

**National Resource Center- SUA Information Gathering- Summary**  
**Prioritizing and Targeting Nutrition Services**  
**April 2014**

21 States/Territories Providing Information:

AR	CT	IA	IN	NC	UT	WI
CA	DE	ID	MD	NV	VA	WV
CO	GU	IL	ME	OK	VT	WY

Home-delivered Meal Screening Process:

Findings: The principle methods for screening for home-delivered meal eligibility is an in-person contact (20 responses) followed by telephone call (18 responses), and contact through congregate meal programs (16 responses). One state indicated that a telephone contact to screen for eligibility was not allowed. Electronic communication, email and screening via a website were identified as not current practices.

The majority of eligibility screening occurs at either the local home-delivered meal program (76%) or the Area Agency on Aging (76%) followed by the Aging and Disability Resource Centers (62%). The smallest sources of screenings are provided through Health Departments and Food Assistance Agencies (19% and 14%). *Table 1 & 2*

Discussion:

- Community partnerships to build outreach to targeted population.
- Use of technology to increase access to at-risk populations.

Home-delivered Meal Assessment Process:

Findings: The principle methods home-delivered meal assessment is an in-person contact (21 responses) followed by telephone call (11 responses). One state indicated that a telephone contact for home-delivered meal assessment was not allowed. Electronic communication, email and website are not current practices among the states that responded.

The majority of eligibility screening occurs at either the local home-delivered meal program (76%) or the Area Agency on Aging (52%), followed by the Aging and Disability Resource Centers (48%). Under comments, Case Coordination Units that conduct assessments for Medicaid Waiver Services, OAA services and other services are identified, demonstrating the shift to the integration of medical and social models. *Table 2 & 3*

Client reassessment is required at least annually (62%) although semi-annual is required in 33% of the states responding. *Table 4*

Discussion:

- Integration of care and managed long-term care services
- Coordination with health care systems to provide transition care and the need for short term rehabilitative services.

- Use of technology to increase access to at-risk populations and reduce administrative costs of reassessments.

#### Criteria Gathered During Screening or Assessment Process:

Findings: All states indicated that a low-income criterion was included in the screening or assessment process. In addition, living alone (95%), ADL and IADL and nutrition risk-Determine Your Nutrition Health score (91%) were the next most frequently identified criteria gathered during the screening/assessment process. It is of note that food insecurity/hunger indicators are included in the assessment processes of only 62% of states responding. *Table 5*

#### Discussion:

- Criteria that provide a targeting of those in greatest need of service.
- Criteria that support integration of care and managed long-term services.
- Criteria to rank/prioritize need for services that can be used in business planning.
- Provide a database to support the need for services that can be used among funders, stakeholders, and legislators.

#### Prioritizing Clients for Nutrition Services

Guidance for prioritizing of nutrition services was available at the Area Agency on Aging or the local provider level for more than half of the states responding. Of the reporting states, nine noted a process for prioritizing clients for nutrition services. Twelve states are interested in implementing a process for managing waiting lists. Only three states responded that they maintain waiting lists at the state level. If waiting lists are maintained the majority of states responded that they are administered at the Area Agency on Aging or local provider level. *Tables 6 & 7*

#### Discussion:

- Policy, procedures and/or regulations for prioritizing and targeting nutrition services at all levels of service delivery.
- Waiting list management processes are an outcome of prioritization and targeting policy and procedures.

Support Tables:

**Table 1. Indicate ALL communication methods used within your state to screen for eligibility for home-delivered nutrition services.**

Answer Options	Initial screening for eligibility	Not a current practice	Not allowed
In-person contact	20	1	0
Telephone call	18	1	1
Faxed information	7	8	0
Email message	5	10	0
Message through the organization's website	5	9	0
Contact through a senior center or congregate meal program	16	2	0
Don't know	0	0	0
Other (please specify)			

**Table 2: All sources that can screen and assess clients for home-delivered meals in your state.**

Answer Options	Screening	Assess
Local home-delivered meal program	76%	76%
Area Agency on Aging (AAA)	76%	52%
Aging and Disability Resource Center (ADRC)	62%	48%
Medicaid Home and Community-Based Services (HCBS) Waiver Agency	52%	29%
Acute Care Facilities (Hospitals and Medical Centers)	29%	-
Long-term Care Facilities (Nursing and Rehab Centers)	29%	-
Home Health Agencies	29%	-
Physicians and other health care providers	24%	-
Health Departments	19%	-
Food Assistance Agencies (Food Banks/Pantries, SNAP)	14%	-
Other (please specify)	0%	33%

**Table 3: All communication methods used within your state to assess for home-delivered nutrition services.**

Answer Options	Assessment for nutrition services	Not a current practice	Not allowed
In-person contact	21	0	0
Telephone call	11	3	1
Faxed information	2	10	0
Email message	2	9	0
Information collected through the organization's website	1	9	0

**Table 4: Frequency of client reassessment for home-delivered meal services required by the state**

Answer Options	Response Percent
Less than quarterly	0%
Quarterly	5%
Semi-annually	33%
Annually	62%

**Table 5: Criteria gathered by the state during the screening or assessment process for home-delivered meals**

Answer Options	Response Percent	Response count
Low income	100%	21
Lives alone	95%	20
ADL cut-off	91%	19
Homebound	91%	19
IADL cut-off	91%	19
Nutrition Risk Assessment	91%	19
Racial/ethnic minority	86%	18
Social isolation	86%	18
Advanced age	81%	17
Marital status	76%	16
Dementia/Cognitive Impairment	71%	15
Geographic isolation	67%	14
Lack of informal/family support	67%	14
Food insecure/hungry	62%	13
Frailty	62%	13
Chronic health condition	57%	12
Long-term need for service	57%	12
Limited English Proficiency	48%	10
Poor housing/lack kitchen access	43%	9
Adult day care participation	38%	8
Other (please specify)	33%	7

**Table 6: Intake system for prioritizing clients (i.e. using characteristics to base decisions for serving some individuals before others when resources are limited) for the home-delivered meal services**

<b>Answer Options</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
Included in the State intake process	9	7	0
Included in the Area Agency on Aging intake process	10	5	0
Included in the local Nutrition Provider intake process	13	3	0
No system is currently in place	5	7	0
Interested in implemented a system to manage waiting lists for meals.	12	1	0

**Table 7: Agency or organization maintaining waiting lists for home-delivered meals**

<b>Answer Options</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
State Units on Aging	3	13	0
Area Agencies on Aging	12	5	0
Local Nutrition Providers	10	6	1