS) (Attachment F) and transmit the information to DSAAPD on an annual basis.

Prohibited Activities

- 7.37 For purposes of the Division of Services for Aging and Adults with Physical Disabilities planning and reimbursement, Home-Delivered Nutrition Services may not include any of the following components:
 - 7.37.1 Providing meals to ineligible persons.
 - 7.37.2 Providing financial, legal, or other similar service or advice (except for referral to qualified agencies or programs).
 - 7.37.3 Denying services to eligible persons because of his/her inability or failure to contribute to the cost of meals.

Staffing Requirements

- 7.38 Each provider must have on-staff a full time Program Director who will be responsible for the overall daily operation of the Nutrition Program. Responsibilities include supervision of staff, ensuring compliance to DSAAPD specifications, and maintaining contact with DSAAPD staff and participants.
- 7.39 Each provider must have on-staff or have access to the services of a Registered and Delaware Licensed Dietitian.
<http://www.cdrnet.org/about>
<http://dpr.delaware.gov/boards/dietitians/newlicense.shtml>
- 7.40 If the agency is directly responsible for the production of the meals, a full-time person must be in charge of directing, monitoring and supervising the food service production and staff. This person must be qualified by education and/or experience. Educational requirements include a degree in Foods and Nutrition, Food Service or Hotel and Restaurant Management or a minimum of three (3) years' experience managing food service production.

8.0 WAITING LISTS

- 8.1 When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided or until the applicant no longer desires services. The waiting list must be managed in accordance with [DSAAPD Policy Manual for Contracts](#), Policy Number X-K, Participant Service Waiting Lists. In all cases, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g., in writing and available for review).

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9.0 INVOICING REQUIREMENTS

9.1 The provider will invoice DSAAPD utilizing Invoicing Workbook IW-026 for SSBG funded program participants, and Invoicing Workbook IW-027 for Title III funded program participants, pursuant to the [DSAAPD Policy Manual for Contracts](#), Policy Number X-Q, and Invoicing.

10.0 DONATIONS – Title III Funded Services Only

- 10.1 Participants, family members, and/or caregivers must be informed of the cost of providing the home-delivered nutrition service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- 10.2 No eligible participant will be denied service because of his/her inability or failure to contribute to the costs.
- 10.3 Providers must have procedures in place to:
 - 10.3.1 Inform applicants, family members and/or caregivers of the cost of providing home-delivered meals and offer them the opportunity to make a voluntary contribution/donation.
 - 10.3.2 Protect their privacy with respect to the contribution/donation.
 - 10.3.3 Safeguard and account for all donations.
 - 10.3.4 Use the contributions to expand services.

Attachment A

NUTRIENT ANALYSIS GUIDELINES

All meal units qualifying for DSAAPD reimbursement meet one-third of the Dietary Reference Intakes (within 15%) for each nutrient of concern, averaged weekly.

All meal units must be analyzed using nutritional analysis software.

* The chart below defines recommendations per the 2010 Dietary Guidelines:

Calories	>= 600
Protein	>= 19 grams
Calcium	>= 400 milligrams
Fiber	>= 9 grams
Fat	<= 20-35% of total calories
Cholesterol	<= 100 milligrams
Sodium	<= 767 milligrams
Potassium	>= 1567 milligrams
Vitamin B12	>= 0.8 mcg
Vitamin D	>= 5 micrograms
Trans Fat	As low as possible
Saturated Fat	<10% of total calories
Seafood	encouraged

** Occasional meals that exceed these recommendations will be allowed. DSAAPD encourages the provision of healthful meals for all participants, which precludes excessive amounts of fat, cholesterol and sodium.

*** Emergency Meals (as defined in 2.1.2) will not be required to adhere to these guidelines.

**** If unable to provide computerized nutritional analysis to verify compliance to dietary guidelines, meals must adhere to the attached (Attachment D) menu format.

(Condiments need not be included in analysis, as long as they are served on the side and not mixed in with food components of the meal.)

Attachment B

FOOD STANDARDS

- A. All foods used must conform to the State guidelines for menu planning and the following specifications.
- B. The grade minimums recommended for food items are as follows:
 - a. Meat – only those meats or meat products which are slaughtered, processed and manufactured in plants participating in the U.S. Department of Agriculture inspection program can be used. Meats and meat products must bear the appropriate inspection seals and be sound, sanitary and free of objectionable odors or signs of deterioration upon delivery. Meats for dry heat cooking must be of Choice Grade and those for moist heat cooking must be of Good Grade or better.
 - b. Poultry and Seafood – when served as whole pieces, poultry and seafood must be U.S. Grade A.
 - c. Eggs – U.S. Grade A, all eggs must be free from cracks. Dried, liquid or frozen eggs must be pasteurized.
 - d. Meat extenders – soy protein added to extend meat products must not extend 15% of net weight of the meat used and must be used only when acceptable product results.
 - e. Fresh Fruits and Vegetables – must be of good quality (USDA#1) relatively free of bruises and defects.
 - f. Canned and Frozen Fruits and Vegetables – Grade A used in all menu items, including combination dishes, i.e., gelatins, soufflés.
 - g. Dairy Products – USDA Grade A pasteurized milk (skim, 1% or 2%), all fortified with Vitamin A and D must be offered.
 - h. Only commercially preserved foods may be used (No home canned foods are permitted).
- C. Food must be prepared in such a manner as to maximize its palatability and appearance and maintain its nutritional value. Appropriate garnishes may be provided.

Note: combinations of protein foods can be used to serve the ≥ 2.0 oz. requirement.

Attachment C

**MENU APPROVAL FORM
FOR CONGREGATE AND HOME-DELIVERED NUTRITION SERVICES**

Signature of Dietitian _____

Registration Number _____

Print Name _____

Contact Phone Number/Email _____

Address _____

Nutrition Program Director _____

Contact Phone Number/Email _____

Address _____

1. This menu must consist minimally of a four (4) week cycle of regular diet meals and must be representative of the current six month period. Attach cycle menu, menu as served (if different), weekly nutrient average, daily nutrient analysis.
2. For those participants requiring menu modifications for health reasons (including those with diabetes, dysphagia, renal disease, etc.), modified diets can be provided in accordance with established regulations. Modified diet menus must be reviewed and approved by the dietitian. Please indicate those modified diets which are provided.

Attachment D

MENU FORMAT AND NUTRIENT GUIDELINES FOR MEAL UNITS

Menu Format

1. Meat and meat substitutes: ≥ 2 ounces of edible meat or meat substitute must be included in the meal.
 - Meat substitutes may include cheese, eggs, cottage cheese, peanut butter, cooked beans/lentils, and soy products.
 - Protein sources may be combined to meet the two (2) ounce requirement.
 - The use of low-fat and fat-free products is encouraged, in order to control the total fat content of the meal.
 - The use of low-sodium products is also encouraged, in order to control the total sodium content of the meal.

2. Enriched bread and grain products: a minimum of one (1) serving must be included in the meal. One (1) serving is defined as one (1) slice of bread or ≥ 1/2 cup of pasta, rice or other grain product and is ≥ 15 grams of carbohydrate.
 - Bread or grain products can both contribute to this requirement.
 - Rice or pasta may be served as a bread alternative or as an extra menu item, in addition to bread.
 - The use of whole grain foods is encouraged, in order to increase the fiber content of the meal.

3. Milk or non-dairy substitute: a minimum of one (1) serving must be included in the meal. One (1) serving is 8 fluid ounces of milk, 1 cup yogurt, 1 ¼ cups cottage cheese, 1 ½ oz. natural or 2 oz. processed cheese, 1 ½ cups ice milk or a non-dairy substitute e.g., 1 cup fortified soy beverage or 8 oz. tofu (processed with calcium salt).
 - Non-dairy beverages may be used to accommodate the preferences of participants who do not use dairy products due to food preferences or intolerances.
 - The use of non-fat or low-fat products is highly recommended, in order to control the total fat content of the meal.

4. Fruit and/or vegetables: a minimum of two (2) servings must be included in the meal. A serving is defined as ≥ 1/2 cup of fruit or vegetable or ≥ 1/2 cup of 100% fruit or vegetable juice.
 - The minimum serving amount for dried fruit is as follows:
 - 6 halves dried apricots
 - 3 dates
 - 3 dried prunes
 - 2 tablespoons raisins
 - Potato is counted as a vegetable.
 - Vitamin A-rich food sources should be served at least three (3) times per week, to maintain a weekly average of ≥ 250 IU Vitamin A.

5. Fortified margarine or butter: one (1) teaspoon may be included in the meal.
 - The margarine or butter can be used in preparation of the meal.
 - One (1) teaspoon mayonnaise, cream cheese, or salad dressing may be substituted. The use of low-fat products is recommended

6. Dessert: one dessert food may be included with the meal.

Attachment E DETERMINE YOUR NUTRITIONAL HEALTH

Participant Name: _____ Date: _____ Declined to Answer:

The top section is required! - All applications for over 60 clients must have the top section completed.

*Home Delivered Nutrition Services and new case management will be completed by an outreach worker.

Read the statements below. Circle the number under the column for the answer which applies.

Total the nutritional score at the bottom.

Question	If yes, score...	If no, score...	Total score
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0	<input type="checkbox"/>
I eat fewer than 2 meals per day.	3	0	<input type="checkbox"/>
I eat few fruits or vegetables or milk products.	2	0	<input type="checkbox"/>
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0	<input type="checkbox"/>
I have tooth or mouth problems that make it hard for me to eat.	2	0	<input type="checkbox"/>
I don't always have enough money to buy the food I need.	4	0	<input type="checkbox"/>
I eat alone most of the time.	1	0	<input type="checkbox"/>
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0	<input type="checkbox"/>
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0	<input type="checkbox"/>
I am not always physically able to shop, cook and/or feed myself.	2	0	<input type="checkbox"/>
Total Score			<input type="checkbox"/>

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 + 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. To learn more about the Warnings Signs of poor nutritional health, see the DETERMINE warning signs attachment.

Answer these only if client received home delivered nutrition or adult day care services.

Activities of Daily Living (ADL)

Do you have any difficulties with:

1. Bathing
2. Dressing
3. Transferring/Walking
4. Toileting
5. Eating

I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>

Instrumental Activities of Daily Living (IADL)

Do you have any difficulties with:

1. Using the Telephone
2. Shopping
3. Preparing Meals
4. Housekeeping
5. Taking Medications
6. Finance & Money

I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>
I	<input type="checkbox"/>	A	<input type="checkbox"/>	D	<input type="checkbox"/>

I = Independent A = Assistance D = Dependent

Interviewer: _____ Site: _____ Phone _____

The Nutrition Checklist is based on the Warning Signs described below.
Use the word DETERMINE to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less -- or choosing to spend less -- than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

Attachment F



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

National Aging Program Information System (NAPIS) Required Data Collection

Update Client New Client Assessment Date: _____

Provider: _____ Re-Assessment Date: _____

Last Name:		First Name & Middle Initial:	
Address:			Birthdate:
Address 2:			Sex:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip:	Marital Status:
			<input type="checkbox"/> Married <input type="checkbox"/> Single/Widowed
Home Phone:	Work Phone:	Cell Phone:	
()	()	()	
Age 60 or Over (Verified by):			Rural:
<input type="checkbox"/> License/ID	<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Income Status:			Lives Alone:
<input type="checkbox"/> At or Above Poverty Level	<input type="checkbox"/> Below Poverty Level		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Missing (not provided)		
If under Age 60 (nutrition only):			Physical Condition – Frail / Disabled:
<input type="checkbox"/> Eligible through Spouse	<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race:			Ethnicity:
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Minority (White, not of Hispanic Origin)		<input type="checkbox"/> Unavailable/Unknown
<input type="checkbox"/> Other	<input type="checkbox"/> Unavailable/Unknown		
Emergency Contact Name:	Emergency Contact Phone:	Emergency Contact Relationship:	
	()		

The information provided above is true and correct to the best of my knowledge.

Signature of person completing form: _____ Date: _____

The above information is pertinent to help provide us with funding sources for your needs.

Definitions to Home Delivered Nutrition Report – (Attachment G)

- a. Unduplicated participants
- b. Total meals served
- c. Total medical foods (canned supplements)
- d. Total number modified meals
- e. Nutrition screening: All participants in the Senior Nutrition Programs should be screened annually using the DETERMINE Nutrition Screening Assessment Tool. Understandably, getting 100% completion – especially in congregate centers – is difficult. The numbers of returned screening forms for both congregate and home delivered meals clients and the percentage scoring higher than a 6 (high nutritional risk) needs to be reported. Breaking the reporting of this tool down by home delivered/congregate and high/low nutrition risk will allow greater understanding of the nutritional well-being of our clients.
 - a. High Nutritional Risk (defined):
 - b. High Nutrition Risk is defined per the DETERMINE Nutrition Screening form to score a 6 or greater. Anyone at high nutritional risk should be targeted for nutrition education/counseling/assessment/support.
- f. Nutrition articles/ Written Nutrition Education: Newsletters, written nutrition education columns, mailings with nutrition education need to be accounted for. Because these are often widely distributed and the numbers of recipients may be unknown, accounting for the number of written articles provides input into the intent of the written nutrition education. (It is very difficult to assess how many people may have access to these as published newspapers, etc., however, we can account for the work you do. Noting how many articles, or education handouts, you develop will help to defend the dissemination of nutrition information.) Please report the number of articles written per quarter. *For example* if one nutrition article is written in each month of the quarter then you will report 3 under F.
- g. Nutrition counseling/individualized nutrition education: (per participant)
 - a. *Individualized guidance* to those at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medication use, or to caregivers. Counseling is provided one on one by a registered dietitian, and addresses the options and methods for improving nutritional status. Please report the total number of individual counseling sessions per quarter, the number of those at nutrition risk and the amount of time spent (measured in 15 minute units). *For example*, if 10 individual counseling sessions were conducted during the first quarter, 9 of those scored a 6 or higher on the nutrition screening form, and each took 60 minutes (4 quarters per person) you would report 10 (G), 9 (G1), 40 (4 units x 10 counseling sessions) (G2).
- h. Total Number of Training Sessions: Please report the total number of sessions offered to staff/volunteers.
- i. Number or Outreach Workers Contacts: Please report the number of initial assessments (I1), initial assessments deemed to be eligible (I2), reassessments (I3), and reassessments deemed to be eligible (I4) per quarter.

(Note: *Nutrition assessment is defined as: A complete nutrition assessment includes any of the nutrition assessment criteria: past medical history, socio-economic history, anthropometric data, dietary history, biochemical, medications, etc. Nutrition diagnosis, intervention and monitoring plans are typically included. (I would expect not many – if any of these would be reported.) If you do find yourself completing Nutritional Assessments, please let me know – at this time nutritional assessments do not need to be reported).*

Attachment H

Home-Delivered Nutrition Services Criteria Guide

Home-Delivered Nutrition Services Criteria Guide												
I. ADL's (Activities of Daily Living)												
Please score severity of impairment on a scale of 0-5: 0 =none 3=moderately impaired 5=severely impaired												
a. bathing	0	1	2	3	4	5						
b. walking	0	1	2	3	4	5						
c. dressing	0	1	2	3	4	5						
d. toileting	0	1	2	3	4	5						
e. bowel/bladder control	0	1	2	3	4	5						
f. transferring	0	1	2	3	4	5						
g. eating	0	1	2	3	4	5						
II. IADL's (Independent Activities of Daily Living)												
Please score severity of impairment on a scale of 0-5: 0=none 3=moderately impaired 5=severely impaired												
a. use telephone	0	1	2	3	4	5						
b. prepare own meals	0	1	2	3	4	5						
c. light housekeeping	0	1	2	3	4	5						
d. getting to places outside of home	0	1	2	3	4	5						
e. following medication directions	0	1	2	3	4	5						
f. managing own finances	0	1	2	3	4	5						
III. Prior Nursing Home (or Rehabilitation Facility) Admission												
a. within past year						5						
b. within past 5 years					3							
c. greater than 5 years ago				1								
d. never		0										
Subtotal page 1												

(HDNS Criteria Guide page 2)										
IV. Cognitive Impairment (0=never 1=sometimes 3=often)										
a. Do you forget to eat?	0	1	3							
b. Do you ever begin cooking and then forget you started?	0	1	3							
c. Is preparing food confusing or mentally challenging?	0	1	3							
V. Diagnosed Mental Disorder (bipolar, schizophrenia, anxiety d/o, etc.)										
Please score if <i>actively problematic and interferes with</i> the ability to shop, prepare or eat meals:										
0=not a problem 3=sometimes a problem 5=often a problem	0	3	5							
VI. Living Arrangement/Caregiver Availability/Meal Support										
Please score degree of supportive care available (in regard to meals):										
0=always 1=sometimes 3=no support available	0	1	3							
VI. Annual Income										
a. at or below current poverty level			3							
b. above the current poverty level	0									
VII. Prior Acute Care Hospitalization										
a. Within past 0-4 weeks										5
b. Within past 1-3 months										3
c. Within past year									1	
d. Prior to 1 year ago/never	0									
VIII. Age										
a. 91+										5
b. 76-90										3
Subtotal page 2										

(HDNS Criteria Guide page 4)							
XIX. Outreach Worker Additional Thoughts/Comments:							
1. Do you believe client would benefit from socialization at senior center? comments:	NO YES						
2. Does client need transportation? _____	NO YES						
3. Do you believe HDNS are needed? _____ why/why not:	NO YES						
4. Other comments/assessment? _____							
<i>Subtotal page 1</i>							
<i>Subtotal page 2</i>							
<i>Subtotal page 3</i>							
TOTAL SCORE							
(Suggestion: <20 refer to Congregate, 21-40 trial, >40 HDM recommended)							
Recommended for HDM (y=yes, n=no)							
Signed/initialed							

Client Name: _____
Initial Date of Assessment: _____