

Prioritizing and Targeting Nutrition Services

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Administration for Community Living Targeting and Prioritization

Jean L. Lloyd National Nutritionist Administration on Aging April 22, 2014



Older Americans Act: Targeting Requirements

http://www.aoa.gov/AoARoot/AoA Programs/OAA/oaa full.asp# Toc153957702 Targeting (multiple sections)

- Greatest social need
- Greatest economic need
- Low income
- Minority
- Rural
- Limited English proficiency
- Risk of institutionalization

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OAA Nutrition Program Purposes

Section 330

http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaa_full.asp

- The purposes of this part are to
 - Reduce hunger and food insecurity
 - **Promote** socialization of older individuals
 - Promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services

Resources

- Older Americans Act
 - http://www.aoa.gov/AoARoot/AoA Programs/OAA/oaa full.asp
- AoA Nutrition webpage
 - http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.a_spx
- National Resource Center on Nutrition and Aging
 - http://www.nutritionandaging.org/
- Aging Integrated Data Base
 - http://www.agid.acl.gov/
- Performance Outcomes, Research Briefs
 - http://www.aoa.gov/AoARoot/Program Results/OAA Performance.aspx #aoa

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Thank You

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OKLAHOMA State Unit on Aging

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OKLAHOMA State Unit on Aging



Current assessment tool is cumbersome

Part I is 5 pages

(all services; includes Determine Your Nutritional Health)

Part II is 2 pages

(in-home services; ADLs & IADLs to determine if home bound)

Change of Status is 2 pages

(all services; bi-annually for home bound and annually for others)

Tool is used for

- intake
- reassessment
- update

OKLAHOMA State Unit on Aging

- Current method requires
 - state office certification for AAA staff to provide trainings
 - · AAA train and test OR project staff
 - Those with passing grades are certified as OR Workers
- Problems with current method of OR
 - In OK, AAAs have bundled OR services with nutrition services for years
 - · Results have been mixed
 - More and more we see less and less outreach being done "outside" nutrition centers

OKLAHOMA State Unit on Aging

New method (SFY 2015)

- Unbundle services (AAA RFPs)
- Increase competition (develop new potential providers)
- Use one standardized intake form (all OR service providers)
 - ~ keep it brief & simple
- All program participants will be updated *annually*
 - ~ responsibility will lie with participant to inform the program of changes
 - ~ nutrition programs will utilize a *Red Flag policy
 - ~ OR service providers will enter units into AIM database and will make referrals through AIM to OAA services
 - ~ Report and track referrals to other services for follow up

RI	ED FLAG POI	LICY
EASTERN OKLAHOMA DEVELOPMENT DISTRICT Acknowledgement Receipt of Red Flag Policy		I have received explanation of the Red Flag Policy. I understand the policy and agree to abide by it.
Site Na	nme:	Printed Name
	:	
[]	Homebound Participant	Site Manager's Signature
[]	Volunteer	Date: Project Director's Signature
[]	Project Staff	
FOR HOMEBOUND PARTICIPANTS ONLY If there is no answer at your door to receive the homebound meal, the police will be contacted. Please check the box of your choice and initial		Original to be filed:: Employee – Employee File @ Office Volunteer – Volunteer File @ Office Homebound Participant – Homebound Participant File @ Site Copy to Employee, Participant or Volunteer
	I give my permission to enter my toce by any necessary means.	
	I do not give my permission to enter my ce by any necessary means.	

Older Americans Act Nutrition Program Assessment and Prioritization

Barbara Estrada, M.S., R.D.N. California Department of Aging Nutritionist

Why Prioritize

- Establish a wait list for home-delivered meals whenever the home-delivered meal providers are unable to provide meals to all eligible individuals.
- The decision to place eligible recipients of a homedelivered meal on a waiting list, and their position on such a list, shall be based on greatest need and or in accordance with policy established by the home-delivered meal provider in consultation with the AAA.

Needs Assessment

- Include questions about access to food and food security and provide information on the need for nutrition services.
 - At the end of each month do you have enough money to purchase food for balanced meals?
 - Are you able to drive to the grocery store, shop for food and carry the bags of groceries home?
 - Are you able to prepare balanced meals? (includes three or more items)
 - Have you unintentionally lost or gained 10 pounds in the last 6 months?

Service priority for frail, homebound or isolated elderly

- Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.
- The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person. (45 CFR 1321.69)

Participant Assessment

- Birthdate
- Lives alone
- Income
- ADLs and IADLs
- Nutrition Screening
- HOMEBOUND
- Chronic health problems
- Assistance in the home (Reliable)
- Other services



Participant Assessment

- California Requires:
 - A home-delivered meal participant is assessed for program eligibility.
 - An initial determination of eligibility may be accomplished by telephone
 - A written assessment shall be done in the home within two weeks of beginning meal service. . .
 - A reassessment of need shall be determined quarterly. Such reassessment shall be done in the home of the participant at least every other quarter.

Priority Ranking



<u>Priority #1</u>: Acute need with limited or no assistance

- Recently discharged from the hospital
- Confined to bed
- No access to meals, unable to shop or cook and has limited or no assistance
- Sudden loss of a spouse-caregiver or other emergency circumstance

Priority Ranking

Priority #2: Chronic illness

- Unable to perform 2 or more activities of daily living, due to chronic medical condition (stroke, heart condition, severe Parkinson's, blind)
- Nutrition risk
- Dementia/Mental illness
- Lives alone or with spouse who is also homebound
- Limited assistance

Priority Ranking

<u>Priority #3.</u> Frail with Limited Outside Assistance

- Functional impairment
- Unable to shop for food and/or;
- Prepare adequate meals (three or more items)
- Limited outside help



Assessment and Prioritize

- Functionality based on ADL's
- Nutrition risk
- Outside assistance
- Safety risk



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Prioritizing and Targeting Nutrition Services What we are doing in Delaware

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Delaware Division of Services for Aging and Adults with
Physical Disabilities
April 22, 2014

Home Delivered Meals Referrals

- Initial phone screening
- Outreach working meeting scheduled within 1 week

Nutrition Screening (DETERMINE)

Home Delivered Meals Criteria Guide

- Review / scoring of eligible clients
 - (o=no impairment, 3=moderate, 5=severe)
 - o-20= congregate, 21-40=trial, >40 HDM recommended
 - Do allow for outreach worker subjective comments to advocate for HDM if scoring does not justify. Must be discussed and approved by nutrition director.
- Services provided, referred to congregate programs
- Follow-up in person every 6 months, telephone contact quarterly

HDM Guide - Revised 2013

- Review of literature for predictors of hospital / nursing home readmission rates.
- Providers involved input from outreach workers, dietitians, nutrition directors.
- Files pulled and tool was used to assess accuracy in determining need for services throughout the state.
- Nutrition providers piloted tool last 6 months of 2013.
- Effective January 1 2014 tool was implemented and is being effectively utilized by all.
- Have been in contact with Academy of Nutrition and Dietetics to conduct validation study.

HDM Criteria Guide

- ADLs
- IADLs
- Prior nursing home or rehab admission (time since d/c)
- Cognitive impairment (forgetfulness/confusion in re: meals, meal prep)
- Diagnosed mental disorder
- Living arrangement, caregiver availability, meal support
- Income at or below poverty level
- Acute Care Hospitalization
- Age
- Health 'actively problematic and interferes with meal prep'
- Fall Risk
- Spouse, caregiver eligibility

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- Chen, Y., Thompson, E., Understanding Factors that Influence Success of Home- and Community-Based Services in Keeping Older Adults in Community Settings, J Aging Health, April 2010. http://jah.sageub.vom/content/22/3/267.abstract
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- Wellman, N.S., Marra, M., Pan, Y., Older Americans: Making Food & Nutrition Choices for a Healthier Future, National Resource Center on Nutrition, Physical Activity & Aging, Florida International University, April 2007.
- American Dietetic Association Position Statement: Nutrition across the spectrum of aging. J Am Diet Assoc. 2005; 105:616-33.

Thank You

- Please fill out the evaluation
- PDF of the slides available in follow-up email
- Recording link available in follow-up email
- Next NRC webinars:
 - Business Planning with Bob Kollar
 - June 3 and 5, 2014