

To: Division of Participant Enrollment and Service Review  
Division of Clinical Support

From: Chief, Division of Clinical Support, Office of Long Term Services and Supports

Re: Standard Operating Procedure - Home-Delivered Meals

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**Purpose:**

The purpose of this communication is to standardize policy and procedures for the Office of Long Term Services and Supports (OLTSS) when reviewing plans of service (POS) with requests for home-delivered meals (HDM) for applicants/participants of the Community First Choice (CFC), Home and Community-Based Options Waiver (HCBOW) and Increased Community Services (ICS) programs.

**Background:**

The CFC program provides several home and community-based services (HCBS) to individuals who require an institutional level of care and meet other technical and financial eligibility requirements. Participants in the HCBOW and ICS programs may receive HDM through the CFC program. HCBS programs provide an opportunity for Medicaid recipients to receive services and supports in their own homes or communities rather than in institutions. Included in these services are items that increase a participant's independence and substitute for human assistance, to the extent that expenditures would otherwise be made for the human assistance. HDM are considered "items that substitute for human assistance."

Each item or service must be pre-authorized by the Maryland Department of Health (MDH) in the applicant/participant's POS and specifically relate to activities of daily living (ADLs) or instrumental activities of daily living (IADLs). The MDH establishes a budget for flexible services, which include personal assistance services (PAS), HDM and other items that substitute for human assistance. HDM are provided during meal periods when PAS is not provided. The meals must be delivered to the participant's home and consumed by the participant in the home. Based on the Recommended Daily Allowance (RDA) or Dietary Reference Intake (DRI), HDM must be nutritionally adequate for the participant's age as designated by the Food and Nutrition Board of the National Research Council. Menus for HDM must be certified in writing by a physician, nutritionist or dietitian and contain at least one-third of the RDA or DRI.

**Eligibility:**

HDMs must be pre-authorized in the participant's plan of service as medically necessary and necessary to prevent institutionalization. HDMs must also increase a participant's independence

and substitute for human assistance. HDMs may be used in place of PAS, when appropriate. For example, one HDM may equate to 30 minutes of assistance with meal preparation. In addition, HDM must comply with all regulations, policies and procedures set forth by the MDH:

1. HDMs may only be approved in response to an assessed need.
2. HDMs may not be provided primarily for the comfort or convenience of someone other than the participant.
3. HDMs may not be approved for individuals who require assistance warming up a meal, feeding oneself and/or cleaning up after the meal.
4. The number of approved HDMs may not exceed 14 per week and a maximum of two (2) HDMs per day.
5. HDMs may not be consumed in the presence of the PAS provider, meaning there may be no duplication or overlap between HDMs and PAS. If PAS is approved to support an individual with meal preparation, then HDMs is not appropriate for any meals for which PAS hours have been requested.
6. The provider must document that HDMs meet all service requirements by having a physician, nutritionist or dietitian sign off on the menu. The provider must supply the menu to the Supports Planner, who then uploads the menu to the Client Attachment section within *LTSSMaryland*.