

USER GUIDE
Older American's Act
Intake forms

02AG049E
Revised 09-01-2017

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Introduction

The Older Americans Act (OAA) is not an entitlement program. The basic eligibility requirements to receive OAA services is to be a person 60 years of age or older. Please note not everyone 60 years old wants our services nor is the OAA designed to meet all the needs of everyone over 60. The Act is clear that we are to target specific groups of persons ages 60 and older. Outreach is the process of finding and offering services to those target groups. The OAA specifically identifies the target population. Please see the specific groups the Act places special emphasis on reaching:

- residing in rural areas;
- with greatest economic need;
- with greatest social need;
- with particular attention to low-income minority individuals;
- with severe disabilities;
- with limited English proficiency;
- with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- at risk for institutional placement

When we make connect with participants via Outreach services, we want a person centered approach. We want you to be familiar with all services available to help Oklahoma seniors so appropriate referrals to services, that best benefit the individuals, can be conducted. It is essential to have knowledge of non –Title III services as well as Title III services to access all necessary services available for older Oklahomans.

The forms (02AG049E dated 06/01/17) are required by Oklahoma DHS Aging Services to register a Title III participant and were developed to gather required National Aging Program Information System (NAPIS) data for completion of the Administration for Community Living's Older Americans Act State Program Report and are Adobe Live forms.

The information completed on these forms is entered into the Oklahoma Advanced Information Manager system (AIM) by the project's data entry staff. The data entry staff is required to input all the information you have collected from the intake/assessment forms to

ensure the information collected must be fully completed. **The data entry staff is required to turn back all forms that are incomplete.**

Outreach Process

The Outreach process integrates effective communication and knowledge of services. Outreach Services are for targeting the specific groups mentioned previously and connect them with services. As a person performing Outreach Services for Title III, you are often the first point of contact Oklahoma's Aging Network has with an individual. Many times you may have the first "face to face" contact. How well you connect with a person could affect whether or not they contact our network again. This is important because as the first point of contact, you will also be the first impression that individual has of our network.

We want to consider who is being assessed and who is present at their interview. You must have a face to face interview with the person you are assessing for possible services. Since they are the ultimate decision maker, they may invite others they might want to attend to their assessment interview. For example, if someone wants to have their adult children present or a caregiver present they can do so. But remember that we are doing person-centered planning. The interview must be addressed to the individual being assessed, and everyone needs to be aware that the individual being assessed will make their own decisions.

Completing the intake forms consist of gathering information and assisting people in making informed choices to determine the best services available to meet their needs. Conducting the assessment involves understanding the nature and extent of the person's current situation and understanding their feelings and preferences about the situation.

How well you perform the steps during the outreach process will help build working relationships with the people you are interviewing.

In building a quality working relationship with individuals will depend upon:

- How quickly you establish contact with them,
- How professionally you perform their assessment and how accurately you complete the form,
- How well you listen to their needs and clarify what you understand by providing a summary of what they tell you,
- How well you explain pertinent information and steps of particular referrals,
- How quickly and effectively you perform follow up.

Performing all of these steps, along with how well you listen to and treat people are the components of excellent customer service. REMEMBER, your role is critical to establishing a trusting relationship between our customers, who are the people we serve, and Oklahoma's Aging Network.

At the end of your face to face interview with the person you are assessing, you will summarize the information and resources you discussed. Make sure to double check all questions for answers before leaving the participant's residence. If back at the office and it has been determined a question has not been answered, please review with supervisor for direction on how to resolve obtaining the necessary information. If additional information is obtained over the phone, the call must be documented within the notes section of AIM to identify what questions were answered over the phone. An incomplete form will mean extra work for in the long run.

The outreach process is not complete until you find out if the chosen alternative or referral met the initial need. This is an ongoing process. Follow up with the individual to see if services were received, if they were not received, and if the individual is still interested in the service. If they are still interested in receiving the services, you can look for other alternatives and options.

The Importance of Documentation

If the information obtained during an assessment is not recorded, it's as if the assessment never happened. The information collected might be shared with other programs and agencies if referrals occur for other services.

Please complete the forms as completely and accurately as possible. If any blanks occur explanations will need to be noted on the form as well as within AIM Notes Section.

Remember, the forms completed may be used in a number of ways.

- The funding agencies are required as part of their assessment to review a percentage of assessments each time they come out to a site for assessments. They may also review them to assess program spending.
- Review for quality assurance and job performance evaluations by supervisors.
- Government regulators may use them to judge compliance with laws.
- Individuals may want forms for personal records.
- Hearing officers or lawyers may subpoena them for legal actions.

To properly assess someone for Older Americans Act Services, you need to understand the Older Americans Act intake forms and why we collect the information on it. We will discuss this later in the training.

Document, Document, Document!

Quick Guide for each Form packet

Intake/ Non In-homes Registration Forms – 2 Pages

- For Title III participants their packet includes:
 - Title III Program Registration / Intake Form (Page 1)
 - Program Use (Page 2)
- Services to be completed with this form:
 - Assisted Transportation
 - Transportation
 - Health Promotion
 - Information & Assistance (I&A)
 - Legal Assistance
 - Education / Training

In-Home Forms – 5 pages

- For In-home participants their packet includes:
 - Title III Program Registration / Intake Form (Page 1)
 - ADLs and IADLs scoring instructions (Page 2)
 - Nutrition Screening Checklist (Page 3)
 - Release of Information and Signatures (Page 4)
 - Program Use (Page 5)
- Services to be completed with this form:
 - Chore
 - Homemaker
 - Home Delivered Meals
 - Home Repair
 - Caregiver/Grandparents Services

Congregate Forms – 4 Pages

- For Congregate participants their packet includes:
 - Title III Program Registration / Intake Form (Page 1)
 - Nutrition Screening Checklist (Page 2)
 - Release of Information and Signatures (Page 3)
 - Program Use (Page 4)
- Services to be completed with this form:

- Congregate Meals
- Nutrition Counseling
- Nutrition Education

All Area Agencies on Aging will receive a packet of the new forms provided by DHS Aging Services and can be accessed by at DHS forms site

<http://www.okdhs.org/OKDHS%20Form%20Library/02AG049E.pdf>

These are Adobe Live forms and may be reproduced for your use. Please note if utilizing electronic forms to complete, information will transfer from intake form to remaining forms if it is requesting duplicate information for those services. These forms have the ability to autofill names and calculate scores.

Note:

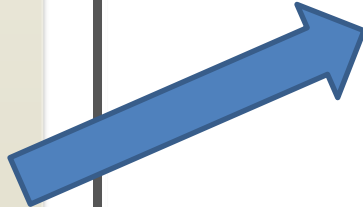
All AIM data is to be entered in standard sentence case using a capital for the first letter of the first and last name (e.g., Donald Duck). [Refer to page 107 in AIM Manual Rev. 07/2014.] Data entered in ALL CAPS or all lowercase will create a duplicate record and cause reporting errors. Be sure to conduct a thorough search for client names already in the database. [See User's Guide page 35, or refers to Searching the State Database, instructions on page 23 in AIM Manual Rev. 07/2014.]

When you open the document it will be blank.

The user must select their choice of forms by checking the box.

Once selection has been made, the document will be generated as shown by the screenshot.

Specific instructions were removed from the assessment forms and put into this User's Guide. It was created to provide guidance and clarification in completion of the forms.



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**SERVICE
DESCRIPTIONS
FOR
02AG049E
FORMS**

Intake / Non In-Home Services

The **Title III Program Registration – Intake (02AG049E)** which must be completed for anyone requesting Title III services. The INTAKE/ Non In-home forms must be completed for the following services:

- OTHER NON IN-HOME SERVICES, including assisted transportation, transportation, legal assistance, information & assistance, outreach, education/training, health promotion, and coordination of services (see Service Categories, User's Guide Page 15) must use the same Intake /NON IN-HOME FORMS

The intake forms may be completed by any Title III staff or service provider, the congregate nutrition client or site manager, and/or the Outreach Worker.

- For Title III participants their packet includes:
 - Title III Program Registration / Intake Form (Page 1)
 - Program Use (Page 2)

CHANGES IN CLIENT CONDITION WITHIN 12 MONTHS: Project staff should remind all participants during program registration / intake that any changes which occur prior to the 12 month anniversary date should be reported and a new **INTAKE** is completed by project staff and forwarded to the Project office. Project data entry staff should note in the AIM database any changes occurring within the 12 month period. Documentation should be kept at the service site and a copy provided to the project office for data entry, subject to AAA or project policy and procedures.

In-Home Services

SERVICES DELIVERED IN THE HOME: For those individuals requesting or in need of in-home services, the In- Home Services packet must be completed with correct Scores identified clearly.

IN-HOME PARTICIPANTS, including homemaker, chore, home-delivered meals, home repair and respite care for care receivers (see Service Categories, User's Guide Page 15) must have the following:

- For In-home participants their packet includes:
 - Title III Program Registration / Intake Form (Page 1)
 - ADLs and IADLs scoring instructions (Page 2)
 - Nutrition Screening Checklist (Page 3)
 - Release of Information and Signatures (Page 4)
 - Program Use (Page 5)

For In-Home participants, an annual Title III In-Home services packet for in-home services is required to be completed every twelve (12) months. The annual assessment information is to be updated timely in AIM.

NOTE: In order for the In-Home Assessment to be completed annually instead of every 6 months, an Internal Red Flag Procedure (see User's Guide page 35), approved by the AAA, **MUST BE** on file at Aging Services. Notification of the updated assessment and any new referrals to Title III programs should be sent to the respective service provider via AIM using the AIM referral instructions (see User's Guide page 37).

Congregate Services

- CONGREGATE PARTICIPANTS, including congregate meal services, nutrition counseling services, and nutrition education services (see Service Categories, User's Guide Page 15)
 - For Congregate participants their packet includes:
 - Title III Program Registration / Intake Form (Page 1)
 - Nutrition Screening Checklist (Page 2)
 - Release of Information and Signatures (Page 3)
 - Program Use (Page 4)
- An update of the information for all Title III services is required on an annual basis (at least once every 12 months).

Service Categories for Non In-Home and In-Home Services

Oklahoma recognizes 23 different service categories funded by the Older Americans Act. These 23 services can be further characterized as Non In-Home services, In-Home services, and National Family Caregiver services.

Non-In-Home Services	In-Home Services
Assisted Transportation	Chore
Congregate Meals	Homemaker
Coordination of Services	Home Delivered Meals
Education/Training	Home Repair
Health Promotion	
Information & Assistance	National Family Caregiver Services
Legal Assistance	Access Assistance
Nutrition Counseling	Counseling/Support Groups/Caregiver Training
Nutrition Education	Information about Services
Outreach	Supplemental Services
Transportation	^Respite Care
Adult Day Care/ Health*	
Advocacy/Representation*	
Case Management *	
Personal Care*	

*These services are not funded in Oklahoma.

^In-home assessment required for Care Receivers

Refer to OAC 340:105-10-51(a)(11)(A)(i) and (ii). General Title III service standards

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**HOW TO
COMPLETE
THE
02AG049E
FORMS**

How to complete Program Registration Intake Form

Please note the * denotes required information

1. Service Site

Enter where participant will receive services in the blank

2. Date

Enter the current date

3. Participant has ADvantage services

Inquiry to the participant if they are receiving Advantage services

4. Eligibility Category *

Check all that apply to the participant

- Special Eligibility (Refer to OAC 340:105-10-69):
 - Persons who are 60 years of age or older and their spouses of any age can attend congregate meals.
 - Persons with a disability, under 60, who live with a person over 60, sometimes can attend congregate meals. The person with a disability can attend only if caring for that person would prevent the older person from attending the meal. Also, if the person with a disability attends, that cannot prevent the older person and spouse from joining in. The person with a disability must go with the older person to the site.
 - Persons with a disability, under 60, who reside with an older person where congregate are served, may also attend if the person with a disability does not pose a threat to the older person. Also, if the person with a disability attends, that cannot prevent the older person and spouse from joining in.

5. Reassessment check box

Check this box when reassessments are conducted.

6. AIM ID

If client has an existing record in AIM, enter the AIM ID (from AIM)

Note: The AIM ID is generated by AIM when a new client record is entered. It is made up of the alphabetical character that matches the PSA # followed by a series of numbers. This field should be left blank by the initial interviewer and should be input by the AIM Operator. [NOTE: The AIM ID should be determined at time of AIM data entry, AFTER a client search has been done using the 'Insert' button in AIM, since the client may already exist in the database with a different AIM ID.]

7. Income Below Poverty *

Check appropriate box. Review current Poverty Income Guidelines if necessary

TITLE III PROGRAM REGISTRATION / INTAKE FORM – Continued

Please note the * denotes required information

8. Lives in Rural Area *

Check the appropriate box (Refer to OAC [340:105-10-3](#))

- "Urban counties" means urban areas as defined by AoA. Counties in Oklahoma considered urban are:
 - Canadian; Cleveland; Comanche; Creek; Garfield; Logan; McClain; Oklahoma; Osage; Pottawatomie; Rogers; Sequoyah; Tulsa; and Wagoner. All other counties are "Rural".

9. Participant name (Last, First, middle) *

Enter the participant's full name.

- Please confirm the spelling even if it seems to be a common name. Middle Initial is needed to assist with separating between two possible duplicate AIM records.
- Enter Nickname, if applicable within NOTES Section of AIM
Note: Indicate nickname, e.g., Patty is short for Patricia, or leave out if not applicable.

10. Date of Birth (DOB) *

Enter potential participant's DOB by month, day and year (e.g., xx/xx/xxxx).

Note: Per policy 340:105-51(a)(2) Project services are provided to persons 60 years of age and older unless otherwise allowed for in the eligibility requirements of a specific service.

11. Age *

Enter the age of the participant. If no age or an inaccurate age is identified then services are unable to begin as this is the minimum eligibility requirement for OAA services.

12. Gender

Check appropriate box

13. Residential Address

Enter the participant's 911 residence address and Directions to the Home can be added into the comment section.

14. Mailing Address

Enter the participant's mailing address if different from the Residential Address

15. City

Enter the participant's city of residence

16. State

Enter the participant's state of residence

TITLE III PROGRAM REGISTRATION / INTAKE FORM – Continued

Please note the * denotes required information

17. Zip Code

Enter the participant's zip code

18. County

Enter the participant's county of residence

19. Home Phone

Enter participant's home phone number including area code; if client uses a cell phone and has no home phone, enter N/A

20. Cell Phone

Enter participant's cell phone number including area code

21. Veteran Status

Check the appropriate box, whether the client is a veteran OR spouse of a veteran

- *Note: If answer to question is Yes then a good follow-up question should be if they receive benefits or if they've already checked into it and don't qualify? Determine if the participant served during peace or war time. Please document within Note Section within AIM for follow-up answers.*

22. Emergency Contact Name and Relationship

Enter the name of the emergency contact person for the participant and the relationship contact has to client (e.g., son, friend, neighbor, etc.)

23. Emergency Contact Phone

Enter the phone number of the client's emergency contact person

24. Race *

Check all that apply; if Other, please specify

25. Ethnicity *

Check appropriate box

26. Primary Language

Check appropriate box

27. Marital Status

Check appropriate box (*Single = never married*)

TITLE III PROGRAM REGISTRATION / INTAKE FORM – Continued

Please note the * denotes required information

28. Spouse or Partner's Name

Enter the name and confirm spelling

- *Note: If caregiver needs services then a stand-alone assessment needs to be completed on them in addition to the care recipient.*
- *Note: If no assessment is needed then Spouse's name is asked but gender, DOB, whether or not they can be contacted along with contact info is documented in the comments section and entered into Notes Section with AIM.*

29. Lives In

Check appropriate box

30. Housing

Check appropriate box; if Other, please specify

31. Lives With *

Check appropriate box, all that apply; Enter the number of children under 18 (U18) or older than 18 (18+) with disability. *If Child/ren U18 or 18+ with disability, make referral to Caregiver Program*

- List names if children are in the house

32. Number (#) in Household

Enter the number of people currently living in the household, regardless of relationship to participant



Title III Program Registration



Select registration form type: [x] Intake/non in-home services [] Congregate
[] In-home services [] Notes [] Referral
Service site: _____ Date: _____ [] Participant has ADvantage

Participant Information Reassessment []

Eligibility category, check all that apply: AIM ID# _____
[] 60 years of age and older [] Spouse [] Volunteer
[] Under 60 years of age with a disability [] Caregiver: Relation: _____
[] Senior Raising Children [] Care recipient
[] Care recipient under 18 years of age

Income below poverty level? [] Yes [] No Lives in rural area? [] Yes [] No

Participant name (last, first, middle) _____ Date of birth _____ Age _____ Gender:
[] Female [] Male

Street address _____ Mailing address _____

City _____ State OK ZIP code _____ County _____

Home phone _____ Cell phone _____ Veteran? [] Yes [] No Veteran's spouse? [] Yes [] No

Emergency contact name and relationship _____ Emergency contact phone number _____

Race, check all that apply: [] American Indian/Alaska Native [] Asian
[] Black or African American [] Native Hawaiian/Other Pacific Islander [] White

Ethnicity: Hispanic or Latino? [] Yes [] No Primary Language: [] English [] Other: _____

Marital status: [] Single [] Married [] Separated [] Widowed [] Divorced

Spouse or partner's name: _____

Lives in: [] House [] Apartment [] Senior housing [] Other: _____

Housing: [] Own [] Rent [] Other: _____

Lives: [] Alone [] With spouse

[] Spouse/child *U18 [] Spouse/child *18+ with a disability

[] Child(ren) *U18 [] Relative child(ren) *18+ with a disability

[] Other: _____

*U18 (Under 18 years of age) & 18+ w/disability - Refer to Caregiver Program

Number in household: _____

Activities of Daily Living (ADL) & Instrumental Activities of Daily Living (IADL) Assessments

The Administration for Community Living (ACL, formerly AoA) requires a more detailed client profile for a number of services including home-delivered meals. The detailed client profile requires collection of data for activities of daily living (ADL's) and instrumental activities of daily living (IADL's) per policy 340-105-51.

Scoring is as follows:

- 0 = **Independent**: Participant needs no assistance to perform **any part** of activity.
- 2 = **Requires assistance or Supervision**: Participant needs assistance of another person, reminders or supervision during **part** of activity.
- 3 = **Total dependence**: Participant cannot complete activity without total assistance of another person.

All questions must be answered. The total Count and Scores are at the bottom of each section.

- Please record the **Total ADL Count and Total ADL Score** (questions 1-6) in the appropriate blanks.
- Record the **Total IADL Count and Total IADL Score** (questions 1-8) in the appropriate blank.
- ***The Total ADL or Total IADL Count is the number of questions that have been checked. This is different from the total score. The total ADL or IADL count cannot exceed the number of questions in that section. Refer to OAC 340:105-10-90.1(c)(30)(iv)***

Determine the participant's actual ability to do the activities. Sometimes caregivers assist the participant with an item regardless of the person's ability. Ask enough questions to be sure you know what the consumer can or cannot do. The next page will identify a few follow-up or clarifying questions to assist in gathering all the necessary information.

Activities of Daily Living (ADL)

Considering all episodes, how do you rate your ability to:	Independent	Requires assistance or supervision	Total dependence
1. Dress yourself? a. Includes getting out of clothes, putting them on, fastening them, and putting on shoes.	(0)	(2)	(3)
2. Bathe, such as shower, full tub, or sponge bath, excluding washing your back or hair?	(0)	(2)	(3)
3. Eat or feed yourself?	(0)	(2)	(3)
4. Transfer, such as from bed to a chair or wheelchair to the toilet?	(0)	(2)	(3)
1. Use toilet facilities? a. How well can you manage the toilet? Independence includes adjusting clothing, getting to and on/off the toilet, and keeping yourself clean and dry . If no accidents occur and person manages it alone, count as No assistance. If reminders are needed, count as Some assistance/supervision.	(0)	(2)	(3)
6. Walk in your home?	(0)	(2)	(3)

Instrumental Activities of Daily Living (IADL)

Considering all episodes, how do you rate your ability to:	Independent	Requires assistance or supervision	Total dependence
1. Manage your own transportation needs? a. Arranging and using local transportation, or driving to places beyond walking distance, to get to places you need to go. b. Do you have difficulty using transportation due to health/disability? If yes, explain	(0)	(2)	(3)
2. Prepare your own meals?	(0)	(2)	(3)
3. Do light housework?	(0)	(2)	(3)
4. Shop for yourself?	(0)	(2)	(3)
5. Manage your own medications?	(0)	(2)	(3)
6. Manage your own money?	(0)	(2)	(3)
7. Use the telephone?	(0)	(2)	(3)
8. Do heavy housework?	(0)	(2)	(3)

NUTRITION SCREENING CHECKLIST

(This page can be copied to give client if desired.)

Why is this Nutrition Screening Checklist information so important?

The Nutrition Screening Initiative was implemented in 1991 to identify individuals who are at nutritional risk and to make appropriate referrals before their health has deteriorated to the point that they must be medicated, hospitalized, or institutionalized.

This checklist uses the questions to help identify non-institutionalized older persons at risk for low nutrient intake and subsequent health problems. We know that many states require any participants screened at high nutritional risk undergo further screening or assessment to ascertain the cause, depth and actions necessary to improve the individual's nutritional status. However, it is **estimated 1 out of every 2 older adults are at risk for malnutrition.**

The definition for malnutrition or malnourishment is a condition that results from eating a diet in which nutrients are either not enough or are too much such that the diet causes health problems. It may involve calories, protein, carbohydrates, vitamins or minerals.

Importance of good nutrition for older adults

Poor nutrition increases your risk for serious health problems. For those living with chronic illnesses, it can result in the loss of muscle and other tissue, which can:

- Make it harder to recover from surgery and disease
- Make it more difficult to heal wounds
- Increase risk for infection
- Increase risk for falls
- Decrease strength needed to take care of yourself

When these things occur, it can lead to readmission back to the hospital or longer stays in the hospital or rehabilitation facility.

On the next page, we have the initial questions with follow-up questions under them to assist with further clarification on the questions.

How to complete the Nutrition Screening Checklist

The Nutrition Screening Checklist can be self-administered or conducted by staff that interacts with the client. Add the total score for questions 1 – 10 from the Nutrition Screening Checklist. See points for a “Yes” score below:

Nutrition Screening Checklist Question	Yes	Score
1. Have you made any changes in lifelong eating habits because of health problems? a. What health problems are occurring? b. How does this affect your diet or ability to eat?		2
2. Do you eat less than 2 meals per day? a. How many meals per day b. How many snacks per day? c. If under two, what is the problem?		3
3. Do you eat fewer than two servings of fruits, vegetables or milk products daily? a. If so, which ones?		2
4. Do you have three or more drinks of beer, liquor or wine almost every day?		2
5. Do you have tooth or mouth problems that make it hard to eat? a. What type of problems are you experiencing? b. How do you modify your diet to accommodate this?		2
6. Are there times when you don't have enough money to buy the food you need? a. How often can you not afford groceries? b. What limits you to afford groceries?		4
7. Do you eat alone most of the time? a. Do you prefer to eat alone? What about congregate settings? b. Eat fast food? Interested in cooking? Interested in shopping?		1
8. Do you take three or more different prescribed or over-the-counter drugs per day? a. Which ones: Over the counter (OTC) or prescribed? What are they used for?		1
9. Without wanting to, have you lost or gained ten pounds in the past six months? a. Which one: lost/gained? b. Do you know why this happened?		2
10. Are there times when you are not physically able to shop, cook, or feed yourself? a. Which one: shop/feed/cook? Why? a. Who provides the services for you?		2

NUTRITION SCREENING CHECKLIST– Continued

All questions must be answered. Scoring results of the Checklist are as follows:

- 0 – 2:** **Good.** Encourage participant to recheck their nutritional score in 6 months.

- 3 - 5:** **Moderate nutritional risk.** Encourage participant to improve eating habits and lifestyle and to recheck nutritional score in 3 months.

- 6 or more:** **High nutritional risk.** Refer participant to their physician and encourage them to bring this paperwork for discussion or a licensed registered dietitian to discuss nutritional concerns and ways to improve their nutritional health.

If the Total Nutrition Score is 6 or more, the participant is to be referred to the Registered Dietitian (RD) for nutrition counseling.

Questions 11, 12, 13, & 14: no points counted toward Total Nutrition Score but the participant’s answer and/or situation could prompt additional questions or specific referrals.

11. Do you have a chronic (ongoing) medical condition?	Yes	No
If yes, list:		
12. Is it difficult to cover the cost of your medications each month?	Yes	No
13. Have you been released from the hospital or long term care (LTC) facility in the last ten days?	Yes	No
14. During the last two weeks, have you often been bothered by		
a. Having little interest or pleasure in doing things?	Yes**	No
b. Feeling down, sad, or hopeless?	Yes**	No

**Question 14 may require a referral to a local Mental Health (MH) provider depending on participant’s current situation. Refer to OAC policy or Title III program policy for directions.

NUTRITION SCREENING CHECKLIST– Continued

THIS SECTION ONLY APPLIES TO IN-HOME SERVICES PACKET

At the bottom of the page please enter the Total of the **Combined** Nutrition Screening, ADLs, and IADLs **scores** in the **TOTAL NUTRITION SCREEN/ADL/IADL** blank on page.

The total of this score indicates the Risk Category to be marked from

0-9 Low Risk

10-17 Moderate Risk

18+ High Risk

This score can assist to make appropriate referrals before the participant's health has deteriorated to the point that they must be medicated, hospitalized, or institutionalized. In the event of waiting list this score can also be used in prioritizing needs.

How to complete the Program Use (Only on In-Home Services Packet)

1. Ability to prepare frozen meals

Check appropriate box

2. Freezer space to store frozen meals

Check appropriate box

3. Homebound Meal Eligibility

(Nutrition only) determine if the assistance of another person is needed for the client to leave their home. If assistance is needed to leave the home, check the Yes box and any others that apply. If assistance is **not needed** check "*Client is not homebound.*" Check "Spouse of an HDM recipient (per AAA criteria)" if that applies as a special eligibility category. Refer to OKDHS OAC 340:105-10-83 Home delivered meals service eligibility.

4. Provided Advantage 1-800-435-4711. Indicate "yes" by checking the box provided if the participant was given the toll free number to the ADvantage program.

- a. Consumers receiving a Title III assessment to apply for an in-home service shall be advised about the ADvantage program and encouraged to contact ADvantage, if interested. The ADvantage phone number, 1-800-435-4711, will be provided to the consumer during the Title III assessment. In the interim, while an ADvantage application is pending, an eligible consumer may receive Title III funded services. When a consumer is approved for the ADvantage program, Title III funding for services will be discontinued and ADvantage funding will begin.

THIS SECTION ONLY APPLIES TO IN-HOME SERVICES PACKET

Name: _____ AIM ID#: _____

Nutrition Screening Checklist (NSC)

1. Have you made any changes in lifelong eating habits because of health problems?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)
2. Do you eat less than 2 meals per day?	<input type="checkbox"/> Yes (3) <input type="checkbox"/> No (0)
3. Do you eat fewer than two servings of fruits, vegetables or milk products daily?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)
4. Do you have three or more drinks of beer, liquor or wine almost every day?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)
5. Do you have tooth or mouth problems that make it hard to eat?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)
6. Are there times when you don't have enough money to buy the food you need?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> No (0)
7. Do you eat alone most of the time?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
8. Do you take three or more different prescribed or over-the-counter drugs per day?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
9. Without wanting to, have you lost or gained ten pounds in the past six months?	<input type="checkbox"/> Yes, +10 (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes, -10 (2)
10. Are there times when you are not physically able to shop, cook, or feed yourself?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)

Total Nutrition Score (Q.1-10): _____

**Refer to registered dietitian/nutritionist for nutrition counseling if Total Nutrition Score is six or more.*

11. Do you have a chronic (ongoing) medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____	
12. Is it difficult to cover the cost of your medications each month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you been released from the hospital or long term care (LTC) facility in the last ten days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. During the last two weeks, have you often been bothered by	
a. Having little interest or pleasure in doing things?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
b. Feeling down, sad, or hopeless?	<input type="checkbox"/> Yes** <input type="checkbox"/> No

**See Nutrition Screening checklist section within User's Guide

Total NSC/ADL/IADL score: _____ 0-9 Low 10-17 Moderate 18+ High

Program Use Only

- Ability to prepare frozen meals? Yes No
- Freezer space to store frozen meals? Yes No

Homebound meal eligibility, check all that apply:

- Is the assistance of another person required to leave the home? Yes, homebound No
- Limited physical mobility
 - Emotional/psychological impairments that may prohibit participation at a congregate site
 - Spouse of a home delivered meal (HDM) recipient, per AAA criteria
 - Disabled under 60 years of age, living with a HDM recipient, per AAA criteria
 - Provided ADvantage 1-800-435-4711

How to complete Release of Information and Signatures

Please note the * denotes required information

Information Use – Read to Participant; Required information to be given to each participant

When needs are identified or requested by the consumer or participant, and the interviewer or project office prefers to use a separate form for referral or if more space is needed to record additional referrals than what is provided on the REFERRAL form can be completed and sent to the agency or agencies who may address the consumer's/participant's needs.

1. Enter the client/consumer's name

2. AIM ID.

3. Agency Name

Enter interviewer's agency—this could be a service site manager or outreach project.

- a. The client/consumer must initial and date on each line indicated to show their acceptance of the referral(s). Otherwise, the client/consumer writes in "Declined" under Client Initials.

4. Identified Needs and Requested Referrals

Check all that apply; if Other, please specify. *Other is ANY RESOURCE other than those listed. Refer to Resource Directory or other sources.* The Interviewer should check the appropriate boxes for needs identified or requested by the participant. Appropriate referrals to available services should be made as soon as possible by the Interviewer on behalf of the participant.

- a. Interviewer can inquiry as to which services do you currently have? Home Health, Hospice, Advantage; VA (service connected), DDS, Other. These items if stated can be added to the "Other ".

5. OAA Title III suggested donation explained to consumer. * Refer to OAC policy or Title III program policy for explanation of donation policy.

6. BE SURE THE PARTICIPANT SIGNS THE FORM. *

- a. NOTE: An ADvantage meal is not eligible for reimbursement by the Nutrition Services Incentive Program (NSIP). * I understand I cannot receive both ADvantage waiver meals and Home delivered meals/Congregate meals.
- b. **AS A COPY TO CLIENT/CONSUMER—** the referral tab can be used to provide a copy to the client/consumer of the referrals made on their behalf. The interviewer should copy all referrals from this page onto the separate Referral Form, explain the referral information to the client/consumer and have them initial and date on each line, or indicate "Declined" if they do not want the referral made.

Name: _____

AIM ID#: _____

Consent for Release of Information and Referral

Information Use - Read to Participant

The information provided on this form is for program intake and registration purposes. It is used to help identify additional services to benefit you, the participant and to create statistical reports. This information is not released to anyone other than the referenced parties in a way that identifies you unless a separate consent to release information is signed.

Name: _____ AIM ID: _____

I authorize _____ to release information contained herein to the following:
agency name

Provider agency or individual	Phone number	Services	Client initials

Identified Needs and Requested Referrals

- Caregiver services Chore services Congregate meals
- Evidence Based Health Promotion Home-delivered meals
- Homemaker services Legal assistance Outreach
- Registered dietician (RD) Transportation
- Other: _____

Signature

- I understand that my signature is applicable to all addendums necessary to complete this assessment. I understand that my information will only be released to other service agencies for the purpose of assisting me in obtaining their services and benefits for which I may be eligible.
- DHS Aging Services makes no distinction on the grounds of race, sex, religion, or national origin in the provision of services in accordance with the Civil Rights Act of 1964 and its amendments.
- This grant of authority shall last to the next review.
- I understand I cannot receive both ADvantage waiver meals and Home delivered meals/ Congregate meals.
- The interviewer explained the Older Americans Act Title III suggested donation. Yes No

Participant or legal representative signature _____ Date _____

How to complete Program Use Only

1. Interviewer & Interviewer Title

Enter name of person completing form

2. Interviewer Agency & Phone

Enter interviewer's agency and phone number

3. Receiving Agency & Phone

Enter the name of the agency receiving the form

4. AIM Data Entry By

Enter the name or initials of the AIM data entry person

5. Date Entered

Enter the date the information was entered into AIM

6. Service Start Date

Enter the date the service will start to the client (entered by project or by service site; whether to use is determined by Project Director)

7. Referral Sent to R.D.

Check Yes if Total Nutrition Score is 6 or above.

8. Date Sent

Enter the date the referral was made to the R.D.

9. Comments

Enter vital client data that may be useful or important, areas of need that client has, or expound on other areas (e.g., Special Instructions: medical information, slow to door, needs information for food stamps, need utility bill assistance, etc.). If client uses a Nickname, enter it here. If none, enter N/A or "none".

- a. If additional space is needed to enter Comments, enter into Notes tab. On the **Notes** page, enter the identifying information for the client and enter notes, by section and question number as appropriate. Please number additional pages as appropriate, i.e., 1 of 1, 1 of 2, etc.

10. Interviewer Signature and Date

Name: _____ AIM ID#: _____

Program Use Only

Interviewer name _____ Interviewer title _____

Agency name _____ Phone number _____

Receiving agency _____ Phone number _____ Fax phone number _____

AIM data entered by _____ Date entered _____ Service start date _____

Referral sent to registered dietician? Yes No Date sent: _____

Comments

Large dotted area for entering comments.

Signature

Interviewer signature _____ Date _____

REFERRAL FORM

Optional Form

This is a separate referral form for the project office or program staff use including but not limited to the following examples:

Nutrition → Outreach Outreach → Nutrition
Nutrition → Other Provider Outreach → Other Provider
Other Provider → Outreach

When needs are identified or requested by the consumer or participant, and the interviewer or project office prefers to use a separate form for referral or if more space is needed to record additional referrals, the REFERRAL form can be completed and sent to the agency or agencies who may address the consumer's/participant's needs.

AS A COPY TO CLIENT/CONSUMER-- This form can also be used to provide a copy to the client/consumer of the referrals made on their behalf. The interviewer should copy all referral information from Release of Information and Signature Page onto the separate Referral Form, explain the referral information to the client/consumer and have them initial and date on each line, or indicate "Declined" if they do not want the referral made. All check boxes should be completed as appropriate.

The completed form will be left with the client/consumer for their reference.

This form is not required if referrals are made from the Consent for Release of Information and signature page which is within each intake packet; however, if it is used to make any or all referrals, all blanks should be completed as appropriate.

The completed form will be used by the interviewer's agency to make referrals to other providers as indicated and approved on behalf of the client/consumer.

INTERNAL RED FLAG PROCEDURE – MINIMUM CRITERIA

In order for the In-Home Assessment to be completed annually instead of every six (6) months, a procedure must be implemented for ensuring the well-being of seniors receiving in-home services. The following minimum criteria must be met when developing an **INTERNAL** agency process to document the procedure to be followed if a homebound participant does not answer the door when services are attempted. Forms to be implemented must be approved by the AAA, and the internal procedure **MUST BE** on file with Aging Services.

1. Identify timeframes of delivery (Hot/Frozen) and the necessary timeframe requirements for notification. [Recommend no longer than 72 hours]
 - a. Identify who needs to be notified at the project level and/or AAA level
 - b. If weekly deliveries occur, notification must occur the same day as missed meal
2. Document efforts in the attempts to locate / notify recipients to include timeframes.
3. Identify timeframes when the emergency contacts will be notified.
 - a. Identify where those emergency contacts can be located (i.e., client record, intake assessment, etc.)
4. Identify if any law enforcement will be notified
5. No signature is required by Aging Services but can be required by either the AAA or project

PROCESSING AIM INFORMATION

- **Entering Referrals in AIM**
- **Notification from Outreach to Service Providers of Assessment Completion**
- **Project Daily Responsibilities**

PROCESSING AIM INTAKE INFORMATION

Once the Title III Registration / Intake Form – has been completed, the agency providing the referral to Outreach should input the information from the Registration / Intake form into the AIM database as soon as possible, preferably within twenty-four (24) hours. Once the information has been input into AIM, the entering agency then makes a referral to the Outreach provider through AIM. For Title III participants, services can begin as soon as approved by the Project Director or Site Manager as applicable (per project policy).

To make a referral in AIM (after client registration information has been entered):

1. Pull up the client that you want to refer using Client Search. (**Note: these procedures below are the same for ANY Client Search in AIM.**)
 - Open Aim
 - Click Screens, Click Client, Click Client Info -- You are looking at the Client Quick Find Screen
 - Ensure that the Active Clients Only box is Unchecked
 - In the Search field enter the Last Name then a comma then the First Name (No Spaces) (Example: Last, First)
 - If there is more than one on the list with that name use the birth date to confirm
 - If there is more than one with the same birth date you will have to open the records one a time to look at gender, address and phone until you find the correct client (**NOTE:** if you are in a client screen and need to open a different one, use the Quick Find button in the tool bar instead of clicking Screens)
 - If the person you are looking for is not on the Quick Find list, open any client screen
 - Click the Insert Button in the tool bar
 - Ensure that the only boxes checked are Last Name and First Name
 - In the Search field at the top, enter the first name, a space, and the last name (example: First Last)
 - Click the Search button
 - If a list appears below, use the available information to find the person you are looking for
 - Click the name to high-light it
 - At the bottom of the screen click the Make Owner button
 - At the Ownership Granted message Click OK
 - Click Options then Click Update Quick Find
 - If after you click the Search button, no names are listed, double check the spelling.
 - When you are sure you searched correctly with no names listed, click the Generate button to receive a blank client screen and enter all client information
2. Click the referral button in AIM.
3. Click 'Yes', so you can add the referral.
4. Scroll down the provider list and click on the name of the agency to which you are sending the referral.
5. Click on the service for which you are making the referral. For initial registration, click on Outreach.
6. (The referral date will auto populate.) Click on the drop down box beside 'Disposition'; type in, or choose from the drop down box, the service for which the client is being referred. For example, HDM for home delivered meals, CON for congregate meals, etc.
7. Click on the Provider Order drop down arrow and select "Sorted".
8. Notes – in this section, you can add any pertinent information that the Outreach Worker may need to know. Example: directions to home, family member needs to be present, any other non-Title III related information such as need information for food stamps, etc.
9. Click Save & Click Close (sends the referral to the Outreach provider)

Outreach Provider

The receiving Outreach agency then has seven (7) days to complete the assessment portion, return a copy of the completed assessment to the referring Project, and to update AIM by entering the assessment information. Once the Outreach Provider has entered the assessment information into AIM, the Outreach Provider must send notification to the Title III Provider(s) listed as referral(s) for the client that the assessment has been entered into AIM.

The Outreach Provider has the responsibility to develop a written procedure to track all non-Title III referrals.

The Outreach Provider also has the responsibility of documenting in AIM the follow-up on all Title III and non-Title III referrals. A written procedure should be developed and added to the AIM procedures in Outreach Project's procedure manual.

To send notification from Outreach to Service Providers via AIM confirming assessment completed:

1. Pull up the client whose assessment has been completed. (See procedure on page 35 for Client Search)
2. Click the referral button in AIM. Referral screen opens automatically.
3. Scroll down the list and click on the name of the agency (ies) to which you are confirming assessment is completed.
4. Click on the service for which you are making the referral.
5. (The referral date will auto populate.) Click on the drop down box beside 'Disposition'; choose or type in 'verified for (service name here).' Service name could be HDM for home delivered meal, CON for congregate, TRP for transportation, etc.
6. Notes – in this section, you can add any pertinent information to the service providers. Hard of hearing, gate code, etc.
7. Click Save
8. Click Close

PROJECT DAILY RESPONSIBILITY: In order to see that your agency has received notification of an assessment or that your agency has received a referral you must run the **OKC126 Report in AIM every day. This applies to ANY Title III project including Nutrition, Health Promotion, Caregiver, Outreach, etc.**

1. In AIM, click on 'Reports'.
2. Type in 'OKC126' and OK.
3. Make sure your agency is highlighted and click 'OK'.
4. This report should be run on a regular basis, determined by AAA procedure.
5. Print, import or save report.
6. Cancel out of report. Report lists names of individuals that have been referred to you or sent back to you from the Outreach provider.

TO CLEAR NAMES FROM OKC126 REPORT (the following steps will be completed for each person on the OKC126 report):

7. Pull up the client record for the first client from the OKC126 report. (See Client Search)
8. Click on "Referral".
9. Beside "Disposition" click on the drop down menu and select the Referral to be removed.
10. Type in or click on "verified". "Verified" removes the name from the report.
11. Click Save
12. Click Close
13. Click on 'Report'.
14. Enter '**OKA009**' (This report pulls the actual assessment) and click OK.
15. Enter the name of the first person on the OKC126 report by last name, first name.
16. The completed assessment will come up.
17. Print copy for your records.

There is one other report entitled the **OKC125** which you can pull just like the **OKC126**. It allows you to see all the referrals that you have sent to other agencies. The referrals which have been "verified" will not show up on these reports.

The **OKC123** and **OKC124** reports are virtually the same as the OKC125 and OKC126 respectively **except that** these two reports include **ALL** referral records, including the ones which have been verified.

GLOSSARY OF REPORTS FOR MAKING AND RECEIVING REFERRALS:

OKC123 – (C) All Clients Referred BY a Provider, including verified

OKC124 – (C) All Clients Referred TO a Provider, including verified

OKC125 – (C) Unverified Clients Referred BY a Provider

OKC126 – (C) Unverified Clients Referred TO a Provider

OKA009 – (A) Individual Assessment Details for Any Provider (print as client record)

Frequently Asked Questions

1. Does a Title III Registration / Intake Form have to be completed on every client?
All new clients must be registered using the Title III Registration / Intake Form. For annual assessments, all existing clients must also have completed a Registration / Intake Form as well as any additional assessment pages which may apply (see sections for In-Home services and Non In-Home services). In the event any changes occur for the client within the 12 months between assessments, a new INTAKE form should be completed and forwarded to the necessary office for updating information.
2. If a client participates in more than one Title III Service, does each service provider have to enter a new client record in AIM?
No. Before a service provider enters any information in AIM, they should check AIM to see if the registrant's profile is already in the database. Using Client Quick Find, open any client record, click 'Insert', enter the client's last name comma first initial. If they are in AIM, their name will appear. If it is a common name or if multiple names appear, you can compare the date of birth to choose the correct client. Once you have located the correct record, click, 'Make Owner'. The service provider will now have access to the necessary information. If the name does not appear, see AIM Manual page 23, revised 07/2014, Client Management, Searching State Database to ensure a duplicate record is not entered. If the name still does not appear, a new client record will have to be entered.
3. Does an In-home Assessment have to be completed every time, for every in-home service?
*Not if an existing in-home assessment has already been entered into AIM. A reassessment must be conducted within **twelve months of the initial assessment and all in-home assessments (initial or annual reassessment) must be completed face-to-face.***
4. Does every field of the form need to be completed?
Yes. If the client does not have an answer enter unknown, none, n/a, etc.
5. Does the Poverty Income Guideline change every year?
Yes, the Poverty Income Guidelines are issued in the early part of each calendar year and are to be used to determine whether a participant is above or below the Poverty Level according to the date on the participant's forms—NOT the fiscal year.

NOTE: The current Poverty Income Guideline is located <https://aspe.hhs.gov/poverty-guidelines>