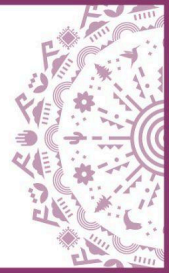




# Division of Aging & Adult Services

## State Unit on Aging Policy



**Subject:** Home Delivered Meals Program  
**Policy Chapter:** 3400  
**Effective Date:** 07/01/2025  
**Revision Number:** 0

### Nutrition Services: Home Delivered Meals Program

#### I. Policy Statement

This policy provides an outline of the Division of Aging and Adult Services (DAAS) operational policies, procedures, and reporting requirements specifically for the Home Delivered Meals (HDM) program, a nutrition service.

This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services.

#### II. Applicability

- A. Department of Economic Security (DES)/DAAS Employees of the Nutrition Services Home Delivered Meals program;
- B. Area Agencies on Aging (AAA); and
- C. AAA subcontractors that provide Nutrition Services.

#### III. Authority

[Older Americans Act](#)

Pub L. 116-131

[United States Code \(U.S.C.\)](#)

42 U.S.C. Chapter 35 Subchapter III,  
Part C

[Code of Federal Regulations \(C.F.R.\)](#)

45 CFR part §1321 and §1322

[Catalog of Federal Domestic Assistance](#)

CFDA 93.053 - Nutrition Services and

<a href="#">(CFDA)</a>	93.053 - Nutrition Services Incentive Program
<a href="#">A.R.S. § 11-269.12</a>	Food handler training and certificate.
<a href="#">A.R.S. § 11-269.28</a>	Food handler certificate; school activities; volunteers; exemption.
<a href="#">A.R.S § 41-1959</a>	Confidential information; permissible disclosure; rules; violation; classification
<a href="#">A.R.S. § 46-141</a>	Criminal record information checks; fingerprinting employees and applicants; definition
<a href="#">A.R.S. § 46-192</a>	Arizona Older Americans Act-Nonmedical Home and Community Based Care Services; Identification of Services
<a href="#">A.R.S. § 46-459</a>	Adult protective services registry.
<a href="#">A.A.C. R-9-8-101 et seq</a>	Department of Health Services - Food, Recreational, and Institutional Sanitation
<a href="#">ADES Nutrition, Food Service and Wellness Manual</a>	Published 2023 by Arizona Department of Economic Security Division of Aging and Adult Services

#### **IV. Definitions**

**Assessment:** An evaluation completed during an interview with the Client to determine eligibility for HDMs.

**Case Managed/Case Management:** The assessment and development of an individualized service plan through which the eligibility of individuals is determined, appropriate services or benefits are identified, planned, reported, monitored, or terminated, and follow-up is provided if and when appropriate.

Case Manager: A healthcare professional with experience or an authorized Non-Case Management Provider who provides Case Management.

Client: An individual who is seeking or receiving HDMs.

Congregate: A group setting where Meals are served, allowing older adults the opportunity to socialize.

Cost Sharing: A portion of the cost for services rendered is provided by the Client.

Economic Need: Need resulting from an income level at or below the Federal Poverty Level and as further defined by state and area plans based on local and individual factors, including geography and expenses.

Functional Limitations: A physical or mental impairment that substantially limits 1 or more major life activities.

Grab and Go (GNG): Meals that can be picked up, carried out, or received via drive-through from a congregate meal site, and may include shelf-stable Meals.

Home Delivered Meals (HDM): Meals that are hand-delivered to the Client at the Client's place of residence.

Instrumental Activities of Daily Living (IADL): Activities such as laundry, shopping, housework, telephone, financial management, transportation, and meal preparation.

Meal(s): Food that meets the Dietary Guidelines for Americans and Dietary Reference Intakes as set forth in section 339 of the Act (42 U.S.C. 3030g-21) and the Arizona DES Nutrition, Food Service, and Wellness Manual.

Non-Case Management Provider: An organization or individual authorized by an AAA to complete and submit the Short Form Intake Document (SFID)(AAA-1247A) for Short-Term HDM services. Authorized Non-Case Management Providers who complete training on Case Management for HDM services can also perform Redeterminations, authorize Short-Term services beyond 90 days, and provide Service Monitoring.

Nutrition Counseling: One-on-One consultation provided by a registered dietitian that aligns with the Academy of Nutrition and Dietetics, and addresses the options and methods for improving nutrition status with a measurable goal.

Nutritional Health Screening Tool (AG-119): Form used to evaluate an individual's risk for malnutrition.

Nutrition Screening: An Assessment that helps to identify a Client's risk status for malnutrition. Clients who are found to be at high risk for malnutrition are referred to Nutrition Counseling.

Nutrition Service Providers (NSP): A qualified provider subcontracted by the AAA to provide HDM services.

Planning and Service Area (PSA): A geographic area designated by the SUA for the purposes of local planning and coordination and awarding of funds.

Pre-Screening: An initial screening conducted by the AAA, or its contracted provider to determine if a Client may be eligible for HDMs before referring the Client to a Case Manager.

Provider of Nutrition Services: Includes Registered Dietitians; Registered Dietetic Technicians; Nutritionists; and Certified Dietary Managers. Each provider must meet the minimum national standards.

Redetermination: An assessment to determine if the Client continues to meet the eligibility criteria. This may occur whenever a change is reported that may change the Client's eligibility, need for service, or the service authorization period is ending.

Social Need: Necessity caused by noneconomic factors, such as physical and mental disabilities, language barriers, and cultural, social, or geographic isolation outlined in 45 CFR part §1321.3 that restrict the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

Short-Term: HDM services authorized for no more than 90 days, when the Client is not receiving any other services.

State Nutrition Coordinator: Designated SUA employee who provides State-level leadership and advocacy for nutrition services by overseeing reporting, monitoring, training, and technical assistance to ensure compliance with contracted and subcontracted nutrition service providers.

State Performance Report (SPR): Tool used by the Administration for Community Living (ACL) to monitor the performance of Older Americans Act (OAA) programs.

Wellness Checks: An in-person visit conducted by volunteers and/or paid staff that deliver meals to homebound Clients. The purpose of the visit is to evaluate the general mental and physical health status of the Client, provide an opportunity for socialization, alert emergency services in case of an emergency, and report to the Client's Case Manager if medical or social problems present during the course of service delivery.

## **V. Standards**

### **A. Overview**

1. The Home-Delivered Meals (HDM) program is a Case-Managed nutrition service that allows eligible Clients to remain independent in their homes by providing the following:

- a. At least 1 Meal per day, 5 or more days per week, that is consumed outside of a Congregate setting. These meals can be provided through:
    - i. Home Delivered Meals; or
    - ii. Grab and Go (GNG).
  - b. Nutrition Screening, education, and counseling;
  - c. Wellness Checks; and
  - d. Referrals to other home and community-based supports that the Client may benefit from based on local availability and the Client's eligibility.
2. The State Unit on Aging (SUA) administers the HDM program by providing funding, direction, and technical assistance to the State's contracted Area Agencies on Aging (AAAs).
  3. AAAs contract with providers as necessary to carry out the services listed in V.A.1 of this policy.
  4. The HDM program prioritizes Clients in the greatest Economic and Social Need who may not eat adequate or nutritious Meals due to the following:
    - a. Incapacitation or disability due to accident, illness, or frailty;
    - b. An inability to safely prepare Meals due to limited mobility, psychological or mental impairment; and
    - c. A lack of resources such as family, friends, or other community services to provide or prepare Meals.
  5. Services are provided at no cost, however, Clients may choose to make a voluntary contribution as outlined in VI.A.2.d of this policy.

## **B. Eligibility**

1. The following individuals are eligible to receive HDM services based on availability of funding:
  - a. An individual age 60 or older who:
    - i. Has Functional Limitations restricting the individual's ability to carry out the Instrumental Activities of Daily Living

- (IADLs) listed in V.B.1.a.ii. of this policy;
- ii. Is moderately to severely impaired, as determined via the Assessment tool, in the following IADLs:
  - A. Shopping, transportation, or light housework; and
  - B. Meal preparation.
- iii. Has no other meal preparation assistance.
- b. The spouse, regardless of age or condition, of an eligible Client; and
- c. An individual with a disability, regardless of age, who resides with an eligible Client.

### C. Process to Obtain Services

1. AAAs will be available for Clients seeking HDM services, at a minimum, in the following ways:
  - a. By phone, or in-person, or via web-based means of communication. The AAA must ensure their up-to-date phone number, address, and website are posted in the following places: to find out about available resources;
    - i. Area Agency on Aging Locations landing page on the [ADES website](#);
    - ii. Attending or viewing Community Education and Outreach activities that provide information regarding HDMs.
2. AAAs will complete a Pre-Screening with the Clients. The AAA will support Clients by completing the Pre-Screening in the most convenient way, which may include in-person, over the phone, or virtually.
3. If the AAA believes that the Client may be eligible, a Case Manager will assess the Client's eligibility within 7 business days of receiving the case assignment by:
  - a. Completing the appropriate Assessment based on the following criteria:
    - i. If HDM is the **ONLY** service being authorized, the service will be Short-Term and the following applies:
      - A. A Short Form Intake Document (SFID)

(AAA-1247A) or Arizona Standardized Client Assessment Plan (ASCAP) (AG-095) must be completed.

- B. A home visit is NOT required at the initial Assessment; and
  - C. An authorized Non-Case Management Provider may complete and submit the SFID, but not the ASCAP.
- ii. If HDM is **NOT** the only service being provided, the following applies:
- A. The ASCAP and the Nutrition Health Screening Tool (AG-119A) must be completed;
  - B. A home visit is required at the initial Assessment; and
  - C. An authorized Non-Case Management Provider may **NOT** complete and submit the ASCAP.
4. When Clients are found to be at high nutritional risk, based on their Nutrition Health Screening Tool results, the AAA must refer the Client to Nutrition Counseling based on the following:
- a. The needs of the Client;
  - b. The availability of resources; and
  - c. The expertise of a Registered Dietician Nutritionist aligned with the Academy of Nutrition and Dietetics.
5. Based on the availability of services, Clients may be placed on a waitlist.
- a. Waitlist procedures are found in the DAAS Waitlist Policy.

#### **D. Service Authorization**

- 1. HDMs can be authorized for a maximum of:
  - a. 90 days from the date of the initial Assessment for Clients who are only receiving HDM services as identified by the SFID; or
  - b. 12 months from the date of the initial Assessment for Clients who are

receiving a combination of HDMs and other services identified by the ASCAP.

#### **E. Service Monitoring**

1. Beginning from the date of the initial assessment, the Case Manager will:
  - a. Monitor the services the Client is receiving at least every 90 days, and ensure action is taken to resolve identified problems, or to adjust services based on the Client's needs; and
  - b. Perform a home visit every 6 months.
2. Additional policies and procedures for service monitoring can be found in DAAS Case Management Policy.

#### **F. Redetermination**

1. An in-home Assessment must be completed to determine if the Client continues to meet the eligibility criteria. This must be done at the following times:
  - a. Whenever a change is reported that may change the Client's eligibility or need for service; or
  - b. At the end of the service authorization period.
2. For Short-Term HDM services, the following applies:
  - a. The Client must be contacted at least 10 business days before the end of the service authorization period to schedule an in-home Assessment; and
  - b. The SFID may be used to continue service authorization for up to 90 days, but a home visit is required.

### **VI. Procedures**

#### **A. Roles and Responsibilities**

1. SUA will:
  - a. Contract with AAAs to provide HDM services;
  - b. Designate a minimum portion of Title III C-2 funds specific to each Planning and Service Area (PSA) to be used by the AAA in carrying out the HDM program;

- c. Ensure that services offered by the HDM program do not duplicate or replace services already provided by other entities in the state;
  - d. Facilitate coordination between the HDM program, Tribal organizations, and Title VI programs;
  - e. Create a streamlined process to provide AAAs with prior approval for contracts and commercial relationships that AAAs wish to establish;
  - f. Review and approve Case Management training specific to HDM services that the AAA delivers to authorized Non-Case Management Providers;
  - g. Provide advice, training, and technical assistance to AAAs and HDM Nutrition Service Providers (NSP) to include but not limited to:
    - i. The most recent updates to the federal rules and regulations, including the Older Americans Act (OAA);
    - ii. The most recent ADES Nutrition, Food Service and Wellness Manual as a reference manual for nutrition services; and
    - iii. The Assessment forms as described in V.C.3.a. of this policy.
  - h. Oversee and carry out SUA reporting requirements for the HDM program as required by ACL; and
  - i. Perform monitoring activities as described in VI.B.1 of this policy.
2. AAAs will:
- a. Align all program policies and procedures with the most up-to-date federal rules, regulations, SUA policies, and ACL guidance;
  - b. Carry out the HDM program by awarding contract funds to Nutrition Service Providers (NSPs) that must:
    - i. Best demonstrate the capacity to meet the standards listed in VI.A.3 of this policy; and
    - ii. Comply with all state, county, tribal and local health regulations, ordinances, and codes for food safety.
  - c. Ensure that evidence of income, a means test, or Cost Sharing is not required to determine eligibility for HDMs;

- d. Establish procedures for voluntary contributions that meet the guidelines in DAAS Service Contributions Policy;
  - e. Provide Case Management services specific to the HDM program to include:
    - i. Contacting Clients who are waitlisted for HDMs according to V.C.5 of this policy; and
    - ii. Adhering to SUA policies and procedures regarding Case Management found in DAAS Case Management Policy.
  - f. Authorize Non-Case Management Providers as needed to provide Case Management services for Clients who are receiving Short-term HDMs including;
    - i. Ensuring Authorized Non-Case Management Providers complete the HDM specific Case Management Training in order to provide Redetermination and Service Monitoring for Short-term HDMs.
  - g. Conduct annual assessments of NSPs to ensure compliance with SUA requirements;
  - h. Identify, mitigate, and/or remove all COIs per SUA policy guidance;
  - i. Adhere to DES fingerprinting and criminal background check requirements in VI.H of this policy;
  - j. Complete reporting requirements assigned to the AAAs in VI.D.2; and
  - k. Conduct monitoring activities assigned to the AAAs in VI.B.2.
3. Nutrition Service Providers will:
- a. Administer effective planning and delivery of the HDM services listed in V.A.1 of this policy according to the requirements and guidance in the following documents:
    - i. The most recent [ADES Nutrition, Food Service and Health Manual](#); and
    - ii. ADES Scope of Work for HDM services.
  - b. Collect all information necessary to fulfill the data collection and reporting requirements of the SUA and AAA;

- c. Identify, mitigate, and/or remove all Conflicts of Interest (COIs) per SUA policy guidance;
- d. Cooperate with, and provide each Client with the Client grievance/appeals process, and have a copy displayed so that it is accessible to all Clients;
- e. Enforce standards for staff training, performance, annual tuberculosis testing, licensure, and certification requirements required by the AAA and SUA;
- f. Comply with all state, county, tribal and local health regulations, ordinances, and codes for food safety; and
- g. Adhere to DES fingerprinting and criminal background check requirements as referenced in VI.H of this policy.

## **B. Monitoring**

1. The SUA will monitor the following:
  - a. AAAs to ensure compliance with the following:
    - i. SUA program policies and procedures contracts, and ADES scopes of work;
    - ii. Quality and effectiveness in program activities and service delivery;
    - iii. Contract requirements;
    - iv. Federal regulations; and
    - v. Additional or updated guidance material provided by ACL.
2. AAAs will monitor the following:
  - a. NSPs for compliance with the following:
    - i. SUA program policies and procedures;
    - ii. ADES Nutrition, Food Service and Wellness Manual;
    - iii. Menus are kept at the meal preparation site and at the location from where the meal was delivered for at least one year after the meals have been served for annual audit purposes;
    - iv. Nutrition education documentation is retained for at least 1

year for annual audit purposes;

- v. Quality and effectiveness in program activities and service delivery;
- vi. Respond to monitoring reports within 30 days;
- vii. Initiate any necessary corrective action within 30 days; and
- viii. Staff training and licensing requirements.

**C. Systems, Software, and Technology**

- 1. The AAAs must utilize the Division of Aging and Adult Reporting System (DAARS) to adhere to the ACL's Older Americans Act Performance System (OAAPS) and SUA's reporting requirements.
- 2. The SUA must utilize OAAPS to adhere to ACL's reporting requirements.

**D. Reporting**

- 1. SUA must:
  - a. Follow all ACL requirements for:
    - i. The State Performance Report (SPR); and
    - ii. OAAPS reports.
- 2. AAAs must:
  - a. Enter HDM program data into DAARS by the 30th day of the following month the activities occurred; and
  - b. Follow all guidance and any training provided by the State Nutrition Coordinator on the topic of programmatic reporting.
- 3. NSPs must:
  - a. Report monthly to the AAA on the number of Meals provided to Clients; and
  - b. All Meals reported must meet the requirements listed in [45 CFR 1321.87\(d\)\(1\)\(i-v\)](#).

**E. Records Management:**

- 1. AAAs and NSPs must maintain HDM program records in paper or electronic format.

2. All records, regardless of their format, must be maintained in a secure manner to protect the contents from breach, theft, or misuse. This includes:
  - a. Maintaining paper documentation in locked files; and
  - b. Securing electronic records.
3. Records and information collected by the program are maintained as confidential under A.R.S. §41-1959. This includes:
  - a. Client information;
  - b. AAA and subcontractor records; and
  - c. Information collected during an appeal.
4. Records and information maintained as confidential must not be released except as authorized under A.R.S. §41-1959.
  - a. AAA must explain to Clients that individual information and records may be shared in order to provide services.

**F. Privacy, Confidentiality and Disclosure**

1. HIPPA regulations must be observed when handling Protected Health Information (PHI) including, but not limited to:
  - a. Nutritional assessments and screenings; and
  - b. All employee, staff, and volunteer Tuberculosis (TB) records.
2. Protection and release of Confidential Information:
  - a. The transmission of Personally Identifiable Information (PII) and PHI for any Client must be transmitted using secure means such as encryption to ensure the information is not accessed by unauthorized individuals.
  - b. Disclosure of PII may only be made with the informed consent of the Client or their legal representative, unless required by law or court order, for program monitoring by authorized agencies.
3. Address Confidentiality Program
  - a. AAA Employees and Contractors must refer to the [DES Address Confidentiality Program \(ACP\) policy](#) and the DAAS ACP policy if a Client states that they are a participant in the Address Confidentiality Program.

- b. If the Client is an ACP Participant, the substitute address must be accepted on all application material required for the program.

**G. Conflict of Interest**

1. AAAs and contracted NSPs must abide by policies and guidance regarding Conflicts of Interest developed by SUA and must comply with SUA's periodic review of programs for COI.

**H. Fingerprinting and Criminal Background Check**

1. AAA must ensure that NSPs comply with the following:
  - a. A fingerprint-based criminal background check must be completed at the time of hire or as a result of reassignment after hire, on employees and volunteers who have direct contact with juveniles or vulnerable adults including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also DAAS Administrative Mandates Policy.

**I. Complaints, Grievances, and Appeals**

1. Each AAA will develop and implement a process to:
  - a. Investigate and resolve complaints from Clients and other outside parties against AAA and NSP(s) per DAAS Administrative Mandates Policy; and
  - b. Verify that Clients receive a copy of the complaints, grievance, and appeals process.

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