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# Home Delivered Meals

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Policy and  
Procedures

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Custer County Council on  
Aging

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### I. Home Delivered Meals

The Home Delivered Meal Program, also known as “Meals on Wheels” is a program designed to meet the nutritional needs of homebound seniors who are not able to meet those needs on their own. The program is funded in part through the Older American’s Act, Section IIIC. IIIC programs are not entitlement programs, meaning there is a limited amount of funds to provide the service.

It is the responsibility of the Custer County Council on Aging (CCCOA) to ensure the available funds are used to serve those who are most medically and economically dependent on the program for their health and well-being. It is with this in mind that the CCCOA has developed the following policy to create the largest impact possible with the available resources. This policy is meant to ensure that all program applicants and recipients are treated fairly and equally when determining need and eligibility.

### II. Eligibility

In order to receive Home Delivered meals through the CCCOA all recipients must be homebound or have recently been discharged from the hospital and the meals are needed to help recoup their strength and reduce their risk of being readmitted. Individuals who have recently been discharged are eligible for the program for up to two weeks regardless of their homebound status.

All other applicants or those wishing to extend the service beyond two weeks MUST meet the homebound qualification. Individuals are considered homebound if:

1. They need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home or if their doctor believes their health or illness could get worse if they leave their home.
2. **AND**, it is difficult for them to leave their home and they typically cannot do so.

Recipients can still be considered homebound when leaving their homes for medical treatment, religious services, and/or to attend a licensed or accredited adult day care center. A recipient's homebound status will also **not** be put at risk when leaving home for short periods of time or for special non-medical events such as a family reunion, funeral, graduation or occasional trips to the barber or beauty parlor.

In addition to the homebound requirement, recipients **must** also meet one or more of the following:

1. They are unable to cook for themselves and no willing adult is available to help
2. ~~They have special dietary needs that cannot be met without Home Delivered meals~~
3. They are physically or emotionally unable to participate in the Congregate Meals Program\*  
*\*Please note that an individual cannot receive both Home Delivered Meals and Congregate Meals in the same month*

### III. Referral Process

If an individual is interested in receiving Home Delivered meals, they should obtain the necessary forms from CCCOA or talk to their physician or hospital social worker. The referral process is outlined below:

1. Have their physician or hospital social worker complete a referral form.
2. Have their physician sign the Homebound Certification form (not needed for temporary hospital discharge meals)
3. After receiving the completed forms, CCCOA will call the individual to do the home assessment.
4. A determination will be made as to whether or not the individual qualifies for the program.
5. The individual will be placed on a route if there are slots available or prioritized and placed on the waiting list.

### IV. Waiting List/Priority Designation

The maximum number of recipients able to participate in the program is determined by the amount of IIC funds and County funds available. For Fiscal Year 2023 (July 1, 2022 through June 30, 2023) CCCOA is able to serve up to 60 permanent participants per day, along with the temporary hospital discharges. In the event that the number of qualifying individuals exceeds program capacity, the CCCOA will place individuals on a waiting list prioritized by points generated from the following criteria:

1. Medical Need (this information will be taken directly from the physician's referral)
  - 1 pt: Patient is currently maintaining an acceptable level of nutrition
  - 2 pts: Patient is at risk of not receiving proper nutrition
  - 3 pts: Patient has no other way of meeting nutritional needs
2. Economic Need

- 1 pt: Monthly income is above \$1,988/month
  - 2 pts: Monthly income is between \$973 and \$1,988/month
  - 3 pts: Monthly income is below \$973/month
3. Difficulty Level of Cooking
- 1 pt: Not motivated to cook
  - 2 pts: Does not know how to cook
  - 3 pts: Physically unable to cook
4. Living Arrangement
- 1 pt: Lives with spouse or capable adult
  - 2 pts: Lives with non-relative caregiver
  - 3 pts: Lives Alone

If more than one individual qualifies with the same number of points, priority will be given to the individual with the greatest economic need. If both individuals have equal economic need, priority will be given to the individual who has been on the waiting list the longest.

## **V. Recertification Process**

All program participants will need to recertify every March and September. During this time, individuals may be removed from the program if those on the waiting list are prioritized at a higher level. If an individual is removed from the program, they may be placed back on the waiting list provided they still qualify for the service.

The recertification will consist of an additional home assessment conducted via telephone by CCCOA staff. An updated physician's referral and/or homebound certification may be requested; participants will have 30 days to get the information if it is needed.

## **VI. Non-qualifying Individuals**

In the event that an individual does not qualify for Home Delivered Meals, the CCCOA will provide the individual with the reason why as well as a list of up-to-date resources and/or reasonable solutions. Applicants will be encouraged to reapply should their situation change.

## Attachment A: Referral Form

CLIENT INFORMATION			
Name:	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: <input type="text"/>
Street Address:	<input type="text"/>		City: <input type="text"/>
Home Phone:	Cell Phone: <input type="text"/>		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
ELIGIBILITY INFORMATION			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Client is homebound (Certification form required)		
If yes, please check one of the following eligibility factors			
<input type="checkbox"/>	Client is physically or emotionally unable to participate in the Congregate Meals Program		
<input type="checkbox"/>	Client is unable to cook for themselves and no willing adult is available to help		
<input type="checkbox"/>	Client has special dietary needs that cannot be met without Home Delivered Meals		
PRIORITY PLACEMENT			
Please choose ONE of the following to help determine placement on waiting list (if needed):			
<input type="checkbox"/>	Client is currently maintaining an acceptable level of nutrition		
<input type="checkbox"/>	Client is at risk of not receiving proper nutrition		
<input type="checkbox"/>	Client has no other way of meeting nutritional needs		
MEAL REQUIREMENTS			
Referring Physician: <input type="text"/>			
Estimated Length of Service: <input type="text"/>			
Diet Needed: <input type="checkbox"/> Regular <input type="checkbox"/> 1800 ADA <input type="checkbox"/> 2000 ADA <input type="checkbox"/> Low Salt <input type="checkbox"/> Other <input type="text"/>			
Known Allergies: <input type="text"/> Wheat Bread: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Milk Requirement: <input type="checkbox"/> 2% <input type="checkbox"/> Skim <input type="checkbox"/> Whole <input type="checkbox"/> None			
ADDITIONAL INFORMATION			
Referrals are typically not processed until an in-home assessment has been completed. If client needs Home Delivered Meals before the assessment can be done, please explain below. (Example: discharge from hospital)			
<input type="text"/>			
For COA Office Use Only:			
Referral Received: <input type="text"/>		Received By: <input type="text"/>	
In-Home Assessment Completion Date: <input type="text"/>			
Referral Approved: <input type="text"/>		Service Start Date: <input type="text"/>	Recert Date: <input type="text"/>
Discontinue Date: <input type="text"/>		Reason: <input type="text"/>	

## Attachment B: Homebound Certification Form

The Home Delivered Meal Program considers an individual to be “homebound” or “confined to the home” if the following two criteria are met: (Please check those that apply)

1. **ONE** of the following must be true:
  - Because of illness or injury, the individual needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; or the assistance of another person to leave their place of residence
  - Have a condition such that leaving his or her home is medically contraindicated
2. **BOTH** of the following must be true:
  - There must exist a normal inability to leave the home
  - Leaving home must require a considerable and taxing effort

The client may still be considered homebound if absences from the home are:

- Infrequent
- For periods of relatively short duration
- For the need to receive health care treatment
- For religious services
- For other unique or infrequent events (examples include: funeral, graduation, barber or beauty shop)

**Physician Certification:** I certify that \_\_\_\_\_ does meet the definition of Homebound as it applies to the Home Delivered Meals Program.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Attachment C: Home Assessment Form

Name:						
Address:						
City:						
Phone:						
DOB:						
Assessment Completed by:						
Assessment Date:						
<b>Category</b>						<b>Points</b>
Medical (from referral form)						
Economic (Monthly Income)						
1- Above \$1988						
2- Between \$973 and \$1988						
3-Below \$973						
Difficulty Level of Cooking						
1-Not motivated to cook						
2- Does not know how to cook						
3- Physically unable to cook						
Living Arrangement						
1- Lives with spouse or capable adult						
2- Lives with non-relative caregiver						
3- Lives Alone						
<b>Total Points</b>						

## Attachment D: Recertification Form

CLIENT NAME:												
ADDRESS:												
CITY:												
PHONE:												
DOB:												
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Client is homebound?										
<input type="checkbox"/> YES	<input type="checkbox"/> NO	New homebound certification required?										
		Reason?										
Eligibility Factors:												
	<input type="checkbox"/>	Unable to attend Congregate										
	<input type="checkbox"/>	Unable to cook										
	<input type="checkbox"/>	Special dietary needs										
<b>Category</b>											<b>Points</b>	
Medical												
1- Currently maintaining nutrition												
2- At risk of not receiving proper nutrition												
3- No other way of meeting nutritional needs												
Economic (Monthly Income)												
1- Above \$1988												
2- Between \$973 and \$1988												
3-Below \$973												
Difficulty Level of Cooking												
1-Not motivated to cook												
2- Does not know how to cook												
3- Physically unable to cook												
Living Arrangement												
1- Lives with spouse or capable adult												
2- Lives with non-relative caregiver												
3- Lives Alone												
											<b>Total Points</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	CLIENT STILL ELIGIBLE?										
<input type="checkbox"/> YES	<input type="checkbox"/> NO	CLIENT ON ACTIVE LIST?										
NOTES:												
RECERTIFICATION COMPLETED BY:												
RECERTIFICATION DATE:												



## **Attachment E: Meal Options for Non-Qualifiers**

Restaurants Offering Delivery or Fresh Meals

(Updated 11/2023)

- Reynolds Market - delivers groceries
- Door Dash - will pick up food from different restaurants and Albertson's