

EXECUTIVE OFFICE OF ELDER AFFAIRS COMMONWEALTH OF MASSACHUSETTS

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PI-24-16

Ref: PI-90-46

TO: Aging Services Access Points (ASAP) Executive Directors

Nutrition Directors, Program Managers

FROM: Kelly Slattery, Director of Nutrition Programs

Lynn Vidler, Senior Director, Operations and Policy, Home Care

DATE: November 21, 2024

RE: Assessing and Ordering Medically Tailored Meals for Home Delivered Meal

Consumers

Purpose:

In 1990, PI-90-46 was issued requiring use of a coordinated Nutrition Program/Home Care Program home delivered meal assessment form. The Home Delivered Meal Assessment/Module detailed in PI-90-46 has not been in use since introducing electronic assessments to an EOEA mandated cloud-based data enterprise system. The purpose of this program instruction is to rescind the guidance for the assessment module described in PI-90-46 Revised Home Delivered Meal Assessment Form/Module and to update the requirements and procedures for referring consumers to therapeutic, or medically tailored home delivered meals.

This Program Instruction supersedes and replaces PI-90-46.

Background:

Medically tailored meals (MTM) are a home-delivered nutrition intervention. MTM meet appropriate diet therapy requirements for chronic or complex diet-related conditions and are

inclusive of evidence-based dietetic practice guidelines. Consumers with health conditions that require specific diets, such as cardiovascular disease, diabetes, renal conditions, and lactose intolerance can benefit from MTM to improve their overall quality of life, increase their ability to manage chronic conditions, and reduce hospitalizations, emergency department visits, and admissions to skilled nursing facilities¹.

The Nutrition Standards for the Massachusetts Elderly Nutrition Program² contain recommended nutrition parameters for types of MTM. Nutrition programs may customize their nutrition requirements but must maintain the evidence-based dietetic practice guidelines.

Effective July 11, 2014, the Final Rule Rules and Regulations – Medicare and Medicaid

Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden

Reduction; Part II – Final Rule - Pages 27105-27157 (FR DOC # 2014-10687) allows for

Registered Dietitian Nutritionists (RDN) to be privileged to order patient diets under hospital

Medicare Conditions of Participation (CoP).

In 268 CMR 5.00: Professional Standards and Ethical Codes, under <u>268 CMR 5.01(2)</u>: <u>Nutrition Services – Community/Clinical</u>, people with a valid Massachusetts license to practice, Licensed Dietitian Nutritionist (LDN), are allowed to develop and implement nutrition plans and recommend diet prescriptions and methods of feeding in Community and Clinical practice spaces. ASAPs that provide nutrition services must have an RDN on staff or in a consulting role who also holds an LDN.

Medically Tailored Home Delivered Meals (HDM) Referral Policy:

For Massachusetts Home Care Program and Title III funded consumers who would benefit from receiving MTM HDM, any healthcare practitioner working with the consumer in a clinical, community, or home-based setting may refer them to the ASAP for this intervention. The following healthcare practitioners are allowed to create the diet order:

- 1) Doctor of Medicine (MD)
- 2) Doctor of Osteopathic Medicine (DO)
- 3) Doctor of Nursing Practice (DNP)
- 4) Registered Dietitian Nutritionist (RDN)*
- 5) Physician Assistant (PA)
- 6) Nurse Practitioner (NP)
- 7) Advanced Practice Registered Nurse (APRN)
- 8) Registered Nurse (RN) employed by the ASAP or Home Care

^{*}An RDN referring a consumer to the ASAP and recommending a diet order for MTM may be employed by:

¹ Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB, Hsu J. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. JAMA. 2019;179(6):786-793.

² Nutrition Standards for the Massachusetts Elderly Nutrition Program 2024

- the consumer's medical office;
- a center where the consumer receives medical services (e.g., dialysis center); or
- the ASAP's Nutrition Program.

Active ASAP HDM consumers may self-refer for MTM, which requires a nutrition assessment to determine which meal type may be appropriate. If a consumer self-refers during an initial or follow up nutrition assessment, it is the responsibility of the ASAP staff providing the assessment to notify the RDN employed by the ASAP of the self-referral, prompting the RDN's review to determine the appropriate meal type. Older adults who have been diagnosed with dysphasia (difficulty with chewing and/or swallowing), may receive the recommended mechanical, or texture modified, diet (e.g., chopped/soft, ground, pureed). Mechanical diets require a referral from the consumer's primary or specialty medical practitioner as dysphasia diagnosis and treatment plans are determined by clinical testing only.

Consumers who self-refer may begin to receive the requested MTM type before an evaluation and referral is completed, which would verify or recommend an alternate meal type. This presumptive MTM service delivery is to ensure there are no adverse health effects to the consumer.

Required Actions by ASAP Staff:

It is the ASAP staff member's responsibility to inform the RDN when MTM may be appropriate based on the consumer's nutrition assessment (via Title-III, CDS-CM, or CDS-RN) and the responsibility of the RDN to review the consumer's information to determine if the requested MTM type is appropriate. If additional information is needed to make a determination of appropriate HDM, the RDN should contact the consumer's healthcare practitioner directly.

Upon initial nutrition assessment by ASAP staff:

- All new consumers identified as having one or more diet-related chronic conditions will be recommended for the appropriate MTM.
 - Diet-related conditions include cardiovascular diseases (e.g., hypertension, coronary artery disease, heart failure), type 1 and type 2 diabetes, renal diseases (e.g., chronic kidney disease), and those who report lactose intolerance.
- Upon approval by the RDN and with consumer consent, new consumers will have MTM authorized in their care plan.

For existing consumers, if during reassessment or after a status change (e.g., hospitalization) they are identified as having a new, or ongoing, diet-related chronic condition, and are not currently receiving MTM in their care plan:

- ASAP staff will discuss with the consumer the opportunity to be assessed and receive MTM
- ASAP staff will notify the RDN

- RDN will assess the consumer's needs and appropriateness for MTM
- RDN will inform ASAP staff that a MTM may be authorized in the consumer's care plan
- ASAP staff will confirm consumer consent of MTM prior to authorization in care plan

To support the continuum of care, the RDN must notify the consumer's primary healthcare practitioner when a consumer's meal type is changed either to or from MTM. A standardized EOEA form, Diet Change Notification Form, included in the PI must be filled out with the consumer's information and must be sent to the consumer's primary healthcare practitioner. A copy of this notification must be added as a file attachment to the consumer's Aging & Disability (A & D) record. This Diet Change Notification Form includes:

- Justification for including MTM in the consumer's care plan
- Specific nutrition parameters of the MTM type
- Date the service began or will begin

In instances when:

- An MTM type is added to a consumer's care plan,
- The consumer's meal type changes MTM type (e.g., from modified for diabetes to renal),
- An MTM type is changed to a regular meal type,

Documentation in the consumer's Aging and Disability (A&D) record must include:

- 1) Description of how the meal type need was identified, including any existing documentation.
- 2) Process in how the RDN was notified of this need and documentation of the RDN's approval.
- 3) Confirmation of the consumer's consent to the MTM type.
- 4) The notification sent to the consumer's primary healthcare provider saved as a file attachment in A&D.

Effective Date:

Immediately

Contact:

If you have questions about this PI, please contact Amy Sheeley, State Nutritionist, <u>Amy.Sheeley@mass.gov</u> or Shannon Turner, Home Care Program Coordinator, <u>Shannon.K.Turner@mass.gov</u>.

Appendix:

Diet Change Notification Form

(Agency Logo Here)

Diet Change Notification Form

Date: 11/21/2024

Re: (Consumer Name and Address)

Dear Health Practitioner,

Your patient has been approved for home delivered meal services. All meals provided via programs under the Older Americans Act, such as Meals on Wheels, follow specific nutrition guidelines.

- All meals comply with the Dietary Guidelines for Americans.
- All meals provide, at minimum, 33% of the Dietary Reference Intakes.
- All meals are within 700-800 calories.
- All meal fat content does not exceed 30-35% of calories.
- Sodium content of the entire meal falls under 1,200 mg. No more than 2 days per month may be high sodium days, or those that exceed 1,500 mg.

Following a nutrition assessment, we have identified your patient may benefit from medically tailored meals. These meals meet appropriate diet therapy requirements for chronic or complex diet-related conditions. This letter is to inform you of which meal type will be included in their service plan with (agency name).

	Modified for Diabetes Meal: (include nutrition program meal requirements)
	Cardiac Entree: (include nutrition program nutrition requirements)
	Renal Entree: (include nutrition program nutrition requirements)
	Low Lactose Meal: (include nutrition program meal requirements)
	date this service will begin is: Thank you for your attention to this ter. If you have any questions, please contact us at (agency phone number).
Sinc	cerely,
(ASA	AP Dietitian name and credentials)