



Home Delivered Meals (HDM) can be an authorized service when determined necessary by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) to assist in meeting the nutritional needs of the participant. HDM can be authorized to individuals who are unable to prepare a balanced meal, or who otherwise need HDM to meet their individual care needs. HDM are authorized to provide participants with one or two meals per day, each of which shall contain at least 1/3 of the recommended daily nutritional requirements.

- ◆ Authorization for HDM is funded through the Aged and Disabled Waiver (ADW) *only*.
- ◆ All HDM participants must meet the following eligibility criteria:
 - At least 63 years of age;
 - In active Medicaid status (see [Policy 2.00](#));
 - Participants who are eligible for Medicaid on a spenddown basis may be authorized to receive HDM during periods when they meet their spenddown liability.
 - A participant may be asked for a donation for the cost of HDM received during periods of time when they have **not** met their spenddown liability.
 - Authorization of HDM does meet the requirements for an individual to be eligible for Home and Community Based (HCB) Medicaid.
 - Have an appropriate Medicaid Eligibility (ME) code (see Chapter 2, [Appendix 3](#)); and
 - Meet nursing facility level of care.
- ◆ A unit of HDM is considered one meal. A maximum of two meals (units) per day may be authorized. The number of HDM shall be appropriate to the participant's individual situation. The participant's need for HDM must be assessed and prior authorized considering the frequency, time, and variety of other services and assistance available within the home.
- ◆ It may be necessary to authorize an HDM in conjunction with other Home and Community Based Services (HCBS) in order to meet the dietary needs of the participant.
- ◆ HDM shall be included in the overall cost of care for the participant (see [Appendix 2](#)).
 - HDM authorized together with other HCBS shall not exceed 100% of the average statewide monthly cost for care in a nursing facility, without prior approval of the Bureau of Long Term Services and Supports (BLTSS).

NOTE: When the care plan includes an authorization for RN services, the cost of one RN visit shall be excluded from the calculation of a care plan's cost

- When the combination of State Plan and ADW services exceed the 100% cost maximum:
 - The appropriate supervisor for the Division of Senior and Disability Services (DSDS) review all person centered care plan requests over the 100% cost cap to ensure the participant's unmet needs require the amount of service requested.
 - If documentation supports the request, the case shall be forwarded to the BLTSS for consideration and approval, prior to authorization over 100% of the cost cap.
 - Pending the approval from BLTSS to exceed the cost cap, HDM services in combination with other State Plan or ADW services can be authorized up to 100% of the cost cap.
- ◆ HDM are provided by the Area Agencies on Aging (AAA) enrolled as an ADW provider with the Department of Social Services (DSS), Missouri Medicaid Audit and Compliance Unit (MMAC). The AAA may sub-contract with Senior Centers throughout the state. Payment is made to the AAA on behalf of the participant.
- ◆ Restrictions:
 - Individuals who reside in a nursing facility, Residential Care Facility (RCF) or Assisted Living Facility (ALF) licensed by DHSS, Division of Regulation and Licensure are **not** eligible for HDM.
 - Participants authorized for certain services through the Department of Mental Health (DMH) may not be eligible for services as outlined in this policy. Staff shall refer to the Service Coordination Policy for guidance on coordination of services for participants authorized for DMH services (See [Policy 4.35](#)).
 - Participants who receive Medicaid due to eligibility for Blind Pension (BP) are **not** eligible for Medicaid funded HDM.
 - Participants in a 'Transfer of Property penalty' are **not** eligible for Medicaid funded HDM.
 - Participants receiving services through any other HCBS waiver are **not** eligible for HDM funded through the ADW.