

Nutrition Outcome Report

Outcome:

Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

Purpose:

This outcome report compares new clients with a previous high-nutrition score to their score at reassessment, in the current fiscal year. The measurement evaluates the percent of clients with improved scores from initial assessment to reassessment. The result is compared to the legislatively approved performance target defined for the fiscal year.

Conditions for inclusion in the report:

- The client must have a 701B or Older American Act (OAA) assessment in the prior fiscal year and the current fiscal year. **Note: The CIRTS assessment types used for this condition are A – Annual Assessment, I – Initial Assessment, WL – Waitlist Assessment, or OAA – Older American Act. The CARES assessment type used for this condition is S – 2000 Comprehensive Assessment Form 701B Assessment where the assessment site is not OFFC – Office / Medical Case File Review.**
- A CIRTS Waitlist Assessment (WL) or a CARES 2000 Comprehensive Assessment Form 701B Assessment (S) for the prior fiscal year is only selected when the client received a service after the assessment date.
- The client must have been assessed in the prior fiscal year and the current fiscal year. In addition, the client must have met the definition of “new client” for the prior fiscal year with a High Nutrition Score for the prior fiscal year. (See definitions below.)
- The intent of this report is to obtain the assessment containing the most detail. For example, if a client received a comprehensive assessment, this assessment is included in the report. If a client received an OAA assessment (excluding congregate meal assessments) but not a comprehensive assessment, this assessment is selected for the report.
- If more than one 701B or Older American Act (OAA) assessment is completed, the earliest assessment for the prior year is selected. For the current year, the assessment with the date closest to a year from the date of the prior assessment is selected.
- The client must be **actively** enrolled into one of the following programs for some portion of each fiscal year. With respect to an OAA assessment, the program list is expanded to include LSP and OC31. **Note: Termination statuses are included if the End Enrollment Date falls into the appropriate fiscal year.**
 - ADI – Alzheimer's Disease Initiative
 - ALW – Assisted Living Waiver
 - CCE –Community Care For The Elderly
 - CCPE – Community Care Programs For The Elderly
 - CDC – Consumer Directed Care
 - CS – Contracted Services
 - HCE – Home Care For The Elderly
 - HRNPE – High Risk Nutrition Program For The Elderly
 - LSP – Local Service Program
 - MW – Medicaid Waiver/Hcbs
 - NDP – Non-Doea Program

- O3C1 – Title IIIC1 of Older Americans Act (OAA)
 - O3C2 – Title IIIC2 of Older Americans Act (OAA)
 - OA3B – Title IIIB of Older Americans Act (OAA)
 - OA3E – Title IIE of Older Americans Act (OAA)
 - OA3EG – Title IIIE of Older Americans Act (OAA) (Grandparent/Guardian)
 - OA3ES – Title IIIE of Older Americans Act (OAA) (Supplemental Services)
- The client must receive services in the prior and current fiscal year. Services are expanded for congregate meal assessments to include congregate meal clients.
 - Any service meets the receipt of services requirement for Non Older Americans Act (OAA) programs.
 - For Older Americans Act (OAA) and Local Service Programs (LSP) services are limited to in-home services and include:
 - HDM – Home Delivered Meals
 - RESP – Respite
 - RESF – Respite in Facility
 - PECA – Personal Care
 - HMK – Homemaker
 - ADC – Adult Day Care
 - HHA – Home Health Aide
 - SCAS – Screening and Assessment
 - DPRESP – Direct Pay Respite
 - Services are expanded for congregate meal assessments to include clients who receive congregate meal services.
- This outcome report collects service information from the SERVICES REPORTED table **and** Medicaid Waiver data that is provided by AHCA at the end of each month.
 - The owner displayed on the PSA Level and Provider Level Reports represent the current owner of the client and not the owner of the assessment selected for the report.

Definitions:

- Three separate conditions that qualify a client for the **New Client** definition:
 - If the client receives his or her first assessment during the prior fiscal year. The “new client” definition includes congregate meal assessments.
 - Secondly, if a non Older Americans Act (OAA) client currently receiving services, received a service last year but did not receive a service in the prior fiscal year.
 - Lastly, for Older Americans Act (OAA) clients, the non-service condition is expanded to not receiving services during the prior two years. OAA’s expanded time frame attempts to compensate for OAA’s once yearly reporting requirement. If an OAA client meets this condition, they are considered a “new client.”
 - **Note: For the second and last conditions the only criteria being considered is the services received information. The assessment type is not taken into consideration.**
- High Nutrition Score – A nutrition score with a value of 5.5 or greater.