

AUAI/UPR GMEL Train-the-Trainer

2022

Kansas Department for Aging and Disability Services



Presenters

2022

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- Type your introduction in the chat
 - Name
 - Agency
 - Title
- Please keep your microphone **muted** when not speaking.
- Please keep your camera **on**.
- Feel free to type questions in the chat or raise hand – we will provide Q&A time at the end.
- This meeting is being **recorded**.

Trainer Requirements

2022

- Field Service Manual Section 2.7.2: UAI, AUAI, and UPR Trainer Requirements
- AUAI and UPR Trainers shall be one of the following:
 - An employee of a AAA;
 - An employee of a AAA provider that is designated as a potential trainer by the AAA;
 - An independent contractor that is designated as a potential trainer by the AAA; or
 - An employee of a KDADS direct contractor that is designated as a potential trainer by the contractor.
- Experience and education qualifications of AUAI and UPR Trainer:
 - One year of experience as an AUAI assessor or UAI assessor; and
 - A high school diploma.

KDADS will not waive the educational requirements; however, a waiver of the experience requirement may be granted upon written request to the Secretary

Roadmap

2022

- Introduction
- Abbreviated Uniform Assessment Instrument (AUAI)
- Uniform Program Registration (UPR)
- Grab and Go Meal (GMEL) Updates
- Questions

Statutory and Regulatory Authority

2022

- Older Americans Act of 1965 [As Amended Through P.L. 116-131, Enacted March 25, 2020]
- Code of Federal Regulations (CFR) (45 CFR Part 1321 (Title III))

Purpose of OAA Nutrition

2022

- Promote general health and well-being of older individuals by:
 - Reducing hunger, food insecurity and malnutrition,
 - Promoting socialization, and
 - Delaying onset of adverse health conditions.
- Targeted to adults age 60 and older who are in greatest social and economic need, with attention to:
 - Low-income older adults
 - Minority older individuals
 - Older adults in rural communities
 - Older adults with limited English proficiency
 - Older adults at risk of institutional care

Congregate Nutrition Services

2022

- The Congregate Nutrition Services section of the OAA authorizes meals and related nutrition services in congregate settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. In addition to serving healthy meals, the program presents opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being.
- The Congregate Nutrition program serves individuals age 60 and older, and in some cases, their caregivers, spouses, and/or persons with disabilities.

Home-Delivered Nutrition Services

2022

- The Home-Delivered Nutrition Services of the OAA authorizes meals and related nutrition services for older individuals and their spouses of any age. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home- and community-based services.
- The program often serves frail, homebound, or isolated individuals who are age 60 and over, and in some cases, their caregivers, and/or persons with disabilities.

Nutrition Quality Standards

2022

- Dietary Guidelines for Americans, 2020-2025
- 1/3 Dietary Reference Intakes
- Food Safety and Sanitation
- Appealing

- About 5,000 providers together serve more than 900,000 meals a day in communities across the country.
- Nutrition Programs are funded (in part) by AoA, which administers the OAA. They are also funded by:
 - State and local governments,
 - Foundations,
 - Direct payment for services,
 - Fundraising,
 - Program participants' voluntary contributions (time and/or money), and
 - Other sources.

2022

Here's something to chew on...
**your community
meal program
is waiting to
serve you.**



benefits:

- ✓ Save time and money
- ✓ Avoid missed meals
- ✓ Get healthy food without the effort
- ✓ Support your independence
- ✓ Learn about good nutrition
- ✓ Socialize and have fun
- ✓ Do less shopping and cooking



Available to anyone 60+

9 OUT OF 10
would
recommend to
a friend

Signing up is as easy as pie.
ASK US HOW:

National Data - Congregate

2022

- 57 percent of participants are 75 years or older, compared to 30 percent (in 2020) of the US population over 60 years old
- 53 percent of participants indicated that one congregate meal provides one-half or more of their total food for the day
- 51 percent of participants live alone, compared to 25 percent (in 2020) of the US population over 60 years old
- 80 percent of participants report the program helped them to continue to live independently
- 74 percent of participants believe their health has improved as a result of the program
- 70 percent of participants say they eat healthier because of a meal program
- 91 percent of participants rate the meal as good to excellent

Source: 2021 National Survey of OAA Participants (NSOAAP)

National Data – Home-Delivered

2022

- 51 percent of participants live alone, compared to 25 percent (in 2020) of the US population over 60 years old
- 57 percent of participants are 75 years or older, compared to 30 percent (in 2020) of the US population over 60 years old
- 55 percent of participants indicate that a home-delivered meal provides one-half or more of their total food for the day
- 41 percent of participants report having difficulty going outside the home (for example to shop or visit a doctor's office)
- 85 percent of participants rate the meal as good to excellent.
- 76 percent of participants say they eat healthier because of a meal program
- 89 percent of participants report the program helped them to continue to live independently

Source: 2021 National Survey of OAA Participants (NSOAAP)

- In 2020, Kansas was home to nearly 650,000 adults age 60+.

Source: American Community Survey

- In 2021:
 - 14,169 Congregate Meal Persons Served (21.8% High Nutrition Risk)
 - 1,005,651 Congregate Meals Served by 20 Providers.
 - 14,290 Home-Delivered Meal Person Served (56.5% High Nutrition Risk)
 - 2,079,332 Home-Delivered Meals Served by 26 Providers.
 - 3,084,983 Total Meals Served

Source: FFY2021 State Program Performance Report

Administration of Programs

2022

- U.S. Department of Health and Human Services
 - Administration for Community Living (ACL)
 - Administration on Aging (AoA)

Form Uses for OAA

2022

Uniform Program Registration (UPR)	Abbreviated Uniform Assessment Instrument (AUI)
Congregate Meals (Title III C(1))	Home Delivered Meals (Title III C(2))
Congregate Meal-Illness Related Home Delivered (Title III C(2))	Grab and Go Meals (Title III C(2))
Grab and Go Meals (Title III C(1) and III C(2))	Assessment (Titles III B and III C(2))
Nutrition Counseling (Titles III C(1))	Chore (Title III B)
Assisted Transportation (Title III B)	Nutrition Counseling (Title III C(2))

The screenshot shows the KDADS Provider Information website. The navigation bar at the top includes: Home, COVID-19, About Us, Commissions, State Hospitals, Funding Opportunities, Media Center, Hotlines, Providers, and Web Applications. On the left is a sidebar menu with items such as Adult Care Homes (SCF), Aging Services, Behavioral Health Services, Client Assessment, Referral and Evaluation (CARE) Provider Information, Draft Policies for Review / Comment, Final Policies, Forms, Home and Community Services, Informational Memos, KanCare Ombudsman Liaison Training Program, Manuals and Instructions, Statutes and Regulations, and Trainings. A blue button at the bottom left of the sidebar reads "Web Applications Landing Page". The main content area features the heading "KDADS PROVIDER INFORMATION" and a paragraph stating the site's purpose. A large yellow box highlights the URL "https://www.kdads.ks.gov/provider-home". Below this is a "QUICK LINKS" section with a list of links: Media Center, Hotline Numbers, Report Abuse, Kansas Administrative Regulations (K.A.R.), Paying for Long-Term Care, Outlook Remote Access, Manuals, and Adult Care Home Directory and Inspection Reports. On the right, there is a "Tweets by @KDADSOfficial" section showing a tweet from KSPrevention (@KsPrevention) about Early Intervention Services for Youth Grant applications.

Home COVID-19 About Us Commissions State Hospitals Funding Opportunities Media Center Hotlines Providers Web Applications

Adult Care Homes (SCF)
Aging Services
Behavioral Health Services
Client Assessment, Referral and Evaluation (CARE) Provider Information
Draft Policies for Review / Comment
Final Policies
Forms
Home and Community Services
Informational Memos
KanCare Ombudsman Liaison Training Program
Manuals and Instructions
Statutes and Regulations
Trainings
Web Application and Survey / Exam Center Information and Instructions

Web Applications Landing Page

KDADS PROVIDER INFORMATION

The purpose of this site is to provide a central point for providers to obtain information for Area Agencies on Aging, Aging Information, and Adult Care Homes.

<https://www.kdads.ks.gov/provider-home>

If you are a provider and wish to view the inclusion/exclusion information, please click here to view the information. There is a link at the bottom of the page.

Draft policies open for comment can be located on our [Draft Policies for Review/Comment](#) page. Please check this page frequently to see what policies are currently open for public comment.

QUICK LINKS

- Media Center
- Hotline Numbers
- Report Abuse
- Kansas Administrative Regulations (K.A.R.)
- Paying for Long-Term Care
- Outlook Remote Access
- Manuals
- Adult Care Home Directory and Inspection Reports
- Nurse Aide Registry

Tweets by @KDADSOfficial

KDADSOfficial Retweeted

KSPrevention
@KsPrevention

Early Intervention Services for Youth Grant: Applications are due by 5/6/22, 5 p.m. --
-@KDADSOfficial
Services/Behavioral Health Commission is accepting

<https://acl.gov/senior-nutrition>



Nutrition and Aging Resource Center




- You will find the updated UPR Manual with “Terms Used” on the KDADS Providers webpage under **Manuals and Instructions**.

Abbreviated Uniform Assessment Instrument (AUAI)

2022

- KDADS Form SS-003: Abbreviated Uniform Assessment Instrument (“AUAI” or “Form”)
- KDADS Field Services Manual Sections 2.6, 2.7

PSA: _____		Kansas Department for Aging and Disability Services		BI: _____	
Assessor Name: _____				Physical Impairment	
Assessor Phone: _____		Abbreviated Uniform Assessment Instrument		Medication Assist	
				Cognitive/MH Issues	
				No Informal Support	
				None	
Customer Legal Name & Address: Nickname _____		Birth Date: month / day / year _____			
First _____ M.I. _____		Age: Male _____ Female _____ Other _____			
Last _____		Marital Status: Single _____ Married _____			
Residence Address _____		Widowed _____ Divorced _____			
City _____ State _____ Zip _____		Veteran or Spouse of Veteran? Yes _____ No _____			
County _____		Receive Veteran Benefits? Yes _____ No _____			
Primary Phone _____		Income below poverty level? Yes _____ No _____			
Secondary _____		Ethnicity: Hispanic or Latino _____			
Directions _____		Not Hispanic or Latino _____			
		Ethnicity Missing _____			
Customer Social Security # _____		Race: White _____			
Customer KAMIG ID # _____		American Indian/Alaskan Native _____			
		Asian _____			
		Black or African American _____			
		Native Hawaiian or Other Pacific Islander _____			
Does customer live alone? Yes _____ No _____					
Emergency or alternate contact: Resonantap _____		Primary Language: English _____		Speaks _____	
Name _____		German _____		Assists _____	
Address _____		Spanish _____		Understands Only _____	
City _____		Sign _____			
State _____ Zip _____		Other _____			
Primary Phone _____		Does Customer have any difficulty: _____			
Secondary _____		Communicating _____			
		Understanding information _____			
		Remembering information _____			
Is the Emergency or alternate contact a legally appointed Guardian? Yes _____ No _____					
Activities of Daily Living: Difficulty _____ No Difficulty _____		Instrumental Activities of Daily Living: Difficulty _____ No Difficulty _____			
Bathing _____		Meal Preparation _____			
Dressing _____		Shopping _____			
Toileting _____		Money Management _____			
Walking/Mobility _____		Transportation _____			
Eating _____		Telephone _____			
		Laundry/Housekeeping _____			
		Medication Management/Treatment _____			
Are there concerns of possible Abuse, Neglect, and/or Exploitation? Yes _____ No _____					
Does the customer have difficulty with chores (i.e. mowing the lawn)? Yes _____ No _____					
Assessment Date: _____		Comments: _____			

KDADS Form SS-003 Revised 10/01/2021 (KDADS)

AUAI – Page 2 – Nutrition

Customer Name _____ DOB: _____ Date _____

Ask the customer the following questions		Score #	
Nutrition Risk Screen			
Do you eat less than 2 meals daily?	Comments	3	
Do you eat less than 2 servings of fruits and vegetables daily?		1	
Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily?		1	
Do you usually drink less than 8 glasses of water, milk, or juice daily?	# of glasses:	0	
Do you drink 3 or more alcoholic beverages daily?		2	
Do you take 3 or more different prescriptions and/or over-the-counter drugs daily?		1	
Do you have problems with dentures, teeth, or mouth, which make it hard to eat?	Which:	2	
Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition?	What changes:	2	
Are you physically not always able to grocery shop, cook, and/or feed yourself?	Which:	2	
Do you eat alone most of the time?		1	
Do you feel that you usually do not have enough money to buy the food you need?	Pounds gained _____ lost _____	4	
Have you gained or lost more than 10 pounds in the last 6 months?		2	
Customer does not meet any of the nutrition risk screen indicators.		0	
Add all the circled scores for a total Nutrition Risk Score			
Would you say that your appetite is:	Do any of the following cause you problems or affect your ability to eat:		
Good	Swallowing		
Fair	Taste		
Poor	Nausea, vomiting		
	Cutting up food		
Comments:	Opening containers (milk, plastic wrap, jars)		
	Certain foods, food allergy (specify):		
	No concerns		
Do you:	No	Yes	If yes, how often.
“Skip meals and just snack, “bribe,” through the day?”			
Lack the energy or desire to fix a meal?			
Find you don’t know what to fix or can’t fix small portions?			
Forgot to turn the stove off or burn food?			
Lack the desire to eat a meal?			
“Leave home”			
Eat restaurant or fast food?			
“Leave home”			
“If not, why?”			
What do you eat in a typical day (ask about “breakfast,” “lunch,” “supper”), describe:			

Comments (include any special considerations for service delivery such as pets, or “go to back door”):			

KDADS Form SS-003 07/01/10

AUAI – Page 3 – Nutrition/Abbreviated UAI Service Plan

Customer Name _____ DOB: _____ Date _____

Ask the customer: Does anyone help you prepare food or bring food to you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer the following:										
Who	When									
_____	_____									
_____	_____									
Ask the customer: Are you following any modified diets? Yes <input type="checkbox"/> No <input type="checkbox"/> Are any of the modified diets doctor prescribed? Yes <input type="checkbox"/> No <input type="checkbox"/>										
Check each modified diet followed: x <input type="checkbox"/> y <input type="checkbox"/> Mark if doctor prescribed and indicate the name of the doctor.										
Low sodium (salt)										
Diabetic										
Mechanical										
Renal										
Divercicultis										
Vegetarian										
Puried										
Ethnic/religious										
Other:										
Assessor: Is the customer: Yes _____ No _____	Participant Status - Home-delivered Meals: 60+ eligible Person _____									
Physically homebound _____	Spouse, regardless of age, of 60+ eligible Person _____									
Socially homebound _____	Disabled Person, regardless of age, residing with 60+ eligible Person _____									
	60+ non-spouse Caretaker (IIB home-delivered meals only) _____									
Assessor: Do you recommend a referral to the Area Agency on Aging for in-home service? No _____ Yes _____	Customer Refuses: Yes _____ No _____ Date of Referral: _____									
----- BELOW FOR ABBREVIATED UAI FORM COMPLETION -----										
PSA	Service Code	Funding Source	Provider	Units	Per	Total Units Monthly	Cost of Unit	Start Date	End Date	Discharge Code
Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information included in these pages 1-3 will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed above to enable the delivery of services and program monitoring.								Unmet Need Service Code, Availability Code, Monthly Number of Units		
Customer or Guardian Signature _____								Service Code _____ Available _____ Units _____		
Assessor Signature _____								Date _____		

KDADS Form SS-003 07/01/10

Manual for Reviewers

2022

- AUAI manual does not currently exist, refer to UAI training and FSM.
- Reviewer completes
- No annual updates

- Assessment - OAA III B, OAA III C2
- Chore - OAA III B
- Home Delivered Meals - OAA III C2
- **Grab and Go Meals – OAA III C2**
- Nutrition Counseling (for Home-Delivered Meals customers) - OAA III C2

Instructions for Completing the AUAI

2022

- Full name of customer, DOB and date needs to be on each page of the AUAI
- No abbreviations
- Each section needs to be filled out
- Mark as Not Applicable, do not leave blank page

Does customer live alone? Yes/No Live alone is defined as having no related or unrelated people who share the housing unit. This is regardless of financial structure.

Instructions for Completing the AUI

2022

Emergency or alternate contact: Relationship

- **Is the Emergency or alternate contact a legally appointed Guardian?** Yes/No
- Add the relationship, name, address, home and work telephone numbers if the customer has a court appointed legal guardian
- **Gender:** Male/Female/Other
- **Income Poverty Level:**The poverty level figures change yearly.

Instructions for Completing the AUI

2022

- **Ethnicity**
- **Race**
- **Primary Language:** This section identifies the primary language the customer communicates with.
- **Does the customer have any difficulty:**
 - Communicating
 - Understanding information
 - Remembering Information

*A language barrier should not be a determining factor of how an ADL or IADL is performed.

Disaster Red Flag Box

2022

- Add a check mark by any of the items that would help anyone to understand a customer's circumstances in the event of a natural disaster.
- Check all the categories that are applicable to the customer.
- Check none if the risks listed do not apply to the customer. Please DO NOT leave this space blank.

Disaster Red Flag Box

2022

- **Electric:** Customer would be at high risk in the event of a power failure.
- **Physical Impairment:** Customer is unable to seek safety in the event of a disaster due to physical limitation
- **Medication Assist:** Customer would be at high risk in the event of evacuation or place them in danger of not being able to access essential medication, such as insulin.
- **Cognitive/MH Issues:** Customer would be unable to make reasonable decisions and seek safety in the event of a disaster.
- **No Informal Support:** Customer with uninvolved family in town, no informal supports in town, and people who have family that live in another state and lack the resources necessary in the event of a disaster
- **None:** Check this space if none of the above applies.

Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Toileting
- Transferring
- Walking, Mobility
- Eating

Instrumental Activities of Daily Living (IADLs)

- Meal Preparation
- Shopping
- Money Management
- Transportation
- Telephone
- Laundry, Housekeeping
- Medication Management, Treatment

Assess Difficulty/No Difficulty

2022

Assess the customer's completion of the activity at any level of difficulty.

Base your answers on the following:

- The customer;
- Family members/caregivers (especially for customers who have cognitive impairments);
- Health care professionals and records; and
- Your observations.

Remember the following:

- The standard is stated in the definition;
- Assess customer's abilities equitably and consistently;
- No personal bias; and
- The customer's personal choice is not included in the assessment.

Bathing

- Take a full body bath or shower at least once a week or more frequently to prevent odor or skin health issues; and
- Set-up and put away bathing supplies, i.e., towel, washcloth, soap, shampoo, assistive equipment, or long handled brush and adjust bath bench or other assistive devices; and
- Transfer in and out of the tub or shower; and Remove clothing; and
- Turn on the water and adjust the water temperature; and Wash and dry all body parts, including back, feet, and hair

Dressing

- Change clothes often enough that the customer appears clean and is odor free; and
- Select, obtain, and set-up clothing for dressing; and
- Select clothes that are safe and appropriate for the temperature and usual activities inside and outside the home, not special occasions; and
- Put on, adjust, fasten (includes buttons, snaps, zippers, ties, etc.), and
- take off all items of clothing; OR the customer has, and wears adapted clothing that allows her/him to dress for most public occasions without needing to use buttons, snaps, ties, etc.; and
- Put on and remove prosthesis and/or medically needed clothes or devices, such as TED hose.

Toileting

- Transfer on and off the toilet; and
- Complete bowel/bladder elimination; and
- Cleanse self and adjust clothing; and
- Manage incontinence and supplies, bedpan, commode, ostomy, and catheter.

Transferring

- Move between surfaces, e.g., to and from the bed, chair, wheelchair, or to a standing position; and
- Rise from a sitting/laying position; and
- Recline to a sitting/laying position.
- Transfer does NOT include moving to and from the bath, shower, or toilet.

Walking, Mobility

- Move within all locations of his or her living environment to accomplish ADLs; and
- Ambulate safely from one area to another; and Place or set-up assistive equipment in usable location; and
- Obtain equipment and always use the equipment safely and effectively; and
- Maneuver cane, walker, and/or wheelchair, if needed.
- Walking/Mobility does NOT include the ability to walk, or be mobile, outdoors.

Eating

- Prepare food by cutting into bite size pieces, chopping, or pureeing, buttering bread, opening single serving containers, and pouring liquids; and
- Transfer food and drink from plate or cup to mouth; and
- Chew and swallow safely; and
- Manages tube feeding without assistance, if fed through a tube.

Meal Preparation

- Plan, prepare, and serve a meal; and
- Safely use stove or microwave to heat or cook foods; and
- Open containers, turn stove on and off, use can opener; and
- Opening the ingredients, peeling, cutting, chopping, measuring, baking, and/or cooking the meal; and
- Follow a doctor prescribed diet, when applicable (i.e., low sodium, low sugar, or low fat).

Shopping

- Develop a list of needed items, go to store, locate items to be purchased, place them in a cart, or shop effectively by phone or on-line for all items.
- Carry five pounds of canned goods or bulky items.
- Move purchased items from vehicle or doorway into home

Money Management

- Budget according to income or personal funds; and
- Deposit checks and manage account balances; and
- Evaluate the accuracy/legitimacy of bills received; and Pays bills and pays for merchandise by check, cash, credit/debit card, money orders, or online payments; and
- Tracks expenditures so as not to overdraw accounts or incur unintended debt.

Transportation

- Safely drive own car OR has available and can arrange for and use private or public transportation.
- Able to enter, adjust position, and leave the vehicle without assistance from another person (may use assistive devices).
- Manage getting assistive equipment, if needed, into and out of the vehicle.

Telephone

- Obtain needed telephone numbers; and Dial the phone; and
- Answer and hang-up the phone; Converse over the phone; and
- Arrange and schedule appointments.
- The customer's ability to afford telephone service must not be factored into this code.

Laundry Housekeeping

- Determine when clothes need to be washed and complete all the laundry steps, e.g., takes clothes to wash area, determines the amount of detergent needed, able to properly set the washing machine; and
- Place clean clothes into storage/closet area; and
- Perform routine tasks, e.g., bed making, putting items away, dishwashing, and taking out trash; and
- Keep pathways in the home clear for mobility; and
- Understand methods to kill germs and bacteria; and
- Sweep, vacuum, and mop.

Medication Management, Treatment

- Obtain medications from containers; and
- Determine the proper dosage of the medication and prepare it (cut pills in half or draw up medication in syringe if necessary); and
- Administer own medication; and Remember to take medication as prescribed; and
- Recognize possible side effects of the medications when this is essential for safety; and
- Set up materials for treatments and conduct treatment procedures; and
- Store medication correctly and understand risks of taking outdated medications; and
- Recognize when medication is running out, seeks refills, or follows-up with provider.

Abuse, Neglect and Exploitation (ANE)

2022

- **Abuse:** Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.
- **Neglect:** failure or omission by oneself, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Abuse, Neglect and Exploitation (ANE)

2022

- **Exploitation:** misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources.
- **Fiduciary Abuse:** occurs when any person who is the caretaker of, or who stands in a position of trust to an adult, takes secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult's trust.

Who is at Risk

2022

- Adults ages 18 and above, who have physical, emotional, or mental impairments that limit their ability to manage their personal, home, or financial affairs.
- Older adults with disabilities who may live alone, with family, or in a community care giving living arrangement.
- Older adults who are most frail, dependent, and socially isolated are most at risk.

If You Suspect ANE

2022

- You are a MANDATED reporter
- Call the Kansas Protection Report Center in
- -state toll free HOT LINE, 24 hrs. a day, at:
1-800-922-5330.
 - Online at www.DCF.ks.gov
- The names of persons who report suspected abuse, are confidential and cannot be released without the written consent of the person making the report, or a judicial proceeding result (K.S.A. 39-1434b)
- If you believe your client is in immediate or imminent danger contact local law enforcement.

Nutrition Risk Screen

2022

- DETERMINE Your Nutritional Health, *The Nutrition Risk Screening Initiative*

Disease

Eating Poorly

Tooth Loss/Mouth Pain

Economic Hardship

Reduced Social Contact

Multiple Medicines

Involuntary Weight Loss/Gain

Needs Assistance in Self Care

Elder Years Above Age 80

Nutrition Risk Screen

2022

Ask the customer the following questions		
Nutrition Risk Screen	Comments	Score-if yes, circle
Do you eat less than 2 meals daily?		3
Do you eat less than 2 servings of fruits and vegetables daily?		1
Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily?		1
Do you usually drink less than 6 glasses of water, milk, or juice daily?	# of glasses:	0
Do you drink 3 or more alcoholic beverages daily?		2
Do you take 3 or more different prescriptions and/or over-the-counter drugs daily?		1
Do you have problems with dentures, teeth, or mouth, which make it hard to eat?	Which:	2
Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition?	What changes:	2
Are you physically not always able to grocery shop, cook, and/or feed yourself?	Which:	2
Do you eat alone most of the time?		1
Do you feel that you usually do not have enough money to buy the food you need?		4
Have you gained or lost more than 10 pounds in the last 6 months?	Pounds gained ____ lost ____	2
Customer does not meet any of the nutrition risk screen indicators.		0
Add all the circled scores for a total Nutrition Risk Score		

Nutrition Risk Screen


2022

- **A score of 2 or less** is considered good.
- **A score of 3-5** indicates moderate risk.
- **A score of 6 or more** indicates high nutritional risk.

Nutrition Risk Screen

2022

Older Americans Act / Senior Care Act

File	Type	Size	Uploaded on	Download
Nutritional Health Handout	PDF	456.59 KB	02 Mar, 2020	 Download

NAME _____ DATE _____

DETERMINE YOUR NUTRITIONAL HEALTH

	Comments	Score - If Yes, Circle
Do you eat less than 2 meals daily?		3
Do you eat less than 2 servings of fruits and vegetables daily?		1
Do you eat less than 2 servings of dairy products	# of glasses:	1

NUTRITIONAL HEALTH TIPS – If you answered "Yes" to any of the following

I eat fewer than two meals per day.

You are probably not getting the variety of foods and nutrients that you need. Avoid snacking all day and eat at "usual times." Eat with loved ones or friends, in a pleasant environment. Cook meals ahead of time. Keep easily prepared foods on hand like fruit, milk or yogurt, cereals, soups, cheese and crackers, peanut butter, and whole wheat bread.

I eat little fruits, vegetables, or dairy.

These foods are important sources of vitamins, minerals and fiber. Choose fruits or vegetables for snacks. Add fruit to yogurt or cottage cheese. Blend fruit with milk for a smoothie. Bake or broil apples, pears or bananas with cinnamon and nutmeg. Add vegetables to soups, stews or casseroles. Mix multiple vegetables for a tasty medley.

I have 3 or more drinks of beer, liquor or wine almost every day.

Have you made of food you eat condition?

Are you physical cook, and/or feel Do you eat alone

Do you feel that money to buy the food you need?

Have you gained or lost more than 10 pounds in the last 6 months?	Pounds gained ___ lost ___	2
---	----------------------------	---

Total Nutrition Risk Score:

____ 0-2 **Good!** Re-check your nutritional score in 6 months.

____ 3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Refer to the back of this page for helpful tips. Recheck your nutritional score in 3 months.

____ 6 or more: **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietician or other qualified health professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.



These materials were adapted from The Nutrition Screening Initiative DETERMINE Your Nutritional Health Checklist and from The University of Nevada Nutritional Health Tips.

<https://www.kdads.ks.gov/provider-home/forms>

- Appetite
- Problems affecting ability to eat
- How often:
 - Skip meals?
 - Don't know what to fix/can't fix small portions?
 - Forget to turn stove off/burn food?
 - Lack desire to eat?
 - Eat restaurant/fast food?
 - Leave home?
- Typical day
- Comments

- Food preparation
- Modified Diets
- Prescribed Diets
- Next... Homebound and Participant Status

Eligibility Requirements

2022

- Person **60 years of age or older** who is
 - **Homebound** or
 - **Isolated**; or
 - a **Caretaker**, as long as it is in the participant's best interest (see definition of Caretaker in FSM 4.1.3, OAA Title IIIB Only); OR
- **Spouse** of an Eligible Participant as long as it is in the participant's best interest; OR
- **Disabled or Dependent Individual who resides in a non-institutional setting with an eligible participant and it is in the participant's best interest**; OR
- **Registered congregate meal participant who needs a home-delivered meal(s) due to an illness or health condition.** The participant may only receive CMELH meals for up to 30 consecutive days a calendar year.

NOTE: An eligible participant may only receive a home-delivered meal if his or her special dietary needs can be appropriately met by the program through a meal which conforms with the established standards, i.e., the meal available would not jeopardize the health of the individual.

FSM 4.3

Homebound Status

2022

Is physically homebound and /or socially homebound.

Is unable to prepare meals for himself or herself because of:

- a. Limited physical mobility.
- b. A cognitive impairment
- c. Lacks the knowledge or skills to select and prepare nourishing and well-balanced meals

Lacks and informal support system such as family, friends, or others who are willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.

FSM 4.1.30

Physically Homebound

2022

- An individual who cannot leave his or her house under normal circumstances (i.e., without assistance) due to illness and/or incapacitating disability and is unable to participate in the congregate nutrition program.

FSM 4.1.3X

Socially Homebound

2022

- An individual who chooses not to receive meals at a congregate setting; and, in the assessor's professional judgment, the person is psychologically, emotionally, or socially impaired.
- This category is for those few, isolated cases where the person, due to one of the impairments listed above, is uncomfortable in the congregate setting and chooses not to receive nutrition services unless they are home delivered.

FSM 4.1.3X

Geographic isolation due primarily to an individual residing in a rural location that does not afford access to a congregate setting because:

1. Congregate setting location
2. Transportation
3. Ability/Choice

NOTE: The intent of the definition is to serve those facing barriers in rural communities. Greater emphasis should be placed on functional impairment than isolation.

FSM 4.1.3P

Break

We'll
be right
back!

Uniform Program Registration (UPR)

2022

Kansas Department for Aging and Disability Services Uniform Program Registration

Registration Date: _____ PSA: _____

CUSTOMER INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
 Birth Date: _____ Age: _____ Social Security #: _____ Gender: Female Male
Month Day Year
 Residence Street Address: _____ Street City County State Zip Phone _____

Emergency Contact Name: _____
 Emergency Contact Address: _____ Street City County State Zip Phone Alt Phone _____

Ethnicity **Race**
 Hispanic or Latino American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander
 Not Hispanic or Latino Asian White
 Ethnicity Missing Black or African American

Do you live alone? Yes No Is your monthly income below? Yes No
 Doctor Name: _____ \$1,133 – Family of 1 or \$1,526 – Family of 2
 City: _____ Phone: _____ \$1,919 – Family of 3 or \$2,313 – Family of 4
 Health conditions/medications: _____ Veteran or Spouse of Veteran Yes No

MODIFIED DIETS

Are you following any modified diet(s)? Yes No
 If yes, mark each type: Diabetic Diverticulitis Ethnic/religious Low sodium (salt) Mechanical
 Pured Renal Vegetarian Other _____

NUTRITION RISK SCREEN (This section for Congregate Meals and Nutrition Counseling Only)
 Please answer each question below.

SCORING – If Yes, Circle	Yes	SCORING – If Yes, Circle	Yes
Do you eat less than 2 meals daily?	3	Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition?	2
Do you eat less than 2 servings of fruits and vegetables daily?	1	Are you physically not always able to grocery shop, cook, and/or feed yourself? (Circle all that apply)	2
Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily?	0	Do you eat alone most of the time?	1
Do you usually drink less than 6 glasses of water, milk, or juice daily? # of glasses:	0	Do you feel that you usually do not have enough money to buy the food you need?	4
Do you drink 3 or more alcoholic beverages daily?	2	Have you gained or lost more than 10 pounds in the last 6 months? (Circle all that apply)	2
Do you take 3 or more different prescriptions and/or over-the-counter drugs daily?	1	Add all YES answers for Total Nutrition Risk Score:	
Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all that apply)	2		

RISK LEVEL: 0-2: Low 3-5: Moderate 6 or more: High nutritional risk; share results with your health care provider.

Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.
 Customer/Guardian Signature _____ Date _____
 Reviewer Signature _____ Date _____

COMPLETED BY REVIEWER

KAMIS ID #			UNMET NEEDS			PARTICIPANT STATUS FOR MEALS		
Service Code	Availability Code	Monthly Units	<input type="checkbox"/> 60+ Person	<input type="checkbox"/> Less than 60 Spouse of 60+ Person	<input type="checkbox"/> Less than 60 disabled Person residing with 60+ Person	<input type="checkbox"/> 60+ non-spouse Caretaker (IIB Home-delivered meals only)	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Less than 60 disabled Person residing in housing facility with CMEL site and occupied mostly by 60+ Persons

PSA	Service Code	Funding Source	Disaster	Provider	Unit(s)	Per	Total Units Monthly	Cost of Use	Start Date	End Date	Discharge Code

KDADS Form UPR-001 Effective: 04/01/2022 Expires: 03/31/2023

Kansas Department for Aging and Disability Services Uniform Program Registration

*******(OPTIONAL) PAGE 2 FOR GRAB AND GO MEAL ELIGIBILITY*******

PLEASE READ: Page 2 must be uploaded to UPR Additional Info File Upload region in KAMIS.

Name: _____ Date of Birth: _____ Registration Date: _____

How would you rate your knowledge about healthy food and healthy eating?	Do you have difficulty with?	Difficulty	No Difficulty
Very poor			
Below average	Meal Preparation		
Average	Eating		
Above average	Shopping for Food		
Excellent	Transportation		
	Walking, Mobility		

What prevents you from attending the congregate meal site? (Beyond food quality, preference)

Level of Agreement with the Following:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Healthiness of food has little impact on my food choices.					
It is important for me that my daily diet contains a lot of vitamins and minerals.					
I always follow a healthy and balanced diet.					
I do not avoid foods, even if they may raise my cholesterol.					
I eat what I like, and I do not worry much about the healthiness of food.					

Does anyone help you prepare food or bring food to you?	Yes		No		How often do you leave home?				
					Never	Very Rarely	Occasionally	Frequently	Very Frequently

If yes, who? _____ If never or very rarely, why? _____

Customer Comments: _____

Reviewer: Complete bottom section on Page 1 according to nutrition services eligibility.
 Check if emergency/disaster situation

KDADS Form UPR-001



Local Registration System

2022

Follow Area Agency on Aging (AAA) policies and procedures

- Paper or web-based registration
- How electronic/scanned registrations are accepted, and provisions for electronic signatures for such submissions
- The timeline and standards for Form review and follow-up
- Retention of paper and electronic/scanned records, and related timelines

Ensure customers successful complete registration and obtain needed services

Accurate data for state and federal reporting

General Requirements

2022

A customer:

- Will register as an individual, not as a household
- Will NOT pay a fee to register for a service
- Will NOT provide proof of identity
- Will NOT provide proof of U.S. citizenship, or state and/or county residency; and
- Will NOT provide income and/or age verification

Pre-printed copy of previous year's form

Not an assessment

- Release of Information
- Customer copy

Uniform Program Registration

2022

- KDADS Form UPR-001: Uniform Program Registration (“UPR” or “Form”)
- KDADS Field Services Manual Section 2.5
- Annual Updates for Federal Poverty Guidelines

Manual for Reviewers

2022

- Manual for UPR Reviewers, those who are designated by an area agency on aging to review completed Form(s).
- Face-to-face or telephone assistance for Form completion
- Annual updates for Federal Poverty Guidelines

Introduction

2022

- Congregate Meals (CMEL Title III C-1)
- Congregate Meal--Illness Related Home Delivered (CMELH Title III C-2)
- **Grab and Go Meals (GMEL Title III C-1, Title III C-2)**
- Nutrition Counseling (under Parts C1 and D)
- Assisted Transportation (under Part B)

Contents of Registration

2022

Alternative formats include:

- a large print version printed on legal paper (e.g., 8½ X 14 page)
- printed on both sides of standard letter paper (8 ½ X 11 page)
- web or electronic formats

AAA Authorization


Instructions for Reviewing the UPR

2022

<https://kdads.ks.gov/provider-home/manuals>

Instructions for Reviewing the UPR

2022

UPR ITEM	REQUIREMENT	EXAMPLE	REVIEW CRITERIA
Registration Date	Date the customer registered for the service(s)	October 1, 2022	Shows a date within 365 days of the date of previous registration, if on file
PSA	Two-digit number (e.g., 01 to 11)	12	 Completed by Reviewer Shows a number to identify the area where this UPR is completed

Instructions for Reviewing the UPR

2022

CUSTOMER INFORMATION			
First Name Middle Name Last Name	Legal name of the customer, written same as official signature	Maria Example Garcia	Shows the entire name of <u>one</u> customer. If more than one name is shown, obtain a separate UPR from <u>each</u> customer listed
Birth Date > Month > Day > Year	Date customer was born	May 2, 1937 or 05/02/1937	Shows the month, day and 4-digit year
Age	Current age of customer	85	Shows the age as of last birthday
Social Security #	Not required. SSN for the <u>customer</u> even if benefits are received under a spouse's SSN	999-99-9999 or Line drawn thru space	Shows either the SSN for the customer or a line drawn through the space if customer does not provide SSN
Gender <input type="checkbox"/> Female Other <input type="checkbox"/> Male	Gender of customer	<input checked="" type="checkbox"/> Female	Shows one checkmark

Instructions for Reviewing the UPR

2022

UPR ITEM	REQUIREMENT	EXAMPLE	REVIEW CRITERIA
Residence Address	Permanent residence, mailing address and phone number for the customer		Shows where the customer currently lives, receives mail and how to contact customer by phone (with area code).
<ul style="list-style-type: none">➤ Street➤ City➤ County➤ State➤ Zip➤ Phone		123 North Happy Road Example City, KS or Example County KS or KS 99999 (123)456-7890	To check state, county and/or zip codes, use link(s) found in <i>Terms Used in this Manual</i> section.

Instructions for Reviewing the UPR

2022

<p>Emergency Contact Name</p>	<p>Not required. Who the customer authorizes your agency to contact in an emergency</p>	<p>Juan Example Garcia (husband) or Line drawn thru space</p>	<p>Shows who to contact or a line drawn through the space if customer does not provide a name. Consult Area Agency policy for any action required of the Reviewer to follow-up with customer.</p>
<p>Emergency Contact Address</p> <ul style="list-style-type: none"> • Street City County State Zip Phone • Alt Phone 	<p>Not required. Permanent residence, mailing address and phone numbers (may include work number) for emergency contact</p>	<p>123 North Happy Road Example City, KS or Example County KS or KS 99999 (123)456-7890 (098)765-4321 or Line drawn thru space</p>	<p>Shows either where the customer's emergency contact currently lives, receives mail and two (2) options for contacting this person by phone (with area code) or a line drawn through the space if customer does not provide a name of a contact.</p>

Instructions for Reviewing the UPR

2022

ETHNICITY			
UPR ITEM	REQUIREMENT	EXAMPLE	REVIEW CRITERIA
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Ethnicity Missing	Ethnic background chosen by customer. Customer is allowed to self-identify all categories that apply	<input checked="" type="checkbox"/> Hispanic or Latino	Shows at least one checkmark.
RACE			
<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Race chosen by customer. Customer is allowed to self-identify all categories that apply.	<input checked="" type="checkbox"/> White	Shows at least one checkmark.

Instructions for Reviewing the UPR

2022

<p>Do you live alone?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Tells if customer lives in a one-person household where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, includes board and care facilities, assisted living units and group homes.</p>	<p><input checked="" type="checkbox"/> No</p>	<p>Shows one checkmark.</p>
<p>Doctor Name</p> <ul style="list-style-type: none"> • City • Phone 	<p>Not required. Who the customer authorizes your agency to contact in an <u>emergency</u>.</p>	<p>Dr. Smart Example City (222) 222-2222</p> <p>or</p> <p>Line drawn thru space</p>	<p>Shows either the name, city and phone number of the customer's primary care doctor or a line drawn through the space if customer does not provide a name of a doctor.</p>
<p>Health conditions <u>/medications</u></p>	<p>What the customer discloses about health conditions or medications that is important in an emergency or useful for <u>providing assistance</u>.</p>	<p>"I am hearing impaired and wear hearing aids"</p> <p>or</p> <p>Line drawn thru space</p>	<p>Shows the special need(s) and/or considerations for assistance or a line drawn through the space if customer does not list any need(s).</p>

Instructions for Reviewing the UPR

2022

UPR ITEM	REQUIREMENT	EXAMPLE	REVIEW CRITERIA
<p>Is your monthly income below?</p> <p>\$1,133 – Family of 1 \$1,526 – Family of 2 \$1,919 – Family of 3 \$2,313 – Family of 4</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Customer declares if monthly income is above or below poverty level based on household size (HS).</p> <p>Key to HS:</p> <ul style="list-style-type: none"> ○ If live alone = 1 ○ If live with spouse <u>or</u> minor child = 2 ○ If live with spouse <u>and</u> minor child = 3 ○ If live with persons other than spouse and/or minor child, even if family members = 1 	<p><input checked="" type="checkbox"/> No</p>	<p>Shows one checkmark. Customer is allowed to self-identify poverty status. Program use: federal reports, not program eligibility.</p> <p>Consult Area Agency policy for any action required of the Reviewer to follow-up with customer about HS.</p>
<p>Veteran or Spouse of Veteran</p>	<p>Not required. Indicates whether applicant is either a Veteran or Spouse of a Veteran.</p>	<p><input checked="" type="checkbox"/> No</p>	<p>Shows one checkmark. Customer can record either Yes or No.</p>

Instructions for Reviewing the UPR

2022

MODIFIED DIETS			
<p>Are you following any modified diet(s)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Special dietary needs customer declares.</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p>Shows one checkmark.</p>
<p>If yes, mark each type:</p> <p><input type="checkbox"/> Diabetic</p> <p><input type="checkbox"/> Pureed</p> <p><input type="checkbox"/> Diverticulitis</p> <p><input type="checkbox"/> Renal</p> <p><input type="checkbox"/> Ethnic/religious</p> <p><input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Low sodium (salt)</p> <p><input type="checkbox"/> Mechanical</p>	<p>Skip if last Question was marked:</p> <p><input type="checkbox"/> No</p> <p>Special diet(s) chosen by customer may or may not be prescribed by a doctor.</p>	<p><input checked="" type="checkbox"/> Diabetic</p> <p>or</p> <p>Skip - No Checkmark(s)</p>	<p>Shows one or more checkmarks if last Question was marked:</p> <p><input type="checkbox"/> Yes</p> <p>or no checkmark if last Question was marked:</p> <p><input type="checkbox"/> No</p>

Instructions for Reviewing the UPR

2022

UPR ITEM	REQUIREMENT	EXAMPLE	REVIEW CRITERIA
	Skip if registering for other services. Customer is allowed to self-identify all risk categories that apply. Nutritional SCORE is shown by category.	Yes Column	Shows no marks if customer is registering for other services.
Do you usually eat less than 2 meals daily?	If Yes, SCORE = 3	3	Shows a mark in one column.
Do you eat less than 2 servings of fruits and vegetables daily?	If Yes, SCORE = 1	1	Shows a mark in one column.
Do you eat less than 2 servings of dairy products (milk, <u>cheese</u> ,	If Yes, SCORE = 1	1	Shows a mark in one column.
Do you usually drink less than 6 glasses of water, milk, or <u>juice</u> ,	Not required. If Yes, SCORE = 0	0	Shows a mark in one column. If <u>Yes</u> , shows how many.
Do you drink 3 or more alcoholic beverages daily?	If Yes, SCORE = 2	2	Shows a mark in one column.
Do you take 3 or more different prescriptions and/or over-the-	If Yes, SCORE = 1	1	Shows a mark in one column.
Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all	If Yes, SCORE = 2	teeth 2	Shows a mark in one column. If <u>Yes</u> , shows one or more circled.
Have you made changes in the kind and/or amount of food	If Yes, SCORE = 2	2	Shows a mark in one column.
Are you physically not always able to grocery shop, cook, and/or feed yourself? (Circle all that	If Yes, SCORE = 2	shop 2	Shows a mark in one column. If <u>Yes</u> , shows <u>one</u> or more circled.
Do you eat alone most of the time?	If Yes, SCORE = 1	1	Shows a mark in one column.
Do you feel that you usually do not have	If Yes, SCORE = 4	4	Shows a mark in one column.
Have you gained or lost more than 10 pounds in the last 6 months? (Circle all that apply)	If Yes, SCORE = 2	2	Shows a mark in one column. If <u>Yes</u> , shows <u>one</u> or more circled.


Instructions for Reviewing the UPR

2022

NUTRITION RISK SCREEN	THIS SECTION FOR CONGREGATE/GRAB AND GO MEALS AND NUTRITION COUNSELING ONLY . PLEASE ANSWER EACH QUESTION BELOW.		
Total Nutrition Risk Score will be determined by answers to the questions	The sum of all Risk Category SCORES that apply equals a customers' Nutritional Risk Screen.	9	Enter Total Nutritional Risk Screen Score.


Instructions for Reviewing the UPR

2022

UPR ITEM	REQUIREMENT	EXAMPLE	REVIEW CRITERIA
<p><i>Release of Information:</i> I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.</p>	<p> Completed by Customer/Guardian AND</p>	<p><i>Maria Garcia</i> <i>10/01/2022</i></p>	<p>Shows necessary signatures or marks. If customer has a guardian, form must be signed by guardian. If customer did not record the date, the Reviewer should record the date UPR is completed.</p>
	<p> Completed by Reviewer AND Includes date each added signature or mark.</p>	<p><i>Ima Reviewer</i> <i>10/01/2022</i></p>	

Instructions for Reviewing the UPR

2022

~COMPLETED BY REVIEWER~	 COMPLETED BY REVIEWER		
KAMIS ID #	The unique identifier assigned to the customer by KAMIS.	00000	Record unique number from KAMIS, once assigned.
Total Nutrition Risk Score	The sum total sum total of all risk category SCORES that apply based a customer's Nutritional Risk Screen.	9	Record a sum total, e.g., based on calculation or from KAMIS. Consult Area Agency policy when customer is at High Nutrition Risk.
UNMET NEEDS			
(Activity) Service Code	Alphabetic code for service determined to most closely match the customer's unmet need.	NCOU	Record code using Service Taxonomy.
Availability Code	One or two-digit numeric code for the reason the needed service is not available.	7	Record code using Unmet Needs Service Availability Codes.

Instructions for Reviewing the UPR

2022

UPR ITEM		EXAMPLE	REVIEW CRITERIA
Monthly Units	Number of units of the unavailable service that is needed monthly, based on a 5-week month.	2 (hours)	Record units using the Unit Definition for the service as it is defined in the Service Taxonomy.
PARTICIPANT STATUS FOR MEALS			
<ul style="list-style-type: none"> <input type="checkbox"/> 60+ Person <input type="checkbox"/> Less than 60 spouse of 60+ Person <input type="checkbox"/> Less than 60 disabled Person residing with 60+ Person <input type="checkbox"/> 60+ non-spouse Caretaker (III B home delivered meal only) <input type="checkbox"/> Volunteer <input type="checkbox"/> Less than 60 disabled Person residing in housing facility with congregate meal site and occupied mostly by 60+ Persons 	<p>Category chosen by the Reviewer to show the <u>Congregate Meal</u> eligibility criteria being met by the customer, refer to KDADS FSM 4.2.1</p> <p>For customers age 60+ (including volunteers), always use 60+ Person category. For volunteers under age 60, use Volunteer category.</p> <p>Not required for any other services the customer registers to receive using this form.</p>	<p><input checked="" type="checkbox"/> 60+ Person</p>	<p>Record one checkmark for eligibility category, if applicable.</p> <p>Consult Area Agency policy for any action required of the Reviewer to follow-up with customer when eligibility category being met is not clear.</p>

Instructions for Reviewing the UPR

2022

SERVICE PLAN			
PSA	Two-digit number (e.g., 01 to 11)	12	Record a number to identify the area where this UPR is completed.
(Activity) Service Code	Alphabetic code for service(s) the customer registered to receive, if eligible.	CMEL GMEL CMELH	Record code using Service Taxonomy.
Funding Code	Alphabetic code for source of funds being used to pay for the service shown in Service Code column.	OAAIIC1 OAAIIC2 OAAIIC2	Record code using Service Taxonomy.

Instructions for Reviewing the UPR

2022

UPR ITEM	REQUIREMENT	EXAMPLE	REVIEW CRITERIA
Disaster	Shows when service is provided as a result of a disaster, e.g., flood or tornado.	<input checked="" type="checkbox"/>	Record a checkmark
Provider	Name of entity authorized to deliver this service to the customer. For meals, it is the specific meal site.	Happy Nutrition Site	Record approved service provider using current list prepared by Area Agency on Aging.
Unit(s)	How much service the customer will receive, an amount understood in the context of the (Per) column, such as: Once a day, five days Per WEEK = 5 units Once Per MONTH = 1 unit	5	Record number using Unit Definitions in Service Taxonomy.
Per	How often the customer will receive the service, a frequency understood in the context of the (Units) column, see above	Week	Record frequency, usually a WEEK unless service is provided less often, e.g., a MONTH.
Total Units Monthly	An amount decided based on (Units) and (Per) columns. If (Per) is WEEK, use this formula: Unit(s) Column x Per Column x 5-Week Month	25	Record how much service the customer will receive in one MONTH.

Instructions for Reviewing the UPR

2022

Cost of unit	The approved cost of providing one (1) unit of service to the customer. For meals, DO NOT use suggested contribution rate.	\$6.00	Record approved cost of one unit using current list prepared by Area Agency on Aging.
Start Date	Date the service will begin. This Registration Date and the first day of service may or may not be the same.	10-01-2022	Record date

Instructions for Reviewing the UPR

2022

End Date	Either the date the next Registration is due (and within 365 days of this registration) or the date this service is expected to end (if needed less than 365 days).	09-30-2023	Record date.
Discharge Code	Numeric code chosen by the Reviewer to tell why customer no longer receives the service.		Record code using Discharge Closure Reasons and Codes.

Appendix

2022

Kansas Department for Aging and Disability Services Uniform Program Registration

Registration Date: October 1, 2022 PSA: 12

CUSTOMER INFORMATION

First Name: Maria Middle Name: Example Last Name: Garcia
 Birth Date: May 2 1937 Age: 85 Social Security #: 999-99-9999 Gender: Female Male
Month Day Year
 Residence Street Address: 123 North Happy Road Example Example KS 99999 (123)456-7890
Street City County State Zip Phone
 Emergency Contact Name: Juan Example Garcia
 Emergency Contact Address: 123 North Happy Road Example Example KS 99999 (123)456-7890 (008)765-4321
Street City County State Zip Phone Alt Phone

Ethnicity **Race**

Hispanic or Latino American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander
 Not Hispanic or Latino Asian White
 Ethnicity Missing Black or African American

Do you live alone? Yes No Is your monthly income below? Yes No
 Doctor Name: Dr. Smart \$1,133 – Family of 1 or \$1,526 – Family of 2
 City: Example Phone: (222)222-2222 \$1,919 – Family of 3 or \$2,313 – Family of 4
 Health conditions/medications: I am hearing impaired and wear hearing aids Veteran or Spouse of Veteran Yes No

MODIFIED DIETS

Are you following any modified diet(s)? Yes No
 If yes, mark each type: Diabetic Diverticulitis Ethnic/religious Low sodium (salt) Mechanical
 Pureed Renal Vegetarian Other

NUTRITION RISK SCREEN (This section for Congregate Meals and Nutrition Counseling Only)
 Please answer each question below.

SCORING – If Yes, Circle	Yes	SCORING – If Yes, Circle	Yes
Do you eat less than 2 meals daily?	3	Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition?	2
Do you eat less than 2 servings of fruits and vegetables daily?	1	Are you physically not always able to grocery shop, cook, and/or feed yourself? (Circle all that apply)	2
Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily?	1	Do you eat alone most of the time?	1
Do you usually drink less than 6 glasses of water, milk, or juice daily? # of glasses:	0	Do you feel that you usually do not have enough money to buy the food you need?	4
Do you drink 3 or more alcoholic beverages daily?	2	Have you gained or lost more than 10 pounds in the last 6 months? (Circle all that apply)	2
Do you take 3 or more different prescriptions and/or over-the-counter drugs daily?	1	Add all YES answers for Total Nutrition Risk Score:	9
Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all that apply)	2		

RISK LEVEL: 0-2: Low 3-5: Moderate 6 or more: High nutritional risk; share results with your health care provider.

Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.

Customer/Guardian Signature: Maria Example Garcia Date: 10/01/2022
 Reviewer Signature: Ima Reviewer Date: 10/01/2022

COMPLETED BY REVIEWER

KAMIS ID #: 12345 60+ Person **PARTICIPANT STATUS FOR MEALS**

UNMET NEEDS
 Less than 60 Spouse of 60+ Person
 Less than 60 disabled Person residing with 60+ Person
 60+ non-spouse Caretaker (IIIIB Home-delivered meals only)
 Volunteer
 Less than 60 disabled Person residing in housing facility with CMEL site and occupied mostly by 60+ Persons

Service Code	Availability Code	Monthly Units
NCOU	7	2

PSA	Service Code	Funding Source	Disaster	Provider	Unit(s)	Per	Total Units Monthly	Cost of Unit	Start Date	End Date	Discharge Code
12	CMEL	OAAIIC1	✓	Happy Nutrition Site	5	Week	25	\$1	10/01/2022	09/30/2022	
12	CMEL	OAAIIC2	✓	Happy Nutrition Site	5	Week	25	\$2	10/01/2022	09/30/2022	
12	CMELH	OAAIIC2	✓	Happy Nutrition Site	5	Week	25	\$3	10/01/2022	09/30/2022	

KDADS Form UPR-001 Effective: 04/01/2022 Expires: 03/31/2023



Appendix

2022

Kansas Department for Aging and Disability Services Uniform Program Registration

***** (OPTIONAL) PAGE 2 FOR GRAB AND GO MEAL ELIGIBILITY *****

PLEASE READ: Page 2 must be uploaded to UPR Additional Info File Upload region in KAMIS.

Name: Maria Example Garcia Date of Birth: 5/2/1937 Registration Date: 10/01/2022

How would you rate your knowledge about healthy food and healthy eating?	Do you have difficulty with?	Difficulty	No Difficulty					
Very poor								
Below average	Meal Preparation		✓					
Average	Eating	✓						
Above average	Shopping for Food		✓					
Excellent	Transportation		✓					
	Walking, Mobility		✓					
What prevents you from attending the congregate meal site? (Beyond food quality, preference)								
Not confident about my smile/teeth								
Level of Agreement with the Following:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree			
Healthiness of food has little impact on my food choices.				✓				
It is important for me that my daily diet contains a lot of vitamins and minerals.			✓					
I always follow a healthy and balanced diet.		✓						
I do not avoid foods, even if they may raise my cholesterol.				✓				
I eat what I like, and I do not worry much about the healthiness of food.					✓			
Does anyone help you prepare food or bring food to you?	Yes	✓	No	How often do you leave home?				
				Never	Very Rarely	Occasionally	Frequently	Very Frequently
					✓			
If yes, who?	my son			If never or very rarely, why?				
Customer Comments:				Reviewer: Complete bottom section on Page 1 according to nutrition services eligibility.				
I am more comfortable with the option to pick up my meals				<input type="checkbox"/> Check if emergency/disaster situation				



Grab and Go Meals (GMEL)

2022

- Consumption of a meal by an eligible customer or other eligible participant in their place of residence, provided via pick-up, carry-out or drive-through.
- Note: grab and go meals consumed outside of the congregate setting that include an allowable socialization component should utilize the funding code OAA III C1.
- Refer to the Field Service Manual for additional information on the socialization component.

Introduction

2022

Purpose:

GMEL Rollout Guidance January 25, 2022

Task	Date
GMEL Tracking Begins	February 1, 2022
KDADS Checks AAA/Provider Progress (February Billing)	March 25, 2022
KDADS Assists as Needed	April
KDADS Checks AAA/Provider Progress (March Billing)	April 25, 2022
KDADS Assists as Needed	May
Send Doodle to Schedule Training	May 30, 2022
GMEL Training	TBD June
All Final Policies Posted	July 1, 2022
Full Implementation	July 31, 2022

Service Taxonomy

Activity Definition	Activity (Service) Code	KDADS Administered Funding Sources	Unit Definition
Congregate Meals: Meals provided to a qualified individual and consumed in a congregate or group setting with another person. See the nutrition policies for additional program requirements. Note: Choosing Healthy Appetizing Meal Plan Solutions for Seniors (CHAMPSS) program meals are considered CMELs.	CMEL	DISAST OAA III C1	1 meal
Congregate Meal – Illness Related Home Delivered: Provision of a home delivered meal to a congregate meal participant at their place of residence, due to a short-term illness or physical condition. Note: This code may be used for short-term grab and go meals (GMEL) due to medical reasons.	CMELH	DISAST OAA III C2	1 meal
Grab and Go Meals: Consumption of a meal by an eligible customer or other eligible participant in their place of residence, provided via pick-up, carry-out or drive-through. Note: grab and go meals consumed outside of the congregate setting that include an allowable socialization component should utilize the funding code OAA III C1. Refer to the Field Service Manual for additional information on the socialization component.	GMEL	DISAST OAA III C1 OAA III C2	1 meal
Home Delivered Meals: Provision of a meal to an eligible customer or other eligible participant, at the customer's place of residence.	HMEL	DISAST OAA III C2	1 meal

Provider Requirements

4.4.2 Grab and Go Nutrition Services Provider Requirements

A. The AAA must ensure that a grab and go nutrition provider meets the requirements of a congregate (4.2.2) or home-delivered (4.3.2) nutrition services provider.

B. AAAs must ensure nutrition services providers have written grab and go nutrition service policy approved by KDADS.

C. To prevent social isolation and loneliness, grab and go meal providers are strongly encouraged to facilitate programming that allows meal customers to eat their meal with another person (in-person or virtual), such as coordinating a buddy system or virtual congregate site via Zoom, FaceTime, GoToMeeting, etc. where people dine together. Please refer to the service taxonomy for additional guidance on this socialization component.

Eligibility Criteria

2022

A. Eligibility requirements for grab and go (GMEL) nutrition services:

1. Individual 60 years of age or older; **and**

a. Lacks the knowledge, skill or ability to prepare nourishing and well-balanced meals for themselves; **and**

o Is psychologically, emotionally or socially impaired and chooses not to receive meals in a congregate setting; **or**

o Lacks a formal or informal support system that is willing and able to provide needed nutrition services, or the support system needs to be temporarily or permanently supplemented.

2. Spouses of eligible GMEL customers.

B. In an emergency, grab and go meals may be provided to individuals aged 60 years and older. Written policy and procedure are required for provision of meals during an emergency.

Note: The eligibility criteria apply to the person consuming the meal

***** (OPTIONAL) PAGE 2 FOR GRAB AND GO MEAL ELIGIBILITY *****

PLEASE READ: Page 2 must be uploaded to UPR Additional Info File Upload region in KAMIS.

Name: _____ Date of Birth: _____ Registration Date: _____

How would you rate your knowledge about healthy food and healthy eating?		Do you have difficulty with?	Difficulty	No Difficulty			
Very poor							
Below average		Meal Preparation					
Average		Eating					
Above average		Shopping for Food					
Excellent		Transportation					
		Walking, Mobility					
What prevents you from attending the congregate meal site? (Beyond food quality, preference)							
Level of Agreement with the Following:		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
Healthiness of food has little impact on my food choices.							
It is important for me that my daily diet contains a lot of vitamins and minerals.							
I always follow a healthy and balanced diet.							
I do not avoid foods, even if they may raise my cholesterol.							
I eat what I like, and I do not worry much about the healthiness of food.							
Does anyone help you prepare food or bring food to you?	Yes		No	How often do you leave home?			
				Never	Very Rarely	Occasionally	Frequently
If yes, who?			If never or very rarely, why?				
Customer Comments:			Reviewer: Complete bottom section on Page 1 according to nutrition services eligibility.				
_____ _____ _____			<input type="checkbox"/> Check if emergency/disaster situation				



Eligibility Criteria

2022

a. Lacks the knowledge, skill or ability to prepare nourishing and well-balanced meals for themselves; **and**

How would you rate your knowledge about healthy food and healthy eating?		Do you have difficulty with?	Difficulty	No Difficulty
Very poor				
Below average		Meal Preparation		
Average		Eating		
Above average		Shopping for Food		
Excellent		Transportation		
		Walking, Mobility		

Skill/Ability

Level of Agreement with the Following:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Healthiness of food has little impact on my food choices.					
It is important for me that my daily diet contains a lot of vitamins and minerals.					
I always follow a healthy and balanced diet.					
I do not avoid foods, even if they may raise my cholesterol.					
I eat what I like, and I do not worry much about the healthiness of food.					

Attitude

Eligibility Criteria

2022

a. Lacks the knowledge, skill or ability to prepare nourishing and well-balanced meals for themselves; **and**

o Is psychologically, emotionally or socially impaired and chooses not to receive meals in a congregate setting; **or**

What prevents you from attending the congregate meal site? (Beyond food quality, preference)

How often do you leave home?				
Never	Very Rarely	Occasionally	Frequently	Very Frequently
If never or very rarely, why?				

Eligibility Criteria

2022

a. Lacks the knowledge, skill or ability to prepare nourishing and well-balanced meals for themselves; **and**

o Is psychologically, emotionally or socially impaired and chooses not to receive meals in a congregate setting; **or**

o Lacks a formal or informal support system that is willing and able to provide needed nutrition services, or the support system needs to be temporarily or permanently supplemented.

Does anyone help you prepare food or bring food to you?	Yes		No	
If yes, who?				

- A required component of meals funded under OAA Title III C1. Where is the meal consumed?
- Must be planned/intentional if GMEL
- GMEL policies must be approved by KDADS per FSM
- Additional opportunities to participate in activities offered at the congregate site, including nutrition education and health promotion
 - Improving physical and mental health! Preventing illness.

- OAA III C1 → CMEL, GMEL (Limited)
- OAA III C2 → HMEL, CMELH, GMEL

Assessment Requirements

2022

- UPR → CMEL (Pg 1 Only), GMEL (Pg 1-2), CMELH (Pg 1)
- AUI → HMEL, GMEL (UPR Preferred)
- UI → Should be used for HMEL if requesting other in-home services (duplication of AUI, UI for HMEL prohibited)

Reporting/Data Requirements

2022

- UPR Pg 1 – Data Entry
- UPR Pg 2 – Upload required at this time

Uniform Program Registration (UPR) - Version 4

Assessment Nbr: [REDACTED]



- AUAI – Data Entry
- OAA Manual Report – Follow instructions distributed at end of federal fiscal year.
- Area Plan Final Narrative (November) – May choose to provide annual update

Frequently Asked Questions

2022

- Why the change?
- How do we handle customers with occasional doctor's appointments requesting takeout meals?
- How should extra/second meals be counted?
- What is the maximum funding transfer between C1 and C2?
- Will the UPR Page 2 be added to KAMIS?
- The customer visits with the site staff when picking up the meal, can this be counted as C1?

Questions?



Thank you!