



**COVID-19 SUGGESTIONS FOR SENIOR NUTRITION PROGRAMS OFFERING
HOME DELIVERED MEALS*
As of March 30, 2020**

Older people are more likely to have serious COVID-19 illness. This may be because immune systems change with age, making it harder to fight off diseases and infection. Older adults also are more likely to have underlying health conditions that make it harder to cope with and recover from illness. This is particularly true for those clients who are served by home-delivered meal programs across the country. Neither federal law nor ACL regulations restrict home-delivered meals to homebound individuals. In fact, older individuals (60 years of age and older) who are frail, homebound by reason of illness or incapacitating disability, or who are otherwise isolated are eligible to receive home-delivered meals. States and local entities can expand this. In addition, the spouses, regardless of age of such individuals, are also eligible to receive Title III-C home-delivered meals. Younger people with disabilities (under age 60) living with older adults are also eligible.

Eligibility is determined solely by the states and local entities to ensure older adults 60 years and older receive needed services. States and local entities also have the authority and power to modify any eligibility requirements they have established for home-delivered meals. State-established requirements for initial assessments (in-home or by phone), wellness checks, nutrition education, can be modified to meet emergent situations and maintain high quality service to meet the needs of vulnerable older adults. Some states have expanded their reach by partnering with other organizations and have leveraged additional funding streams to serve other populations based on need.

Considerations when reviewing policies for nutrition screening:

Under Usual Circumstances

The Older Americans Act does not require an assessment to receive a home delivered meal. However, most States, AAAs, or Local Providers have established their own requirements to perform an assessment to determine eligibility for home delivered meals. In addition, part of this requirement may involve the Nutrition Screening Initiative (NSI) Checklist, which is required as a part of reporting for the State Program Report.

For home-delivered and congregate meals, the State Program Report requires the NSI Checklist to be completed as part of the number of individuals determined to be a high nutrition risk.

- The Older Americans Act does not specify the exact form or sequence of questions necessary to determine a participant's nutritional risk, however whatever form/questions used must specifically correlate with the questions used on the NSI checklist. Similarly, the Older Americans Act does not indicate how to screen. It can be conducted online or over the phone.

Under COVID-19 Circumstances

Currently, all meals or activities that are related to COVID-19 need to be categorized as "COVID-19".



- The Administration for Community Living encourages each organization to serve as many older adults as they can, as determined by state and local needs and resources. We also encourage you to track COVID-19 related activities, as you continue to support our Nation's older adults.
- No NSI Checklist is required as no regular SPR is required for COVID-19 meals. Separate reporting for COVID-19 is being determined.

Considerations when reviewing policies for nutrition assessments:

An assessment to determine eligibility for home delivered meals is not the same as a nutrition assessment. Nutrition assessments establish the need for other nutrition services such as nutrition counseling or the need for nutrition supplements based on the needs of meal recipients. Some SUA/AAA/Local Providers have other nutritional assessments, which they may modify.

- The Older Americans Act does not address specific implementation issues. It is the responsibility of the State Units on Aging (SUAs) to develop regulations, policies, procedures, guidance and technical assistance to address program administration.

Considerations when reviewing policies surrounding home delivered meals:

- Assuring the health and safety of homebound clients, including those congregate clients who are homebound by virtue of self-isolation.
- Prioritizing clients for their need for meals. For example, the home delivered client who needed meals previously because their live-in daughter was working, may now not need the meals because the daughter is at home and able to prepare meals for the client. On the other hand, a congregate client who lives alone and attended the congregate meals site using public transit may now be at high risk for food insecurity.
- Consolidating meal deliveries to limit contact with clients.
- Packaging home-delivered meals and groceries and other supplies as possible.
- Packaging home delivered meals and supplies in packages which do not exceed the physical ability of older adult clients to lift and carry into the home.

Possible solutions:

1. Be sure to make visual or audio contact with the homebound older adult client during each meal delivery.
2. Pack meals and/or groceries in a way to ensure they are not too heavy for an older adult to take into their home.
3. Place a weighted container (such as a box or Styrofoam container) under the box of meals or groceries to prevent the delivered items from blowing over in the wind and to eliminate the need for clients to bend.
4. When delivering to client homes, if the home does not have front steps, a porch, etc., open the client's front door using established local and state COVID-19 guidance and place the weighted container and delivered meals/groceries just inside.
5. Program staff delivering meals may need to wear protective gear such as gloves and a mask (to keep from contaminating others) and hand the meal to the older adult, or to ring the bell/notify the client they are there, and place the delivered items near the entrance of the home.



- If protective gear is in short supply, other delivery measures that limit contact should be considered, such as leaving the meal at the door, making visual contact with the homebound senior or making a phone call right away to confirm the meal will be received.
- 6. Clients who do not come to the door, or for whom a visual / audio contact is not made, should be contacted by telephone to check their well-being. If you are unable to reach them, contact their emergency contact or local authorities to do a wellness check.
- 7. Distributing multiple meals at one time may be the preferred method of distribution because it means fewer deliveries and puts fewer volunteers at risk. Delivering a combination of hot and frozen meals, multiple frozen meals, or a week of shelf stable meals are all acceptable means of providing delivered meals and should be considered.

NOTE: Some AAAs and Local Providers are looking at current staff and reassigning those who were very client focused into other areas that are of most need right now.

- It is a State and local decision on how each organization decides to allocate staff resources. If the staff is grant funded, please contact your grant agency for any guidance.

Not recommended:

Leaving delivered items (meals (hot or shelf-stable)/groceries) at the door of the client's home without visual or audio contact.

- This approach does not align with safe food handling practices - increasing the risk of contamination and foodborne illness. In addition, this unsafe practice increases the risk of theft by porch pirates.

Opportunities to explore:

- State Units on Aging, Area Agencies on Aging and local providers can examine and build on current Continuity of Operations procedures (COOP).
- Leverage virtual information sharing and networking platforms including email listservs and the National Resource Center on Nutrition and Aging's NRCNAengage platform (<https://nrcna.mn.co/>), to connect with peers across the country to share promising practices.
- Encourage clients who live with family members to support client nutritional needs to ensure services can be targeted to more vulnerable, older adults who may live alone and have few family supports.

The Administration for Community Living (ACL) realizes how valuable Aging Network nutrition services are, and how essential the services are to high-risk older adults in our communities. ACL encourages you to communicate with your colleagues and others across the nation, in your states, and in your localities.

We are stronger together. Our strength and partnership serve as a powerful platform to support older adults. ACL appreciates what you do for our older adults, each day, across our great Nation. **Guidance or recommendations noted here are not intended to supersede any State or local decision.*