

WI-DHS Aging Operations Manual – Nutrition Services

III. Collaborating with other programs

A. Collaborating with aging programs

2. Caregiver support programs

Caregivers who do not otherwise meet eligibility criteria for Title III-C nutrition services may be eligible to receive meals, nutrition counseling, or nutrition education as a supplemental service of the National Family Caregiver Support Program (NFCSP) or Alzheimer's Family Caregiver Support Program (AFCSP). Caregiver support program coordinators will complete a caregiver needs assessment to determine need for nutrition services in coordination with the nutrition program.

Per AFCSP policy, completion of DHS form F-02425 is required to purchase home-delivered or congregate meals. The caregiver's signature ensures that they are aware they are choosing to use their limited AFCSP funds to pay for the full cost of the meal. It is also best practice to use form F-02425 with caregivers enrolled in NFCSP as a way to coordinate among the two programs and the caregiver. For those enrolled in NFCSP, an opportunity to voluntarily contribute towards the meal will be provided in accordance with OAA Title III-E requirements, and program income will be used to expand Title III-E services.

C. Collaborating with other community programs

8. Community-based residential facilities

Nutrition programs are not required to provide meals to residents of group living homes, assisted living facilities, or other community-based residential facilities. If such facility does not offer meals to its residents, and the nutrition program decides to enter into an arrangement to provide Older Americans Act (OAA) meals, contact the AAA for guidance and technical assistance.

9. Other organizations purchasing nutrition services

Per section 212 of the OAA, agencies may enter into agreements with for-profit organizations whereby they provide nutrition services to individuals or entities not otherwise receiving services through the OAA. In this case, the agency is selling services and therefore acting as a retail food establishment. Contact the local public health department to determine if additional licensing regulations or Wisconsin Food Code requirements apply.

a. Community-based long-term care programs

Community-based long-term care programs, such as Family Care, IRIS (Include, Respect, I Self-Direct), and other Medicaid waiver programs, can contract with nutrition programs to provide meals to long-term care program clients. Managed care organizations operating community-based long-term care programs do a functional screen to determine which services a client needs. Programs are self-directed, so the client has a role in working with their care manager to select which needed services (per the functional screen) to include in their authorized care plan. Depending on the program, the care manager may lead the budgeting process and selection of appropriate services, or the client may have a more significant role working in coordination with their care manager to select the services within their budget.

According to federal Medicaid guidance, “Medicaid is generally the ‘payer of last resort,’ meaning that Medicaid only pays claims for covered items and services if there are no other liable third-party payers for the same items and services.” However, “Medicaid will pay for a service if there is another party that may—but is not legally obligated to—pay for the service. [...] Under the OAA, there is a source of funding to cover some services that are also covered by Medicaid. Individuals, however, are not legally entitled to receive services through the OAA, and thus the OAA program has no legal obligation to cover those services. Since the OAA program is not legally liable for the service, the OAA does not fall within the definition of ‘third party.’

Accordingly, Medicaid will pay for a service even if the OAA program would also pay for the service.” Nutrition programs must have a contract, memorandum of understanding, or other written agreement between the agencies providing each program, which aligns with the requirements of section 212 of the OAA. In accordance with section 321(d) of the OAA, programs must also recover the full cost of each meal sold to the community-based long-term care program, including overhead and administration, so that Title III funds or resources are not used to subsidize these meals. Because these meals are not funded with Title III funding or resources, they are not subject to most Title III rules. For example, an HDM screening and assessment is not required to be performed by the nutrition program if the community-based long-term care program has determined meals are needed for its client.