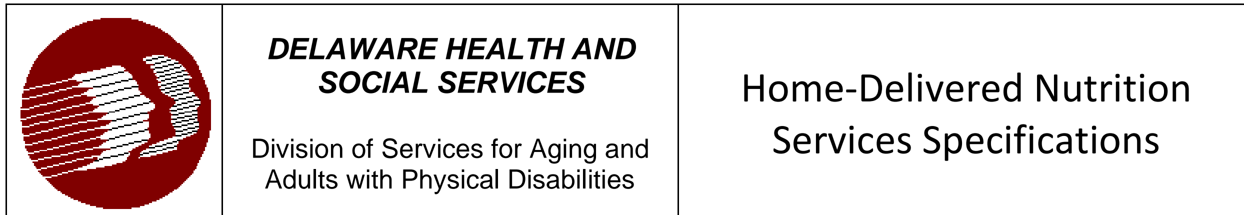


Revision Table

Revision Date	Sections Revised	Description
11/20/2017		Original
5/30/2019	Attachment A	Decrease the minimum potassium from 1567 to 1133mg
12/11/2019	Attachment C Attachment D Attachment H	Removal of Attachment C, numerous grammatical changes, modifications to Attachment D and Attachment H
2/18/2020	Attachment H	Revised Attachment
7/16/2021	Attachment F	Revised Attachment, Rural determination
9/27/2021	Section 2.1.3 Section 2.3 Section 7.28 Section 7.39 Section 7.41 Attachment A Attachment C Attachment D Attachment F	Modifications to medical food, Modifications to other nutrition interventions, removed MD orders for all participants, modified reporting terminology, modified staffing requirements. Since the removal of “attachment C” in 2019, all attachments have been re-named appropriately. Modifications to Attachment A, modifications to Attachment C, modifications to Attachment D, modifications to Attachment F

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/

1.1.2 Nutrition intervention services are provided, as appropriate, such as nutrition risk 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.andeal.org/vault/2440/web/files/20140527-NI%20Snapshot.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 to be safe can be kept at room temperature until their "use-by" date. For best quality, store them in clean, dry, cool (below 85 degrees F) cabinets away from the stove or appliances (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 dietitian/nutritionist see http://www.dpr.delaware.gov/boards/dietitians/newlicense.shtml (hereafter referred to as dietitian).. At least 2 of the approved products must be available to participants (refer to DSAAPD Policy on Medical Foods to Home Delivered Nutrition Participants – (Policy X-V-5). Assessment and follow-up by a dietitian are 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 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 participants are identified and screened for eligibility (see Section 6.0).

2.2.2 Nutrition screenings are provided annually for each meal participant (See 7.15).

2.2.3 For participants assessed as high risk, nutrition counseling will be provided and reported by number of units (15 minutes) provided and by total number of participants served (see 7.15 and 7.35).

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 participants including services outlined in Sections 7.5 and 7.7.

2.3 Other activities that support home-delivered nutrition services include, but are not limited to, staff training and development, site monitoring and menu development. These services are not required to be tracked for DSAAPD reporting purposes but may be tracked to assist with budget development. These costs should be absorbed into the allowable meal unit cost (section 2.1).

3.0 SERVICE GOAL

3.1 To promote better health and well-being among older individuals through improved nutrition.

3.2 To avoid unnecessary institutionalization.

3.3 To provide regular contact to a person who may be socially isolated.

3.4 To provide at least one hot or other appropriate meal per day to homebound participants at least once per day, at least five days per week, to the maximum extent possible.

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, Home Delivered Nutrition Criteria X-V-4.

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 higher priority individuals.

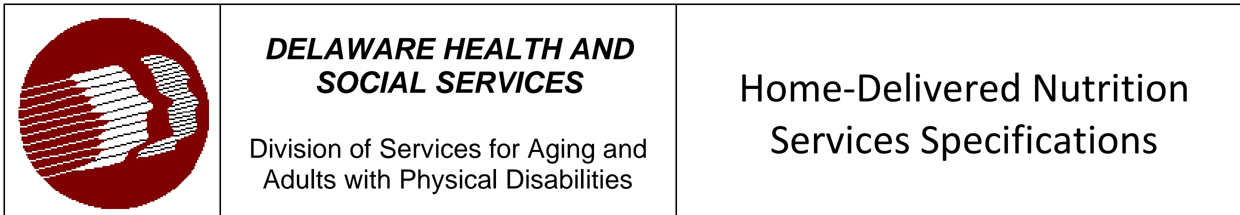
6.3 Meals may be made available to individuals with disabilities under age 60 who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided. (This provision is only applicable to public housing facilities in which nutrition sites are located. The 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. To receive services under this provision, individuals must provide proof of Social Security Disability Insurance coverage). (See DSAAPD Policy Manual for Contracts – Nutrition, Section X-V-2.)

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 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.

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.

7.1.1 All site staff and volunteers must be fully trained, qualified and background checked per provider's company policy to assure the safety of all program participants.

7.2 All meal sites must be approved by the appropriate Public Health and Fire officials. State and local fire, health, sanitation, and safety regulations must be adhered to by the Nutrition program providers. Meal site programs must maintain current files of the appropriate certifications and/or visitation reports for each site under their management.

7.3 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.

7.4 Home-delivered meals must be made available at least five (5) days per week according to participant needs.

7.5 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/

7.6 Appropriate officials must be notified when conditions or circumstances place a service recipient or household member in imminent danger.

7.7 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

7.8 Outreach must be conducted as necessary to reach the target population (See 6.5).

7.9 Efforts must be made to recruit volunteers to assist in service delivery.

7.10 Federal funds must not be used to supplant existing resources, including funds from nonfederal sources and volunteer support.

7.11 Providers must document the cost of food items per menu item and per meal, including the cost of USDA commodities utilized.

7.12 Providers must develop and implement a policy manual containing at minimum the following information:

7.12.1 Fiscal Management

7.12.2 Food Service Management

7.12.3 Safety and Sanitation

7.12.4 Staff Responsibilities

7.13 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.

7.14 Providers must maintain service records, including names of participants and date(s) of service and report Homebound Service Units (Attachment G) monthly to DSAAPD for monitoring and tracking purposes.

7.15 Providers must conduct Nutrition Screening annually for all participants using the DETERMINE Nutrition Screening Tool (See Attachment E). http://nutritionandaging.org/wp-content/uploads/2017/01/DetermineNutritionChecklist.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.

7.16 The provider's dietitian must approve the 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 Attachment A). The approved menus and analysis signed by the project dietitian must be submitted to DSAAPD for approval two weeks prior to consumption.

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.

7.19 Changes to the 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 dietary needs arising from religious requirements or ethnic backgrounds of eligible individuals.

7.28 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 to comply with the most recent Delaware State Food Code guidelines. http://dhss.delaware.gov/dhss/dph/hsp/files/ofpcode14toc.pdf

7.31 Foods prepared or canned in the home or in an uninspected facility may not be used for meals. Only commercially prepared canned foods may be used.

7.32 Food service staff must be trained in and adhere to the most recent State of Delaware Food Code. http://dhss.delaware.gov/dhss/dph/hsp/files/ofpcode14toc.pdf

7.33 Delivery time for foods must not exceed four (4) hours.

7.34 At least once a month, each nutrition site providing Home Delivered Nutrition meals will monitor food temperatures. An additional meal will be plated, packed and transported to the last home on a delivery route. The (received) temperatures for this meal should be recorded by the provider and documented. Temperature of <u>cold food</u> must be <u>equal to or less than 41° Fahrenheit</u>. Temperatures of <u>hot food</u> must be <u>greater than or equal to 140° Fahrenheit</u>.

7.35 If the provider coordinates with another organization to perform nutrition counseling, a written agreement between the provider and the outside organization must be developed.

7.36 Information and activities must be provided to homebound persons that will promote improved nutrition and health.

7.37 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 Home Delivered Nutrition Criteria X-V-4).

7.38 A nutrition provider shall require, that all vendors immediately alert the provider in the event of a product recall, which may impact the food served by their program.

Upon receiving notification of a food recall, the nutrition provider will immediately notify DSAAPD staff.

7.39.1 The nutrition provider will make reasonable effort to avoid any food product contamination by following the most recent Delaware Food Code and other safe food handling and delivery practices. In the event of a suspected problem, the nutrition provider will report and cooperate fully with DSAAPD and the state health department.

Service Standards – Title III Funding ONLY

7.39 Providers must collect and compile the information required by the Older Americans Act Performance System (OAPPS) (Attachment F) and transmit the information to DSAAPD on an annual basis for the Congregate Nutrition service, the Nutrition Intervention (Nutrition Counseling) service and Home Delivered service using the DSAAPD provided OAPPS Reporting Template (CF-049).

Prohibited Activities

7.40 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:

7.41.1 Providing meals to ineligible persons.

7.41.2 Providing financial, legal, or other similar service or advice (except for referral to qualified agencies or programs).

7.41.3 Denying services to eligible persons because of his/her inability or failure to contribute to the cost of meals.

Staffing Requirements

7.41 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.
In the event that there is a staffing change of the Program Director or the Registered and Delaware Licensed Dietician, those changes must be communicated immediately via email to the Hospital Administrator for Nutrition and Health Promotion.

7.42 Each provider must have on-staff or have access to the services of a Registered and Delaware Licensed Dietitian.
http://www.cdrnet.org/about

7.43 If the agency is directly responsible for producing meals, a full-time person must oversee 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).

9.0 INVOICING REQUIREMENTS

9.1 The provider will invoice DSAAPD utilizing Invoicing Workbook IW Home Delivered Nutrition-SSBG for SSBG funded program participants, and Invoicing Workbook IW-Home Delivered Nutrition-Title III-C-2 for Title III funded program participants, pursuant to the DSAAPD Policy Manual for Contracts, Policy Number X-Q, and Invoicing.

9.2 For the annual Invoice Review, the provider must provide the following information with the submitted invoice. All information must be provided in an email to DSAAPD using Adobe or Microsoft office-based software. All supporting documentation must be sent via secure email.

Service Units

9.2.1 Service Units – The Provider must supply supporting documentation for the service units charged for the selected month of the Invoice Review. These records must indicate:

9.2.1.1 Participants served

9.2.1.2 Service Units provided including the dates of service.

Program Income

9.2.2 Program Income – The provider must supply supporting documentation for all Program Income collected for the invoice period in question. This supporting documentation must be provided in at least one of the following forms:

9.2.2.1 Copies of participant checks, or other proof of payment (with all bank account information redacted).

9.2.2.2 Copy of financial statement (proving the deposit of the program income total for the invoice period in question).

9.2.2.3 Copy of provider financial software (if applicable) printout showing the transaction of the program income total in question.

10.0 PROGRAM INCOME

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 Program Income must be accounted for in full and reported on the assigned DSAAPD Invoicing Workbook.

10.4 Providers must have procedures in place to:

10.4.1 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.

10.4.2 Protect their privacy with respect to the contribution.

10.4.3 Safeguard and account for all contributions.

10.4.4 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 2020-2025Dietary Guidelines:

Calories	>= 600
Protein	>= 19 grams
Calcium	>= 400 milligrams
Fiber	>= 9 grams
Fat	<= 20-35% of total calories
Sodium	<= 767 milligrams
Potassium	>= 1133 milligrams
Vitamin B12	>= 0.8 micrograms
Vitamin D	>= 5 micrograms
Saturated Fat	<10% of total calories
Varied Protein	Encouraged use of seafood and plant-based protein alternatives

* Seafood choices higher in EPA and DHA and low in methylmercury are encouraged. These include salmon, anchovy, sardines, pacific oysters and trout. Other commonly consumed seafood lower in methylmercury include tilapia, shrimp, catfish, crab and flounder.

**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, if 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. Locally grown produce is encouraged from GAP certified providers. https://www.ams.usda.gov/services/auditing/gap-ghp

   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 ≥ 3.0 oz. requirement.

Attachment C

MENU FORMAT AND NUTRIENT GUIDELINES FOR MEAL UNITS – if unable to provide computerized nutritional analysis to verify compliance to the Dietary Guidelines/Dietary Reference Intakes, meals must adhere to the format below: (STANDARDS APPLY FOR ALL MEALS)

Menu Format

1. Protein Foods: ≥ 3-ounce equivalents must be included in each meal.
    - All seafood, meats, poultry, eggs, soy products, nuts or seeds are considered protein foods.
    - Meats and poultry should be lean or low-fat and nuts should be unsalted.
    - Protein sources may be combined to meet the 3-ounce requirement.
    - Legumes (beans and peas) may be considered part of this group OR the vegetable group, but not both groups simultaneously.
    - The use of low-sodium products is also encouraged, in order to control the total sodium content of the meal.
    - Seafood choices higher in EPA and DHA and low in methylmercury are encouraged. These include salmon, anchovy, sardines, pacific oysters and trout. Other commonly consumed seafood lower in methylmercury include tilapia, shrimp, catfish, crab and flounder

2. Whole Grain Rich Products (WGR): a minimum of one (1) serving must be included in each 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.
    - Whole grain products are encouraged and include whole grains used as ingredients, such as whole wheat bread, whole-grain cereals and crackers, quinoa, brown rice.
    - Whole Grain Rich (WGR) is designated by the USDA Food and Nutrition Program to include whole grain components in a product are at least 50% whole grain, while the remaining grains are enriched grains.

3. Dairy or Non-Dairy Substitute: a minimum of one (1) serving must be included in the meal.
    - One (1) serving is 8 fluid ounces milk, including lactose-free and lactose-reduced products and fortified soy beverages, yogurt, 1 ½ oz. natural cheese, 2 oz. processed cheese, 1 ¼ cups cottage cheese.
    - Cream, sour cream and cream cheese are not included due to their low calcium content.
    - Non-dairy beverages or calcium fortified orange juice 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.
    - One (1) serving is defined as ≥ 1/2 cup of fruit or cooked vegetable, ≥ 1/2 cup of 100% fruit or vegetable juice or 1 cup leafy greens.
    - The minimum serving amount for dried fruit or vegetable is ¼ cup.
    - All fresh, frozen, canned, and dried fruits.
    - A variety of vegetables from all sub-groups is strongly recommended (dark green, red & orange, legumes, starchy, other).
    - Locally grown produce is encouraged from GAP certified providers.

5. Oils: no more than two (2) tablespoons of added oils may be incorporated into cooking or included in the meal.
    - If providing condiments or dressings, the use of unsaturated products is encouraged.

Attachment D D E T E R M I N E Y O U R N U T R I T I O N A L H E A L T H

Participant Name: ____________________ Date: __________ Declined to Answer: ☐

<u>The top section is required!</u> - All applications for over 60 participants <u>must</u> 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	☐
I eat fewer than 2 meals per day.	3	0	☐
I eat few fruits or vegetables or milk products.	2	0	☐
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0	☐
I have tooth or mouth problems that make it hard for me to eat.	2	0	☐
I don't always have enough money to buy the food I need.	4	0	☐
I eat alone most of the time.	1	0	☐
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0	☐
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0	☐
I am not always physically able to shop, cook and/or feed myself.	2	0	☐
Total Score			☐

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:

	I	A	D
1. Bathing	☐	☐	☐
2. Dressing	☐	☐	☐
3. Transferring/Walking	☐	☐	☐
4. Toileting	☐	☐	☐
5. Eating	☐	☐	☐

Instrumental Activities of Daily Living (IADL)
Do you have any difficulties with:

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

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 E

Home-Delivered Nutrition/Nutrition Intervention OAAPS Collection

Per 7.39 of the Service Standards, Home Delivered Nutrition providers will supply the OAAPS Reporting Template (FORM CF-049) for both Home Delivered Nutrition and Nutrition Intervention service (thus 2 separate reports must be generated for the Home Delivered Nutrition service contract).

Client First	Client Last	DOB	Gender (M/F/Other/Unk)	Household Status (A/WO/LTC/Unk)	Rural (Y/N/Unk)	Poverty Status (P/BP/AP/Unk)	Minority Status (Y/N)	Hispanic (Y/N)	Race (see chart)	ADL Count (1,2,3+,Unk)	IADL Count (1,2,3+,Unk)

NOTE – ALL FIELDS MUST BE COMPLETED, NO MISSING FIELDS ARE ACCEPTABLE.

Client First = Program participant's first name
Client Last = Program participant's last name
DOB = Date of birth
Gender = Program participant's gender - must choose **M** (male), **F** (female),**O** (other) or **UNK** (unknown)
Household Status = A household includes the related family members and all the unrelated people, if any, who share the housing unit - must choose **A** (lives alone), **WO** (with others), **LTC** (resides in long term care facility), **UNK** (unknown)
Rural When determining RURAL status, please refer to this link for guidance: https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes
- must choose **Y** (yes), **N** (no) or **UNK** (unknown)
Poverty Status = whether the program participant is at, above or below poverty - - must choose **P** (at poverty), **BP** (below poverty), **AP** (above poverty) or **UNK** (unknown)

NOTE - Poverty Guidelines can be accessed at the following link: http://www.dhss.delaware.gov/dhss/dss/fpl.html

Minority Status = minority status is defined as Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaskan Native - must choose **Y** (yes) or **N** (no)
Hispanic = whether the program participant is of Hispanic decent, choose **Y**(yes) or **N**(no)

Race = enter the appropriate race using the guide below

American Indian or Alaskan Native
Asian or Asian American
Black or African American
Native Hawaiian or Pacific Islander

White
Unknown

Attachment E (cont'd)

<u>Home Delivered Nutrition/Nutrition Intervention OAAPSCollection</u> (cont'd)

<u>ADL Count</u> = Total number of Activities of Daily Living required assistance. (If a client receives 3 or more, indicate with a "3+").
<u>IADL Count</u> = Total number of Instrumental Activities of Daily Living required assistance. (If a client receives 3 or more, indicate with a "3+").

Example below

ADL		IADL	
eating	0	preparing meals	1
dressing	0	shopping for personal items	1
bathing	1	medication management	1
toileting	1	money management	0
transferring	0	using telephone	0
walking	0	doing light housework	0
Total	**2**	doing heavy housework	0
		transportation ability	1
		Total	**4**

Independent = 0

Assisted or dependent = 1

This example would be counted as 3+

Attachment F

Month/Year: ________________

Homebound Service Units	Total
A. Enter the total number of unduplicated participants served.	
B. Enter the total number of meals served to eligible persons.	
C. Enter the number of medical food meals (2 cans = 1 meal).	
D. Enter the number of therapeutic/modified meals.	
E. Enter total number of nutrition screenings obtained.	
1. Enter the total number of unduplicated nutrition screenings	
2. Enter the total number of high nutrition risk unduplicated screenings obtained (score =/> 6).	
3. Enter percentage of unduplicated high-risk nutrition screenings obtained (E2/E1).	
F. Enter the number of nutrition articles or newsletters that contain nutrition education written for homebound participants	
1. Enter estimated audience size	
G. Enter the number of total **individual** nutrition counseling sessions completed for homebound participants.	
1. Number of these at high nutritional risk.	
2. Total Time Units (15 min = 1 unit).	
H. Number of training sessions offered to staff/ volunteers.	
I. Number of outreach workers contacts.	
1. Number of assessments to determine eligibility for homebound meals.	
2. Number of eligible participants for homebound meals.	
3. Number of re-assessments to determine eligibility for homebound meals.	
4. Number of eligible participants reassessed to need homebound meals.	

Definitions to Home Delivered Nutrition Report – (Attachment F)

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 participants 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 participants.
    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 accounted for. Please document the number of printed materials disseminated per month.
    a. Audience Size
        i. Audience size is to be determined by number of printed materials sent out per article or newsletter
            1. Example:
                a. Monthly nutrition newsletter sent to 150 home delivered participants, Audience Size = 150
                b. Supplemental mailing to 45 home delivered participants regarding diabetes education, Audience Size = 45
        ii.
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.

Attachment G

Division of Services for Aging and Adults with Physical Disabilities
Home Delivered Meals Criteria Guide

Client Name: Initial Date of Assessment:

Home Delivered Meals Criteria Guide				Date	Date	Date	Date	Date	Date	Date	Date
I. ADL's (Activities of Daily Living)	**I**	**A**	**D**								
a. bathing	0	3	5								
b. walking	0	3	5								
c. dressing	0	3	5								
d. toileting (bowl/bladder control)	0	3	5								
e. transferring	0	3	5								
f. eating	0	3	5								
II. IADL's (Independent Activities of Daily Living)	**I**	**A**	**D**								
a. use telephone	0	3	5								
b. shopping	0	3	5								
c. meal prep	0	3	5								
d. housekeeping	0	3	5								
e. travel/transportation	0	3	5								
f. following medication directions	0	3	5								
g. managing own finances	0	3	5								
ADL/IADL SUM											
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										
IV. Cognitive Impairment (0=never 1=sometimes3=often)											
a. Do you forget to eat?											
b. Do you ever begin cooking and then forget you started?											
c. Is preparing food confusing or mentally challenging?											
V. Diagnosed Mental Disorder (bipolar, schizophrenia, anxiety d/o, etc.) Please score if ***actively*** problematic and interferes with the ability to shop, prepare or eat meals. 0=not a problem 3=sometimes a problem 5=often a problem											
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											
VII. Annual Income											
a. at or below current poverty level	3										
b. above the current poverty level	0										
VIII. Prior Acute Care Hospitalization											
a. Within past 0-4 weeks	5										
b. Within past 1-3 months	3										
c. Within past year	1										
IX. Age											
a. 91+	5										
b. 76-90	3										

		Date	Date	Date	Date	Date	Date	Date	Date
X. Health									
Please score if *actively* problematic *and interferes* with the ability to shop, prepare or eat meals. 0=not severe 3=moderately severe 5=severe									
a. diabetes (brittle & uncontrolled)	0 3 5								
b. hypo or hypertension/heart disease (CHF, cardiomyopathy, etc.)	0 3 5								
c. cancer	0 3 5								
d. stroke	0 3 5								
e. COPD	0 3 5								
f. renal failure/dialysis	0 3 5								
g. neurological (tremors/palsy/seizure disorder)	0 3 5								
h. physically debilitating condition (please specify):	0 3 5								
i. level of visual impairment	0 3 5								
XI. Fall Risk. Scoring: 0=no risk 3=moderate risk 5=high risk	0 3 5								
XII. <60 Recognized Spouse	NO YES								
XIII. <60 SSI Living in Home	NO YES								
XIV. Eligible Spouse >60	NO YES								
<40 refer to Congregate >= 40 refer for HDM	**TOTAL SCORE**								
	Recommended for HDM (y=yes, n=no)								
	Initials:								

1. Do you believe client would benefit from socialization at senior center? Comments:	NO YES	**XIV. Outreach Worker Additional Thoughts/Comments:**
2. Does client need transportation?	NO YES	
3. Do you believe HDM are needed? why/why not:	NO YES	

XX. Food Insecurity Screen: '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':

1. 'We worried whether our food would run out before we got money to buy more.' ***OFTEN SOMETIMES NEVER***

2. 'The food that we bought just didn't last, and we didn't have money to get more.' ***OFTEN SOMETIMES NEVER***

If 'often or sometimes' is selected for either question, client would benefit from referral to: SNAP, food banks or pantries, or other community-based food assistance resources.