

**Developmental Disabilities Services**

Lilia Teninty

**Authorized signature**
**Number: APD-IM-14-051**
**Issue date: 9/26/2014**
**Topic:** Developmental Disabilities

**Subject:** Home Delivered Meals for In-Home Services

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                     | <input type="checkbox"/> County Mental Health Directors                                     |
| <input type="checkbox"/> Area Agencies on Aging                | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Aging and People with Disabilities    | <input type="checkbox"/> Office of Developmental  |
| <input type="checkbox"/> Children, Adults and Families         | Disabilities Services (ODDS)  |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Brokerage<br>Directors |

**Message:**

Individuals eligible to receive Community First Choice (K Plan) services may elect to receive Home Delivered Meals as a state plan service, if the individual meets the eligibility criteria for this specific service type.

Home Delivered Meals are provided for participants who live in their own homes, are home-bound, are unable to do meal preparation, and do not have another person available for meal preparation. Provision of the home delivered meal reduces the need for reliance on paid staff during some meal times by providing meals in a cost-effective manner.

Please refer to OAR [Chapter 411 Division 40 Medicaid Home Delivered Meals](#) for rules associated with the service, including eligibility criteria and conditions for access to the service. Additional information on this service can be located on the APD staff tools page at <http://www.dhs.state.or.us/spd/tools/cm/hdm/index.htm> including a list of providers approved to provide this service.

If a Brokerage Personal Agent or CDDP Services Coordinator has determined that the individual requesting Home Delivered Meals as K Plan service meets the specific eligibility criteria as stated in the OAR, then a request for authorization may be made to the ODDS Funding Review mailbox - [ODDS.FundingReview@state.or.us](mailto:ODDS.FundingReview@state.or.us) using the process described in APD-AR-14-019.

Please use the form [SDS 595](#) for provider authorization and invoicing for this service. Please contact ODDS In-home subject matter experts for additional guidance addressing home delivered meals.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Nathan Deeks		
<b>Phone:</b>	503 945 6799	<b>Fax:</b>	503 9474245
<b>Email:</b>	<a href="mailto:nathan.a.deeks@state.or.us">nathan.a.deeks@state.or.us</a>		