Expanded Food Security Screener

Home-Delivered Meals Prioritization Tool

TRAINING MANUAL

Developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science at the **University of Maryland.**

Grant funds from the Administration for Community Living (ACL), Grant # 90INNU0002 and the Maryland Department of Aging (MDoA) assisted in the development of this material. This presentation is solely the responsibility of the authors and do not necessarily represent the official views of the ACL or MDoA.

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COLLEGE OF AGRICULTURE & NATURAL RESOURCES

DEPARTMENT OF NUTRITION AND FOOD SCIENCE

Introduction

What is Food Security?

According to the Food and Agriculture Organization, "food security exists when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life."

The four main dimensions of food security are:

- availability (determined by food production and markets)
- accessibility (physical and economic)
- utilization (including the preparation of food)
- stability of the other three dimensions over time

What is the Expanded Food Security Screener?

Current tools for measuring food security only measure the economic access component. However, in older adults, and especially the homebound population, there may be physical issues that interfere with an individual's ability to obtain and prepare adequate nutritious food. The Expanded Food Security Screener (FSS-Exp) builds on the US Department of Agriculture 6-item Household Food Security Survey Module (HFSSM), which is a validated tool used to assess food security based on questions that ask about ability to afford food. The FSS-Exp combines this economic access information with the other indicators of food security for older adults that indicate need for services: ability to get groceries into the home and ability to prepare meals. To fully understand an individual's level of need for a meal, the FSS-Exp also takes into account whether the person has help available to accomplish these tasks.

How does the FSS-Exp work as a Home-Delivered Meals Prioritization Tool?

The FSS-Exp quickly gathers information on an individual's economic access to food, their ability to get groceries into their home, and their ability to prepare meals, with or without help. This information is used to categorize applicants into one of five priority levels. The categorization scheme for these priority levels is based on the issues that could be specifically addressed by a meal delivered to the home. This tool provides home-delivered meal (HDM) programs with a concise version of the most essential information about each individual's food security needs. HDM programs can use this information to make quick decisions about how to use their organization's resources most efficiently and effectively to support the needs of that client, thus allowing the meal program to provide person-centered services.

What does screening mean and how is it different than assessment?

A screening tool is used to detect risk quickly and efficiently. When screening, you are trying to find those at the highest risk early on, in order to mitigate further decline. Assessment is more in-depth and thorough, but takes more time. This is why screening takes place before assessment, in order to quickly identify those who may be at high risk and thus in need of intervention. A follow-up assessment with those who are detected during screening will confirm, deny, and/or expand on the needs of an individual. Screening is less resource-intensive and tells you where to prioritize your more resource-intensive procedures (such as assessment and meals) in order to have the greatest impact.

Reasons for Use of the HDM Prioritization Tool

1. **Prioritize initial and follow up services.** The priority level generated by the tool will tell you who is at the greatest need for your services and allows you to provide the most appropriate type of service to meet the individual's need. People at a higher priority level should receive initial or follow-up assessments first, and may need immediate access to resources, as they are likely to be the most food insecure. Regardless of waitlist status, the priority level provides information on what additional or alternative services may be beneficial to a client. Using the tool this way can help your program make the greatest impact with the limited resources it has.

2. **Demonstrate need for funders and policy makers.** Using the HDM Prioritization Tool to track the priority level for each client is a quick way to generate a profile of the needs of the population you serve, and how many of your clients are high priority. This can demonstrate to funders and policymakers the importance of dedicating resources to your program, in order to meet the needs of your clients.

3. **Indicate the need for outreach.** The Older Americans Act requires HDM programs to reach those with the greatest need and to address food insecurity. This tool can help identify whether your program is meeting these goals or whether there may be persons in the community who are more food insecure and yet not receiving services.

Development of the HDM Prioritization Tool

Consultation with Community Programs

In the early stages of developing the tool, researchers from the University of Maryland, the nutrition director at the Maryland Department of Aging, and six nutrition program managers from Area Agencies on Aging throughout Maryland formed a workgroup around HDM prioritization. The goal was to work towards a standardized method for objectively assessing an applicant's need for a meal. The workgroup had several meetings to discuss HDM prioritization, and over the course of these meetings, the risk factors and categorization criteria for the HDM Prioritization Tool were established

Selection of the Three Criteria for Prioritization

The basis for the selection of the risk factors used for prioritization is the impact they may have on the ability of an older adult to eat a healthy diet. The ultimate goal of the HDM program is to make a healthy meal available to those who would not otherwise be able to get one. Therefore, all risk factors identified in the literature that can lead to poor diet, and that may be remedied by a healthy meal delivered to the home, were identified and included in the prioritization tool. The three factors that specifically indicate the need for a home-delivered meal are:

1. if hot meals can be prepared, whether by the individual or by a reliable helper (such as family or hired homecare)
2. economic access (being able to afford food)
3. physical access (being able to get food into the home, either independently or with help).

There may be other factors that affect whether or not a client is obtaining adequate nutrition (such as depression or dental health); however, these factors may not necessarily be addressed by a home-delivered meal, and so they are not considered when prioritizing a client for these services. For example, if someone has poor nutrition because they have trouble chewing, a home-delivered meal will not improve their health if they cannot chew it. If such risk factors are identified, the client may be referred to services that can help address the issue (see the section titled "Creating a referral resource for your program").

Reasoning Behind Each Priority Level

The three criteria measured by the tool are combined into 5 different priority levels. The following describes each priority level and the reasoning behind the ranking system. The priority level ranking assumes that there are limited spots for meals. If there are no limits on meal availability, clients should be added to the program first-come-first-served (see the section titled "Recommended Actions Based on Each Priority Level").

Level A
Applicants who are categorized into priority level A are unable to prepare meals and do not have help. They are considered the highest priority: even if they are able to afford groceries and get them in their homes, it is unlikely that they can consistently eat a healthy diet because they are ultimately unable to prepare their food. If there is a waiting list, these individuals are priority for follow-up assessments and service.

Level B
Applicants who are categorized into priority level B are able to prepare meals (with or without help), but cannot get groceries into their home and are economically food insecure. If space is available on the program, HDM programs could deliver affordable meals. However, if there is a waiting list, these individuals may get by if they can obtain both financial assistance and grocery delivery.

Level C
Applicants who are categorized into priority level C are able to obtain groceries and prepare meals (with or without help), but are economically food insecure. If HDMs are available, this is an affordable way for these individuals to get healthy meals. However, if there is a waiting list, these individuals would be able to obtain and prepare meals if they had financial assistance, such as the Supplemental Nutrition Assistance Program.

Level D
Applicants who are categorized into priority level D are economically food secure, able to prepare meals (with or without help), but have difficulty getting groceries into their home. If there is not funding to place them on the HDM program, these individuals would be able to prepare meals if they receive help with getting groceries (such as from a grocery delivery service). As they are not economically food insecure, they may be able to afford these services from a local grocery store, especially if someone is available to assist them in setting up these services.

Level E
Applicants who are categorized into priority level E are economically food secure and have the ability to get groceries into the home and prepare meals, either with or without help. These individuals are eligible for HDMs because they fulfill the basic requirement of the Older Americans Act Nutrition Program (being homebound and 60 years of age or older). However, since they are not economically food insecure, and are physically able to get and prepare food or have help, they may be considered the lowest priority and, in case of limited funds, can be placed on the waitlist and/or referred to other services.

How to Use the Tool

When the Tool Should be Used

Before you use the tool, check whether the person is eligible to receive HDMs based upon your organization's criteria. In general, this means the person must be 60 years or older and be homebound. The spouse of an eligible person may also receive meals.

The HDM Prioritization Tool is meant to be used as a screening tool. It should be administered by phone as soon as an applicant calls in or is referred to the program. The best method for administration is to incorporate the tool into your program's intake procedures. Each program can determine when it is the best time to ask questions during the intake conversation.

Many programs repeat the screen once a home visit occurs. While all of the questions don't need to be repeated, staff can check that the first screen collected accurate information. If you receive additional information in a follow-up assessment that contradicts the priority level assigned during the screening, the priority level may be adjusted based on this information. The client may not have understood the question, or may have represented their abilities in a way that is contradictory to what your staff member sees in the assessment. Additionally, their status may have changed between the screening and the assessment. For example, if a client that was screened as priority level A has obtained a home health aide who cooks for them each day, they are no longer priority level A and you should ask the additional questions in the screener to determine if they are priority level B, C, D or E.

The Different Methods of Using the Tool

Staff members have access to both a paper copy of the screening tool, a Microsoft Excel form, and a mobile application. Any of these can be used to calculate the priority level for a client. The following instructions outline each method.

Paper Tool

The questions are on one sheet of paper and can be used as follows:

1. Read the introductory statement
2. Ask Question 1a about meal preparation and mark the client's answer. If the Answer to Question 1a is "No", you will also ask Question 1b. If the client's answer is again "No", stop the questionnaire. This client is considered priority level A and no further information is needed.
3. If the client's answer to Question 1a or 1b is "Yes", continue to the next set of questions (Questions 2a-f) about ability to afford food. Ask these 6 questions and mark down the client's answers.
4. Ask the Question 3 about ability to get groceries and mark the client's answer.
5. Finish your intake conversation with the client.
6. After you finish speaking with the client you can calculate their priority level as described below.
    - As mentioned in #2 above, if they are priority A, you are finished with the screener.
    - Otherwise, look at the point values noted next to each answer for Questions 2 a-f. Add up these points and write the total in the red box.
    - Look at the client's answer to Question 3, the final question. Below the answer are two boxes, each with a point range next to it. Select the box with the point range that contains the point total you wrote in the red box. This will tell you the priority level for this client.

Excel Form

You can access a Microsoft Excel form that displays the questions, allows you to select the client's answers, and then calculates the client's priority level and stores it in an Excel sheet. It is simple to use and stores all of your client's priority levels in one place. To obtain this version of the tool, send an email to **nsahyoun@umd.edu** and **amvaudin@gmail.com**, and include the name and location of your program. You will receive an email with the Excel sheet.

Mobile Application

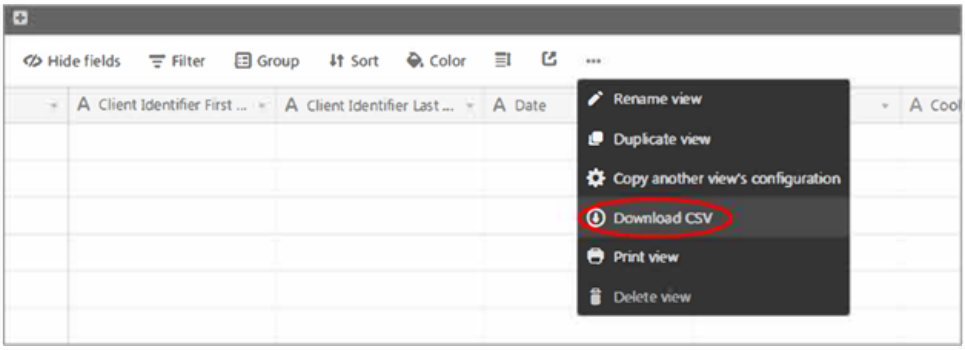
There is a mobile application ("app") available that acts as a calculator to generate a client's priority level. You can also obtain an Airtable spreadsheet: a spreadsheet that is stored on the Airtable website, and is linked to your app so that it will collect the results of the screener for your program. These are generated individually per program, and your Airtable spreadsheet will be protected by a user name and password that you generate.

Instructions for Using the Mobile Application

To obtain an app and spreadsheet for your program's use, send an email to **nsahyoun@umd.edu** and **amvaudin@gmail.com** and include the name and location of your program. You will receive an email with a link to the app, and an email with instructions for downloading the app as well as accessing the Airtable spreadsheet that is linked to it.

1. Open the app. The icon for the app should look like this:
2. On the screen that says "Welcome to the Home-Delivered Meals Prioritization Tool!" tap "Next"
3. Read the introductory statement to the client and then tap "Next".
4. The screen will now have the first question to ask the client. Read the question and select the client's answer by tapping on it. You will automatically be taken to the next question to read.
5. Continue reading the questions and tapping the client's answers. Please note: the questions that show up for you to ask may be different from client-to-client. This is because the client's answers to some of the questions determine what additional questions need to be asked to calculate their priority level. For example, if the client answers that they are unable to cook, and then that they do not have help, the questionnaire will end. The app will determine this for you, and will show you the correct questions to ask each client.
6. If you arrive at the food insecurity questions page, make sure to select an answer for every question and then scroll down to the bottom of the page and tap "next" to continue. If you do not answer every question, the priority level cannot be calculated.
7. If you have to go back to a previous page to change an answer, tap the "back" button at the bottom of the page you are on. Please note that this will erase all answers for questions that come after the page you go back to, and you will have to answer these questions again.
8. After you have selected answers for all of the questions, you will reach a page with spaces to enter the name of the client and their county. Tap each text box to type in the appropriate information, then tap "Submit". This step is essential for the app to calculate the client's priority level and submit the collected information to the Airtable spreadsheet. Once you tap "Submit", the next screen shows you the priority level that has been calculated:

   Tapping "Submit" multiple times may result in duplicate records in the Airtable spreadsheet. If this happens, you can delete the extra record from the spreadsheet.
9. Tap "Restart" to enter the information for another client. If you are finished, close the app.
10. To access the information collected by the app, open the Airtable link that was sent to you when you requested the app. Follow the directions to create an Airtable account for access to the spreadsheet. Make sure to record your username and password for future access.
11. Your spreadsheet will be under "Bases shared with me" and will have the same name as the app. Click the icon to open and view the spreadsheet, which will contain the results from all of the times you have used the app.
12. To download your results spreadsheet, click the three dots symbol at the top bar and click "Download CSV." This will download the information from the table in a file you can open in Microsoft Excel.



Recommended Actions Based On Each Priority Level

The priority level will give you information on the best actions to take for each client. Your action will also depend on whether or not your program has a waiting list. Below is a description of the best action for programs both with and without a waiting list.

If you do not have a waiting list:
Every applicant may be eligible to receive meals, regardless of priority level. All applicants may also benefit from additional services, such as those noted in the chart below. The applicant's priority level will help guide you towards the appropriate additional services. It is possible these additional services may provide enough support to these clients so that they don't need HDMs, which will create space for higher-priority individuals. However, if you have space on the program, all eligible applicants will benefit from receiving meals.

If you do have a waiting list:
Applicants should be prioritized for service based on priority level, date of application, and availability of a delivery route to provide the meals. Priority level A applicants are highest priority for receiving home-delivered meals. They should be scheduled first for a follow-up assessment and should be placed next on the waiting list for service (after the other priority level A applicants who were screened previously, and pending route availability). Next on the waiting list should be priority level B applicants, in order of screening date, then priority level C applicants, etc.

Applicants who are priority level B through E may benefit from alternative food and nutrition services other than HDMs. Your program may be able to facilitate assistance for these individuals that helps them get food, even if your program cannot provide them with meals. If these supports are sufficient for these applicants, they may not need HDMs, freeing up more space on your program for those who have the greatest need for meals. The following table shows the supports that may be helpful to clients in each priority level:

LEVEL	RECOMMENDED ACTION	POSSIBLE ADDITIONAL OR ALTERNATIVE SERVICES
A	**NWL: Home Delivered Meals** **WL: Highest** priority on wait list	Home-delivered meals are the most appropriate support for these clients Further inquiries to the applicant may reveal additional beneficial supports
B	**NWL: Home-delivered meals and suggest additional services** **WL: Second highest priority** on wait list, suggest alternative services	Financial-based nutrition support services such as SNAP Help with getting groceries, such as grocery delivery or transportation services
C	**NWL: Home-delivered meals and suggest additional services** **WL: Third highest priority** on wait list, suggest alternative services	Financial-based nutrition support services such as SNAP
D	**NWL: Home-delivered meals and suggest additional services** **WL: Fourth highest priority** on wait list, suggest alternative services	Help with getting groceries, such as grocery delivery or transportation services
E	**NWL: Home-delivered meals and suggest additional services** **WL: Lowest priority** on wait list, suggest alternative services	Further inquiries to the applicant may reveal the type of support required

NWL= No Exsisting Wait List **WL=** Exisiting Wait List

Creating a Referral Resource for Your Program

Each community and each state may have different services available for older adults. An assessment of need will indicate which services are most appropriate to assist each client. Creating a reference resource will help you smoothly and efficiently refer HDM clients or applicants to additional or alternative services. This involves collecting the names and contact information for the organizations (or people within your organization) who can start the process of enrolling them with these services. A suggested method is to create categories (financial, grocery delivery, and any other additional helpful resources, such as dental, mental health, insurance, etc) and list the available services and contact information. Examples of these resources are shown at the end of this manual.

How to Document and Use the Results in Your Program

Maintain a record of the priority level for each client. You can do this by adding it to the information you keep on that client, and/or maintaining a separate spreadsheet that contains the client's name, the date screened, the priority level, and any other information you would like to include (for example, a column showing whether or not the client is on the meal program). If you are using the appor the Excel form, they will generate a spreadsheet for you with the results of the screener that can be downloaded and modified to suit your purposes.

Looking at the priority levels of your clients can help you identify the need for additional programs or services, which can result in new partnerships or funding sources. For example, setting up a volunteer grocery shopping service or initiating the Commodity Supplemental Food Program may be a new program needed in your community.

A spreadsheet can be used to manage enrollment in your program if you have a waitlist. If you have a spot open up on your meal program, you can use this spreadsheet to find the person who is at the highest priority. If you have multiple persons at the same priority level, you can choose the one who has been waiting the longest based on the date they were screened. And, maintaining the list can identify unmet need in areas where you may not have an existing HDM route.

You can also create a report that shows the levels of need of those being served, and of those who are on your wait list (if you have one). This can be used to generate funding and support. If you are serving many people who are low priority, this may indicate the need for outreach to see if there are people who are high priority in your community but do not know about your services.

Re-screening

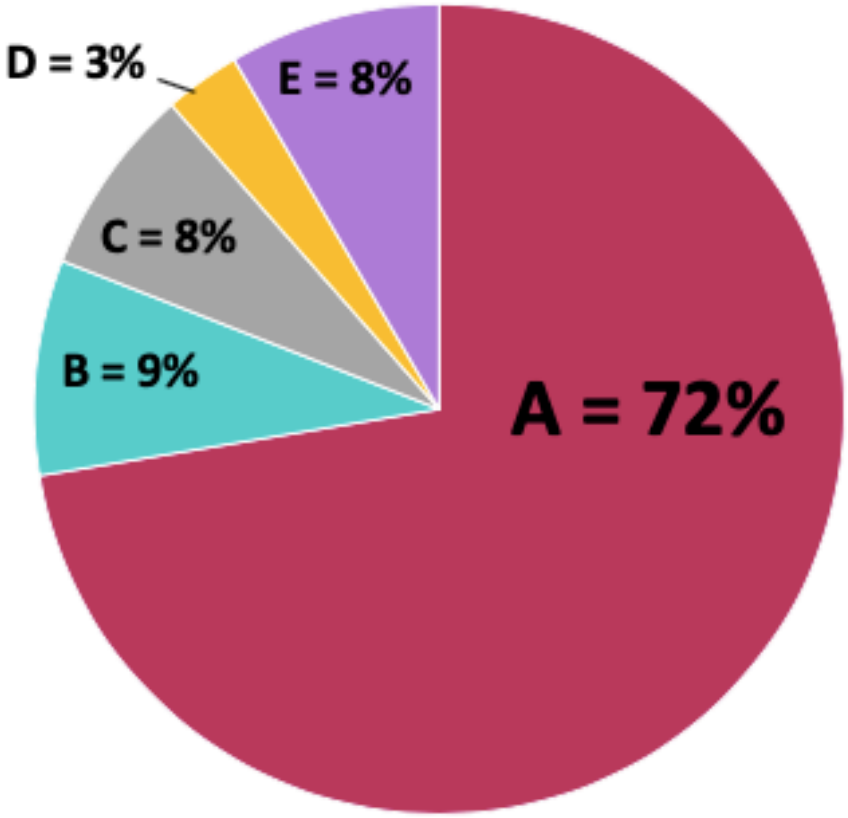
This tool was developed and tested as a screening tool, and is designed to be administered to people who are applying for or waiting to receive meals. However, when completing annual reassessments, your program may wonder whether the priority level of a client who has been on the program has changed. There may be other opportunities for re-screening, such as after a significant change in a person's health or living situation (e.g., death of a spouse, return from hospital, etc.), and it is also mandatory during regular reassessments in some states.

The questions in this tool have not been designed specifically for determining the priority level of people who are already receiving support from the program. So, when using the screening tool during a reassessment, preface the questions with the following statement:

"The following questions are about the difficulties you might have if you were not receiving home-delivered meal services. Please answer the questions based on what your abilities would be if you were not receiving home-delivered meals."

Sample Report from the Maryland Department of Aging Showing the Distribution of Priority Levels Across Maryland

Fiscal Year 2018



Sample Referral Table from the Maryland Department of Aging

Care Planning Components	AAA Referral Programs and Services
Food and Nutrition	• Senior Center Congregate Meals • Home-Delivered Meals • Nutrition counseling, education, and care planning • Commodity Supplemental Food Program • Community food resources (pantries, etc)** • Senior Farmers Market Nutrition Program • Malnutrition workshop: Stepping Up Your Nutrition • Post-discharge, medically-tailored meals
Housing	• Assisted Living (including SALGHS) • Ramp Assistance • Home Modification • Assistive Technology • Durable Medical Equipment • Congregate Housing Services Program
Transportation	• County or Regional Transit • Cab/Bus Vouchers • Senior Village • Community for Life

Financial	Application assistance for financial aid:
	  • SNAP
	  • Medicaid
	  • State Health Insurance Program (SHIP_
	  • Energy-assistance programs
	  • Income-tax assistance
	  • Medicare Part A, B, C, D
	• Medicare Billing, Appeals, Denials, Grievances
	• Medicare Fraud Assistance
	• Oral nutritional supplements (Ensure, etc)
	• Prescription assistance
	• Assistance for dental, eye care, hearing aids

Utilities	• Low-Income Home Energy Assistance Program (LIHEAP) • Electric Universal Service Program (EUSP) • Universal Service Protection Program (USPP) • Utility Assistance (other)
Personal Safety	• Elder Abuse • Legal Assistance • Emergency Response Systems • Falls Prevention (Stepping On, Matter of Balance, Tai Chi for Better Balance) • Arthritis foundation classes (Walk with Ease)

In-Home Care	• Sitters and in-home care services (personal care, chore service) • Home Care agencies • Community First Choice • Senior Care • Home-delivered meals • Dietitian referral • Senior Village
Social Supports	• Senior Center (exercise, socialization, Congregate Meals) • Telephone Reassurance • Support Groups: Caregivers, Renal, Stroke, ALS, Parkinson's • Adult Day Care • Volunteer opportunities
Mental Health	• PEARLS: Program to Encourage Active, Rewarding Lives • Enhance Wellness • Healthy IDEAS • Behavioral Health Referral (Core Service Agency or Health Department)
Health Care Referral	• Primary Care Physician • Clinics: Dental, Eye, Physical Therapy • Community Health Worker • Adult Medical Day Care • Local health department • Home care agencies • Medical supplies
Employment	• Senior Employment • AAA volunteer coordinator • Community volunteer opportunities

Health Education	Self-management workshops:
	  • Diabetes Self-Management (Spanish version available)
	  • Chronic Disease Self-Management (Spanish version available)
	  • Chronic-Pain Self-Management
	  • Cancer Thriving and Surviving
	• Falls Prevention (Stepping On, Matter of Balance, Tai Chi for Better Balance)
	• SAIL(Stay Active and Independent for Life)
	• Aging Mastery
	• Enhance Fitness
	• Lifelong Learning
	• Medication Management
	• Wellness Center Gym

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Expanded Food Security Screener

Home-Delivered Meals Prioritization Tool

Developed by the College of Agriculture & Natural Resources Department of Nutrition and Food Science at the **University of Maryland.**

WHO should use this tool?

Home-delivered meal program administrators that:

A Have a waiting list or limited resources to serve all applicants;

B Want to demonstrate to funders and policy-makers the level of need in their community; **and/or**

C Want to understand if they are reaching those with the greatest need, or if more outreach is needed to identify the most food insecure.

HOW should it be used?

As a screening tool as early as possible at application or referral

HOW are the results useful?

The results show risk factors the applicant is experiencing, and the level of priority for home-delivered meal services, and may inform alternative or additional support services that could benefit clients.

Screening Questionnaire and Point Calculator provided on reverse.

The Researchers Behind this Tool

The research design and the assessment model was developed by **Nadine Sahyoun**, professor of nutrition epidemiology, and **Anna Vaudin**, graduate student in the college's Department of Nutrition and Food Science. Their work focuses on assessing the nutritional status of the older adult population and studying the relationship between nutrition risk factors and health outcomes.

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The Procedure

1. As early as possible after client application/referral and determination of elegibility for home delivered meals, the screening should be conducted via telephone or in person.
2. Priority Level is calculated and recorded for each client:

   Level A: Highest priority for service and follow-up assessments.

   Levels B, C, D, and E: See below for recommendations of support service.

Priority Levels and Recommended Nutrition Service(s)

LEVEL	CRITERIA	PRIORITY LEVEL REASONING	SERVICE
A	**Unable to cook and no reliable help**	Even if food is affordable and in the home, it cannot be prepared, therefore, it is unlikely there are consistent healthy meals.	**Home-Delivered Meals PRIORITIZED on wait list if resources are limited.**
B	**Can cook or has help. Economically food insecure. Cannot obtain groceries.**	Affordablilty and access to groceries are both issues. With financial support and grocery delivery, healthy meals could be prepared at home.	**Home-Delivered Meals ALL clients should receive home-delivered meals if resources are available.** If there is a wait list for home-delivered meals clients should be prioritized B - E.
C	**Can cook or has help. Economically food insecure. Can obtain groceries.**	Affordability is the only issue, can obtain groceries and prepare healthy meals at home.	
D	**Can cook or has help. Economically food secure. Cannot obtain groceries.**	Groceries and food delivery are affordable, not physically limited from food preparation (or help is available) therefore healthy meals can be prepared at home.	Regardless of wait list status, all clients may benefit from additional nutrition services: **USDA Supplemental Nutrition Assistance Program (SNAP)** **Grocery Delivery Services** **Additional State or Local Services as Needed**
E	**Can cook or has help. Economically food secure. Can obtain groceries.**	These individuals fulfill the basic eligibility requirements for the home delivered meal program; however, they are able to afford and obtain groceries, and are not physically limited from food preparation (or help is available), therefore healthy meals can be prepared at home.	

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Client Name

The following questions ask about your ability to get food and prepare meals. You are eligible for the service regardless of your income.

1 a **If you had groceries available, would you be able to use them to prepare hot meals?**

☐ **YES** — Proceed to Question 2

☐ **NO** — Proceed to Question 1b

b **Do you have reliable help with meal preparation?**

☐ **YES** — Proceed to Question 2

☐ **NO > STOP** — Applicant is a Level A Priority

Proceed to Question 1a

2 **During the last month...**

a ...how often was this statement true**? The food that we bought just didn't last, and we didn't have money to get more.**

☐ **Often** (1 point) ☐ **Sometimes** (1 point) ☐ **Never** (0 point)

b ...how often was this statement true**? We couldn't afford to eat balanced meals.**

☐ **Often** (1 point) ☐ **Sometimes** (1 point) ☐ **Never** (0 point)

c **...did you or other adults in your household ever cut the size of your meals because there wasn't enough money for food?**

☐ **YES** (1 point) ☐ **NO** (0 point)

d **...did you or other adults in your household ever skip meals because there wasn't enough money for food?**

☐ **YES** (1 point) ☐ **NO** (0 point)

e **...did you ever eat less than you felt you should because there wasn't enough money for food?**

☐ **YES** (1 point) ☐ **NO** (0 point)

f **...were you ever hungry but didn't eat because you couldn't afford enough food?**

☐ **YES** (1 point) ☐ **NO** (0 point)

Add the points from questions 2a - f and enter it here: ☐

3 **Are you able to get groceries into your home when you need them?**

☐ **YES** – Select the point range below:

- ☐ 0 – 1 Points **Level E Priority**
- ☐ 2 – 6 Points **Level C Priority**

☐ **NO** – Select the point range below:

- ☐ 0 – 1 Points **LeveL D Priority**
- ☐ 2 – 6 Points **Level B Priority**

See chart on page one for explanation of Priority Levels and recommended service(s).

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Division of Services for Aging and Adults with Physical Disabilities
Home Delivered Meals Criteria Guide

Client Name: Initial Date of Assessment:

Home Delivered Meals Criteria Guide				Date	Date	Date	Date	Date	Date	Date	Date
I. ADL's (Activities of Daily Living)	**I**	**A**	**D**								
a. bathing	0	3	5								
b. walking	0	3	5								
c. dressing	0	3	5								
d. toileting (bowl/bladder control)	0	3	5								
e. transferring	0	3	5								
f. eating	0	3	5								
II. IADL's (Independent Activities of Daily Living)	**I**	**A**	**D**								
a. use telephone	0	3	5								
b. shopping	0	3	5								
c. meal prep	0	3	5								
d. housekeeping	0	3	5								
e. travel/transportation	0	3	5								
f. following medication directions	0	3	5								
g. managing own finances	0	3	5								
ADL/IADL SUM											
III. Prior Nursing Home (or Rehabilitation Facility) Admission											
a. within past year		5									
b. within past 5 years		3									
c. greater than 5 years ago		1									
IV. Cognitive Impairment (0=never 1=sometimes3=often)											
a. Do you forget to eat?											
b. Do you ever begin cooking and then forget you started?											
c. Is preparing food confusing or mentally challenging?											
V. Diagnosed Mental Disorder (bipolar, schizophrenia, anxiety d/o, etc.) Please score if ***actively*** problematic and interferes with the ability to shop, prepare or eat meals. 0=not a problem 3=sometimes a problem 5=often a problem											
VI. Living Arrangement/Caregiver Availability/Meal Support Please score degree of supportive care available (in regard to meals) 0=always 1=sometimes 3=no support available											
VII. Annual Income											
a. at or below current poverty level		3									
b. above the current poverty level		0									
VIII. Prior Acute Care Hospitalization											
a. Within past 0-4 weeks		5									
b. Within past 1-3 months		3									
c. Within past year		1									
IX. Age											
a. 91+		5									
b. 76-90		3									

		Date	Date	Date	Date	Date	Date	Date	Date
X. Health									
Please score if *actively* problematic *and interferes* with the ability to shop, prepare or eat meals. 0=not severe 3=moderately severe 5=severe									
a. diabetes (brittle & uncontrolled)	0 3 5								
b. hypo or hypertension/heart disease (CHF, cardiomyopathy, etc.)	0 3 5								
c. cancer	0 3 5								
d. stroke	0 3 5								
e. COPD	0 3 5								
f. renal failure/dialysis	0 3 5								
g. neurological (tremors/palsy/seizure disorder)	0 3 5								
h. physically debilitating condition (please specify):	0 3 5								
i. level of visual impairment	0 3 5								
XI. Fall Risk. Scoring: 0=no risk 3=moderate risk 5=high risk	0 3 5								
XII. <60 Recognized Spouse	NO YES								
XIII. <60 SSI Living in Home	NO YES								
XIV. Eligible Spouse >60	NO YES								
<40 refer to Congregate >= 40 refer for HDM	**TOTAL SCORE**								
	Recommended for HDM (y=yes, n=no)								
	Initials:								

1. Do you believe client would benefit from socialization at senior center? Comments:	NO YES
2. Does client need transportation?	NO YES
3. Do you believe HDM are needed? why/why not:	NO YES

XIV. Outreach Worker Additional Thoughts/Comments:

XX. Food Insecurity Screen: 'I'm going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was ***often true***, ***sometimes true***, or ***never true*** for your household in the last 12 months':

1. 'We worried whether our food would run out before we got money to buy more.' ***OFTEN SOMETIMES NEVER***

2. 'The food that we bought just didn't last, and we didn't have money to get more.' ***OFTEN SOMETIMES NEVER***

If 'often or sometimes' is selected for either question, client would benefit from referral to: SNAP, food banks or pantries, or other community-based food assistance resources.

MNA-SF~ Mini Nutritional Assessment Short Form

Guided Interview

A	
Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing or swallowing difficulties? Score 0= Severe decrease in food intake 1= Moderate decrease in food intake 2= No decrease in food intake	Ask Client: - "Have you eaten less than normal over the past three months?" - If so, "is this because of lack of appetite, chewing, or swallowing difficulties?" - If yes, "have you eaten much less than before or only a little less?"
B	
Weight loss during the last 3 months? Score 0= Weight loss greater than 6.6 Pounds 1= Does not know 2= Weight loss between 2.2 and 6.6 Pounds 3= No weight loss	Ask Client - "Have you lost any weight <u>without trying</u> over the last 3 months?" - "Has your waistband gotten looser?" - "How much weight do you think you have lost? More or less than 6 pounds?" Note: "1= Does not know" this means <u>client does not know if they have lost weight</u>. Not that they have lost weight but don't know how much. If they have lost weight, they must choose more or less than 6#). Though weight loss in the overweight elderly may be appropriate, it may also be due to malnutrition. When the weight loss question is removed, the MNA-SF losses its sensitivity, so it is important to ask about weight loss even in the overweight.
C	
Mobility? Score 0= Bed or chair bound 1= Able to get out of bed/chair/ but does not go out 2= Goes out	Ask Client or Caregiver - "Are you presently able to get out of bed/chair?" - "Are you able to get out of the house or go outdoors on your own?" * Question developed to address "*frailty*"; consider ability to sit-stand or rise from chair; meeting criteria such as self-reported exhaustion, hand grip weakness, slow walking speed, low physical activity; frailty with overweight & obesity
D	
Has the client suffered psychological stress or acute disease in the past three months? Score 0= Yes 2= No	Ask Client/Professional judgment - "Have you suffered bereavement recently?" - "Have you recently moved from your home?" - "Have you been sick recently?" - <u>Examples of acute disease</u>~ pneumonia, appendicitis, flu, infection, broken/fractured bones; other- hospital admissions for CHF, Diabetes. - <u>Examples of psychological stress</u>~ marital problems, death of a loved one, abuse, financial crisis, health problems.

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E	
Neuropsychological problems? Score 0= Severe dementia or depression 1= Mild dementia 2= No psychological problems	Ask caregiver/professional judgment The client's caregiver can provide information about the severity of the client's neuropsychological problems (dementia). All depression – any form (mild or severe) should always be scored a 0. Post traumatic stress disorder –rate according to their cognitive function. If they are depressed, rate a 0. If they have no real cognitive impairment, rate a 2. Intellectual Disability –relate according to the level. If they are severely intellectually disabled and cannot care for themselves, rate a 0; If moderately intellectually disabled and can do self care, then score a 1.
F	
Calf Circumference (CC) in cm 0= CC less than 31 3= CC 31 or greater **Note:** • **Measure calf even if there is evident edema (swelling)** • **Measure calf even if client has stockings for edema** • **If the left leg is amputated, measure the right leg.** • **A calf measurement must be obtained to complete the MNA** **Explaining calf circumference to clients:** "One way we check your nutritional health is by measuring your calf. When we don't get enough nutrition, we lose muscle. The first place we lose muscle is in your calf. May I measure your calf?"	Measuring Calf Circumference 1. The client should be sitting with the left leg hanging loosely or standing with their weight evening distributed on both feet. 2. Ask the client to roll up their pant leg to uncover calf. 3. Wrap the tape around the calf at the widest part and note the measurement. 4. Take additional measurements above and below the point to ensure that the first measurement was the largest. 5. An accurate measurement can only be obtained if the tape is at a right angle to the length of the calf.
Screening Score (max. 14 points)	
12-14 points: Normal nutritional status 8-11 points: At risk of malnutrition 0-7 points: Malnourished	Priority: 1. Malnourished 2. At risk of malnutrition w/ wt loss 3. At risk of malnutrition w/out wt loss

Adapted from the MNA-SF: Nestle Nutrition Institute; Adapted by Seanna Marceaux, MS RDN LD at Meals on Wheels Central Texas, Austin, TX

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USDA Food Security Questionnaire

Ask Client:	Response	Score
1. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	1=Often True 1=Sometimes True 0=Never True 0=Don't Know or Refused	
2. (I/we) couldn't afford to eat balanced meals.	1=Often True 1=Sometimes True 0=Never True 0=Don't Know or Refused	
3. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	1=Yes 0=No 0=Don't Know or Refused	
3a. How often did this happen- almost every month, some months but not every month, or in only 1 or 2 months?	1=Almost every month 1=Some months but not every month 0=In only 1 or 2 months 0=Don't Know or Refused	
4. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	1=Yes 0=No 0=Don't Know or Refused	
5. In the last 12 months, were you ever hungry because there wasn't enough money for food?	1=Yes 0=No 0=Don't Know or Refused	
		Total:

Scoring Guide

0 = High Food Security

1 = Marginal Food Security

2-4 = Low Food Security

5-6 = Very Low Food Security