
Home Delivered Meals

Policy and Procedures

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I. Home Delivered Meals

The Home Delivered Meal Program is a program designed to meet the nutritional needs of homebound seniors (60+) 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 Roosevelt County Council on Aging (RCCOA) to ensure the available funds are used to serve those who are most medically and economically dependent on the program for their health and wellbeing. It is with this in mind that the RCCOA 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

To receive Home Delivered meals through the RCCOA, all recipients must be homebound or have recently been discharged from the hospital, and the meals are needed to help them recoup their strength and reduce their risk of being readmitted. If there are available slots, individuals who have recently been discharged may be 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. It is difficult for them to leave their home, and they need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home.
2. Their doctor believes their health or illness could get worse if they leave their home.

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 unable to participate in the Congregate Meal Program without assistance in getting to the meal. *
4. They live within the cities of Culbertson, Poplar, or Wolf Point

*Participants cannot receive both a home delivered meal and a congregate meal on the same day. *

III. Referral Process

If an individual is interested in receiving Home Delivered meals, they should obtain the necessary forms from Roosevelt County Aging Department, or 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, Roosevelt County Aging Department will call the individual to do the home assessment
4. A determination will be made as to whether the individual qualifies for the program
5. If the individual qualifies, they will either be approved (if there are slots available) or prioritized and placed on the waiting list
6. Roosevelt County Aging Department will contact the individual and let them know the determination. If they do qualify and a slot is open, Roosevelt County Aging will also contact the home delivered meal provider to begin delivery of the meals.

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. If the number of qualifying individuals exceeds program capacity, the Roosevelt County Aging Department 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 \$1,699/month
 - 2 pts: Monthly income is between \$1,134 and \$1,699/month
 - 3 pts: Monthly income is below \$1,134/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 Roosevelt County Aging Department. 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

If an individual does not qualify for Home Delivered Meals, the Roosevelt County Aging Department will provide the individual with the reason why. Applicants will be encouraged to reapply should their situation change.

VII. Client Contributions

Once a month, a request for a contribution is sent out to each client. The amount of the request is based on the current year's suggested donation times the number of meals received for that month. Any amount of contribution is appreciated and is used to offset the amount of County funding that is needed. However, a client will not be denied services if they cannot afford to contribute.

Attachment A: Referral Form

CLIENT INFORMATION

Name: M F DOB: _____

Street Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Marital Status: Single Married Divorced Widowed

ELIGIBILITY INFORMATION

Yes No Client is homebound (Certification form required)

If yes, please check one of the following eligibility factors

Client is physically unable to participate in the Congregate Meals Program.

Client is unable to cook for themselves and no willing adult is available to help.

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):

Client is currently maintaining an acceptable level of nutrition.

Client is at risk of not receiving proper nutritional needs.

Client has no other way of meeting nutritional needs.

MEAL REQUIREMENTS

Referring Physician: _____

Estimated Length of Service: _____

Diet Needed: Regular Low Salt Other

Known Allergies: _____

Milk Requirements: 2% Skim Whole 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).

For COA Office Use Only:

Referral Received: _____ Received By: _____

In-Home Assessment Completion Date: _____

Referral Approved: _____ Service Start Date: _____ Recert Date: _____

Discontinue Date: _____ Reason: _____

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; the use of special transportation; 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: _____

ROOSEVELT COUNTY AGING WILL CALL CLIENT AND WILL COMPLETE FORM OVER THE PHONE.

Attachment C: Home Assessment Form							
Client Name:							
Address:							
City:							
Phone:							
DOB:							
Category							Points
Medical (from referral form)							
Economic (Monthly Income)							
1- Above \$1699							
2- Between \$1134 and \$1699							
3-Below \$1134							
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							
Total Points							
Home Assesment Completed By:							
Recertification Date:							

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 Meals
<input type="checkbox"/>	Unable to cook
<input type="checkbox"/>	Special dietary needs
Category	Points
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 \$1699	
2- Between \$1134 and \$1699	
3- \$1133 and below	
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	
Total Points	
<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:	

