# Home Delivered Nutrition

The home delivered nutrition services program provides nutritious meals and other nutrition services to older persons who are homebound by reason of illness, incapacitating disability, or otherwise isolated. Services are intended to maintain or improve the health status of these individuals, support their independence, prevent premature institutionalization and allow earlier discharge from hospitals, nursing homes, or other residential care facilities. Each meal served contains at least one third of the current recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council.

#### Ask the Expert

If you have questions or need clarification about the content in this chapter, please contact:

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## Procedures

### Target Population

A. The target population for the home-delivered nutrition services program is persons who:

1. Are age 60 and over , and

2. Are unable to prepare meals for themselves because of:

a. Limited physical mobility; or

b. Psychological or mental impairment; or

c. Lack of knowledge or skills to select and prepare nourishing and well balanced meals; and

d. Are homebound.

3. All persons served must be members of the target population, or spouse.

### Eligibility

1. SCSA Eligibility requirements: Age 60 or over.

2. OAA Eligibility requirements: Age 60 or over OR spouse of person age 60 or over.

### Vulnerability Criteria

To the degree feasible, persons served should meet the following vulnerability criteria:

A. Is unable to perform one or more of the activities of daily listed below without assistance due to physical, cognitive, emotional, psychological or social impairment:

a. Ambulation

b. Bathing

c. Cooking

d. Dressing or undressing

e. Eating

f. Housework

g. Laundry

h. Manage medical treatments (prescribed exercises, change of dressings, injections, etc.)

i. Manage medications (what to take, when to take, how to store properly, etc.)

j. Manage money (budgeting, check writing, etc.)

k. Personal hygiene and grooming

l. Shopping

m. Telephoning

n. Toileting

o. Transfer (getting in and out of bed/wheelchair)

p. Transportation

OR

B. Has behavioral or mental health problems that could result in premature institutionalization, or is unable to perform the activities of daily living listed in #1, or is unable to provide for his/her own health and safety primarily due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the ability to remain independent.

AND

C. Lacks an informal support system. Has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed or the informal support system needs to be temporarily or permanently supplemented.

## Service Provision

1. Nutrition education is a service by which individuals gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food choices.
2. Nutrition outreach is a services designed to seek out and identify, on an ongoing basis, the maximum number of the hard-to-reach, isolated, and vulnerable target group eligible individuals throughout the program area.
3. Each home-delivered nutrition program service provider must provide each older person with the opportunity to make a voluntary and confidential donation to the cost of the meal.
4. In no way may a program operated by specific groups, such as churches, social organizations, senior centers or senior housing developments, restrict participation in the program to their own membership or otherwise show discriminating preference for such membership.
5. Subject to participant consent, all participants will be referred to the I&A component of the I&A/CM program for screening to determine the need for case management. Consult with the local area agency on aging for additional referral information.
6. Each day’s menu must meet one-third of the current Recommended Dietary Allowances.
7. Each service provider must provide for home-delivered meals at least once a day, five or more days a week. Meals may be hot, cold, frozen, dried, canned or supplemental foods with a satisfactory storage life. Service providers should consider, where feasible and appropriate, serving two or more meals per day, seven days a week, and providing meals on holidays.
8. The service provider should document or have immediate access to the following information about each participant by the delivery of the first meal.

1. Name, home address, and phone number of participant.

2. Name and phone number of participant's physician and/or person to contact in case of an emergency.

3. Special diet requirements, restrictions, or nutritional problems and concerns expressed by the participant.

4. Any physical disabilities, handicaps, or other problems which may influence the type and schedule of food service delivery or meals offered to the participant.

**NOTE:** Home Delivered Meals may also be provided through the COPES Program. See Personal Care Services in Chapter 7 of the Long-Term Care Manual for more information.

## Resources

### Related WACs and RCWs

WAC 388-17-100(F) Nutrition Services are not Means Tested

OAA Title III Sec. 336-339 Hot Meals to be Provided in by Home Delivery at Least Five Days Per Week.

## Revision History

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| **Date** | **Made By** | **Change(s)** | **MB #** |
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