



*DELAWARE HEALTH  
AND SOCIAL SERVICES*  
Division of Services for Aging and  
Adults with Physical Disabilities

Policy Manual for  
Division Contracts - Nutrition

**Revision Table**

<b>Revision Date</b>	<b>Sections Revised</b>	<b>Description</b>
1/30/2017		Revision for 2018 Contract Year
11/25/2019		Revision for 2020 Contract Year



*DELAWARE HEALTH  
AND SOCIAL SERVICES*  
**Division of Services for Aging and  
Adults with Physical Disabilities**

## Policy Manual for Division Contracts - Nutrition

### Table of Contents

#### **CONGREGATE NUTRITION**

Congregate Nutrition for Individuals with Disabilities in Non-Institutional Households	X-V-1	1
Eligible Participants for Congregate Nutrition in Subsidized Housing Sites	X-V-2	2
Medical Foods to Congregate Nutrition Participants	X-V-3	3-6
Suggested Physician Letter		7
<b>HOME DELIVERED NUTRITION</b>		
Home Delivered Nutrition Criteria	X-V-4	8-11
Medical Foods to Home Delivered Nutrition Participants	X-V-5	12-15
Suggested Physician Letter		16

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b>	<b>04/84 Rev. 11/85, 04/88, 09/95, 12/12, 1/17, 11/19</b> <span style="float: right;"><b>LOG NO: X-V-1</b></span>
<b>SUBJECT:</b>	<b>Congregate Nutrition for Individuals with Disabilities in Non-Institutional Households</b>

PURPOSE

To establish policy regarding congregated meal service to individuals with disabilities under 60 years of age.

POLICY

In accordance with PL.100-175, Section 307 (a)(13)(1) it shall be the policy of the Division to promote the provision of nutrition services to those individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregated meals.

The word "disabled" is defined as the inability to engage in substantial, gainful activity by reason of any medically determinable physical impairment which can be expected to result in death or has lasted or expected to last for a continuous period of not less than 12 months.

Individuals must meet the following criteria to be eligible:

- The disability for physical impairment must be verified by a doctor’s letter.
- Individuals with disabilities must be residing with the elderly participant in order to participate in the Program. Proof of residency will be required.
- The individual with a disability must be accompanied by the elderly participant at all times to participate in the Program.
- The primary care of the individual with a disability at the nutrition site will be the responsibility of the eligible participant who is accompanying him/her e.g. toileting, feeding, etc.
- Individuals with disabilities who are eligible for the program must be 18 years of age or older.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b>	<b>01/84 Rev. 04/84, 11/85, 09/95, 10/00, 12/12, 1/17</b> <span style="float: right;"><b>LOG NO: X-V-2</b></span>
<b>SUBJECT:</b>	<b>Eligible Participants for Congregate Nutrition in Subsidized Housing Sites</b>

PURPOSE

To establish policy regarding congregate meal service for persons living in subsidized housing sites.

POLICY

The congregate nutrition provider is responsible for providing meal service in subsidized housing sites to the following participants:

- A. Individuals with disabilities who have not attained 60 years of age, but who reside in housing facilities occupied primarily by the elderly (in accordance with PL 98-459, Section 307 (a) (13) (A)). Such housing facilities must have an existing congregate nutrition program. Individuals must meet applicable residency requirements and receive meal service at the facility where they reside.
  
- B. Participants regarded as “roombound” are eligible for meals provided by the congregate nutrition program. Such meals would be delivered to the participant’s room on days when meal service is available. The congregate nutrition provider must develop and follow internal policies on the following:
  - Assessment and verification of “roombound” status. Information must be kept on file for DSAAPD review.
  - Method of meal delivery to the “roombound” participant. The procedure must include details on personnel responsible for delivery and maintenance of safe food temperatures.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 09/95 Rev. 01/00, 07/00, 11/03, 12/12, 1/17, 11/19	<b>LOG NO: X-V-3</b>
<b>SUBJECT:</b> Medical Foods to Congregate Nutrition Participants	<b>Page 1 of 4</b>

PURPOSE

To establish policy for supplying medical foods to congregate participants.

POLICY

Medical foods may be used instead of a prepared meal, if medically indicated, as in need for a liquid diet. If medical foods served to participants are their sole source of nutrition, these supplements must meet the DSAAPD required caloric minimum, except for modified dietary products prescribed by a physician. Participants will be contacted within ten days of receipt of the physician’s approval.

RESPONSIBILITY

Program Director or designated staff will oversee inventory control.  
 Site Director and/or Site Manager will inform participants about the availability of medical foods.  
 Site Director and/or Site Manager will monitor distribution of products to participants.  
 Program Dietitian will assess participants, verify the physician’s approval, determine the quantity of medical foods required and provide necessary follow-up.

**MEDICAL FOODS: QUANTITY AND REIMBURSEMENT**

Medical foods are approved for use with medically and/or nutritionally at risk participants. Two (2) cans of medical foods are counted as a meal when given by themselves. Any additional medical foods that are given as a supplement (in addition to a meal) are not counted as a meal, and should be noted separately on daily logs.

**Medical foods approved for use in DSAAPD nutrition programs**

The standard product used as a meal replacement is ENSURE<sup>®</sup> Plus Liquid. Six other products are approved for use in the DSAAPD Title III-C Nutrition Programs; these are considered to be part of a modified/therapeutic diet and their recommendation must be supported by a physician’s request.

A participating provider must have the mandatory two (2) products available to participants, as noted on the letter/diet order sent to the participant’s physician. Other additional products listed may be used if necessary.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 09/95 Rev. 01/00, 07/00, 11/03, 12/12, 1/17, 11/19	<b>LOG NO: X-V-3</b>
<b>SUBJECT:</b> Medical Foods to Congregate Nutrition Participants	<b>Page 2 of 4</b>

<b>Mandatory Products</b>	<b>Volume</b>	<b>Calories</b>	<b>Protein</b>
ENSURE® Plus	8 fl. oz.	350	13.0
GLUCERNA® Shake	8 fl. oz.	180	10.0

<b>Additional Eligible Products</b>	<b>Volume</b>	<b>Calories</b>	<b>Protein</b>
ENSURE® Clear	8 fl. oz.	180	8.0
ENSURE® Pudding	4 oz.	170	4.0
Nepro®	8 fl. Oz.	425	19.0
Pulmocare®	8 fl. Oz.	355	14.8

**PARTICIPANTS TO BE CONSIDERED FOR MEDICAL FOODS**

Medical foods are intended to be used by participants who are medically and/or nutritionally at risk. The aim of providing medical foods to congregate participants is to maintain or improve their health status and quality of life by keeping them active members of the community. This will be accomplished by providing calories and other nutrients instead of the prepared meal consumed at the congregate location.

Various participants will benefit from the medical foods. The following list describes some conditions for which medical foods may be recommended but is not intended to be an all-inclusive list:

1. involuntary weight loss
2. problems chewing or swallowing, resulting in reduced/inadequate food intake (a dysphagia diagnosis must be clearly documented)
  - a. use of pudding versus liquid should be considered
  - b. consult physician regarding persistent difficulty
3. recent illness or surgery
4. nutritional support prior to surgery
5. cancer and/or cancer therapy
6. decreased interest in cooking and/or eating

Participants who are currently on a full-liquid diet, e.g. as a result of chemotherapy, radiation therapy or swallowing disorders may be considered for medical foods without receiving the prepared meal. These participants would receive a maximum of one meal a day two cans. Specific physician documentation and consultation with a dietitian is required. These participants must satisfy provider eligibility requirements before being considered for the full-liquid option.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>		
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>		
<b>ISSUE DATE:</b>	<b>09/95 Rev. 01/00, 07/00, 11/03, 12/12. 1/17, 11/19</b>	<b>LOG NO: X-V-3</b>
<b>SUBJECT:</b>	<b>Medical Foods to Congregate Nutrition Participants</b>	<b>Page 3 of 4</b>

Medical foods may also be provided to participants who are not receiving home-delivered meals, are medically and/or nutritionally at risk (as verified by a physician), but do not attend the center. Reasons for not attending the center may include disability, chronic illness, advanced age or similar restrictions. These participants must satisfy all other provider requirements, including the completion of screening forms. The participant may select, through a written form, a person to pick up the medical food.

Participants will be encouraged to increase their donations commensurate with the cost of the medical supplements.

**SELECTION AND MONITORING OF PARTICIPANTS RECEIVING MEDICAL FOODS**

Provision of medical foods requires physician authorization, in order to document medical and/or nutritional risk. A written diet order from the physician must be returned to the provider dietitian and kept in the participant’s file. Additionally, a brief statement of pertinent medical problems will be noted by the physician on the diet order. The diet order is valid for a period of one year. Annual renewals of approval are required from the physician.

Participants who do not have a physician may be considered for the nutritional supplement, after a consultation with the dietitian. A signed release absolving the provider from liability due to withheld or incorrect information must be obtained and kept on file.

The signed diet order will be returned to the provider dietitian. Upon receipt of a signed physician order, the participant will be contacted by the dietitian and assessed. Appropriate nutritional counseling will also be provided at this time. A participant file will be maintained at the provider office. A follow –up schedule will be discussed with the participant.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>		
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>		
<b>ISSUE DATE:</b>	<b>09/95 Rev. 01/00, 07/00, 11/03, 12/12, 1/17, 11/19</b>	<b>LOG NO: X-V-3</b>
<b>SUBJECT:</b>	<b>Medical Foods to Congregate Nutrition Participants</b>	<b>Page 4 of 4</b>

The following information is to be included in each participant's file:

1. Diet order/medical information page signed by physician (see attached sample)
2. Renewal diet order for physician
3. Signed release from participants who do not have a physician
4. Documentation of nutritional counseling
5. Documentation of follow-up contacts
6. Quantity and flavors selected for participant
7. Participant refusal of medical foods, if indicated
8. Documentation of termination of medical foods (with explanation)



**SUGGESTED PHYSICIAN LETTER**

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Your patient \_\_\_\_\_ consumes a midday meal at \_\_\_\_\_ (congregate center). (Provider) \_\_\_\_\_ provides adult nutritional supplements (ENSURE® Plus, GLUCERNA® Shake, ENSURE® Clear, ENSURE® Pudding, Nepro® and Pulmocare®) to our participants who are medically or nutritionally at risk.

\_\_\_\_\_ has been identified by our staff as a candidate for this service. He/she will receive two cans of liquid and/or pudding to replace each prepared meal received at the congregate location. A Registered Dietitian will provide appropriate guidance and nutritional counseling.

To maintain eligibility standards, we require a physician's certification of medical and/or nutritional risk. Therefore, please provide the following information:

\_\_\_\_\_ is a suitable candidate for nutritional supplementation.

Please Circle the appropriate supplement and provide most recent height and weight:

- Ensure Plus (extra calories & protein)
- Glucerna Shake (carbohydrate control)
- Ensure Clear
- Ensure Pudding (texture modification)
- Nepro (Renal)
- Pulmocare (High Calorie for respiratory ailment)

Date:	_____
Height:	_____
Weight:	_____

<p>Please provide a brief medical history: Diabetes: Y/N Insulin_____ Oral medication_____ Diet controlled_____</p> <p>Dietary counseling recommended for: Low fat, low cholesterol_____ Increased calories _____ Reduced sodium_____ Increased fiber_____</p> <p>Other_____</p> <p>Recent illness and/or chronic conditions: _____ _____</p> <p>Physician's signature: _____</p>
---

Thank you for your cooperation.

Signed,

\_\_\_\_\_

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 05/84 Rev. 07/93, 09/95, 12/12, 1/17 11/19	<b>LOG NO:</b> X-V-4
<b>SUBJECT:</b> Home Delivered Nutrition Criteria	<b>Page 1 of 4</b>

PURPOSE

Establish criteria for home-delivered meal participants based on federal policies and guidelines.

POLICY

The Nutrition Service Providers (NSPs) will utilize the following criteria set up by the Division in assessing participation in home-delivered meals program.

1. FACTORS TO BE CONSIDERED FOR ELIGIBILITY:

- A. A person age 60 or over, who qualifies as home delivered by reason of illness or disability is eligible to receive a home-delivered meal, at least once per day, 5 days a week. Meals may be hot, cold, frozen, dried, canned or supplemental (with satisfactory storage life).
  - 1. Those who have a physical disability which precludes meal preparation or attendance at a congregate meal site.
  - 2. Those who require a modified diet but do not have the preparation knowledge or capability to prepare it and are unable to receive this meal at a congregate center.
  - 3. Those confined to their homes for a temporary convalescent period.
  - 4. Those confined to their homes residing with family or others may be eligible for meals to give respite to the caregiver.
  - 5. Participants with caregivers who are preparing meals but are unable to do so adequately are also eligible.
- B. The person over 60 providing continuous care or the recognized spouse of the participant, regardless of age or condition, is eligible to receive a home-delivered meal if receipt of the meal is in the best interest of the home delivered older person.
- C. Meals may also be made available to individuals with disabilities under 60 who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided. (This provision is only related to nutrition sites located in public housing. The individuals with disabilities must be a resident of this same housing facility. Spouses of individuals with disabilities are not eligible unless they too are disabled.) Meals may also be made available to non-elderly individuals with disabilities who are a member of the household of an elderly person who is eligible for home-delivered meal services. (Eligibility is to be tested by requesting proof of Social Security Disability.)

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 05/84 Rev. 07/93, 09/95, 12/12, 1/17, 11/19	<b>LOG NO:</b> X-V-4
<b>SUBJECT:</b> Home Delivered Nutrition Criteria	<b>Page 2 of 4</b>

2. INELIGIBILITY:

- A. Those applicants receiving in-home services should be individually evaluated to prevent duplication of services. Those receiving adequate meals from other agencies or individuals are ineligible.
- B. When the meals available would jeopardize the applicant's health. (Example: When a person requires a modified diet which the meals program cannot supply, or when the lack of proper refrigeration facilities make food borne-illness a likelihood, meal delivery may be inappropriate.) Appropriate/alternative service referrals should be made.
- C. When receiving meals would result in prolonging an inappropriate living condition. (Example: If a person is unable to perform even minimal daily maintenance tasks, it may not be desirable for that person to continue living alone.) However, meals could be provided until other arrangements can be made for the individual. Such cases should be referred to Delaware's Adult Protective Services or case management with participant's approval or if participant appears incompetent, approval is not needed.
- D. When a person cannot or will not participate within the limitations of the program and all attempts to resolve the problem have been unsuccessful, participant would be considered ineligible. (Examples: A person repeatedly is absent from the home and perhaps leaves notes asking volunteers to leave meals or will not allow the volunteer to enter the home to present the meal face to face. Participant endangers the volunteer or staff by having uncontrollable pets or in any way threatens or menaces the staff or volunteers.)

3. PROCEDURE FOR ASSESSMENT OF ELIGIBILITY:

- A. Program staff must initially visit every recipient in their home to assess the need for the program. The visit must be made within one week of the referral. An assessment form should be completed following the visit and be placed in the recipient's confidential file. No applicant shall be accepted as a program participant until after the initial assessment visit. If the participant needs meals during that week prior to the visit, they may be served on an emergency basis.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 05/84 Rev. 07/93, 09/95, 12/12, 1/17, 11/19	<b>LOG NO:</b> X-V-4
<b>SUBJECT:</b> Home Delivered Nutrition Criteria	<b>Page 3 of 4</b>

A notice should be sent to the participant, with the first meal, stating that they will be served on a temporary basis until their eligibility has been determined. This letter should contain notification of the participant appeals process. After eligibility determination has been made, the participant should be sent a letter notifying them of the decision.

- B. If the recipient is found to be in need of service other than meals, with the consent of the recipient or representative, referrals should be made to the appropriate agencies. Follow-up must be performed within a reasonable length of time, to see whether the requested service has been provided. Recipient’s consent isn’t necessary when referral is made to Adult Protective Services because of neglect or abuse by self or others and/or the participant seems incompetent to give consent.
- C. When a service other than Home-Delivered Nutrition services might be more appropriate for the applicant, alternative referrals should be attempted. (Examples: If the person is socially isolated and too depressed to cook for himself, perhaps he would benefit more from transportation to a nutrition service program which provides socialization along with the meal. If the person is unable or unwilling to attend a congregate site every day, a combination of home-delivered and congregate meal services might be appropriate. Shopping assistance may be a more appropriate service for some home delivered persons).
- D. Every short-term (12 months or less) home delivered participant will be reviewed, by phone or visit, once every sixty (60) days to reassess their needs and re-evaluate their eligibility status and to make provider referrals if the need exists. Recipient’s consent is not necessary when referral is to Adult Protective Services because of neglect or abuse by self or others and/or participant seems incompetent to give consent.
- E. Every long-term home delivered participant must be visited once every six (6) months to re-evaluate their eligibility status and to make provider referral. Recipient’s consent is not necessary when referral is to Adult Protective Services because of neglect or abuse by self or others and/or participant seems incompetent to give consent.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 05/84 Rev. 07/93, 09/95, 12/12, 1/17, 11/19	<b>LOG NO:</b> X-V-4
<b>SUBJECT:</b> Home Delivered Nutrition Criteria	<b>Page 4 of 4</b>

F. A written diet order must be on record for all participants and this order must be reviewed annually with the participant’s physician/health care professional. A waiver may be signed by participant in case of the unavailability of a specific diet from the provider and/or if participant is unwilling to accept diet prescribed by physician/health care professional. A waiver may also be used in cases where the participant does not have a physician/health care professional.

4. PROCEDURES FOR TERMINATION OF SERVICE:

Should the participant no longer require or be eligible for home delivered service, the following steps should be taken:

- A. When a participant requests termination of service a letter should be sent to participant confirming their request for termination of services.
- B. When the decision to terminate services is made by the service provider:
  - 1. Participant should be called or visited prior to making a decision to terminate service if possible.
  - 2. A letter should be sent to participant two weeks prior to termination date notifying them of discontinuation of service. Letter should include reasons for termination, date of termination, and appeals procedure.
  - 3. Meal delivery may be terminated immediately under the following conditions:
    - a. Participant has not been home for delivery of meals for three days in a row; has not contacted the center and cannot be located by phone calls or home visit.
    - b. Participant endangers meal deliverer or resides in an area which has become unsafe. Participant must be informed of the problem and given opportunity to improve it, if possible. Meal delivery can be resumed if the problem is resolved (i.e., uncontrollable pets, threatening and menacing behavior, engaging in dangerous illegal activities).
  - 4. Appropriate referral should be made to the ADRC @ 800-223-9074.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 09/95 Rev. 01/00, 01/01, 12/12, 1/17, 11/19	<b>LOG NO:</b> X-V-5
<b>SUBJECT:</b> Medical Foods to Home Delivered Nutrition Participants	<b>Page 1 of 4</b>

PURPOSE

To establish policy for supplying medical foods to home delivered participants.

POLICY

Medical foods may be used instead of a prepared meal, if medically indicated, as in need for a liquid diet. If medical foods served to participants are their sole source of nutrition, these supplements must meet the DSAAPD required caloric minimum, except for modified dietary products prescribed by a physician. Participants will be contacted within ten days of receipt of the physician’s approval.

RESPONSIBILITY

Provider program directors or designated staff will oversee inventory control.

Provider program directors and/or outreach staff will inform participants about the availability of medical foods.

Provider program directors will designate staff to monitor distribution of products to participants.

Provider program dietitians will assess participants, verify the physician’s approval, determine the quantity of medical foods required and provide necessary follow-up.

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 09/95 Rev. 01/00, 01/01, 12/12, 1/17, 11/19	<b>LOG NO:</b> X-V-5
<b>SUBJECT:</b> Medical Foods to Home Delivered Nutrition Participants	<b>Page 2 of 4</b>

**MEDICAL FOODS: QUANTITY AND REIMBURSEMENT**

Medical foods are approved for use with medically and/or nutritionally at-risk participants. Two (2) cans of medical foods are reimbursed as a meal, by DSAAPD standards. The medical food meal should be separately noted on daily logs.

**Medical foods approved for use in DSAAPD nutrition programs**

The standard product used as a meal replacement is ENSURE® Plus Liquid. Five other products are approved for use in the DSAAPD Title III-C Nutrition Programs; these are considered to be part of a modified/therapeutic diet and their recommendation must be supported by a physician’s request.

A provider must make at least two (2) products available to participants, as noted on the letter/diet order sent to the participant’s physician.

A medical food meal order may consist of two cans of one product or a combination of products. All decisions must be supported by a diet order from the participant's physician.

<b>Mandatory Products</b>	<b>Volume</b>	<b>Calories</b>	<b>Protein</b>
ENSURE® Plus	8 fl. oz.	350	13.0
GLUCERNA® Shake	8 fl. oz.	180	10.0

<b>Additional Eligible Products</b>	<b>Volume</b>	<b>Calories</b>	<b>Protein</b>
ENSURE® Clear	8 fl. oz.	180	8.0
ENSURE® Pudding	4 oz.	170	4.0
Nepro®	8 fl. Oz.	425	19.0
Pulmocare®	8 fl. Oz.	355	14.8

<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 09/95 Rev. 01/00, 01/01, 12/12, 1/17, 11/19	<b>LOG NO:</b> X-V-5
<b>SUBJECT:</b> Medical Foods to Home Delivered Nutrition Participants	<b>Page 3 of 4</b>

**PARTICIPANTS TO BE CONSIDERED FOR MEDICAL FOODS**

Medical foods are intended to be used by participants who are medically and/or nutritionally at risk. The aim of providing medical foods to home delivered participants is to maintain or improve their health status and quality of life by keeping them active members of the community and postpone or prevent the need for long term care. This will be accomplished by providing calories and other nutrients instead of the prepared meal available through the nutrition program.

Various participants will benefit from the supplement. The following list describes some conditions for which medical foods may be recommended but is not an all-inclusive list:

1. involuntary weight loss
2. problems chewing or swallowing, resulting in reduced/inadequate food intake (a dysphagia diagnosis must be clearly documented)
  - a. use of pudding versus liquid should be considered
  - b. consult physician regarding persistent difficulty
3. recent illness or surgery
4. nutritional support prior to surgery
5. cancer and/or cancer therapy
6. decreased interest in cooking and/or eating

Participants who are currently on a full-liquid diet, e.g. as a result of chemotherapy, radiation therapy or swallowing disorders may be considered for medical foods without receiving the prepared meal. These participants would receive a maximum of one meal a day (2 cans). Specific physician documentation and consultation with a dietitian is required. These participants must satisfy provider eligibility requirements before being considered for the full-liquid option.

Participants will be encouraged to increase their donations commensurate with the cost of the medical foods.



<b>DELAWARE HEALTH &amp; SOCIAL SERVICES</b>	
<b>DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES</b>	
<b>ISSUE DATE:</b> 09/95 Rev. 01/00, 01/01, 09/12, 1/17, 11/19	<b>LOG NO:</b> X-V-5
<b>SUBJECT:</b> Medical Foods to Home Delivered Nutrition Participants	<b>Page 4 of 4</b>

## **SELECTION AND MONITORING OF PARTICIPANTS RECEIVING MEDICAL FOODS**

Provision of medical foods requires physician authorization, in order to document medical and/or nutritional risk. A written diet order from the physician must be returned to the provider dietitian and kept in the participant's file. Additionally, a brief statement of pertinent medical problems will be noted by the physician on the diet order. The diet order is valid for a period of one year. It is the provider's responsibility to obtain annual renewals of approval from the physician.

Participants who do not have a physician may be considered for the medical food, after a consultation with the dietitian. A signed release absolving the provider from liability due to withheld or incorrect information must be obtained and kept on file.

In addition to the diet order to physicians, the nutrition program can identify participants who may, due to medical and/or nutritional risk, benefit from medical food. A list of probable candidates is included with this policy. In addition, a participant who has been advised, by their physician to take medical foods, may inform the nutrition program staff. The physician will then be contacted for an approval for medical foods.

Upon receipt of a signed physician's order, the participant will be contacted by the dietitian and assessed. Appropriate nutritional counseling will also be provided at this time. A participant file will be maintained at the provider office. A follow-up schedule will be discussed with the participant.

The following information is to be included in each participant's file:

1. Diet order/medical information page signed by physician (see attachment)
2. Renewal diet order for physician
3. Signed release from participants who do not have a physician
4. Documentation of nutritional counseling
5. Documentation of follow-up contacts
6. Quantity and flavors selected for participant
7. Participant refusal of medical foods, if indicated
8. Documentation of termination of medical foods (with explanation)

**SUGGESTED PHYSICIAN LETTER**

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Your patient \_\_\_\_\_ consumes a midday meal at \_\_\_\_\_ (congregate center). (Provider) \_\_\_\_\_ provides adult nutritional supplements (ENSURE® Plus, GLUCERNA® Shake, ENSURE® Clear, ENSURE® Pudding, Nepro® and Pulmocare®) to our participants who are medically or nutritionally at risk.

\_\_\_\_\_ has been identified by our staff as a candidate for this service. He/she will receive two cans of liquid and/or pudding to replace each prepared meal received at the congregate location. A Registered Dietitian will provide appropriate guidance and nutritional counseling.

To maintain eligibility standards, we require a physician's certification of medical and/or nutritional risk. Therefore, please provide the following information:

\_\_\_\_\_ is a suitable candidate for nutritional supplementation.

Please Circle the appropriate supplement and provide most recent height and weight:

- Ensure Plus (extra calories & protein)
- Glucerna Shake (carbohydrate control)
- Ensure Clear
- Ensure Pudding (texture modification)
- Nepro (Renal)
- Pulmocare (High Calorie for respiratory ailment)

Date:	_____
Height:	_____
Weight:	_____

Please provide a brief medical history:  
 Diabetes: Y/N    Insulin\_\_\_\_\_    Oral medication\_\_\_\_\_    Diet controlled\_\_\_\_\_

Dietary counseling recommended for:  
 Low fat, low cholesterol\_\_\_\_\_    Increased calories \_\_\_\_\_    Reduced sodium\_\_\_\_\_    Increased fiber\_\_\_\_\_

Other\_\_\_\_\_

Recent illness and/or chronic conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's signature:  
 \_\_\_\_\_

Thank you for your cooperation.

Signed,

\_\_\_\_\_