Medicaid Home Delivered Meals
Program Standards and Responsibilities

Updated November 2020

Medicaid-funded Home Delivered Meals (HDMs) may be provided for in-home consumers who are home-bound, unable to prepare meals, do not have another person available for meal preparation, and do not have natural supports available that are willing and able to provide meal preparation services. Home delivered meals can be critical to enabling a consumer to maintain independence and remain in their own homes. Provision of a home delivered meal may reduce the need for reliance on a paid caregiver during some meal times, can offer added safety in having another person stopping by the consumer’s home to deliver meals, can provide meals in a cost-effective manner and may be a factor in allowing the consumer to remain at home.

Oregon’s Area Agencies on Aging (AAAs) directly provide, or contract with community partners to provide, congregate and home-delivered meals that meet Older Americans Act requirements and Nutrition Standards developed by Oregon DHS-APD. [https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Nutrition-Program.aspx](https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Nutrition-Program.aspx)

AAA Nutrition Programs typically offer delivery of one meal per day. A unit of service for home-delivered meals is one complete meal meeting OAA and APD requirements including the requirement that it meets one-third of the recommended daily allowance, served to one eligible individual.

Individuals must be assessed eligible and have the service authorized by a Medicaid Case Manager in order to receive Medicaid HDMs. The following outlines the key responsibilities in providing Medicaid HDMs to eligible consumers.

I. Medicaid HDM Eligibility:

To be eligible for the Home Delivered Meals program, consumers must:
• Require assistance with meal preparation, according to the Client Assessment and Planning System (CA/PS) assessment to receive HDM;  
• Be “homebound.” ([OAR 411-040-0010(4)](OAR 411-040-0010(4))) Being “homebound means that leaving home is a significant effort to the point that leaving home unassisted is not normally possible;”  
• Have no natural supports willing or available to provide meal preparation services; and  
• Be willing to eat the meal within a reasonable time frame or have proper temperature-controlled storage available.

II. Medicaid Program Responsibilities

A. Medicaid Case Manager (CM) Responsibilities:

1. Determine eligibility and interest in receiving HDMs:
During the completion of the Client Assessment and Planning System (CA/PS) assessment, the Medicaid Case Manager (CM) will determine eligibility for Medicaid services, including eligibility for the home delivered meals program.

The Medicaid CM will:

a. Discuss the availability of Medicaid HDMs.  
b. Ensure the consumer meets eligibility criteria for receiving Medicaid HDMs. (see section I above). 
c. Ask the consumer if they currently receive home-delivered meals. If the consumer desires to continue receiving HDMs, the CM will need to assure the payment for the meal will be covered with Medicaid funding. This information must be narrated and identified in the assessment/service planning process.  
d. Assess the consumer or caregiver’s ability to utilize HDMs including:
   • The ability to receive and open the delivered meal,  
   • Warm the meal (if needed), and
• Store the leftover or frozen meal.

e. Ensure the consumer understands that home delivered meals may reduce some hours in the service plan but will not impact SNAP benefits.

f. Inform the consumer through the completion of a “timely decision notice” if there is any change with their pay-in (liability) as HDM costs are included in the consumer’s pay-in calculation. The consumer’s pay-in (liability) may change when:
   • The meals are part of the Medicaid service plan;
   • The meals are paid with Medicaid funds; and
   • The consumer has excess income.

2. Authorize HDMs:

If the consumer is eligible for and choses to receive Medicaid HDMs, the Medicaid CM must authorize the meals as follows:

   a. Review the CA/PS meal preparation hours, reduce the hours as appropriate, per OAR 411-030-0070(3)(e);

   b. Authorize and add HDM and provider information into the consumer’s CA/PS service plan;

   c. Complete and send an HDM referral/authorization form (595 HDM or other agreed upon format) to the AAA nutrition program. This form will authorize initiation of meal delivery, and the maximum quantity of meals to be provided each month;

   d. Re-evaluate the eligibility for HDM service at all reassessments of services, and the usefulness of HDMs with the consumer during monthly contacts;

   e. Follow up with consumer if notified of concerns or new issues by the HDM provider; and

   f. Document any additional information about the HDMs, communication with the meal provider, etc., in Oregon ACCESS.
3. If HDMs are refused or an individual is ineligible to receive HDMs:

If the consumer chooses not to receive HDMs or is ineligible to receive HDMs, but needs food assistance, the CM will:

a. Provide information on other program resources in the community that may be available (i.e. local food pantry, congregate meals for those age 60+);

b. Review eligibility for SNAP benefits;

c. Encourage the consumer to contact to the Aging and Disability Resource Connection of Oregon (ADRC) to see if a local ADRC representative can be of assistance in identifying other local resources. (OAR 411-028-0020(1)(f))

Note: Medicaid consumers who are eligible for Medicaid HDMs cannot receive these meals under the Older Americans Act, except in cases in which they are “cost of care” consumers.

B. Medicaid Office (APD or AAA) Office Responsibilities

1. Communication:

The Medicaid (APD/AAA) office must have regular communication with the nutrition program regarding:

a. New consumer referrals,

b. Any changes in needs or services for consumers who are receiving HDM,

c. Notifying the nutrition program immediately when meal services are discontinued or no longer authorized, and

d. Providing information regarding HDM and congregate meal site services to Medicaid clients.

2. Ensure billing and reimbursement for Medicaid HDMs:

The billing process for the case manager and AAA nutrition program should be as follows:
a. The Medicaid CM initiates the home delivered meal process with the completion and issuing of the HDM referral/authorization form (SDS 0595) to the HDM provider.

b. This authorization form will be used to create and issue the “payment voucher” which will indicate the allowed number of meals per month.

c. Document HDM authorization in the consumer’s service plan and plan of care. This can be documented by a case aide with the CM’s approval.

d. The HDM provider is expected to verify this authorization to bill for meals.

e. After meals are provided, the HDM provider will request reimbursement for provided meals by completing and returning the payment voucher to the Medicaid office. The next month’s “payment voucher” will then be issued.

f. The CM must document all steps and communication in Oregon Access.
   • The billing process, moving from a paper billing system to electronic billing, is in development.

III. Nutrition Program Responsibilities

AAA nutrition program services are provided either directly by the AAA or through contracted providers in each area of the state.

The nutrition program HDM provider must:

1. Ensure that all meals comply the Oregon Congregate and Home-Delivered Nutrition Program Standards. This includes requirements for menu planning with oversight by a registered dietician or individual with comparable expertise; meal preparation and home-delivered meal safety and sanitation; and requirements for safety and delivery of frozen meals.

2. Ensure a current AAA contract for Home Delivered Meals is in place and that the Nutrition program is enrolled as a Medicaid provider. For information on becoming a Medicaid enrolled
provider, contact: APD Provider Enrollment at APD.ProviderEnrollment@dhsoha.state.or.us.

3. Be able to provide at least one meal at least once a day, five or more days per week. In rural areas where daily delivery of meals is not feasible, nutrition providers must notify the local APD office if approved meals will be delivered on a less frequent basis. In these cases, meals must be delivered at least once per week.

4. If a consumer contacts the nutrition program to request HDM services, determine if the individual is a Medicaid consumer by asking the consumer and checking Oregon ACCESS.

5. Prior to the delivery of Medicaid HDM meals, ensure the nutrition program has received a referral/authorization form from the Medicaid case manager for each referred consumer.

6. For each referred Medicaid HDM referral, complete the required nutrition risk screening questions, entering this information into Oregon ACCESS.

7. At least annually, an in-person visit is required for annual review of the nutrition risk screening questions and nutrition education. (ORS 411-040-036) Annual nutrition education must follow requirements and approved nutrition education topics as outlined in the Oregon Congregate and Home-Delivered Nutrition Program Standards.

8. Communicate regularly with the APD/AAA office regarding the HDM service provided (including delivery frequency, any specialized meals available to consumers, restrictions on service area for delivery of meals, termination of services, etc.) and any change of condition or concerns.

9. Ensure that Medicaid consumers are not asked for voluntary contributions.

10. Have in place written procedures for all components of meal services.

11. Ensure all staff and volunteers who assist with HDM operations have passed required background checks.
12. Communicate immediately with the local APD/AAA office regarding any concerns identified during the initial and annual nutrition screening or observed by HDM meal delivery staff or volunteers.

Note: This document will be updated when information is updated, or changes are made to the Medicaid Home Delivered Meals program in Oregon.
IV. References and Additional Information

Medicaid HDMs Rule and Guidelines
- Medicaid HDM administrative rule (OAR 411-040)
- Medicaid HDM Program Standards and Responsibilities (http://www.dhs.state.or.us/spd/tools/cm/hdm/index.htm)

HDMs and Medicaid In-Home Consumer-Employer Program
- Medicaid Home Delivered Meals are available for In-Home Consumer-Employer Program consumers assessed with IADL support needs (OAR 411-030-0070(3)(d)).

HDMs and the State Plan Personal Care Program
- As per OAR 411-034-0020(4), State Plan Personal Care consumers are not eligible for Medicaid Home Delivered Meals as State Plan Personal Care services are not waivered services. State Plan Person Care consumers can be considered for eligibility and participation in home-delivered meals under OAA.

HDMs and the Independent Choices Program
- As per OAR 411-030-0100(8)(c)(C), Independent Choices Program consumers are not eligible for Medicaid Home Delivered Meals. HDMs are excluded from the ICP cash benefit which is determined by the CA/PS assessment and service plan. Individuals in ICP may choose to purchase HDMs directly from the meal provider using their ICP benefits or may be eligible for OAA funded HDMs.

HDMs and Medicaid Cost of Care Consumers
- Consumers who are determined and documented to be Cost of Care Medicaid consumers and would have to pay the full cost of meals themselves can be considered for eligibility and participation in home delivered meals under OAA.

HDMs and Oregon Project Independence Program
- Home Delivered Meals are available for OPI consumers (OAR 411-032-0000(30) and OAR 411-032-0010(1)(a)(A)(vii)).
Oregon Congregate & Home Delivered Nutrition Program Standards

- **CSSU Nutrition Program Website** has a link to the current Program Standards for OAA and OPI nutrition programs, as well as many helpful tools.

- The Administration for Community Living’s [Medicaid Third Party Liability and OAA Fact Sheet](#) clarifies that OAA services such as HDMs should not be provided to an individual who is eligible for this service under Medicaid.