



## ATTACHMENT C

# HOME DELIVERED MEALS REFERRAL GUIDELINES FOR MANAGED CARE ORGANIZATIONS

### Eligibility Classifications

#### Regular Referral

As part of its care coordination duties and responsibilities, MCO provides in-person home visits to conduct assessments. If during the assessment the MCO determines that an older adult (member) could benefit from the Home Delivered Meals (HDM) service, which is not a Medicaid covered benefit for those eligible to be served under this MOU, the MCO will refer to the community based organizations responsible for providing these services. As part of this process, MCO or its delegate acknowledges that it must complete the Referral Form for HDMs (Attachment D) and transmit (electronic mail or FAX) the form within five (5) working days to the appropriate HDM Provider designated to serve the particular geographical area in order to initiate the service. This process would need to include a review the HDM Contribution Letter (Attachment E) with the member prior to making the referral as is required under the Older Americans Act.

MCO acknowledges that HDM providers may not initiate service in the absence of a completed referral form. It is the responsibility of the HDM provider to verify receipt of the referral and to inform the MCO of service availability. It is also the responsibility of the HDM provider to notify both the referring MCO and the member of the exact date meals are anticipated to begin. Because additional information/clarifications may be required prior to initiation of service, HDM providers have up to five (5) working days after receipt of the referral to begin service.

#### Emergency Referral

Emergency referrals are defined as *presumed eligible because of extenuating circumstances that put the member at eminent risk*. For example, the member is *unexpectedly discharged* from the hospital or the regular caregiver is *removed without warning and no other source of meals/meal preparation is available at that time*. Emergency referrals may not exceed ten percent (10%) of the total Regular Referral count. The count will be monitored and reported to MCO by HDM Provider.

When the MCO, hospital discharge planning staff, or other entities that may be involved in the care coordination process for the member determines that an older adult (member) is at imminent risk and HDM service appears to be the only viable option, abbreviated referral information (Attachment F) may be transmitted (electronic mail or FAX) to the appropriate HDM Provider designated to serve the particular geographical area. HDM providers have two (2) working days after receipt of the referral to begin service. The MCO or delegate would need to complete the Regular HDM Referral form and the procedure outlined above within five (5) business days or HDM providers may not continue service in the absence of a completed referral form.

## **Service Reassessment and Terminations**

### **Service Reassessments**

As part of its care coordination duties and responsibilities, Member reassessments are performed by the MCO. When members receiving HDM service are reassessed the MCO would need to transmit (electronic mail or FAX) to the HDM provider the status of the reassessment as it relates to the HDM service provision, i.e. continuation, discontinuation, physical/mental/environmental changes. Reassessments that continue the HDM service follow the same procedures as outlined above under Regular Referral. Discontinuation procedures are described below.

### **Status Changes**

The HDM provider must inform the MCO when it suspects that the HDM service is no longer needed by the client. This suspicion may be evidenced by a change in the member's status, i.e. hospitalization, meals not being accepted, prolonged or regular absences. When any one of these occurs, the HDM provider may suspend the delivery of meals until the MCO provides clarification of continued need.

### **Service Terminations**

The HDM provider will accept discontinuation decisions from both the MCO and the member. These may be independent decisions. The member has the right to provide notice that the member no longer wishes to receive the HDM service. The MCO may determine that a referral for HDM service is no longer warranted for any number of reasons; including member no longer meets eligibility requirements, relocation, etc. If a member elects to no longer receive HDM service, it is the responsibility of the HDM provider to notify the MCO of the member's decision and when the last meal was delivered. When the MCO determines a referral for HDM service is no longer warranted, the MCO will work with the member to discuss changes in HDM services through its care coordination process; and to notify the HDM provider through a formal transmittal (electronic mail or FAX) indicating that the referral for HDM service was not being continued, the reason for discontinuation of the referral and the last day that meals are being referred for delivery. MCO acknowledges that notification guidelines for the MCO to the member and the HDM provider need to be within three (3) working days of the discontinuation of the referral for HDM.

Home Delivered Meals Waiting Lists Because of the variation in fund distribution, the Agency on Aging requires its Title IIIC nutrition providers to quantify the maximum number of home delivered meals it can provide (units of service) per fiscal year. It is anticipated that this figure can be further broken down per month and per service day. Consequently, Title IIIC nutrition providers have varying capacities to serve and waiting lists do occur.

It is the responsibility of each Home Delivered Meals Provider to determine when its service capacity has been met and no additional clients can be added. Upon this determination, a waiting list may be established and ALL subsequent referrals must be

prioritized according to need. The HDM provider will inform the MCO and the Area Agency on Aging (AAA) when service capacities have been reached and waiting lists established, and will inform the AAA of the reason(s) for the waiting list. The HDM provider will monitor its service capacity and notify the MCO when vacancies occur or the waiting list determination has been lifted. The HDM also will provide waiting list status updates to the AAA upon request, and will notify the AAA when the waiting list determination has been lifted. During this period, MCOs will need to make other arrangements for meal services. HDM providers may be able to offer alternatives.