Home Delivered Meals

Policy and Procedures

Roosevelt County Council on Aging 124 Custer ST Wolf Point MT 59201 406-653-6221 (Phone) 406-653-6206 (Fax) Julie Bach, Program Coordinator

Revision 1/2025

Contents

I.	Home Delivered Meals	1
II.	Eligibility	1
III.	Referral Process	2
IV.	Waiting List/Priority Designation	2
V.	Recertification Process	3
VI.	Non-qualifying Individuals	3
VII.	Client Contributions	3
	Blank Page	4
Atta	chment A: Referral Form	5
	Blank Page	6
Atta	chment B: Homedelivered Meal Certification Form	7
	Blank Page	8
Atta	chment C: Home Assessment Form	9
	Blank Page	10
Atta	chment D: Recertification Form	11

I. Home Delivered Meals

The Home Delivered Meal Program is a program designed to meet the nutritional needs of seniors (60+) who are not able to get to a Congregate Meal site and they are not physically able to meet their nutritional needs on their own. The program is funded in part through the Older American's Act, Section IIIC. IIIC programs are not entitlement programs, meaning there is a limited amount of funds to provide the service.

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

II. Eligibility

All recipients must be 60+ years of age and cannot attend the Congregate Meals due to one of the following requirements. (Spouses of a qualifying individual who are under 60 may also qualify if there are slots available)

Recently been discharged from the hospital.

Those who have recently been discharged from the hospital may be eligible for the program, if there are slots available, when they need the meals to help them recoup their strength and reduce their risk of being readmitted. If they need to extend the service beyond two weeks, they must have a **Home Delivered Meal Certification Form (Attachment B) submitted by their provider.**

• They are homebound.

Individuals are considered homebound if:

- 1. Because of illness or injury, the individual needs the aid of supportive devices such as crutches, canes, wheelchairs, or walkers. They need the use of special transportation or the assistance of another person to leave their place of residence.
- 2. They have a condition that leaving their home is medically contraindicated.

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

If the patient can attend the Congregate Meal, then to qualify for a Home Delivered Meal on the off days, one of following must be true.

- They show an evident inability to prepare meals for themselves.
- They are dependent on a caregiver.

In addition to the Home Delivered Meal Certification, the recipients also must meet the following requirement:

1. They live within the city of Culbertson, Poplar, or Wolf Point.

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

III. Referral Process

If an individual is interested in receiving Home Delivered meals, they should obtain the necessary forms from Roosevelt County Aging Department, their provider, or hospital social worker. The referral process is outlined below:

- 1. Have their provider or hospital social worker complete a Referral Form (Attachment A).
- 2. Have their provider sign the Home Delivered Meal Certification Form (Attachment B) (This is not needed for temporary hospital discharges, but after 2 weeks, it will be required to continue meals.).
- 3. After receiving the completed forms, Roosevelt County Aging Department will call the individual to do the Home Assessment Form (Attachment C).
- 4. A determination will be made as to whether the individual qualifies for the program.
- 5. Roosevelt County Aging Department will contact the individual and let them know the determination.
- 6. Qualifying individuals will begin meals as soon as possible, or if there are no slots available, they will be prioritized and placed on the waiting list.
- 7. Roosevelt County Aging will contact the home delivered meal provider and the qualifying individual to begin delivery of the meals.

IV. Waiting List/Priority Designation

The maximum number of recipients able to participate in the program is determined by the amount of IIIC funds and County funds available. If the number of qualifying individuals exceeds program capacity, the Roosevelt County Aging Department will place individuals on a waiting list prioritized by points generated from the following criteria:

- 1. Difficulty Level of Cooking (this information will be taken directly from the Referral Form-Atch. A)
 - 1 pt: Struggling to prepare meals.
 - 2 pts: Having great difficulty preparing meals but has a capable adult available to help.
 - 3 pts: Having great difficulty preparing meals and does not have a capable adult available to help.
- 2. Nutritional Need (this information will be taken directly from the Referral Form-Atch. A)
 - 1 pt: Currently maintaining an acceptable level of nutrition.
 - 2 pts: At risk of not receiving proper nutrition.
 - 3 pts: Nutritional needs are not being met.
- 3. Living Arrangement (this information will be taken from the Referral Form-Atch. A)
 - 1 pt: Lives with spouse or capable adult
 - 2 pts: Lives alone
 - 3 pts: Lives alone and is homebound.
- 4. Economic Need (this information will be taken from the Home Assessment Form-Atch. C)
 - 1 pt: Monthly income is above \$1,882/month.
 - 2 pts: Monthly income is between \$1,255 and \$1,882/month.
 - 3 pts: Monthly income is below \$1,255/month.

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

V. Recertification Process

If there is a waiting list, all program participants will need to recertify twice a year (during June & December). If there is not a waiting list, then all program participants will only need to recertify once a year (during June). During the recertification process, individuals may be removed from the program if those on the waiting list are prioritized at a higher level. If an individual is removed from the program, and they still qualify for the service, they will be placed on the waiting list.

The recertification will consist of an additional home assessment conducted via telephone by the Roosevelt County Aging Department. An updated provider's referral and/or Home Delivered Meal Certification may also be requested; participants will have at least 30 days, after notification of recertification, to renew the Home Delivered Meal Certification. Extensions may be requested if the provider is not available during that time frame.

VI. Non-qualifying Individuals

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

VII. Client Contributions

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

Attachment A: Referral Form To be filled out by health care provider or social worker
CLIENT INFORMATION
Name: Gender: DOB:
Street Address: City:
Mailing Address (if different):
Home Phone: Cell Phone:
Does Client Have a Caregiver?
CAREGIVER CONTACT INFORMATION (if applicable)
Name:
Mailing Address:
Phone Number:
Relationship to the client:
ELIGIBILITY INFORMATION
Name of Referring Health Care Provider:
Estimated Length of Service:
Home Delivered Meal Certification provided
Lives within the city of Culbertson, Poplar, or Wolf Point.
COOKING LEVEL FOR PRIORITY PLACEMENT
Please choose the GREATEST need from the following to help determine placement on waiting list (if needed):
Is struggling to prepare meals.
Is having great difficulty preparing meals but has a capable adult available to help.
Is having great difficulty preparing meals and does not have a capable adult available to he
NUTRITIONAL NEEDS LEVEL FOR PRIORITY PLACEMENT
Please choose the GREATEST need from the following to help determine placement on waiting list (if needed):
Is currently maintaining an acceptable level of nutrition.
Is at risk of not receiving proper nutritional needs.
Nutritional needs are not being met.
LIVING ARRANGMENT FOR PRIORITY PLACEMENT
Please choose the GREATEST need from the following to help determine placement on waiting list (if needed):
Lives with a spouse or a capable adult
Lives alone
Lives alone and is homebound
MEAL REQUIREMENTS
Diet Needed: Regular Low Salt Other (explain)
Known Allergies:
Milk Requirements: 2% Skim Whole None
Other Notes:

Attachment B: Home Delivered Meal Certification Form (To be completed by the patient's medical provider.)

The Home Delivered Meal Program is designed for seniors (60+), and the spouses of eligible seniors, who have a medical reason that keeps them from attending a Congregate Meal without assistance, or they are unable to receive adequate nutrition on the days that there is not a Congregate Meal.

- 1. One of the following must be true for receiving a Home Delivered Meal when there is a Congregate Meal available.
 - They are homebound*.
 Because of illness or injury, the individual needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence.
 - They have a condition such that leaving his or her home is medically contraindicated.
- 2. If the patient can attend the congregate meal, then to receive a Home Delivered Meal on the off days, one of the following must be true.
 - o They have great difficulty cooking.
 - o They are dependent on a caregiver.

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

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

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

Provider Certification: I certify (client's name)loss meet the definition of Homebound as it applies to the Home Delivered Meals Program.							
es meet the definition of homebound as it applies to the home belivered Meals Frogram.							
ovider's Name:							
ovider's Facility Name:							
ovider's Phone Number:							
ovider's Signature: Date:							

Attachme	Attachment C: Home Assessment Form							
Client Info	ormation:							
Client Nar	me:							
Address:								
Mailing A	ddress:							
City:								
Phone:								
DOB:								
Demograp	hics:							
Married: Y	/ N Vete	ran: Y / N	Spouse of	Veteran: Y	/ N Hispa	anic: Y / N	- Race:	
Priority Pl	acement S	coring:						Points
Difficulty	Cooking (F	rom Referra	al Form)					
Nutrition	al Need (Fr	om Referra	l Form)					
Living Arra	angment (F	rom Referr	al Form)					
Economic	Need							
	1- Above S	1- Above \$1882 Total Points					ts	
	2- Between \$1255 and \$1882							
	3- Below \$1255							
Spouse's	Contact Inf	ormation:						
Name:								
Phone Nu	mber:							
Outside o	f Home Em	ergancy Co	ntact:					
Name:								
Phone Nu	Phone Number:							
Mailing A	Mailing Address:							
Physical A	Physical Address:							
Home Assesment Completed By:								
Recertifica	tion Date:							

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

Attachment D: Recertification Form								
CLIENT NAM	1 Е:				-			
ADDRESS:								
CITY:								
PHONE:								
DOB:								
	Yes	No	Is Client is	unable to a	ttend Congre	egate Meal v	vithout ass	istance?
	Yes	No			ertification i	_		
		Reason?						
Eligibility F	actors (Cho							1
		Client is ho						
			bility to pre on a caregiv					
		Dependent	on a caregiv	vei.				
Priority Pl	acement S	coring:						Points
	evel of Cook							
Difficulty L		ig to prepar	o moals					
				s lar unahla	\ but bas a		 	مام
					e) but has a		irt abie to n	erp.
	3- Unable t	o prepare m	lears and na	is no capab	e adult able	to neip.		
Nutritional	Nood							
Nutritional		home delive	ered meals r	l nutritional r	l needs can be	met		
		f not receivi			leeds can be	11100		
		nal needs ar						
Living Arra								
		h spouse or	a capable a	adult.				
	2- Lives alo							
	3- Lives aro	ne and is h	omebouna.					
Economic N	l Need (Month	l nly Income)						
	1- Above \$1							
	2- Between	\$1,255 and	\$1,882					
	3- \$1,255 a	nd below						
						То	tal Points	
	Yes	No	Client Still	Eligible?				
Notes:								
Recertification Completed By:								