

There are 4 key steps to meal preparation: Planning the meal, assembling the ingredients, preparing the meal, and setting out the food and utensils. Focus on the person's ability to **safely** put a variety of simple meals together, regardless of the quality of the meal. For example, if the person can make cold cereal for breakfast or put together a cold sandwich and drink at lunch, and make toast for dinner without assistance, the person would be scored as independent in meal preparation capacity.

As a reminder: Capacity is the assistance the pt needs, not necessarily what they received in the last 3 days.

When determining the amount of assistance needed consider the following:

1. **Setup Help Only:** Individual can safely prepare a meal once an item is placed within reach. From there, no physical assistance is needed.

- This is not assembling the ingredients as that is a key step to meal preparation.
- Example: On occasion the participant needs an item placed in reach to assist with preparing a simple meal.

2. **Supervision:** Individual requires oversight or cuing assistance.

- Example: The individual has a mild cognitive delay and requires prompting to ensure utensils are not placed in the microwave.

NOTE: If an individual has cognitive delays impacting their ability to complete cooking procedures, C1 and C2 should be evaluated to determine if coding is necessary.

3. **Limited Assistance:** Individual requires occasional assistance in the last 3 days.

- Example: The individual has rheumatoid arthritis, and the flare-up in the hands **sometimes** makes preparing the meal too difficult due to decreased grip strength.

4. **Extensive Assistance:** Individual requires assistance but can perform more than 50% of the subtasks on their own.

- Consistently needs help with 1 or 2 key steps.
- Example: The individual uses a walker to steady themselves. Assembling the ingredients poses a safety risk as they cannot reach into the refrigerator or up into the cabinets without becoming unsteady and potentially falling. However, once the ingredients are assembled at counter height, they are able to prepare a simple meal.

NOTE: This example could easily rise to maximal assistance if the individual is unable to carry the food to the table or eating place due to the inability to safely let go of the walker.

5. **Maximum Assistance:** Individual requires assistance with more than 50% of the subtasks.

- Needs help with 3 of the 4 key steps.
- Example: The individual has limited muscle function but can plan the meals while unable to complete the hands-on steps.

6. **Total Assistance:** Individual requires total performance by others for meal preparation.

- Needs help with all key steps.
- Example: The individual has Cerebral Palsy with both cognitive and motor delays that do not allow them to complete any aspect of meal preparation.

Care Planning

If the individual meets LOC, time may be added to the care plan even if the participant is able to prepare simple meals. For example, if the individual is only able to prepare sandwiches or microwave dinners safely but would prefer to have alternative meals prepared, meal preparation can be added. Case note documentation is required to explain coding vs. care plan authorizing variances.

Example case note: “Participant is only able to prepare small simple meals yet prefers to have a hot meal prepared. Therefore, meal prep task was added to care plan.”

Alternative Resources

Alternative services/resources should be offered at each assessment. Whether the individual meets LOC or not, there may be options available to support their meal preparation needs. Examples include:

- Home modifications could be as simple as lowering the microwave to the countertop instead of over the stove or placing other meal prepping utensils within reach for easy access that prevents reaching, bending, and stooping.
- Home Delivered Meals may be available through a AAA or other local resource.
- Assistive technology may be simple tools that help with opening tight lids, timer, etc.

These small resources can help support someone or make them more independent. Please leave resources to the local AAA and/or Center for Independent Living if a need is identified that could promote healthy nutrition.

Example Scenario

Assessor: Do you prepare your own meals? [For example, do you plan your meals, gather ingredients together, cook, and lay out your food utensils?]

Person: No, I can't do it.

Assessor: Who gets your breakfast?

Person: I get myself some cold cereal.

Assessor: How about lunch?

Person: I get meals-on-wheels 5 days a week.

Assessor: What about the weekends?

Person: They leave me enough to heat up in the microwave. Or, my neighbors or family send lunch over.

Assessor: Who fixes dinner?

Person: I just fix a snack. Or, my homemaker fixes dinner and leaves it to be heated up.

Assessor: Could you manage to get yourself something to eat without this help?

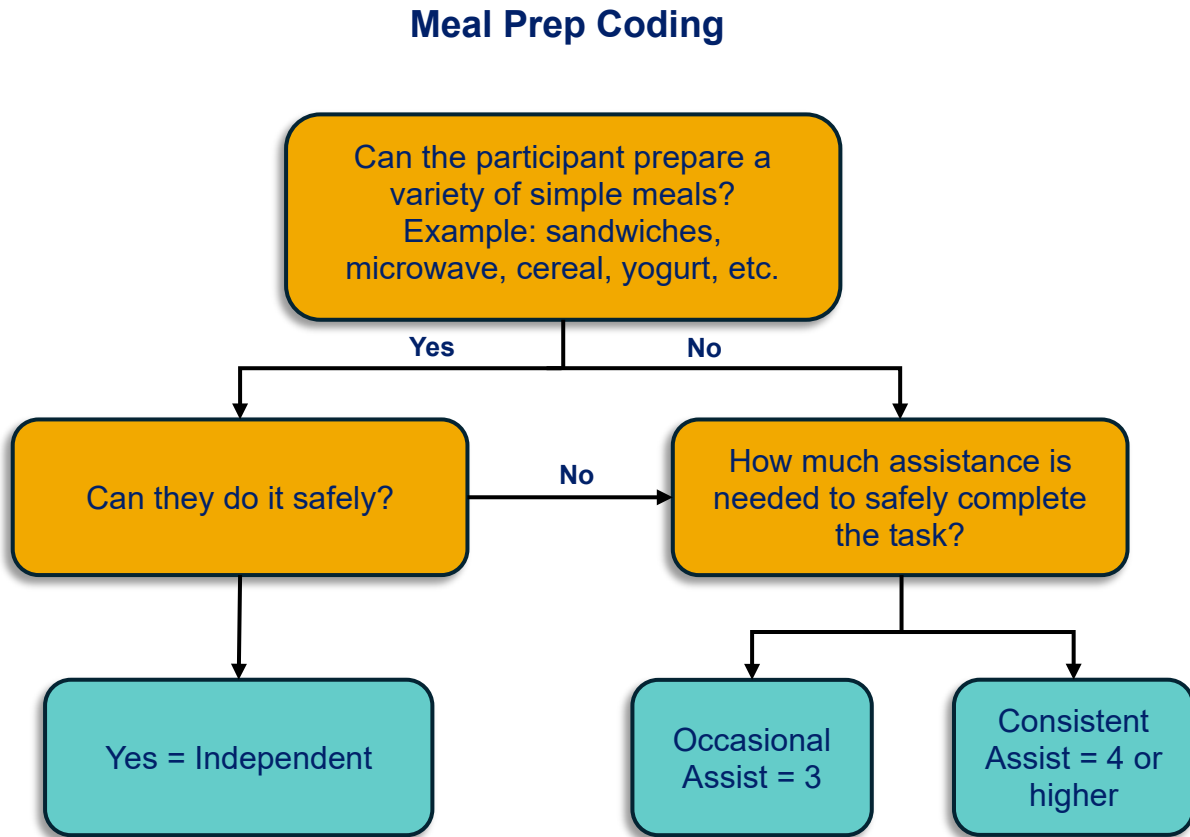
Person: All I could do is get some cold food. I am really too unsteady to cook at a stove.

How to Code:

- When coding, consider what has been observed, what was discussed above, and what is discussed in other areas such as falls, balance, dressing lower body, and bathing. Determine the individual's capabilities to do things safely.

- Using all of these sources, if you determine the participant is safely able to prepare a simple meal, such as something in the microwave or a cold sandwich, code as independent.
- If the individual is only making the simple meal out of necessity, but there are still safety concerns with completing the simple tasks, code based on the level of assistance needed to prepare the simple meal safely.

Figure 1: Meal Preparation Coding Flowchart



Reminder: If the participant is coded as independent in meal prep, yet prefers a more complex meal be prepared, time CAN be authorized on the care plan with thorough documentation.