



# **“Navigating Demand: Prioritizing Home-Delivered Meal Participants Effectively”**

**USAgging Conference 2025- Workshop 45**

Greater Wisconsin Agency on Aging Resources



6-27-25

# The Why:



## Problem Statement:

- Older adults face critical challenges such as malnutrition, limited access to resources, and reduced independence.
- Increasing demand for personalized services to address diverse dietary and lifestyle needs.
- Insufficient funding and capacity to provide hot meals five or more days per week.
- Aging population living longer, often with greater frailty, in community settings.

# Why Use this Process?



If you have a **waitlist**. **Standardized and objective** way to prioritize people.



If you **want to avoid implementing a waitlist** by adopting a meal prioritization process.



If you want to embrace and **operationalize person-centered concepts** more fully.

# Purpose...

*"We aim to ensure individuals receive meals and services tailored to their unique needs, while effectively managing available resources and capacity."*



Image purchased from Meals on Wheels America





# See Me, Hear Me...

- Meet people where they are.
- Need to Feel Heard & Respected
- Want to be Part of the Process
- Offer Choices
- Connect to other programs and services to increase independence & quality of life.
- Empowered & Taught to Fish as best they can.
- Visit the National Center on Advancing Person-Centered Practices & Systems (NCAPPS)  
<https://ncapps.acl.gov> to learn more!



**High Need**  
**(Intensive Interventions)**  
*In-Home & High Need  
Supports*

Frail, lives alone, no supports,  
unable to prepare meals or  
leave home.



**Moderate Need**  
**(Access & Assistance)**  
*Support & Stabilization*

Can leave home with  
assistance. Can shop &  
prepare simple meals.



**Low Need**  
**(Information &  
Connections)**  
*Teach them to Fish*

Can cook, has access to or can  
utilize transportation, and  
has supports.

**What Need Level do you think a majority of your folks would  
fall under?**





# Our Journey

Image by Mariya Muschard from Pixabay





## Goals:

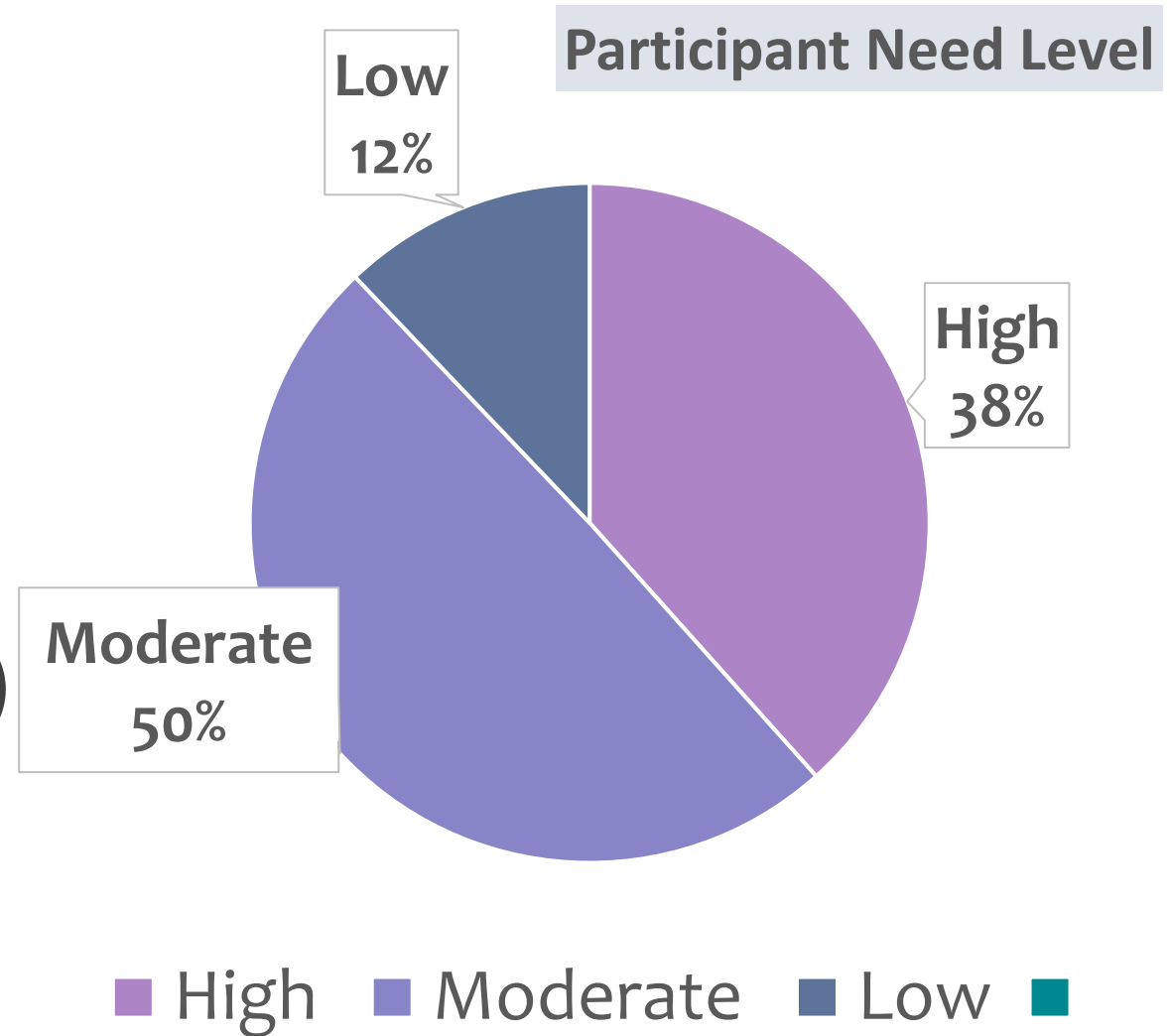
1. **Ensure equitable access** prioritizing those with the greatest nutrition, economic and social need.
2. **Align with the objectives of the OAA.**
3. **Enhance program efficiency**, build strategic **partnerships**, and **advocate** for sustainable funding.
4. **Empower older adults** through **person-centered**, flexible service options.

Image by kalhh from Pixabay



# Phase 2 Pilot Summary (7-1-24 to 1-16-25)

- **Total assessed: 702**
  - 45% Initial Assessments
  - 55% Reassessments
- **Need Categories:**
  - High Need: 38% (266)
  - Moderate Need: 50% (345)
  - Low Need: 12% (91)



# Additional Services Provided (Phase 2 Data)



**Nutrition Services (28%):** weekend meals, frozen meals, second daily meals, food boxes, Grab-n-Go



**Support Services (40%):** transportation, education, socialization, FoodShare, referrals



**Opportunity: (60%)** were not offered additional programs, services or referrals.

# Phase 2: Scoring Tool Challenges & Adjustments

**36% override rate (target: 5%)**

- Revisions made to reduce inconsistencies

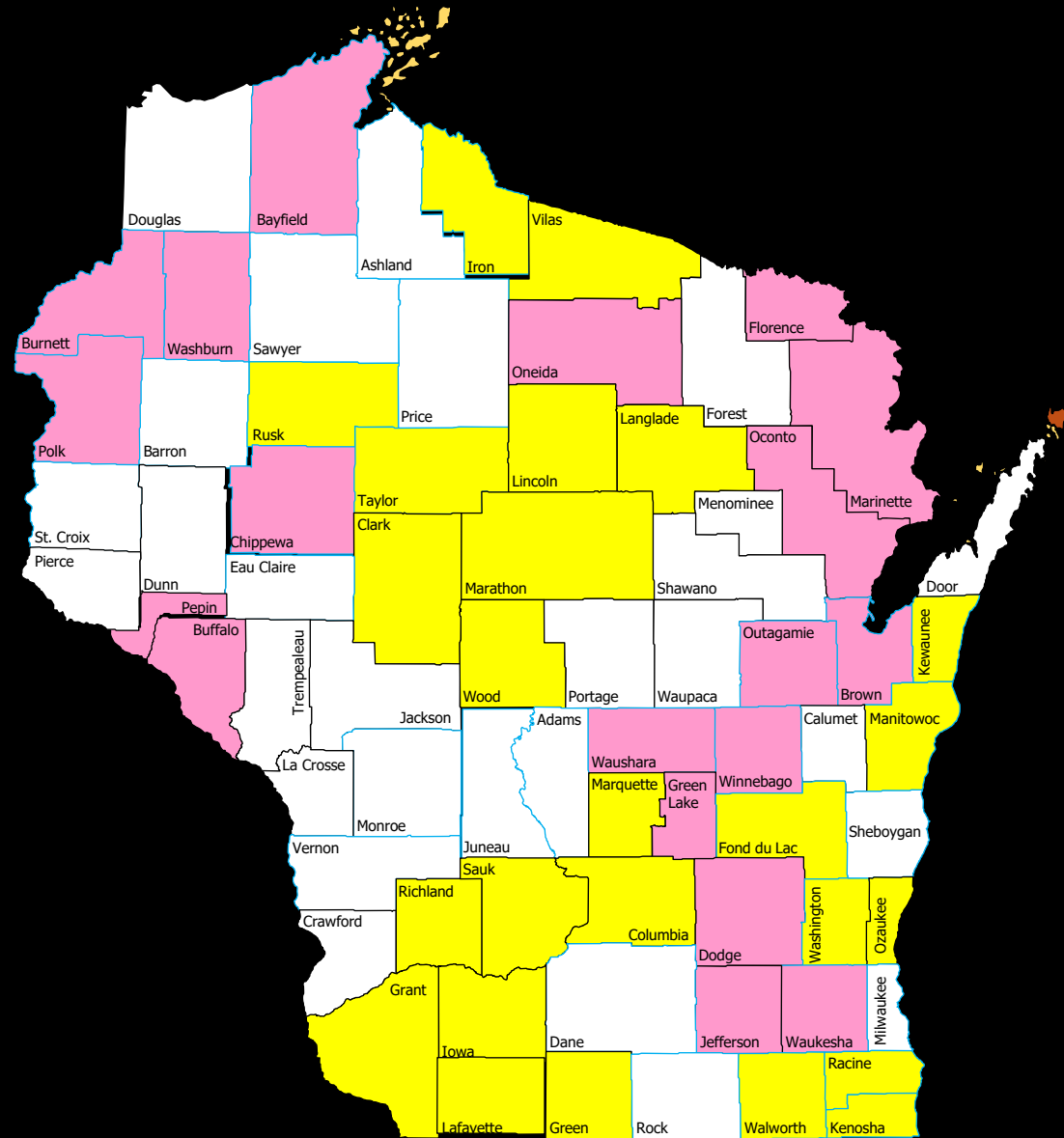
**72% used optional health/wellness questions section**

- This section is now required.

**Staff feedback: Standardize Score Ranges, Add more training**



**Using the “Right  
Meal & Services  
for You” Process  
as of 6-24-25  
YELLOW  
Counties using  
process.  
Pink Counties  
plan to  
implement in  
2025**





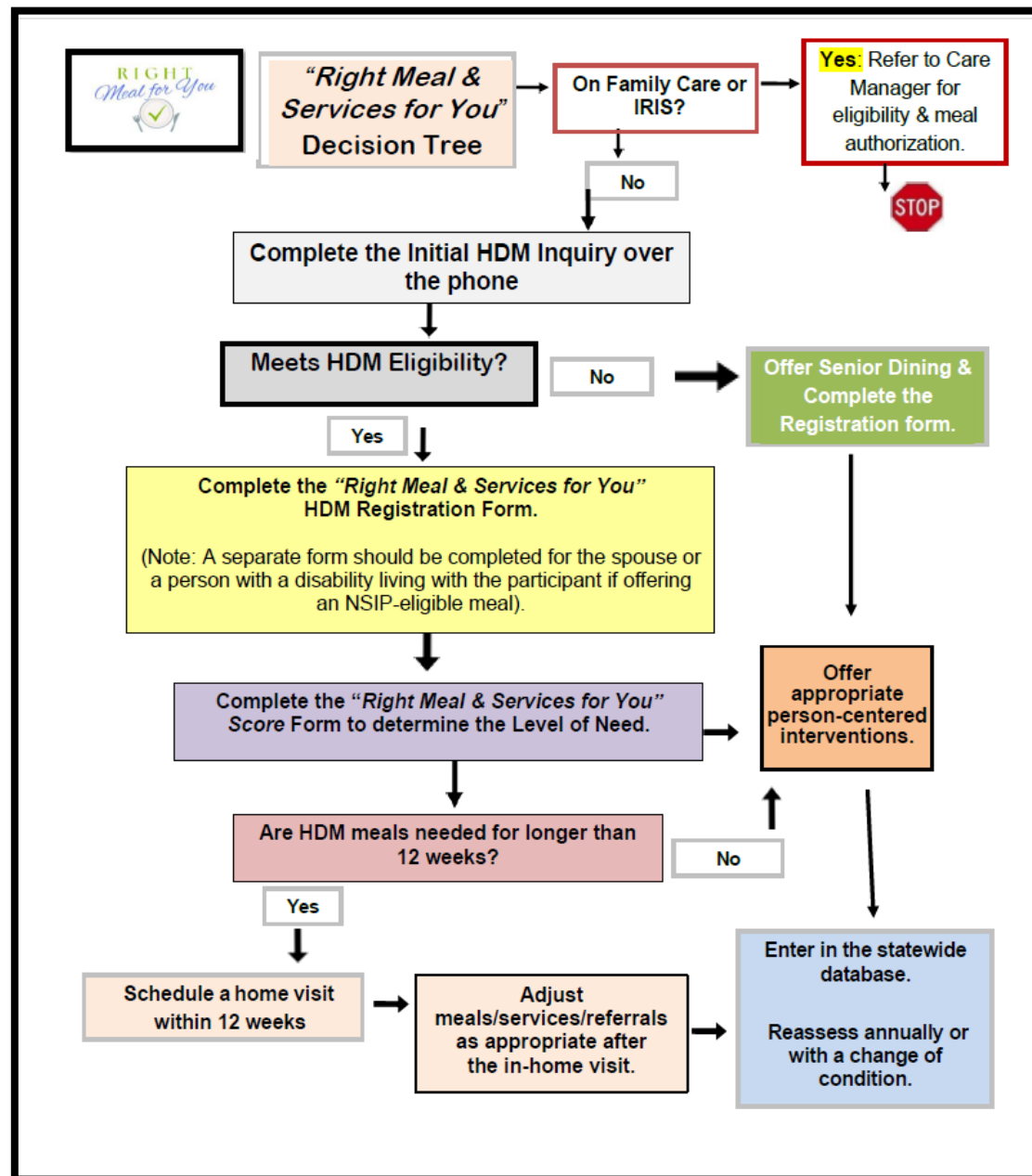
# ***“The Right Meal & Services for You”***

Standardized  
HDM Assessment &  
Score Form

**Phase 3 (2-1-25 to 12-31-25)**



## Decision Tree Summary





# Home Delivered Meals Inquiry Form

## Optional

### Home Delivered Meals Inquiry Form

Recipient name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Complete over the phone to determine the appropriate services to offer initially

Is the person on Family Care or IRIS?

☐ Yes ☐ No

If **yes** follow process for MCO Meals. **DO NOT CONTINUE BELOW.**

Reason(s) home-delivered meals are needed (check all that apply)

☐ Is generally *unable to leave their home unassisted* by reason of accident, illness, disability, frailty, or isolation.

☐ Is *unable to independently obtain food and prepare adequate meals* due to a lack of or inadequacy of facilities; an inability to shop, cook, or prepare meals safely; or a lack of appropriate knowledge or skill.

☐ *Lacks the support* of family, friends, neighbors, or another meal support service in the home or community.

☐ Is *unable to consistently access meals at a congregate dining* location due to personal health reasons or other reasons that make dining in a congregate setting inappropriate.

☐ A *spouse* of an eligible person regardless of age.

☐ Individuals with a **disability under 60** who live with an eligible person.

*Before we continue with the registration process, we need to confirm that you would fit onto one of our delivery routes. Someone will call you back to finish the registration process if we are able to deliver to you.*

☐ **Best time to Call back to complete the registration form. Phone #** \_\_\_\_\_.

**Notes:** \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Doesn't Meet HDM Eligibility** "Based upon our screening the **Senior Dining program** is what I can offer you. This program provides a hot meal at lunchtime and allows you to socialize with others and learn about opportunities in the community. Meals are available on a contribution basis to anyone over the age of 60 and are served *(insert time)* at the *(review location(s))*. There will be a registration form that you need to complete when you attend the site. **Would you like me to register you?** ☐ Yes ☐ No **Date Attending** \_\_\_\_\_

☐ No ☐ They would like additional information sent.

*"You can be reevaluated for home-delivered meals annually **or if you have a significant change in condition**. I can send you information about other community resources that may benefit you."* **Would you like me to send you those resources?**

☐ YES ☐ NO

**Meets HDM Eligibility**

• ☐ **Request for Short-Term Home Delivered Meals (Less than 3 months)** to recover from surgery, injury, hospitalization, or illness OR ☐ **on Hospice. Ask for a phone # to call in case of emergency** \_\_\_\_\_.

• ☐ **Fits on Route and will start meals on** \_\_\_\_\_.

*"The home-delivered meal program requires that you are home to receive your meal(s). Failure to be home at the time of delivery may result in you no longer being able to participate in the program. **Do you agree to be home at the time of delivery?**"*

☐ YES ☐ NO **( Offer Senior Dining and Other Services.)**

**OFFICE USE ONLY:**

	Needed	Comp. Date	Int.
Reg. Form Completed	YES NO		
Resource Packet	YES NO		
Mgmt Review	YES NO		
Program Paperwork	YES NO		
Database	YES NO		



Meal Prioritization/Waitlist "Right Meal & Services for You" Registration Form-Home Delivered Meals (2025)																		
Name: (First, MI, Last)		Date of Birth: (Month/Day/Year)																
Address (include zip and county):		Home Phone: Cell Phone: E-mail:																
<input type="checkbox"/> Housing Insecure <input type="checkbox"/> Homeless <input type="checkbox"/> Geographically Isolated																		
<b>ELIGIBILITY REQUIREMENTS:</b>																		
<b>Reason Meals are Needed</b>	<b>A person aged 60 or older who is: (Check all that apply)</b> <input type="checkbox"/> Generally <b>unable to leave their home unassisted</b> by reason of accident, illness, disability, frailty, or isolation. <input type="checkbox"/> <b>Unable to cook, or prepare meals safely;</b> or a lack of appropriate knowledge or skill. <input type="checkbox"/> Is <b>unable to independently shop to obtain or access food.</b> <input type="checkbox"/> <b>No Transportation</b> <input type="checkbox"/> <b>No support of family, friends, neighbors, or another meal support service in the home or community.</b> <input type="checkbox"/> Is <b>unable to consistently access meals at a congregate dining</b> location due to personal health reasons or other reasons that make dining in a congregate setting inappropriate. <input type="checkbox"/> <b>Dementia/Memory/Mental Health Impairment affects decision-making.</b> <input type="checkbox"/> <b>Recent discharge or an acute medical condition</b> such as recovering from surgery, a fall, illness, broken bone, pneumonia, etc. HDMs are anticipated to be <b>needed for less than 12 weeks.</b>																	
	<b>Other Meals that can be offered on a contribution basis:</b> <input type="checkbox"/> <b>Spouse will benefit from a meal.</b> (OAA C2) <input type="checkbox"/> <b>Informal caregiver will benefit from a meal.</b> (Use C2 OAA unless they are <b>under age 60</b> , Use NFCSP or AFCSP). <input type="checkbox"/> <b>Person with a disability living with an eligible adult who would benefit from a meal.</b> (OAA C2) <b>If yes to any above, please complete a registration form for the individual and record in Peer Place.</b>																	
	<b>Spouse, Caregiver, or Dependent Adult's Ability Level related to meals:</b> <input type="checkbox"/> <b>Able to prepare adequate meals</b> <input type="checkbox"/> <b>Able to prepare simple meals</b> <input type="checkbox"/> <b>Able to pick up meals</b> <input type="checkbox"/> <b>Unable to prepare adequate meals</b>																	
	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Self-Describe (Specify): <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female																	
	<b>Race:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:																	
<b>Household:</b> <input type="checkbox"/> <b>I live alone.</b> <input type="checkbox"/> I live with others.	<b>Marital Status:</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Life Partnered <input type="checkbox"/> Married <input type="checkbox"/> Other: <input type="checkbox"/> Widowed	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> <b>Limited English Speaking</b>																
<b>Income Status.</b> Is your income at or below the following? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1"> <thead> <tr> <th># in Home</th> <th>Income per Month</th> <th>or Year</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,304</td> <td>\$15,650</td> </tr> <tr> <td>2</td> <td>\$1,763</td> <td>\$21,150</td> </tr> <tr> <td>3</td> <td>\$2,221</td> <td>\$26,650</td> </tr> <tr> <td>4</td> <td>\$2,679</td> <td>\$32,150</td> </tr> </tbody> </table>		# in Home	Income per Month	or Year	1	\$1,304	\$15,650	2	\$1,763	\$21,150	3	\$2,221	\$26,650	4	\$2,679	\$32,150	<b>Veteran Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Has a Pet:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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GWAAR Nutrition Team 1-18-25 FINAL

Date of Assessment:	Assessor:	Site:	
Referred By: <input type="checkbox"/> Self <input type="checkbox"/> Other _____ Date: _____	Reason for Referral:	<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Reassessment	
<b>Nutrition Risk (DETERMINE)</b>		<b>NO</b>	<b>YES</b>
Do you have an illness or condition that made you change the kind and/or amount of food you eat?		<input type="checkbox"/> 0	<input type="checkbox"/> 2
Do you eat fewer than 2 meals a day?		<input type="checkbox"/> 0	<input type="checkbox"/> 3
Do you eat few fruits or vegetables or milk products?		<input type="checkbox"/> 0	<input type="checkbox"/> 2
Do you have three or more drinks of beer, liquor or wine almost every day?		<input type="checkbox"/> 0	<input type="checkbox"/> 2
Do you have tooth or mouth problems that make it hard to eat?		<input type="checkbox"/> 0	<input type="checkbox"/> 2
I don't always have enough money to buy the food that I need.		<input type="checkbox"/> 0	<input type="checkbox"/> 4
Do you eat alone most of the time?		<input type="checkbox"/> 0	<input type="checkbox"/> 1
Do you take 3 or more different prescribed or over-the-counter drugs daily?		<input type="checkbox"/> 0	<input type="checkbox"/> 1
Without wanting to, have you lost or gained 10 pounds in the last six months?		<input type="checkbox"/> 0	<input type="checkbox"/> 2
Are you unable to physically shop, cook and/or feed yourself consistently?		<input type="checkbox"/> 0	<input type="checkbox"/> 2
Risk Level: <input type="checkbox"/> 0-2 Low <input type="checkbox"/> 3-5 Moderate <input type="checkbox"/> 6+ High		<b>Determine Risk Score /Total:</b> _____	
<b>MST Screen (in the past 6 months)</b>			
<b>1. Have you lost weight without trying?</b> <input type="checkbox"/> No (0) <input type="checkbox"/> Unsure (2) <input type="checkbox"/> Yes <b>1a. If yes, how much weight have you lost?</b> <input type="checkbox"/> 2-13 pounds (1) <input type="checkbox"/> 14-23 pounds (2) <input type="checkbox"/> 24-33 pounds (3) <input type="checkbox"/> 34 pounds or more (4) <input type="checkbox"/> Unsure (2)		Q1/1a Weight Loss Score: ____  Q2 Appetite Score: ____  <b>MST Score (Total):</b> ____  0-1 = Not at Risk 2 or more = At Risk	
<b>2. Have you been eating poorly because of a decreased appetite?</b> <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)			
<b>Food Security:</b> For each of the following statements, please tell me which one is "often true," "sometimes true" or "never true" for the past 12 months.		<b>Often True</b>	<b>Sometimes True</b>
1. We (I) worried whether our food would run out before we (I) got money to buy more.		<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes* <input type="checkbox"/> Yes
2. The food that we (I) bought just didn't last and we (I) didn't have money to get more.		<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes* <input type="checkbox"/> Yes
*If answered Yes to Often True or Sometimes True to EITHER question, they are food insecure.			

GWAAR Nutrition Team 1-18-25 FINAL

### Activities of Daily Living Screen

Activities of Daily Living (ADLs)	No Help Needed	Yes, Needs Help
Check <b>Yes</b> for each ADL that you/the client <u>need substantial assistance</u> to complete (including verbal reminding, physical cuing, or supervision). Check <b>No</b> for each ADL you <u>can</u> complete without substantial assistance.		
<b>Bathing:</b> Gets in/out of the bath/shower, uses faucets, washes, and dries oneself safely.		
<b>Dressing:</b> Dresses and undresses safely.		
<b>Toileting:</b> Uses toilet and cleans oneself.		
<b>Transferring:</b> Moves in and out of bed or chair.		
<b>Feeding:</b> Gets food or drink from plate, bowl, or cup into mouth and uses utensils.		
<b>Continence:</b> Exercises complete self-control.		
<b>TOTAL Number of Yes ADLs</b>		
Instrumental Activities of Daily Living (IADLs)	No Help Needed	Yes, Needs Help
Check <b>Yes</b> for each IADL that you/the client <u>need substantial assistance</u> to complete (including verbal reminding, physical cuing, or supervision). Check <b>No</b> for each IADL you <u>can</u> complete without substantial assistance.		
<b>Food Preparation:</b> Plans, prepares, and serves adequate meals independently.		
<b>Shopping:</b> Takes care of all shopping needs independently.		
<b>Medication Management:</b> Takes medication in correct dosages at correct time.		
<b>Ability to Manage Finances:</b> Handles financial matters and/or day-to-day purchases.		
<b>Housekeeping:</b> Participates in housekeeping tasks.		
<b>Laundry:</b> Launders some items independently.		
<b>Transportation:</b> Travels unassisted via personal vehicle, public transportation, taxi.		
<b>Ability to Use Telephone:</b> Dials and/or answers the telephone.		
<b>TOTAL Number of Yes IADLs</b>		

### Health and Well-Being

☐ On-going Medical Condition (i.e. Cancer, COPD, Parkinson's, Diabetes, Heart Ds, Dialysis, Arthritis, etc.)

☐ On Hospice Care: Phone # to call: \_\_\_\_\_

☐ On-going Medical Condition

☐ Visually impaired

☐ Hearing impaired

☐ Difficulty Chewing (no/few teeth/Loose dentures)

☐ Difficulty Swallowing

☐ Lacks Cooking Skills

☐ Oxygen use

☐ Limited English

☐ Doesn't drive

☐ History of falls

### Supports:

☐ Caregiver Support Needed

☐ Has In-home Support Service(s): ☐ MCO ☐ OT/PT ☐ Home Health ☐ Other: \_\_\_\_\_

☐ Other concerns/notes: \_\_\_\_\_

☐ Home Safety Concerns \_\_\_\_\_

☐ Dialysis

☐ Incontinence

☐ Mobility Impaired (Uses walker/cane/wheelchair)

☐ Frailty/weakness

☐ Memory loss/Dementia/Mental Health Impairment

☐ Mild ☐ Moderate/Severe

☐ Lives alone; or alone during the day

☐ Lonely

☐ Anxiety/Stress \_\_\_\_\_

☐ Complaints of Pain \_\_\_\_\_

☐ Sad/Depressed/Grieving \_\_\_\_\_

☐ Housing Instability ☐ Homeless/unhoused

### Emergency Preparedness Questions

Do you have at least 3 days of food & water at home?  
☐ Yes ☐ No

During an extended power outage or emergency do you have a plan? i.e. family, friends, or other help nearby?  
☐ Yes ☐ No

Do you have concerns about heating and/or cooling?  
☐ Yes ☐ No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies or Special Dietary Needs: \_\_\_\_\_

### Program Contributions

- ☐ The participant would like a monthly contribution letter mailed to their home.  
☐ The participant will make contributions directly. **Do NOT mail** a contribution letter.  
☐ The participant would like a contribution letter sent elsewhere:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to person: \_\_\_\_\_

*Please Read or Paraphrase: Thank you for completing the registration with me today! All of the information you've shared will stay private. This is the first step in our "Right Meal and Services for You" process, which helps us figure out what types and amounts of meals and services you qualify for. If you need home-delivered meals for more than 12 weeks, we'll need to do an in-home visit to better understand your needs. After this visit, the number of meals and other services or referrals you qualify for may be adjusted based on our updated information. We'll do this assessment at least once a year or if there's a change in your situation or condition. Do you have any questions?*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

### The participant is interested in and could benefit from:

- ☐ Adaptive Equipment  
☐ Age Well Series (WIHA)  
☐ Caregiver Specialist Referral  
☐ Carry out meals  
☐ Chore/Homemaker/Handyman  
☐ Coalition for Social Connectedness  
☐ Dementia Care Specialist Referral  
☐ Dental assistance  
☐ Dietitian referral  
☐ EBS Referral  
☐ Emergency Preparedness Information  
☐ Falls Prevention Information  
☐ Grandparents Raising Grandkids Information  
☐ Health Promotion/Wellness Classes  
☐ I & A or Options Counselor  
☐ Independent Living Center Referral  
☐ Liquid Nutrition Supplements  
☐ List of other food/nutrition resource

- ☐ More than 1 Meal a Day/Weekend Meals  
☐ Nutrition Education  
☐ Pet Assistance  
☐ Pillbox or medication management  
☐ Resources for blind, deaf, or hard of hearing  
☐ Senior Center Information  
☐ Senior Dining Meals  
☐ Senior Farmers Market Vouchers  
☐ Shelf Stable or Emergency Meals  
☐ Simple, affordable recipes and cooking tips  
☐ Socialization  
☐ Supplemental Food Box  
☐ Swallow Screen ([EAT-10](#))  
☐ Transportation  
☐ VA Officer Referral ☐ Honor Flight Information  
☐ Virtual Senior Dining  
☐ Weekend meals  
☐ OTHER: \_\_\_\_\_





# ***“The Right Meal & Services for You” Score Form***

# Screen. Assess. Intervene.

1.Screen for Eligibility.

2.Assess

- **Evaluate Nutrition Security Risk Factors** using 3 validated screening tools.
- **Evaluate Access & Ability** to determine who truly needs Home Delivered Meals.
- Use **Standardized Scoring System** with **Defined Levels of Need**.

3. Intervene:

- Offer **Person-Centered Interventions** and follow-up.

# "Right Meal & Services for You" Form- Version 1

**RIGHT Meal for You**

**"Right Meal & Service for You" Score Form**

Participants Name: \_\_\_\_\_  
☐ Initial Assessment ☐ Reassessment Date: \_\_\_\_\_ Assessors Initials: \_\_\_\_\_

**Step 1: Use the information from the HDM Registration form to complete.**

**SCORE FORM**

Short-Term Default High Risk (Offer up to 3 months, Reassess)	Points
<input type="checkbox"/> Recent Discharge or Acute Medical Condition	
<input type="checkbox"/> Hospice Care: Phone # to call _____	
<b>DETERMINE Nutrition Risk Score</b>	
<input type="checkbox"/> Low Risk (0-2)	0
<input type="checkbox"/> Moderate Risk (3-5)	1
<input type="checkbox"/> High Risk (6 or more)	2
<b>MST Malnutrition Screen Score</b>	
<input type="checkbox"/> Not at Risk (0 to 1)	0
<input type="checkbox"/> At Risk (2 to 5)	2
<b>Food Insecure</b>	
<input type="checkbox"/> Never True	0
<input type="checkbox"/> Sometimes True	1
<input type="checkbox"/> Often True	2
<b>Access and Ability</b>	
<input type="checkbox"/> Unable to leave their home unassisted	2
<input type="checkbox"/> Food Preparation (Unable to cook/prepare <b>adeq.</b> meals.)	2
<input type="checkbox"/> Shopping/Food Access/Unable to obtain food	2
<input type="checkbox"/> Feeding (ADL)	2
<input type="checkbox"/> No formal or informal supports in place	2
<input type="checkbox"/> No Transportation/ Geographically isolated	1
<input type="checkbox"/> Income at or below the poverty level	1
<input type="checkbox"/> Uses cane, walker, wheelchair (Impaired mobility)	1
<input type="checkbox"/> Mild Memory Loss/Dementia/Mental Health Impaired	1
<input type="checkbox"/> Mod/Severe Memory Loss/Dementia/Mental Health Impaired	2
<input type="checkbox"/> On-going Medical Cond.	1
<b>TOTAL</b>	<b>_____</b>

**Additional Considerations (Check all that apply)**

**Health and Well-Being (Offer services or referrals)**

☐ Visually impaired \_\_\_\_\_  
☐ Hearing impaired \_\_\_\_\_  
☐ Difficulty Chewing (no or few teeth/poor fitting dentures) \_\_\_\_\_  
☐ Difficulty Swallowing \_\_\_\_\_  
☐ Lacks Cooking Skills \_\_\_\_\_  
☐ Oxygen use \_\_\_\_\_  
☐ Limited English \_\_\_\_\_  
☐ Doesn't drive \_\_\_\_\_  
☐ History of falls \_\_\_\_\_  
☐ Home Safety Concerns: \_\_\_\_\_  
☐ Incontinence \_\_\_\_\_  
☐ Frailty/weakness \_\_\_\_\_  
☐ Lives alone; or alone during the day \_\_\_\_\_  
☐ Lonely \_\_\_\_\_  
☐ Anxiety/Stress \_\_\_\_\_  
☐ Complains of Pain \_\_\_\_\_  
☐ Sad/Depressed/Grieving \_\_\_\_\_  
☐ Housing Instability ☐ Homeless/unhoused \_\_\_\_\_  
☐ Caregiver Support Needed \_\_\_\_\_  
☐ In-home supports: ☐ MCO ☐ OT ☐ PT ☐ Home Health \_\_\_\_\_  
☐ Other concerns: \_\_\_\_\_  
Notes: \_\_\_\_\_

**Emergency Preparedness Questions**

Has at least 3 days of food & water at home? ☐ Yes ☐ No  
If an extended power outage or an emergency has a plan? ☐ Yes ☐ No  
Concerns about heating and/or cooling? ☐ Yes ☐ No

**Step 2: Check the appropriate priority level & characteristics box(es).**

<input type="checkbox"/> High (Score of 13 or higher)	<input type="checkbox"/> Moderate (Score of 7 to 12)	<input type="checkbox"/> Low (Score of 6 or lower)
<input type="checkbox"/> Generally Unable to leave their home unassisted due to accident, illness, disability, frailty, or isolation. Lacks support <input type="checkbox"/> Recent Discharge/Acute/ or Hospice <input type="checkbox"/> Unable to independently obtain food and prepare adequate meals. <input type="checkbox"/> Lives in a geographically isolated area. <input type="checkbox"/> Significantly affected by any loss of service in an emergency. (Negative outcomes will <b>result</b> .) <input type="checkbox"/> Dementia/Memory/ Mental health impairment affects decision-making. <input type="checkbox"/> At Risk Caregiver or Eligible Dependent who lives w/unable to prepare <b>adeq</b> meals. <input type="checkbox"/> High Nutrition Risk <input type="checkbox"/> Other _____	<input type="checkbox"/> Can leave home with assistance, has some supports. <input type="checkbox"/> They can or someone can make simple meals if food is available &/or pick up Carry Out or other Meal/Food Options. <input type="checkbox"/> Needs more support and assistance to prevent decline and improve their health. <input type="checkbox"/> Unable to consistently access Senior Dining meals due to personal health reasons or other reasons that make dining in a congregate setting inappropriate. <input type="checkbox"/> Can benefit from Transportation to access meals at congregate dining, shopping, food access, &/or activities. <input type="checkbox"/> Can function with temporary loss of service for 1-3 days in an emergency. <input type="checkbox"/> Other _____	<input type="checkbox"/> Ambulatory- can leave home unassisted. Can shop, cook, and prepare simple meals. <input type="checkbox"/> Cannot Drive in the Winter <input type="checkbox"/> Transportation Needed <input type="checkbox"/> Spouse or Caregiver can prepare adequate meals. <input type="checkbox"/> Spouse can benefit from a meal. <input type="checkbox"/> Caregiver can benefit from a meal. <input type="checkbox"/> Meal for a person under 60 with a disability who lives with an eligible individual who participates in the program. <input type="checkbox"/> Living with someone or living alone with dependable supports. <input type="checkbox"/> Has reliable transportation. <input type="checkbox"/> Can manage/has resources and supports in an emergency > than 3 days. <input type="checkbox"/> Other _____

12-9-2024 GWAAR Nutrition Team FINAL REVISED (Version 2)

**STEP 3: INTERVENTIONS**

☐ High Need (Intense Interventions) ☐ Moderate Need (Access & Assistance) ☐ Low Need (Information/Connection)

**Nutrition Plan**

Home Delivered meals	Additional Meals	Carryout Meals	Senior Dining
<input type="checkbox"/> _____ days/week on <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> _____ Weekend Meals deliver on <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> _____ 2nd meal <b>delivered</b> on <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> _____ Shelf-stable meals deliver on <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> _____ Frozen meals delivered on <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Spouse/Person w/ disability Meal <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Caregiver Meal <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Grandparent raising grandkid meal <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> _____ Meals/week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> _____ days per week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

☐ Liquid Nutrition Supplement Product: \_\_\_\_\_ Amount per Day \_\_\_\_\_ Or Per Month \_\_\_\_\_  
☐ Deliver with Meal ☐ Will Pick Up

☐ Complete Enhanced DETERMINE Form ☐ Senior Farmers Market Voucher ☐ Food Box ☐ Other Food/Nutrition Resources ☐ Pet Food ☐ Dog ☐ Cat

**Additional Programs, Services & Referrals**

☐ Informed about [gwaar.org/nourishstep](http://gwaar.org/nourishstep)  
☐ Refer to Dietitian. Reason: \_\_\_\_\_  
☐ Call to answer questions ☐ Nutrition Counseling ☐ Nutrition Ed ☐ Cooking Skills ☐ EAT-10 Swallow Screen ☐ Other \_\_\_\_\_  
Notes: \_\_\_\_\_

☐ Transportation to: ☐ Senior Dining Site ☐ Grocery/Shopping ☐ Food Pantry ☐ Senior Center ☐ Other  
☐ Adaptive Equipment ☐ Evaluation ☐ Provide the following: \_\_\_\_\_  
☐ Independent Living Center Referral  
☐ I & A Specialist or ☐ Options Counselor  
Notes: \_\_\_\_\_

☐ EBS Referral for:  
☐ Food Share Assistance  
☐ Energy Assistance  
☐ Other: \_\_\_\_\_  
Notes: \_\_\_\_\_

☐ EB Health Promotion or Wellness Class (Specify)  
☐ Living Well \_\_\_\_\_  
☐ Stepping On  
☐ Walk with Ease  
☐ Mind Over Matter  
☐ Eat Smart, Move More, Weigh Less  
☐ Stepping Up Your Nutrition  
☐ Other: \_\_\_\_\_

☐ Caregiver Specialist Referral ☐ Dementia Care Specialist ☐ Veteran's Officer Referral  
☐ Resource Directory ☐ Falls Prevention Information ☐ Hearing ☐ Vision Referral  
☐ Socialization Resources ☐ Emergency Preparedness Info ☐ Dental Assistance  
☐ Other: \_\_\_\_\_

**STEP 4: Meals Approved for:**

☐ Short-term due to Recent Discharge, Acute Medical Condition, or Hospice ☐ \_\_\_\_\_ Months (Max 3 months)  
☐ Longer-Term \_\_\_\_\_ Months or ☐ 1 Year Reassessment Due: ☐ 1 year or \_\_\_\_\_ Months  
☐ Placed on Waitlist Date: \_\_\_\_\_ Reason: \_\_\_\_\_


☐ Over-ride Priority Score  
Reason: ☐ On-Hospice Care ☐ In-home visit showed higher need ☐ In-home visit showed lower need ☐ Other \_\_\_\_\_  
Notes: \_\_\_\_\_

**Reviewed HDM Consent**

☐ Verbal consent was given. Date: \_\_\_\_\_

12-9-2024 GWAAR Nutrition Team FINAL REVISED (Version 1)

# "Right Meal & Services for You" Form- Version 2



**"Right Meal & Service for You" Score Form**

Participants Name: \_\_\_\_\_  
☐ Initial Assessment ☐ Reassessment Date: \_\_\_\_\_ Assessors Initials: \_\_\_\_\_

Step 1: Use the information from the HDM Registration form to complete.

**SCORE FORM**

**Additional Considerations (Check all that apply)**

**Short-Term Default High Risk (Offer up to 3 months, Reassess)**

☐ Recent Discharge or Acute Medical Condition

☐ Hospice Care: Phone # to call \_\_\_\_\_

**DETERMINE Nutrition Risk Score**

☐ Low Risk (0-2) 0

☐ Moderate Risk (3-5) 1

☐ High Risk (6 or more) 2

**MST Malnutrition Screen Score**

☐ Not at Risk (0 to 1) 0

☐ At Risk (2 to 5) 2

**Food Insecure**

☐ Never True 0

☐ Sometimes True 1

☐ Often True 2

**Access and Ability**

☐ Unable to leave their home unassisted 2

☐ Food Preparation (Unable to cook/prepare adeq. meals.) 2

☐ Shopping/Food Access/Unable to obtain food 2

☐ Feeding (ADL) 2

☐ No formal or informal supports in place 2

☐ No Transportation/ Geographically isolated 1

☐ Income at or below the poverty level 1

☐ Uses cane, walker, wheelchair (Impaired mobility) 1

☐ Mild Memory Loss/Dementia /Mental Health Impaired 1

☐ Mod/Severe Memory Loss/Dementia/Mental Health Impaired 2

☐ On-going Medical Cond. 1

**TOTAL** \_\_\_\_\_

**Health and Well-Being (Offer services or referrals)**

☐ Visually impaired \_\_\_\_\_

☐ Hearing impaired \_\_\_\_\_

☐ Difficulty Chewing (no or few teeth/poor fitting dentures) \_\_\_\_\_

☐ Difficulty Swallowing \_\_\_\_\_

☐ Lacks Cooking Skills \_\_\_\_\_

☐ Oxygen use \_\_\_\_\_

☐ Limited English \_\_\_\_\_

☐ Doesn't drive \_\_\_\_\_

☐ History of falls \_\_\_\_\_

☐ Home Safety Concerns: \_\_\_\_\_

☐ Incontinence \_\_\_\_\_

☐ Frailty/weakness \_\_\_\_\_

☐ Lives alone; or alone during the day \_\_\_\_\_

☐ Lonely \_\_\_\_\_

☐ Anxiety/Stress \_\_\_\_\_

☐ Complaints of Pain \_\_\_\_\_

☐ Sad/Depressed/Grieving \_\_\_\_\_

☐ Housing Instability ☐ Homeless/unhoused \_\_\_\_\_

☐ Caregiver Support Needed \_\_\_\_\_

☐ In-home supports: ☐ MCO ☐ OT ☐ PT ☐ Home Health \_\_\_\_\_

☐ Other concerns: \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Emergency Preparedness Questions**

Has at least 3 days of food & water at home? ☐ Yes ☐ No

If an extended power outage or an emergency has a plan? ☐ Yes ☐ No

Concerns about heating and/or cooling? ☐ Yes ☐ No

Step 2: Check the appropriate priority level &amp; characteristics box(es).

☐ **High (Score of 13 or higher)**

☐ **Moderate (Score of 7 to 12)**

☐ **Low (Score of 6 or lower)**

☐ Generally Unable to leave their home unassisted due to accident, illness, disability, frailty, or isolation. Lacks support

☐ Recent Discharge/Acute/ or Hospice

☐ Unable to independently obtain food and prepare adequate meals.

☐ Lives in a geographically isolated area.

☐ Significantly affected by any loss of service in an emergency. (Negative outcomes will result.)

☐ Dementia/Memory/ Mental health impairment affects decision-making.

☐ At Risk Caregiver or Eligible Dependent who lives w/unable to prepare adeq meals.

☐ High Nutrition Risk

☐ Other \_\_\_\_\_

☐ Can leave home with assistance, has some supports.

☐ They can or someone can make simple meals if food is available &/or pick up Carry Out or other Meal/Food Options.

☐ Needs more support and assistance to prevent decline and improve their health.

☐ Unable to consistently access Senior Dining meals due to personal health reasons or other reasons that make dining in a congregate setting inappropriate.

☐ Can benefit from Transportation to access meals at congregate dining, shopping, food access, &/or activities.

☐ Can function with temporary loss of service for 1-3 days in an emergency.

☐ Other \_\_\_\_\_

☐ Ambulatory- can leave home unassisted. Can shop, cook, and prepare simple meals.

☐ Cannot Drive in the Winter ☐ Transportation Needed

☐ Spouse or Caregiver can prepare adequate meals.

☐ Spouse can benefit from a meal.

☐ Caregiver can benefit from a meal.

☐ Meal for a person under 60 with a disability who lives with an eligible individual who participates in the program.

☐ Living with someone or living alone with dependable supports.

☐ Has reliable transportation.

☐ Can manage/has resources and supports in an emergency > than 3 days.

☐ Other: \_\_\_\_\_

**STEP 3: INTERVENTIONS**

☐ **High Need (Score of \_\_)  
Intense Interventions**

☐ **Moderate Need (Score of \_\_)  
Access and Assistance**

☐ **Low Need (Score of \_\_)  
Information and Connection**

☐ Home-delivered Meals 5 day/wk (C2)

☐ Weekend Meals (C2)

☐ \_\_\_\_ Additional Fresh Meal(s)/day

☐ Frozen or ☐ Shelf Stable Meals \_\_\_\_ /day or \_\_\_\_ per week. ☐ C2 ☐ IIIB Funds

☐ Carry Out Meals \_\_\_\_ days/wk (C2)

☐ Spouse Meal

☐ Person with Disability who lives w/ind. \_\_\_\_ Meals per Week ☐ C2

☐ At-risk Caregiver who lives with the participant. \_\_\_\_ Meals per Week

☐ Caregiver Specialist Referral

☐ Dementia Care Specialist Referral

☐ Dietitian Referral ☐ C1 ☐ C2 ☐ IIIB

☐ Nutrition Counseling ☐ Nutrition Ed

☐ Liquid nutrition supplement

☐ C2 with OAA Meal

☐ IIIB (Supplement only) (Specify type) \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Carry Out Meals \_\_\_\_ days/wk (C2)

☐ Home delivered Meals \_\_\_\_ days/wk (C2)

☐ Senior Dining \_\_\_\_ days/week (C1)

☐ Spouse \_\_\_\_ meals/wk

☐ Person with Disability who lives w/ind.

☐ Adaptive Equipment (IIIB)

☐ Referral to Independent Living Center

☐ Transportation to:  
☐ Dining Center \_\_\_\_ Days/Wk

☐ Food Pantry ☐ Grocery Store

☐ Other: \_\_\_\_\_  
☐ 85.21 ☐ 85.215 ☐ 5310 ☐ IIIB

☐ EBS Referral  
☐ Foodshare application

☐ Energy Assistance

☐ Supplemental Food Box(s)

☐ Senior Farmers Market Vouchers

☐ Dietitian Referral ☐ C1 ☐ C2 ☐ IIIB

☐ Caregiver Meals ☐ Caregiver Referral

☐ Grandparents Raising Grandkids Support ☐ AFCSF ☐ NFCSF Funds-grandchild meal.

☐ Pet food Assistance ☐ \_\_\_\_ Funds

☐ Dog ☐ Cat

☐ Other \_\_\_\_\_

☐ Carry Out Meals \_\_\_\_ days/wk (C2)

☐ Senior Dining \_\_\_\_ days/week (C1)

☐ Spouse Meal

☐ Person w/Disability lives w/ind. Meal

☐ Caregiver Meal

☐ Caregiver Specialist Referral

☐ Dementia Care Specialist Referral

☐ Transportation to:  
☐ Dining Site ☐ Senior Center

☐ Grocery/shopping ☐ food pantry

☐ Other: \_\_\_\_\_

☐ I & A Specialist or Options Counselor

☐ Nutrition Education  
☐ gwaar.org/nourishstep.com

☐ Call or Visit w/Dietitian ☐ C1 ☐ C2

☐ List of other food/nutrition resources (Senior Center/Food Pantry/Community meals)

☐ Socialization, Nutrition & Wellness Resource Guide

☐ Evidence Based & Wellness Class(es)

☐ Senior Farmers Market Vouchers

☐ Cooking Class or resources

☐ Recipes ☐ Cooking for 1 or 2

☐ Meal Ideas ☐ Budget-friendly

☐ Stepping Up Your Nutrition Class

☐ Other \_\_\_\_\_

STEP 4: Meals Approved for:

☐ Short-term due to Recent Discharge, Acute Medical Condition, or Hospice ☐ \_\_\_\_ Months (Max 3 months)

☐ Longer-Term \_\_\_\_ Months or ☐ 1 Year Reassessment Due: ☐ 1 year or \_\_\_\_ Months

☐ Placed on Waitlist Date: \_\_\_\_\_ Reason: \_\_\_\_\_

☐ **Over-ride Priority Score**

Reason: ☐ On-Hospice Care ☐ In-home visit showed higher need ☐ In-home visit showed lower need ☐ Other \_\_\_\_\_

Notes: \_\_\_\_\_

Reviewed HDM Consent ☐ Verbal consent was given. Date: \_\_\_\_\_





# Short-Term Meals (Less than 12 weeks)

**Default to High Need for up to  
12 weeks.**

Image by [Mae](#) from [Pixabay](#)



## "Right Meal & Service for You" Score Form

Participant's Name: \_\_\_\_\_

☐ Initial Assessment

☐ Reassessment

Date: \_\_\_\_\_

Assessors Initials: \_\_\_\_\_

Step 1: Use the information from the HDM Registration form to complete.

### SCORE FORM

<b>Short-Term Default High Risk (Offer up to 3 months, Reassess)</b>	
<input type="checkbox"/> Recent Discharge or Acute Medical Condition	
<input type="checkbox"/> Hospice Care: Phone # to call _____	
<b>DETERMINE Nutrition Risk Score</b>	<b>Points</b>
<input type="checkbox"/> Low Risk (0-2)	0
<input type="checkbox"/> Moderate Risk (3-5)	1
<input type="checkbox"/> High Risk (6 or more)	2
<b>MST Malnutrition Screen Score</b>	
<input type="checkbox"/> Not at Risk (0 to 1)	0
<input type="checkbox"/> At Risk (2 to 5)	2
<b>Food Insecure</b>	
<input type="checkbox"/> Never True	0
<input type="checkbox"/> Sometimes True	1
<input type="checkbox"/> Often True	2
<b>Access and Ability</b>	
<input type="checkbox"/> Unable to leave their home unassisted	2
<input type="checkbox"/> Food Preparation (Unable to cook/prepare adeq. meals.)	2
<input type="checkbox"/> Shopping/Food Access/Unable to obtain food	2
<input type="checkbox"/> Feeding (ADL)	2
<input type="checkbox"/> No formal or informal supports in place	2
<input type="checkbox"/> No Transportation/ Geographically isolated	1
<input type="checkbox"/> Income at or below the poverty level	1
<input type="checkbox"/> Uses cane, walker, wheelchair (Impaired mobility)	1
<input type="checkbox"/> Mild Memory Loss/Dementia /Mental Health Impaired	1
<input type="checkbox"/> Mod/Severe Memory Loss/Dementia/Mental Health Impaired	2
<input type="checkbox"/> On-going Medical Cond. _____	1
<b>TOTAL</b>	<b>0</b>

### Additional Considerations (Check all that apply)

#### Health and Well-Being (Offer services or referrals)

- ☐ Visually impaired \_\_\_\_\_
- ☐ Hearing impaired \_\_\_\_\_
- ☐ Difficulty Chewing (no or few teeth/poor fitting dentures)
- ☐ Difficulty Swallowing \_\_\_\_\_
- ☐ Lacks Cooking Skills \_\_\_\_\_
- ☐ Oxygen use \_\_\_\_\_
- ☐ Limited English \_\_\_\_\_
- ☐ Doesn't drive \_\_\_\_\_
- ☐ History of falls \_\_\_\_\_
- ☐ Home Safety Concerns: \_\_\_\_\_
- ☐ Incontinence \_\_\_\_\_
- ☐ Frailty/weakness \_\_\_\_\_
- ☐ Lives alone; or alone during the day \_\_\_\_\_
- ☐ Lonely \_\_\_\_\_
- ☐ Anxiety/Stress \_\_\_\_\_
- ☐ Complains of Pain \_\_\_\_\_
- ☐ Sad/Depressed/Grieving \_\_\_\_\_
- ☐ Housing Instability ☐ Homeless/unhoused
- ☐ Caregiver Support Needed \_\_\_\_\_
- ☐ In-home supports: ☐ MCO ☐ OT ☐ PT ☐ Home Health
- ☐ Other concerns: \_\_\_\_\_

Notes: \_\_\_\_\_

#### Emergency Preparedness Questions

Has at least 3 days of food & water at home? ☐ Yes ☐ No

If an extended power outage or an emergency has a plan? \_\_\_\_\_

☐ Yes ☐ No

Concerns about heating and/or cooling? \_\_\_\_\_

☐ Yes ☐ No



# Step 1 Score Form

# Step 1 on the Score Form

- Use the data points from the HDM Registration form.
- These values were chosen to determine who is at the highest need of receiving Home Delivered meals
- Targets those in greatest economic and social need as defined by ACL.
- **This section cannot be modified. The wording and points cannot be altered.**

SCORE FORM	
Short-Term Default High Risk (Offer up to 3 months, Reassess)	
<input type="checkbox"/> Recent Discharge or Acute Medical Condition	
<input type="checkbox"/> Hospice Care: Phone # to call <input type="text"/>	
<b>DETERMINE Nutrition Risk Score</b>	<b>Points</b>
<input type="checkbox"/> Low Risk (0-2)	0
<input type="checkbox"/> Moderate Risk (3-5)	1
<input type="checkbox"/> High Risk (6 or more)	2
<b>MST Malnutrition Screen Score</b>	
<input type="checkbox"/> Not at Risk (0 to 1)	0
<input type="checkbox"/> At Risk (2 to 5)	2
<b>Food Insecure</b>	
<input type="checkbox"/> Never True	0
<input type="checkbox"/> Sometimes True	1
<input type="checkbox"/> Often True	2
<b>Access and Ability</b>	
<input type="checkbox"/> Unable to leave their home unassisted	2
<input type="checkbox"/> Food Preparation (Unable to cook/prepare adeq. meals.)	2
<input type="checkbox"/> Shopping/Food Access/Unable to obtain food	2
<input type="checkbox"/> Feeding (ADL)	2
<input type="checkbox"/> No formal or informal supports in place	2
<input type="checkbox"/> No Transportation/ Geographically isolated	1
<input type="checkbox"/> Income at or below the poverty level	1
<input type="checkbox"/> Uses cane, walker, wheelchair (Impaired mobility)	1
<input type="checkbox"/> Mild Memory Loss/Dementia /Mental Health Impaired	1
<input type="checkbox"/> Mod/Severe Memory Loss/Dementia/Mental Health Impaired	2
<input type="checkbox"/> On-going Medical Cond. <input type="text"/>	1
<b>TOTAL</b>	<b>0</b>

## SCORE FORM

<b>Short-Term Default High Risk (Offer up to 3 months, Reassess)</b>	
<input type="checkbox"/> Recent Discharge or Acute Medical Condition	
<input type="checkbox"/> Hospice Care: Phone # to call <input type="text"/>	
<b>DETERMINE Nutrition Risk Score</b>	<b>Points</b>
<input type="checkbox"/> Low Risk (0-2)	0
<input type="checkbox"/> Moderate Risk (3-5)	1
<input type="checkbox"/> High Risk (6 or more)	2
<b>MST Malnutrition Screen Score</b>	
<input type="checkbox"/> Not at Risk (0 to 1)	0
<input type="checkbox"/> At Risk (2 to 5)	2
<b>Food Insecure</b>	
<input type="checkbox"/> Never True	0
<input type="checkbox"/> Sometimes True	1
<input type="checkbox"/> Often True	2
<b>Access and Ability</b>	
<input type="checkbox"/> Unable to leave their home unassisted	2
<input type="checkbox"/> Food Preparation (Unable to cook/prepare adeq. meals.)	2
<input type="checkbox"/> Shopping/Food Access/Unable to obtain food	2
<input type="checkbox"/> Feeding (ADL)	2
<input type="checkbox"/> No formal or informal supports in place	2
<input type="checkbox"/> No Transportation/ Geographically isolated	1
<input type="checkbox"/> Income at or below the poverty level	1
<input type="checkbox"/> Uses cane, walker, wheelchair (Impaired mobility)	1
<input type="checkbox"/> Mild Memory Loss/Dementia /Mental Health Impaired	1
<input type="checkbox"/> Mod/Severe Memory Loss/Dementia/Mental Health Impaired	2
<input type="checkbox"/> On-going Medical Cond. <input type="text"/>	1
<b>TOTAL</b>	<b>0</b>

# Calculate Meal Prioritization Score.

The max score is 22 points.

- This score will prioritize services and/or determine placement on a waitlist.
- **The Defined Score Ranges are set and cannot be changed.**
  - High Need (13 to 23)
  - Moderate Need (7 to 12)
  - Low Need (6 or lower)



# Complete the Additional Considerations Section in Step 1

- **Health & Well-being.** Observe and listen for the following during your conversation with them.
- **Check the box for all that apply and ask if they would like additional information or assistance related to the items checked.**
- **Note items in Step 3-Interventions Section that you need to follow up on.**

## Additional Considerations (Check all that apply)

### Health and Well-Being (Offer services or referrals)

- ☐ Visually impaired
- ☐ Hearing impaired
- ☐ Difficulty Chewing (no or few teeth/poor fitting dentures)
- ☐ Difficulty Swallowing
- ☐ Lacks Cooking Skills
- ☐ Oxygen use
- ☐ Limited English
- ☐ Doesn't drive
- ☐ History of falls
- ☐ Home Safety Concerns:
- ☐ Incontinence
- ☐ Frailty/weakness
- ☐ Lives alone; or alone during the day
- ☐ Lonely
- ☐ Anxiety/Stress
- ☐ Complains of Pain
- ☐ Sad/Depressed/Grieving
- ☐ Housing Instability ☐ Homeless/unhoused
- ☐ Caregiver Support Needed
- ☐ In-home supports: ☐ MCO ☐ OT ☐ PT ☐ Home Health
- ☐ Other concerns:

Notes:

# Ask the 3 Emergency Preparedness Questions.



- Ask the questions.
- Provide the appropriate emergency preparedness informational handouts.
- Ask if they know about local heating or cooling shelters
- Ask if they have shelf-stable food/meals and water on hand
- Note items in Step 3- Interventions Section to follow up on.

## Emergency Preparedness Questions

Has at least 3 days of food & water at home? ☐ Yes ☐ No

If an extended power outage or an emergency has a plan?

☐ Yes ☐ No

Concerns about heating and/or cooling?

☐ Yes ☐ No

# Step 2: Defining Characteristics

## (Check the Boxes that apply for each level)

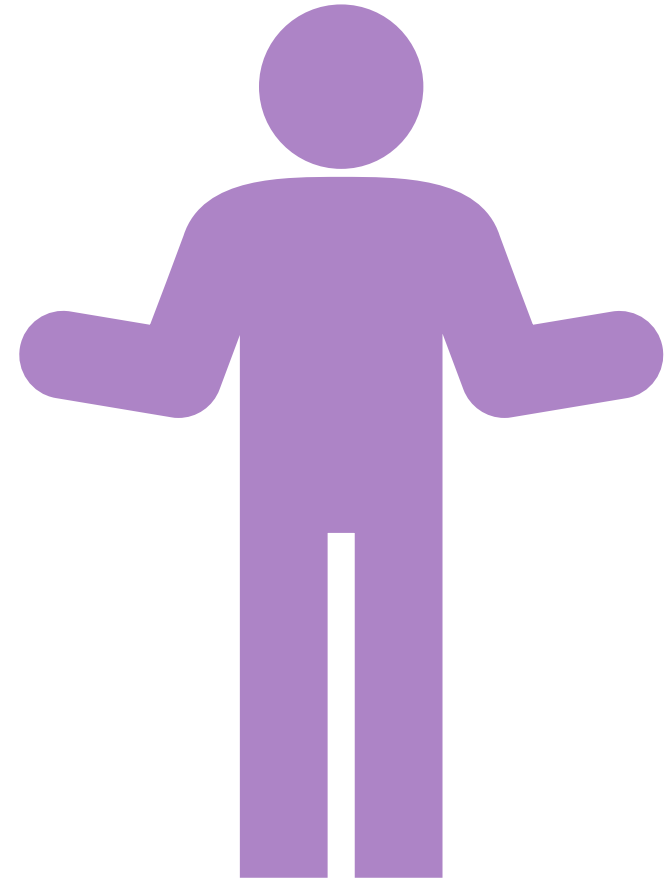
**The Defined Score Ranges are set and cannot be changed.**

**High Need (13 to 23). Moderate Need (7 to 12). Low Need (6 or lower)**

Step 2: Check the appropriate priority level & characteristics box(es).		
<input checked="" type="checkbox"/> High (Score of 13 or higher)	<input type="checkbox"/> Moderate (Score of 7 to 12)	<input type="checkbox"/> Low (Score of 6 or lower)
<input type="checkbox"/> Generally <b>Unable to leave their home unassisted</b> due to accident, illness, disability, frailty, or isolation. <b>Lacks support</b> <input type="checkbox"/> <b>Recent Discharge/Acute/ or Hospice</b> <input type="checkbox"/> <b>Unable to independently obtain food and prepare adequate meals.</b> <input type="checkbox"/> <b>Lives in a geographically isolated area.</b> <input type="checkbox"/> <b>Significantly affected by any loss of service in an emergency.</b> (Negative outcomes will result) <input type="checkbox"/> <b>Dementia/Memory/ Mental health impairment</b> affects decision-making. <input type="checkbox"/> <b>At Risk Caregiver or Eligible Dependent</b> who lives w/unable to prepare adeq meals. <input type="checkbox"/> <b>High Nutrition Risk</b> <input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> <b>Can leave home with assistance, has some supports.</b> <input type="checkbox"/> <b>They can or someone can make simple meals if food is available &amp;/or pick up Carry Out or other Meal/Food Options.</b> <input type="checkbox"/> <b>Needs more support and assistance to prevent decline and improve their health.</b> <input type="checkbox"/> <b>Unable to consistently access Senior Dining meals</b> due to personal health reasons or other reasons that make dining in a congregate setting inappropriate. <input type="checkbox"/> <b>Can benefit from Transportation to access meals</b> at congregate dining, shopping, food access, &/or activities. <input type="checkbox"/> <b>Can function with temporary loss of service for 1-3 days</b> in an emergency. <input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> <b>Ambulatory- can leave home unassisted. Can shop, cook, and prepare simple meals.</b> <input type="checkbox"/> Cannot Drive in the Winter <input type="checkbox"/> Transportation Needed <input type="checkbox"/> Spouse or Caregiver <b>can prepare adequate meals.</b> <input type="checkbox"/> Spouse <b>can benefit from a meal.</b> <input type="checkbox"/> Caregiver <b>can benefit from a meal.</b> <input type="checkbox"/> Meal for a <b>person under 60 with a disability who lives with</b> an eligible individual who participates in the program. <input type="checkbox"/> Living with someone or living alone with <b>dependable supports.</b> <input type="checkbox"/> Has <b>reliable transportation.</b> <input type="checkbox"/> <b>Can manage/has resources and supports</b> in an emergency > than 3 days. <input type="checkbox"/> <b>Other:</b>

# Override:

- You can override the Step 1 score and mark it in a different Need Level Category;
- However, **you must note the reason for the override under Step 4 on the Score form and in Peer Place.**





## Step 3: Intervene



In alignment with the purpose of the OAA, all individuals requesting nutrition services should be provided with additional resources and referrals to other organizations and/or services that might assist in meeting their needs.

**Remember... *“We aim to ensure individuals receive meals and services tailored to their unique needs, while effectively managing available resources and capacity.”***

# Update Step 3: Score Form (to reflect local interventions)

## VERSION 1 Form (Top of Page 2)

STEP 3: INTERVENTIONS											
<input type="checkbox"/> High Need (Intense Interventions) <input type="checkbox"/> Moderate Need (Access & Assistance) <input type="checkbox"/> Low Need (Information/Connection)											
<b>Nutrition Plan</b>											
Home Delivered Meals	<input type="checkbox"/> days/week on	M	T	W	TH	F	<input type="checkbox"/> Liquid Nutrition Supplement Product: _____	<input type="checkbox"/> Complete Enhanced DETERMINE Form			
Additional Meals	<input type="checkbox"/> Weekend Meals deliver on						Amount per Day _____ Or Per Month _____	<input type="checkbox"/> Senior Farmers Market Voucher <input type="checkbox"/> Food Box <input type="checkbox"/> Other Food/Nutrition Resources <input type="checkbox"/> Pet Food <input type="checkbox"/> Dog <input type="checkbox"/> Cat			
	<input type="checkbox"/> 2nd meal deliver on										
	<input type="checkbox"/> Shelf-stable meals deliver on										
	<input type="checkbox"/> Frozen meals delivered on										
	<input type="checkbox"/> Spouse/Person w/ disability Meal										
	<input type="checkbox"/> Caregiver Meal										
	<input type="checkbox"/> Grndparent raising grandkid meal										
Carryout Meals	<input type="checkbox"/> Meals/week						<input type="checkbox"/> Deliver with Meal				
Senior Dining	<input type="checkbox"/> days per week						<input type="checkbox"/> Will Pick Up				
<b>Additional Programs, Services &amp; Referrals</b>											
<input type="checkbox"/> Informed about gwaar.org/nourishstep	<input type="checkbox"/> Transportation to: <input type="checkbox"/> Senior Dining Site <input type="checkbox"/> Grocery/Shopping <input type="checkbox"/> Food Pantry <input type="checkbox"/> Senior Center <input type="checkbox"/> Other										
<input type="checkbox"/> Refer to Dietitian Reason: <input type="checkbox"/> Call to answer questions <input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Nutrition Ed <input type="checkbox"/> Cooking Skills <input type="checkbox"/> EAT-10 Swallow Screen <input type="checkbox"/> Other	<input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Evaluation <input type="checkbox"/> Provide the following: _____										
	<input type="checkbox"/> Independent Living Center Referral										
	<input type="checkbox"/> I & A Specialist or <input type="checkbox"/> Options Counselor										
Notes:	<input type="checkbox"/> EBS Referral for: <input type="checkbox"/> Food Share Assistance <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Other: _____										
	<input type="checkbox"/> EB Health Promotion or Wellness Class: (Specify) <input type="checkbox"/> Living Well _____ <input type="checkbox"/> Stepping On <input type="checkbox"/> Walk with Ease <input type="checkbox"/> Mind Over Matter <input type="checkbox"/> Eat Smart, Move More, Weigh Less <input type="checkbox"/> Stepping Up Your Nutrition <input type="checkbox"/> Other: _____										
	Notes: _____										
Notes:	<input type="checkbox"/> Caregiver Specialist Referral <input type="checkbox"/> Dementia Care Specialist <input type="checkbox"/> Veteran's Officer Referral										
	<input type="checkbox"/> Resource Directory <input type="checkbox"/> Falls Prevention Information <input type="checkbox"/> Hearing <input type="checkbox"/> Vision Referral										
	<input type="checkbox"/> Socialization Resources <input type="checkbox"/> Emergency Preparedness Info <input type="checkbox"/> Dental Assistance										
<input type="checkbox"/> Other: _____											

## VERSION 2 Form (Top of Page 2)

STEP 3: INTERVENTIONS		
<input type="checkbox"/> High Need (Score of __) Intense Interventions	<input type="checkbox"/> Moderate Need (Score of __) Access and Assistance	<input type="checkbox"/> Low Need (Score of __) Information and Connection
<input type="checkbox"/> Home-delivered Meals 5 day/wk (C2)	<input type="checkbox"/> Carry Out Meals ___ days/wk (C2)	<input type="checkbox"/> Carry Out Meals ___ days/wk (C2)
<input type="checkbox"/> Weekend Meals (C2)	<input type="checkbox"/> Home delivered Meals ___ days/wk (C2)	<input type="checkbox"/> Senior Dining ___ days/week (C1)
<input type="checkbox"/> ___ Additional Fresh Meal(s)/day	<input type="checkbox"/> Senior Dining ___ days/week (C1)	<input type="checkbox"/> Spouse Meal
<input type="checkbox"/> Frozen or <input type="checkbox"/> Shelf Stable Meals ___ /Day or ___ per week. <input type="checkbox"/> C2 <input type="checkbox"/> IIIB Funds	<input type="checkbox"/> Spouse ___ meals/wk	<input type="checkbox"/> Person w/Disability lives w/ind. Meal
<input type="checkbox"/> Carry Out Meals ___ days/wk (C2)	<input type="checkbox"/> Person with Disability who lives w/ind.	<input type="checkbox"/> Caregiver Meal
<input type="checkbox"/> Spouse Meal	<input type="checkbox"/> Adaptive Equipment (IIIB)	<input type="checkbox"/> Caregiver Specialist Referral
<input type="checkbox"/> Person with Disability who lives w/ind. ___ Meals per Week <input type="checkbox"/> C2	<input type="checkbox"/> Referral to Independent Living Center	<input type="checkbox"/> Dementia Care Specialist Referral
<input type="checkbox"/> At-risk Caregiver who lives with the participant. ___ Meals per Week	<input type="checkbox"/> Transportation to: <input type="checkbox"/> Dining Center ___ Days/Wk	<input type="checkbox"/> Transportation to: <input type="checkbox"/> Dining Site <input type="checkbox"/> Senior Center
<input type="checkbox"/> Caregiver Specialist Referral	<input type="checkbox"/> Food Pantry <input type="checkbox"/> Grocery Store	<input type="checkbox"/> Grocery/shopping <input type="checkbox"/> food pantry
<input type="checkbox"/> Dementia Care Specialist Referral	<input type="checkbox"/> Other: _____ <input type="checkbox"/> 85.21 <input type="checkbox"/> 85.215 <input type="checkbox"/> 5310 <input type="checkbox"/> IIIB	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dietitian Referral <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> IIIB	<input type="checkbox"/> EBS Referral	<input type="checkbox"/> I & A Specialist or Options Counselor
<input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Nutrition Ed	<input type="checkbox"/> Foodshare application	<input type="checkbox"/> Nutrition Education <input type="checkbox"/> gwaar.org/nourishstep.com
<input type="checkbox"/> Liquid nutrition supplement	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Call or Visit w/Dietitian <input type="checkbox"/> C1 <input type="checkbox"/> C2
<input type="checkbox"/> C2 with OAA Meal	<input type="checkbox"/> Supplemental Food Box(s)	<input type="checkbox"/> List of other food/nutrition resources (Senior Center/Food Pantry/Community meals)
<input type="checkbox"/> IIIB (Supplement only) (Specify type)	<input type="checkbox"/> Senior Farmers Market Vouchers	<input type="checkbox"/> Socialization, Nutrition & Wellness Resource Guide
<input type="checkbox"/> Other _____	<input type="checkbox"/> Dietitian Referral <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> IIIB	<input type="checkbox"/> Evidence Based & Wellness Class(es)
	<input type="checkbox"/> Caregiver Meals <input type="checkbox"/> Caregiver Referral	<input type="checkbox"/> Senior Farmers Market Vouchers
	<input type="checkbox"/> Grandparents Raising Grandkids Support <input type="checkbox"/> AFCSF <input type="checkbox"/> NFCSF Funds-grandchild meal.	<input type="checkbox"/> Cooking Class or resources
	<input type="checkbox"/> Pet food Assistance <input type="checkbox"/> ___ Funds	<input type="checkbox"/> Recipes <input type="checkbox"/> Cooking for 1 or 2
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Meal Ideas <input type="checkbox"/> Budget-friendly
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Stepping Up Your Nutrition Class
		<input type="checkbox"/> Other _____

Customize this section of the form to reflect the interventions, programs, services, and referrals you offer.

Train staff : Specific number of meals for each need category or have taken a person-centered approach and based the decision on individual needs.

# Person-Centered Nutrition Plan- Version 1

<input type="checkbox"/> High Need (Intense Interventions)		<input type="checkbox"/> Moderate Need (Access & Assistance)		<input type="checkbox"/> Low Need (Information/Connection)		
Nutrition Plan						
		M	T	W	TH	F
Home Delivered Meals	<input type="checkbox"/> <input type="text"/> days/week on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Meals	<input type="checkbox"/> <input type="text"/> Weekend Meals deliver on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="text"/> 2nd meal deliver on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="text"/> Shelf-stable meals deliver on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="text"/> Frozen meals delivered on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Spouse/Person w/ disability Meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Caregiver Meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Grndparent raising grandkid meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carryout Meals	<input type="checkbox"/> <input type="text"/> Meals/week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Dining	<input type="checkbox"/> <input type="text"/> days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Liquid Nutrition Supplement Product:   
 Amount per Day  Or Per Month   
☐ Deliver with Meal  
☐ Will Pick Up

☐ Complete Enhanced DETERMINE Form  
☐ Senior Farmers Market Voucher  
☐ Food Box  
☐ Other Food/ Nutrition Resources  
☐ Pet Food  
☐ Dog ☐ Cat

Update this section of the form to reflect the interventions, programs, services, and referrals you offer.

# Additional Programs & Services



Additional Programs, Services & Referrals		
<input type="checkbox"/> Informed about <a href="http://gwaar.org/nourishstep">gwaar.org/nourishstep</a>  <input type="checkbox"/> Refer to Dietitian <b>Reason:</b> <input type="checkbox"/> Call to answer questions <input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Nutrition Ed <input type="checkbox"/> Cooking Skills <input type="checkbox"/> EAT-10 Swallow Screen <input type="checkbox"/> Other  Notes:	<input type="checkbox"/> Transportation to: <input type="checkbox"/> Senior Dining Site <input type="checkbox"/> Grocery/Shopping <input type="checkbox"/> Food Pantry <input type="checkbox"/> Senior Center <input type="checkbox"/> Other	
	<input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Evaluation <input type="checkbox"/> Provide the following: _____ <input type="checkbox"/> Independent Living Center Referral _____	
	<input type="checkbox"/> I & A Specialist or <input type="checkbox"/> Options Counselor Notes: _____	
	<input type="checkbox"/> EBS Referral for: <input type="checkbox"/> Food Share Assistance <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Other:  Notes: _____	<input type="checkbox"/> EB Health Promotion or Wellness Class: (Specify) <input type="checkbox"/> Living Well _____ <input type="checkbox"/> Stepping On <input type="checkbox"/> Walk with Ease <input type="checkbox"/> Mind Over Matter <input type="checkbox"/> Eat Smart, Move More, Weigh Less <input type="checkbox"/> Stepping Up Your Nutrition <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Caregiver Specialist Referral <input type="checkbox"/> Dementia Care Specialist <input type="checkbox"/> Veteran's Officer Referral <input type="checkbox"/> Resource Directory <input type="checkbox"/> Falls Prevention Information <input type="checkbox"/> Hearing <input type="checkbox"/> Vision Referral <input type="checkbox"/> Socialization Resources <input type="checkbox"/> Emergency Preparedness Info <input type="checkbox"/> Dental Assistance <input type="checkbox"/> Other: _____	

**Update this section of the form** to reflect the interventions, programs, services, and referrals you offer.

- It is very important that you connect folks with other programs & services!



# Person-Centered Interventions-Version 2

Update this section of the form to reflect the interventions, programs, services, and referrals you offer.



## STEP 3: INTERVENTIONS

### ☐ High Need (Score of \_\_) Intense Interventions

- ☐ Home-delivered Meals 5 day/wk (C2)
- ☐ Weekend Meals (C2)
- ☐ \_\_\_ Additional Fresh Meal(s)/day
- ☐ Frozen or ☐ Shelf Stable Meals \_\_\_ /Day Or \_\_\_ per week. ☐ C2 ☐ IIIB Funds
- ☐ Carry Out Meals \_\_\_ days/wk (C2)
- ☐ Spouse Meal
- ☐ Person with Disability who lives w/ind. \_\_\_ Meals per Week ☐ C2
- ☐ At-risk Caregiver who lives with the participant. \_\_\_ Meals per Week
- ☐ Caregiver Specialist Referral
- ☐ Dementia Care Specialist Referral
- ☐ Dietitian Referral ☐ C1 ☐ C2 ☐ IIIB
- ☐ Nutrition Counseling ☐ Nutrition Ed
- ☐ Liquid nutrition supplement
  - ☐ C2 with OAA Meal
  - ☐ IIIB (Supplement only) (Specify type) \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### ☐ Moderate Need (Score of \_\_) Access and Assistance

- ☐ Carry Out Meals \_\_\_ days/wk (C2)
- ☐ Home delivered Meals \_\_\_ days/wk (C2)
- ☐ Senior Dining \_\_\_ days/week (C1)
- ☐ Spouse \_\_\_ meals/wk
- ☐ Person with Disability who lives w/ind
- ☐ Adaptive Equipment (IIIB)
- ☐ Referral to Independent Living Center
- ☐ Transportation to:
  - ☐ Dining Center \_\_\_ Days/Wk
  - ☐ Food Pantry ☐ Grocery Store
  - ☐ Other: \_\_\_\_\_
- ☐ 85.21 ☐ 85.215 ☐ 5310 ☐ IIIB
- ☐ EBS Referral
  - ☐ Foodshare application
  - ☐ Energy Assistance
- ☐ Supplemental Food Box(s)
- ☐ Senior Farmers Market Vouchers
- ☐ Dietitian Referral ☐ C1 ☐ C2 ☐ IIIB
- ☐ Caregiver Meals ☐ Caregiver Referral
- ☐ Grandparents Raising Grandkids Support ☐ AFCSP ☐ NFCSP Funds-grandchild meal.
- ☐ Pet food Assistance ☐ \_\_\_ Funds
- ☐ Dog ☐ Cat
- ☐ Other \_\_\_\_\_

### ☐ Low Need (Score of \_\_) Information and Connection

- ☐ Carry Out Meals \_\_\_ days/wk (C2)
- ☐ Senior Dining \_\_\_ days/week (C1)
- ☐ Spouse Meal
- ☐ Person w/Disability lives w/ind. Meal
- ☐ Caregiver Meal
- ☐ Caregiver Specialist Referral
- ☐ Dementia Care Specialist Referral
- ☐ Transportation to:
  - ☐ Dining Site ☐ Senior Center
  - ☐ Grocery/shopping ☐ food pantry
  - ☐ Other: \_\_\_\_\_
- ☐ I & A Specialist or Options Counselor
- ☐ Nutrition Education
  - ☐ gwaar.org/nourishstep.com
- ☐ Call or Visit w/Dietitian ☐ C1 ☐ C2
- ☐ List of other food/nutrition resources (Senior Center/Food Pantry/Community meals)
- ☐ Socialization, Nutrition & Wellness Resource Guide
- ☐ Evidence Based & Wellness Class(es) \_\_\_\_\_
- ☐ Senior Farmers Market Vouchers
- ☐ Cooking Class or resources
  - ☐ Recipes ☐ Cooking for 1 or 2
  - ☐ Meal Ideas ☐ Budget-friendly
- ☐ Stepping Up Your Nutrition Class
- ☐ Other \_\_\_\_\_

# “Right Meal & Services for You!” - Conversation Guide



Work with the participant to offer interventions that align with their level of need and their situation. This is a vital piece of the process that helps determine their customized nutrition plan so be sure to refer back to Steps 1 and 2 and note any items that need follow-up here.

We have created a ***“Conversation Guide & Follow Up If this then that” for HDM Assessors*** as a template for appropriate meal and nutrition interventions as well as other programs and services to offer that aligns with each risk factor on the Score Form. (Appendix 5). **This can be customized based on the interventions offered locally.**

## Intervene to reduce identified risk factors using effective strategies.

If this...	Then...
Short Term Meals: Recent Discharge or Acute Medical Condition or on Hospice	<ul style="list-style-type: none"> <li>HDM or Carry Out meals can be offered up to 5 days a week for up to 12 weeks.</li> <li>Complete the appropriate Registration Form</li> <li>Enter Data into Peer Place</li> <li>Follow up between weeks 8 and 12 to see if meals are still needed. If yes, schedule an in-home visit to determine the "Right Meal &amp; Services for You" <i>Level of Need and additional programs and services.</i></li> </ul>
High Determine (NSI) Score of 6+ & Malnutrition Screening Tool (MST) Score of 2 or more.	<ul style="list-style-type: none"> <li>Offer HDM, Carry Out, or Senior Dining meals as appropriate</li> <li>Ask if interested in more than 1 meal per day, then contact the dietitian to evaluate and approve.</li> <li>Provide Malnutrition Resource Brochure (Appendix 5)</li> <li>Rec. Complete the <i>Enhanced DETERMINE form</i> to uncover root causes &amp; contributing factors. Training on how to complete the Enhanced DETERMINE questions found on the <a href="#">Nutrition EXT SharePoint Page</a> in the "Enhanced DETERMINE" Folder</li> <li>Offer relevant Nutrition Education handouts from the "Nutrition Education for Common Conditions in Older Adults" folder located in the Meal Prioritization folder, as appropriate. Such as, <ul style="list-style-type: none"> <li><b>Green/Low Risk</b> <ul style="list-style-type: none"> <li>Eating Right Tips for Older Adults, Food Safety, Healthy Eating for Older Adults, Healthy Snacks, Healthy Plate, Fast Healthy Meal Plan Shop Eat Right, Fiber, Focus on Fats, Protein, Potassium, Smart Tips to Power up Breakfast, Sodium Free Flavor Tips, Water and more!</li> </ul> </li> <li><b>Yellow/Moderate Risk</b> <ul style="list-style-type: none"> <li>Difficulty Eating-Tooth &amp; Mouth Problems (Soft food), Food Sources of Vitamins and Minerals, Finger Foods Nutrition Therapy, Tips for Adding Protein, Sodium Content of Foods, Tips for Adding Protein, Tips to Support Weight Loss, Variety of Carb Counting &amp; General diabetes handouts, Heart Healthy Cooking <a href="#">Tips</a>, Sodium Content of Foods</li> </ul> </li> <li><b>Red/High Risk</b> <ul style="list-style-type: none"> <li>5 Tips for increasing calories, High Protein, High Calorie Recipes, High Calorie, High Protein Tips</li> </ul> </li> </ul> </li> <li>Ask if they want to talk to a Dietitian and Offer other appropriate programs, services, and referrals.</li> <li>Follow up via phone call and/or with HDM drivers at least quarterly to check their nutrition status.</li> </ul>
Food Insecure	<ul style="list-style-type: none"> <li>Offer HDM, Carry Out, or Senior Dining meals as appropriate</li> <li>If at high nutrition risk (Determine score 6+ and MST score of 2 or more) ask if interested in more than 1 meal per day, then contact the dietitian to evaluate and approve.</li> <li>Offer Elderly Benefit Specialist (EBS) assistance to apply for Foodshare and other benefits.</li> <li>Offer Supplemental Food Box</li> <li>Offer a Ride to the Food Pantry/grocery store or Senior Farmers</li> <li>Ask about Interest in Senior Farmers Market Vouchers</li> <li>Review Local Food Resources List (handout/brochure)</li> </ul>



Needs assistance with Food Preparation	<ul style="list-style-type: none"> <li>Ask about their ability to cook. I.e., do they know how but choose not to, are they unable to prepare due to weakness, fatigue, or physical/cognitive condition? Can they make simple meals? Ask what they typically eat during the day and when?</li> <li>Could they prepare food if it was available? I.e. food box, groceries, fresh produce, etc.</li> <li>Would they benefit from and use adaptive equipment? Padded silverware, plate guard, nosey cup, etc. <ul style="list-style-type: none"> <li>Refer to the Independent Living Center for evaluation &amp;/or provide adaptive equipment.</li> </ul> </li> </ul>
Unable to Obtain food (shop) &/or	<ul style="list-style-type: none"> <li>Ask if able to shop if transportation is available.</li> <li>If not, ask if interested in online shopping with delivery or pick-up.</li> </ul>
Uses Cane/Walker/Wheelchair (Mobility Impaired)	<ul style="list-style-type: none"> <li>Ask if able to leave home with or without assistance.</li> <li>Ask if they have any concerns about their mobility devices &amp;/or would like to talk with someone from the Independent Living Center.</li> <li>Is their cane/walker/wheelchair in good condition or do they need repairs?</li> </ul>
Cannot Feed Themselves	<ul style="list-style-type: none"> <li>Ask who comes to assist them with eating, when, and how often.</li> <li>Do they have adaptive equipment or would like a referral to the Independent Living Center for evaluation?</li> </ul>
Has no formal or informal support to assist with nutrition needs	<ul style="list-style-type: none"> <li>Do they have family or neighbors that help with food access or meals? If yes, how often?</li> <li>Do they have a computer, tablet, or smart phone? Do they know how to use it? Provide <i>Socialization, Wellness and Nutrition Resource Brochure</i> <ul style="list-style-type: none"> <li>Offer technology classes and/or point out resources in the above brochure.</li> </ul> </li> <li>Ask if a Veteran. If yes, if they are aware of the local VA Officer? Ask if interested in The Honor Flight.</li> <li>Ask if they have a plan in case of emergency. Provide Emergency preparedness resources.</li> </ul>
No Transportation or Geographically Isolated	<ul style="list-style-type: none"> <li>Offer transportation as available. Can they get a ride to attend the congregate site, shop, senior center, etc.?</li> <li>Ask where/how they get their groceries &amp; other supplies. Are they interested in assistance to order groceries online?</li> </ul>
Income at/below poverty	<ul style="list-style-type: none"> <li>(See Food Insecure above) Offer EBS to evaluate for other programs &amp; services they may be eligible for.</li> </ul>
Dementia/Memory Loss/Mental Health Impairment	<p>Ask if they would like a referral to the Dementia Care Specialist.</p> <p>Review <i>Memory Mental Health Guidance for HDM Assessors</i> for additional training.</p> <p>Scoring Guidance:</p> <ul style="list-style-type: none"> <li>Mild Red Flags: If the issues seem minor or only slightly affecting their daily life, <b>score 1 point on the Score Form.</b></li> <li>Moderate to Severe Red Flags: If the concerns are more significant &amp; impact ability to function, <b>score 2 points on the form.</b></li> </ul>
On-going Medical Condition	<p>Ask if it is well-controlled or if they are having complications &amp;/or have concerns. For example.</p> <ul style="list-style-type: none"> <li>If they self-report having diabetes, is it under control or would they like to talk with a dietitian?</li> <li>If they self-report having arthritis, does it affect their ability to shop, cook, eat, etc.?</li> </ul>

**We suggest that you provide a "Level of Need" Summary Letter after the visit that aligns with their Need Level:**

Summary Letters can be personalized to provide a recap of the programs, services, and referrals discussed, as well as what the participant agreed to. While optional, we hope you find them helpful as we shift towards a more person-centered approach. **Red = High Need. Yellow= Moderate Need, Green = Low Need**


- They are intended to be left with the participant after the initial or annual reassessment. The letter includes:
  - A summary of the "Right Meal & Services for You" Process & a copy of their individualized plan for meals and additional supportive services.
  - A reminder to contact us with any change in condition. The intervention section is customizable to your local program offerings.
  - QR Link for Satisfaction Survey. (Hard copy [also](#) available). Enter results at [this link](#) for each survey. Thank you!



# Referrals and Person-Centered Plan

Created Level of Need- “Right Meal & Services for You-  
*Summary Letter*, to reflect the interventions you will offer for each level.


RED LEVEL



[Organization Logo]

Participants Name: \_\_\_\_\_  
Date: \_\_\_\_\_


RED LEVEL



What to Expect from This Process

1. Careful Evaluation  
We will conduct an assessment to understand your situation and needs.  
2. Personalized Options


YELLOW LEVEL



[Organization Logo]

Participants Name: \_\_\_\_\_  
Date: \_\_\_\_\_


YELLOW LEVEL



What to Expect from This Process

1. Careful Evaluation  
We will conduct an assessment to understand your situation and needs.  
2. Personalized Options  
Based on our evaluation, and your input, we'll recommend the best meal options for you and let you know about any additional services or resources that might be beneficial.


GREEN LEVEL



[Organization Logo]

Participants Name: \_\_\_\_\_  
Date: \_\_\_\_\_

GREEN LEVEL



What to Expect from This Process

1. Careful Evaluation  
We will conduct an assessment to understand your situation and needs.  
2. Personalized Options  
Based on our evaluation, and your input, we'll recommend the best meal options for you and let you know about any additional services or resources that might be beneficial.  
3. Ongoing Support  
If your needs, situation, or condition changes, please contact us. We'll reassess you to ensure you are receiving the most suitable support.

Elder Nutrition Program: Determining Your Meal Needs

Tailored Nutrition  
We believe good nutrition and social connection are essential for staying healthy and independent. Through the Older Americans Act (OAA) Nutrition Program, our mission is to reduce hunger, improve nutrition, promote socialization, and support overall wellness for adults aged 60 and older. We offer a variety of meal options and support services designed to meet you where you are. Our goal is to empower older adults to live in their own homes and communities for as long as they wish.

How We Determine Your Needs: "Right Meal & Services for You"  
Our "Right Meal & Services for You" Process is designed to determine the most suitable meal option that aligns with your needs, whether it's:


- Senior Dining Meals
- Grab n' Go Meals
- Home-Delivered Meals

In addition, we offer a range of programs and services to help you live independently:

- Nutrition Education
- Nutrition Counseling
- Transportation
- Wellness Classes
- Caregiver Support
- Resources and referrals for other programs and services and more!

We'll work with you to create a plan tailored to your unique situation.

Thank you for letting us serve you! We would love your feedback.




Here is a summary of your "Right Meal & Services for You" plan.

GREEN Level Choices	
<input type="checkbox"/> Bulk Home Delivered Meals Delivery or Pick-Up	_____ Days a week
<input type="checkbox"/> Senior Dining ( <input type="checkbox"/> In-person) ( <input type="checkbox"/> Virtual)	_____ Days a week
<input type="checkbox"/> Grab n' Go Meals	_____ Days a week
<input type="checkbox"/> Cooking Skill Information	_____
<input type="checkbox"/> Simple, affordable Meal & Recipes Ideas	_____
<input type="checkbox"/> Transportation to: <input type="checkbox"/> Senior Dining <input type="checkbox"/> Grocery Store	_____ Days a week
<input type="checkbox"/> Food Pantry <input type="checkbox"/> Senior Center <input type="checkbox"/> Other	_____ Days a week
<input type="checkbox"/> Nutrition Education	Specify: _____
<input type="checkbox"/> Nutrition or Wellness Class	Specify: _____
<input type="checkbox"/> Meal for Spouse or Person with Disability under 60	_____ Days a week
<input type="checkbox"/> Falls Prevention Information	_____
<input type="checkbox"/> Emergency Preparedness Information	_____
<input type="checkbox"/> Nutrition, Socialization, & Wellness Brochure	_____
<input type="checkbox"/> Caregiver Support	_____
<input type="checkbox"/> Pet Food Assistance <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	_____
<input type="checkbox"/> Other:	_____

Contact Information: For questions or to update us on any changes in your condition or situation.  
Organization Name: Insert name  
Phone: [Your Organization's Phone Number]  
Email: [Your Organization's Email]  
Website: [Your Organization's Website]

Thank you for letting us serve you! We would love your feedback.



Reference: “Right Meal & Services for You” Training Guide. P. 8 and Appendix A

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## RED LEVEL

[Organization Logo]

Participants Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Elder Nutrition Program: Determining Your Meal Needs

#### Tailored Nutrition

We believe good nutrition and social connection are essential for staying healthy and independent. Through the Older Americans Act (OAA) Nutrition Program, our mission is to reduce hunger, improve nutrition, promote socialization, and support overall wellness for adults aged 60 and older. We offer a variety of meal options and support services designed to meet you where you are. Our goal is to empower older adults to live in their own homes and communities for as long as they wish.

#### How We Determine Your Needs: "Right Meal & Services for You"

Our "Right Meal & Services for You" Process is designed to determine the most suitable meal option that aligns with your needs, whether it's:

- Senior Dining Meals
- Grab n' Go Meals
- Home-Delivered Meals

In addition, we offer a range of programs and services to help you live independently:

- Nutrition Education
- Nutrition Counseling
- Transportation
- Wellness Classes
- Caregiver Support
- Resources and referrals for other programs and services and more!

We'll work with you to create a plan tailored to your unique situation.

Thank you for letting us serve you! We would love your feedback.



Participant Satisfaction Survey:  
Right Meal & Services for You



## RED LEVEL

### What to Expect from This Process

#### 1. Careful Evaluation

We have conducted an assessment to understand your situation and needs.

#### 2. Personalized Options

Based on our evaluation, and your input, we'll recommend the best meal options for you and let you know about any additional services or resources that might be beneficial.

#### 3. Ongoing Support

If your needs, situation, or condition changes, please contact us. We'll reassess you to ensure you are receiving the most suitable support.

Here is a summary of your "Right Meal & Services for You" plan.

RED Level Choices	
<input type="checkbox"/> Home Delivered Meals	_____ Days a week
<input type="checkbox"/> Weekend Meals	_____ Days a week
<input type="checkbox"/> Frozen Meals	_____ Days a week
<input type="checkbox"/> Evaluation for Adaptive Equipment	
<input type="checkbox"/> Nutrition Supplement Drink	_____ Per _____
<input type="checkbox"/> Nutrition Education	Specify: _____
<input type="checkbox"/> Nutrition Counseling with Dietitian	Specify: _____
<input type="checkbox"/> Meal for Spouse or Person with Disability under 60	_____ Days a week
<input type="checkbox"/> Malnutrition Resource Brochure	
<input type="checkbox"/> Emergency Meals & Preparedness Information	
<input type="checkbox"/> Socialization, Nutrition & Wellness Resource Guide	
<input type="checkbox"/> Caregiver Support	
<input type="checkbox"/> Pet Food Assistance <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	

**Contact Information:** For questions or to update us on any changes in your condition or situation.

**Organization Name:** Insert name

**Phone:** [Your Organization's Phone Number]

**Email:** [Your Organization's Email]

**Website:** [Your Organization's Website]

Thank you for letting us serve you! We would love your feedback.



Participant Satisfaction Survey:  
Right Meal & Services for You



# Testimonials about the Process & Local Operationalization

MOW Assessment & Risk Score Tool



# 4 Prong Approach

- 1) “The Right Meal for You” Standardized Process
- 2) Advocacy to secure funding & Raise Awareness
- 3) Identifying efficiencies & Cost Savings
- 4) Partnerships





Image by Shaarc from Pixabay

**Does the process provide  
a more objective way to  
identify the level of  
need?**





Image by Victoria from Pixabay

Are you connecting participants to more Programs, Services, and Referrals now because of the process?



**Have you implemented any other partnerships or cost savings efficiencies in addition to using the process?**

**Clark Cty**

## Kenosha County ADRC- Efficiency

In 2023, faced an **estimated \$200,000 deficit** in Home-Delivered Meals (HDM) program.

At that time, *most participants were receiving two meals per day.*

In 2024, they adopted the “Right Meal for You” standardized, person-centered process.

**This shift not only eliminated a waitlist of approximately 60 individuals but also resolved the \$200,000 deficit.**

Staff state the tool increases their confidence, brings greater objectivity to the assessment process, and **helps operationalize the “*More Than a Meal*” philosophy**

## Efficiency Example- Taylor County (Small Change; Big Impact)



When doing their meal cost tool, they were able to see that they saved \$20,000 by decreasing HDM delivery for 2 routes by 1 day a week.



The folks still get the option of 5 meals that week



They also have the option for a check-in call on the day the meals are not delivered!

# How to Access the Information

Registration for the GWAAR Partner Resources – [External SharePoint](#) site is required.

You can register by completing this form: [GWAAR Partner Resources Registration Form](#). Additional information regarding requesting who can access and what is available to access on the site can be found [here](#).

After your registration is submitted, your information will be reviewed for approval. You will either receive a confirmation or denial email within 10 business days. If approved, the confirmation email will include PDF instructions for setting up multi-factor authentication to gain access to and how to navigate the SharePoint site.

Once you have access, all required documents, editable templates, training materials, and supporting resources are available on the [GWAAR EXT Nutrition SharePoint](#) site in the “Meal Prioritization” folder.



# Training Guides



Greater Wisconsin  
Agency on Aging Resources, Inc.

## Director Training Guide

### *“Right Meal & Services for You”* Meal Prioritization & Waitlist Policy & Procedure Guidance



1 | GWAAR Nutrition Team Updated 1-21-25 FINAL



Greater Wisconsin  
Agency on Aging Resources, Inc.

## Home Delivered Meal Assessor Training Guide:

### *“Right Meal & Services for You”* Meal Prioritization & Waitlist Policy & Procedure Guidance



1 | GWAAR Nutrition Team Updated 1-21-25 FINAL



## Checklist for Implementing the "Right Meal & Services for You" Process

This is At-A-Glance. More details available in the Directors Training Guide and Training Modules.

### Required

- ☐ Review Training Modules & Supporting Documents on the [GWAAR EXT Nutrition SharePoint](#) site in the "Meal Prioritization" folder.
- ☐ Eligibility Verification
  - ☐ Confirm all participants in the home-delivered meals (HDM) program meet eligibility criteria before considering meal prioritization or a waitlist.
- ☐ Capacity Evaluation
  - ☐ Determine if demand for program resources exceeds available funding, staff, volunteers, or other capacity.
- ☐ Update your Local Meal Prioritization/Waitlist Policy and Procedure.
  - ☐ Please use the *Local Meal Prioritization Waitlist Policy and Procedure Template* as a base, you can add more details.
- ☐ Notify Key Stakeholders: Inform your Nutrition Advisory Committee (NAC), Governing Body, Corporation Counsel, and GWAAR about your plans to implement this process & why. (Review Training Module 1 &/or supporting resources with them).
  - ☐ Submit Required Notification: Before implementing a waitlist, notify the GWAAR Nutrition Team by completing the required [Notification Form](#).
  - ☐ Review and Approve Policies: Have your NAC & governing board review your Local Policy & Procedure (P&P) for the waitlist or meal prioritization process. Ensure it adheres to the GWAAR-required process and obtain formal approval before implementation.
  - ☐ Review and Adopt Consent for Referrals document: *If your interventions include referrals to external agencies*. We have a template you can use (*Home-Delivered Meals (HDM) Consent to Share Information*). Customize to fit your needs. Ensure your Corporation Counsel reviews and approves before use (see Appendix 1).
- ☐ Training
  - ☐ Nutrition Director and appropriate staff & volunteers will watch the "Right Meal & Services for You" Meal Prioritization/Waitlist Training Modules (GWAAR Ed or [GWAAR EXT Nutrition SharePoint](#))
- ☐ Use of Standardized Tools
  - ☐ Use the current "Right Meal & Services for You" HDM Registration Form. It is updated annually in January with the required information for federal reporting and contains the information needed to complete the "Right Meal & Services for You" Score Form.
  - ☐ Review Version 1 or Version 2 of the "Right Meal & Services for You" Score Form; the only difference is how Step 3- Intervention Section is laid out. (Appendix 1)
    - ☐ Select which version to use.
    - ☐ Update Step 3 (Intervention) Section on page 2 of the Score Sheet to reflect the interventions your local program offers. This is the ONLY section of the form that can be modified.

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- ☐ Decide Meal Allocation Approach: Whether to assign a specific number of meals to each need category or to adopt a person-centered approach based on individual needs, or a hybrid of both.
- ☐ Determine who will be responsible for completing the required forms and establish a plan for communicating this process to participants. (See "Right Meal & Services for You" Decision Pathway in Appendix 1).
- ☐ Review how to Document in Peer Place. (Coming soon. Training module how to record in Peer Place).
- ☐ GWAAR Nutrition Team Review
  - ☐ Send your local Waitlist/Meal Prioritization P&P and local "Right Meal & Services for You" Score Form to your GWAAR Nutrition Team Representative for review.
- ☐ Appeal Process
  - ☐ Follow local grievance and appeals procedures. Review process with appropriate staff.
- ☐ Communication
  - ☐ GWAAR Updates and Announcements. Stay informed through quarterly calls and emails from GWAAR.
  - ☐ Local Agency Communication. Communicate this process to all relevant team members, volunteers, the Nutrition Advisory Council, and governing bodies.


### OPTIONAL but Strongly Encouraged.

- ☐ Follow-up Materials. We have several optional supporting materials that you can use. They could be used initially or added in as the process evolves locally. (Please review Appendix 2- Participant Resources. Appendix 3- HDM Assessor Supporting Materials. Appendix 4- Information for Board, Advisory Council, and partners. Appendix 5- Optional Administrative Materials). Below are some of the items.
- ☐ Satisfaction Surveys. We would greatly appreciate [your](#) assistance in helping us collect data about this new process by distributing Satisfaction Surveys to participants and your staff. (Appendix 5)
  - ☐ Distribute Satisfaction Surveys to participants and staff for data collection and evaluation. If hard copies are completed, enter data at the following links. (Appendix 5)
    - ☐ [Staff Satisfaction Survey Link](#)
    - ☐ [Participant Satisfaction Survey Link](#)
- ☐ Review and Update "Level of Need" Summary letter templates, specifically page 2 to reflect local interventions (Red, Yellow, and Green). Intended to be provided to participants as a summary of the process and their person-centered plan. (See Appendix 5)
- ☐ Review & Update "Communication Guide, "If this, then that, Recommended Follow-up for HDM Assessors". This document can be used as a cheat sheet for HDM Assessors to help them connect participants to appropriate interventions based on their responses on the "Right Meal & Services for You" Score Form. (Appendix 5)

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# Communication Plan

We have an introductory Letters and a Communication Plan template with supporting documents that can be customized.

<p>Insert Agency Logo</p> <p>Dear Click or tap here to enter text.</p> <p>This letter is to inform you of changes to the Home Delivered Meal program due to capacity issues. We have implemented a new process called The <b>Right Meal &amp; Services for You</b>. This helps us objectively determine the appropriate services to offer you within three tiers (High (Red), Moderate (Yellow), or Low (Green) Need).</p> <p>We operate under the Older Americans Act (OAA) regulations. The OAA services are not intended to reach every eligible individual in the community, the Act requires nutrition programs to target and prioritize services to eligible individuals who are in greatest social and economic need. We will meet with you to determine the most appropriate type of meal service we are able to offer to you (Senior Dining, Carryout, or Home Delivered). This may mean that you may be offered limited services or placed on waiting lists to receive services on a suggested contribution basis depending on the results of our assessment.</p> <p><b>Home-Delivered Meal (HDM) Assessments</b> The (insert agency name) nutrition program will contact you to set up an in-home assessment to determine your need for home-delivered meals. This assessment is required of everyone receiving home-delivered meals initially and at least annually. During the past three years, assessments could be done over the phone or virtually as a safety precaution. With the end of the COVID public health emergency, we must return to doing in-home visits. These visits are important because they help us determine the level of support you need based on your situation and allow us to offer you services &amp; resources that best meet your nutritional and health needs so you can remain living independently in your home.</p> <p>Your nutrition is important to us, and we want to make sure that you have a plan and resources you need to maintain good nutrition. In addition to the HDM program, we offer Congregate or Senior Dining Meals to anyone age 60+ on a voluntary contribution basis. The congregate dining program offers a delicious meal served in a group setting. Moreover, it provides the opportunity for socialization that is important for your overall health, with other adults 60+ from your community. Participation in the congregate dining program also allows us to stretch our funding within the home-delivered meal program to serve those who are unable to meet their nutritional needs without a home-delivered meal. Please consider participating in the congregate dining program when you are able. We will share information about our congregate dining program during the assessment.</p>	 <p><b>What to Expect After Your Assessment</b> After your assessment, you will receive communication from us either via phone or in writing of your current eligibility status for receiving home-delivered meals. Edit the information highlighted in yellow below based on your local policy on services offered for each level or person-centered. Red= High Need, Yellow= Moderate need, and Green= Low need). Remove the yellow highlight before sending the letter.</p> <p><input type="checkbox"/> <b>Red Level:</b> You will continue to receive home-delivered meals 5 days per week, and you will not see any changes in delivery.</p> <p><input type="checkbox"/> <b>Yellow Level:</b> (You will be transitioned to home-delivered meals 3 days per week starting on Click or tap to enter a date.) You can choose which 3 days of the week you would like the meals delivered but the days you select will need to stay the same from week to week.</p> <p><input type="checkbox"/> <b>Green level:</b> You will receive X HDMs OR you will no longer receive home-delivered meals. The date for your last home-delivered meal will be Click or tap to enter a date. We invite you to attend one of our Senior Dining Locations.</p> <p><b>How You Can Help Us</b> Because there is high demand for the program, please keep us informed if your condition changes or if you no longer need home-delivered meals. In addition to the federal, state, and local funding we receive, we rely on participant contributions toward the cost of the meal to help us provide meals to as many people as possible. We understand that not all participants may be able to contribute the amount suggested. This is why we ask you to please contribute what you can regularly. Contributions are confidential; no one receiving meals will be denied a meal due to an unwillingness or inability to contribute.</p> <p>Please contact us at XXX-XXX-XXXX if you have questions; feel your assessment was calculated in error or have a change in condition and would like to request another assessment.</p> <p>Sincerely,</p> <p>Director or Nutrition Director Name and Position Phone # and email</p>
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## “Right Meal & Services for You” Elevator Speech Options:

We have put together 4 options for you to choose from|

### Option 1

The “Right Meal and Services for You” process is designed to ensure older adults receive appropriate meals and services tailored to their unique needs. By categorizing individuals into three tiers—High, Moderate, and Low need—we prioritize those at the highest risk of nutrition insecurity, while still providing services and referrals to others to prevent decline. This standardized approach ensures that resources are allocated effectively, especially when demand exceeds capacity, triggering waitlists or meal prioritization.

Aligned with the intent of the Older Americans Act (OAA), this process helps reduce hunger, malnutrition, and food insecurity while promoting health, independence, and socialization. It also supports equitable access to nutritious meals, builds program efficiency, fosters partnerships, and advocates for sustainable funding. Ultimately, we aim to empower older adults to live independently and thrive in their communities through person-centered, flexible service options, guiding them on a planned journey toward health and independence.

### Option 2

The “Right Meal and Services for You” process ensures that older adults receive the meals and services they need based on their unique circumstances. This approach aligns with the Older Americans Act by prioritizing individuals with the highest need and greatest risk of nutrition insecurity while still offering flexible, person-centered options to those at moderate or low risk. By objectively categorizing needs into tiers—High, Moderate, and Low—we can better allocate resources, prevent decline, and guide older adults on a planned journey toward health and independence. This standardized process not only ensures equitable access to essential services but also enhances efficiency, fosters partnerships, and supports sustainable program growth, empowering older adults to thrive in their communities.

### Option 3

The “Right Meal & Services for You” is a personalized approach designed to ensure older adults receive the meals and support they truly need. By taking the time to understand individual preferences, dietary requirements, and unique circumstances, we match participants with the best meal options and supportive services available. This process not only promotes better nutrition and health but also enhances independence and quality of life. Whether it’s tailored meal plans or connecting individuals to helpful resources, we’re here to make sure everyone gets the right care, at the right time, in the right way.

To achieve this, we use a tiered approach—High, Moderate, and Low need—ensuring those at the greatest risk of nutrition insecurity are prioritized while offering person-centered options for others to prevent decline. This process is aligned with the Older Americans Act (OAA), helping to reduce hunger, malnutrition, and food insecurity while promoting independence and socialization. By focusing on equitable access, program efficiency, and sustainable growth, we empower older adults to thrive in their communities through flexible, tailored services."

### Option 4

"The Right Meal & Services for You" is a personalized approach designed to ensure older adults receive the meals and support they truly need. By taking the time to understand individual preferences, dietary requirements, and unique circumstances, we match participants with the best meal options and supportive services available. This process not only promotes better nutrition and health but also enhances independence and quality of life. Whether it’s tailored meal plans or connecting individuals to helpful resources, we’re here to make sure everyone gets the right care, at the right time, in the right way.

GWAAR Nutrition Team 1-16-25

# Elevator Speech Options Available

## Customizable based on your audience.

- Located in Appendix 1.
- Great for Board, NAC, Partners and more.

# Script for Initial or Reassessments to Explain the New Process



## Script for “Right Meal & Services for You” Initial or Reassessment

(This is a sample template that can be modified to meet your local needs).

- **When Completing the HDM Inquiry over the Phone, use this language.**
  - Hi, my name is **Insert your name**. Over the past few years, we have seen a rise in our home-delivered meals demand without an increase in funding. Due to these factors, we have adopted a new “**Right Meal and Services for You**” assessment process. This process enables us to create a plan tailored to your unique situation while still operating within our capacity. We will carefully evaluate your needs and work with you to determine which of our resources best meet those needs, while also informing you of other available options. I have a few questions to ask you, do you have ~10 minutes to walk through the process now or would you like to set up another date and time?
- **If you do an initial determination of HDM eligibility over the phone, you could use this language.**
  - This is the initial screening to begin the **Right Meal & Service for You** process and initially determine the type and number of meals you are eligible to receive. (Senior Dining, Carryout, or Home Delivered Meals).
- **If they are found eligible to receive carry out &/or home-delivered meals, I have a few more questions to ask you, is that ok? (Complete Right Meal & Services for You HDM Registration and Score Form).** Once we complete this process it will be reviewed to determine which need level you fall into (high (Red), moderate (Yellow), or low (Green)) and what services we can offer that align with your level.
- **Do you anticipate needing meals longer than 12 weeks?**
  - If yes, we are required to complete an in-home visit to assess your situation more fully. The number and type of meals per week that you qualify for may change after the visit. The in-home assessment process must be completed initially and then at least annually or with a change of condition.
- **Wrap-up**
  - Thank you for providing the information requested. The assessment will be reviewed by the nutrition director and a decision will be made about which level of services we can offer to you. We will get back to you within 2 to 4 business days.

Please reach out with any questions, XXX-XXX-XXXX.

GWAAR Nutrition Team Updated 12-9-24.



# HDM Inquiry Form

## Step 1 (Screen) to Determine Eligibility

- Conduct Initial eligibility determination

- This can be done over the phone.

Optional: Use the *HDM Inquiry Form template*

Home Delivered Meals Inquiry Form			
Recipient name: _____		Phone: _____	
Address: _____		DOB: _____	
<i>Complete over the phone to determine the appropriate services to offer initially</i>			
<b>Is the person on Family Care or IRIS?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>yes</b> follow process for MCO Meals. <b>DO NOT CONTINUE BELOW.</b>			
<b>Reason(s) home-delivered meals are needed (check all that apply)</b>			
<input type="checkbox"/> Is generally <i>unable to leave their home unassisted</i> by reason of accident, illness, disability, frailty, or isolation.			
<input type="checkbox"/> Is <i>unable to independently obtain food and prepare adequate meals</i> due to a lack of or inadequacy of facilities; an inability to shop, cook, or prepare meals safely; or a lack of appropriate knowledge or skill.			
<input type="checkbox"/> <i>Lacks the support</i> of family, friends, neighbors, or another meal support service in the home or community.			
<input type="checkbox"/> Is <i>unable to consistently access meals at a congregate dining</i> location due to personal health reasons or other reasons that make dining in a congregate setting inappropriate.			
<input type="checkbox"/> A spouse of an eligible person regardless of age.			
<input type="checkbox"/> Individuals with a <b>disability under 60</b> who live with an eligible person.			
<i>There are a few more questions we need to ask to complete the registration process. Do you have time now or would you like someone from our office to call you back to schedule a call to complete it?</i>			
<input type="checkbox"/> Registration form completed over the phone.			
<input type="checkbox"/> Call back to schedule time to complete the registration form. Phone # _____.			
Notes: _____			
Completed By: _____ Date: _____			
<b>Doesn't Meet HDM Eligibility</b> "Based upon our screening the Senior Dining program is what I can offer you. This program provides a hot meal at lunchtime and allows you to socialize with others and learn about opportunities in the community. Meals are available on a contribution basis to anyone over the age of 60 and are served <i>Monday through Friday, (insert time) at the (review location(s)).</i> There will be a registration form that you need to complete when you attend the site. Would you like me to register you? <input type="checkbox"/> Yes <input type="checkbox"/> Date Attending _____			
<input type="checkbox"/> No <input type="checkbox"/> They would like additional information sent.			
<i>"Rides are available to the dining site on a contribution basis."</i>			
Do you need a ride to the dining site?			
<input type="checkbox"/> Yes (Refer to Transportation) <input type="checkbox"/> No			
<i>"You can be reevaluated for home-delivered meals annually <b>or if you have a significant change in condition.</b> I can send you information about other community resources that may benefit you."</i> Would you like me to send you those resources?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Meets HDM Eligibility</b>			
<ul style="list-style-type: none"><li><input type="checkbox"/> Request for Short-Term Home Delivered Meals (Less than 3 months) to recover from surgery, injury, hospitalization, or illness OR <input type="checkbox"/> on Hospice. Ask for a phone # to call in case of emergency _____.</li><li><input type="checkbox"/> Interested in HDM Meals _____ per Week</li><li><input type="checkbox"/> Interested in Carry Out Meals _____ per Week</li><li><input type="checkbox"/> Interested in Weekend Meals</li></ul>			
<i>"The home-delivered meal program requires that you are home to receive your meal(s). Failure to be home at the time of delivery may result in you no longer being able to participate in the program. Do you agree to be home at the time of delivery?"</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO (Offer Senior Dining and Other Services.)			
<b>OFFICE USE ONLY:</b>			
	Needed	Comp. Date	Int.
Reg. Form Completed	YES NO		
Resource Packet	YES NO		
Mgmt Review	YES NO		
Program Paperwork	YES NO		
Database	YES NO		
GWAAR Nutrition Team Updated 1-9-25			

# Optional Resources and Satisfaction Surveys (Appendix 5)

- **Level of Need Summary Letter with Person-Centered Intervention Plan.** Update the Interventions to reflect your local offerings.
  - (Red) High Need
  - (Yellow) Moderate Need
  - (Green) Low Need
- **Satisfaction Surveys** (Hard copies also available). Please enter the Links below.
  - [Participant Satisfaction Survey](#)
  - [Staff Satisfaction Survey](#)
- **Conversation Guide & Follow Up “If this, then that” Document for HDM Assessors.** To help them ask follow-up questions and offer appropriate interventions. This can be laminated and placed on their clipboard.
- **Enhanced DETERMINE Form and HDM Assessor Training Modules** on the [GWAAR EXT Nutrition SharePoint](#) site in the “Enhanced DETERMINE” and “HDM Assessor” Folders
- **Local Roles & Responsibilities Chart**
- **Nutrition Education Handouts.** Several are available based on need level. Providing this information can help answer basic nutrition questions and better manage the amount of referrals to the dietitian.

The image displays three sample forms for Level of Need Summary Letters, one for each need level: Red (High Need), Yellow (Moderate Need), and Green (Low Need). Each form includes sections for participant information, assessment, and intervention planning.

**RED LEVEL (High Need)**

**YELLOW LEVEL (Moderate Need)**

**GREEN LEVEL (Low Need)**



# Thank you!

*“Stronger Together”*

If you have any questions, please reach out.

Sincerely,

**Pam VanKampen**

[Pam.vankampen@gwaar.org](mailto:Pam.vankampen@gwaar.org)

**608.228.8095**