Informative Insights: State Unit on Aging Workgroup for Better Wait List Management

March 2025

Nutrition and Aging Resource Center

Contents

Background and Purpose

Demand for home and community-based services to support healthy aging, such as the Senior Nutrition Program (SNP) authorized by the Older Americans Act (OAA), continues to increase. According to the Administration for Community Living's 2023 Profile of Older Americans, Americans 60 and older grew in numbers from 60.9 million in 2012 to 78.9 million in 2022, an increase of 29%. In 2022, people 65 and older represented 17% of the U.S. population. By 2040, the U.S. Census estimates that persons 65 and older will make up 22% of the population. By 2040, the 85 and older population of persons 85 and older is projected to more than double from 6.5 million in 2022 to 13.7 million, an increase of 111%. Meanwhile, 88% of older adults reported it was important to them to continue living safely in their homes for as long as possible.[1] Food insecurity rates steadily declined from 2011 to 2020, rising sharply beginning in 2021.[2] Population shifts, increasing need, the rising cost of goods and services and related economic pressures, funding fluctuations and staffing and volunteer shortages are just a few of the factors that compel the aging nutrition network to plan for and implement wait lists.

SUA Wait List Workgroup

In August 2023, State Units on Aging (SUA) SNP specialists convened an OAA Nutrition Services Wait List Workgroup to identify and share effective strategies for defining, implementing, managing, and addressing wait lists. The workgroup launched with a survey in August 2023 to gather data from SUAs that served as the foundation for this work, meeting regularly for the next year to share policies and procedures, prioritization tools, and other updates. The workgroup conducted a follow up survey in October 2024 for an updated snapshot and to examine progress in year one of the work group. Surveys were conducted anonymously. Half of those who responded to the 2024 survey indicated that they also completed the survey in 2023. This resource addresses key questions addressed by the workgroup and offers key findings and wait list considerations for SUAs, Area Agencies on Aging (AAA) and Local Service Providers (LSP).

Thank you to the following states and territories for contributing to this work:

Alabama	**Maine**	**North Carolina**
Arizona	**Maryland**	**Ohio**
Colorado	**Massachusetts**	**South Carolina**
Connecticut	**Minnesota**	**South Dakota**
Georgia	**Mississippi**	**Tennessee**
Idaho	**Missouri**	**US Virgin Islands**
Illinois	**Montano**	**Utah**
Indiana	**Nebraska**	**Virgina**
Iowa	**New Hampshire**	**West Virgina**
Kansas	**New Jersey**	**Wisconsin**

1 Profile of Older Americans | ACL Administration for Community Living
2 Household Food Security in the United States in 2023

What constitutes a wait list, and what constitutes an unmet need?

Workgroup members shared different states' approaches to defining what constitutes a wait list, how to define it and whether and how it differs from an unmet need.

Example Wait List Definitions from States

While some states do not specifically define a wait list in OAA service provision policies, others provided example wait list definitions, including:

- *A prioritized list of eligible consumers in need of any service in the current Aging and Disability Services taxonomy that the Area Agency on Aging (AAA) or subcontractor cannot provide at the time they have assessed the need, but for whom the service is likely to become available within six months.*
- *A prioritized list of individuals a provider is unable to serve at any given time.*

Survey respondents also commented that "Anyone who cannot be served right away and meets eligibility is placed on a waiting list," and "the wait list is only for services that a provider offers at their senior center." One state shared that "if service will be initiated within two weeks, the participate is not placed on a wait list."

Example Unmet Needs Definitions from States

Workgroup members acknowledged the need to be realistic regarding limitations due to funding, provider capacity, workforce, geography, and similar considerations that may result in an inability to provide service. In this group, discussions about service limitations based on geography also highlighted equity considerations, such as the need to prioritize participants in rural areas and related challenges.

Thus, some states define unmet need (or unavailable services) differently from a wait list. Reasons cited by workgroup members intended to help make the distinction include longer wait time and availability of services in a planning and service area (PSA), on a specific date, or at a certain level. Some states described how wait times of six months or more, or twelve months or more, are defined in their state as an unmet need and not a wait list. Examples include:

- *A service listed in the current service taxonomy that cannot be provided to a consumer of the AAA or their subcontractor due to inadequate funding, no funding, or no service provider. If the estimated wait time for service provision is longer than six months, record the assessed need as an unmet service need.*
- *1) Services being requested are outside the providers/AAA's service delivery area;*
  2) The consumer needs a service on a specific date and it is not available on that date;
  3) If the consumer is currently receiving a level of service, but would like or need a higher level of service.
  For services where clients are not placed on a wait list, due to the reasons above, the provider will track the total number of individuals for which services were unavailable by service type.
- *Unavailable services are requests outside the PSA or not available on a specific date.*

What OAA services are affected by wait lists and what are the reasons, wait list length and wait times?

Affected Services and History

2023 and 2024 surveys found that wait lists for nutrition services typically affect home delivered nutrition. The 2024 survey found a rise in the number of states reporting wait lists for both congregate and home delivered nutrition services.

- Overall, 72% of respondents reported wait lists for nutrition services in 2023, increasing to 77% in 2024.
  - 50% of 2023 respondents and 46% of 2024 respondents reported wait lists for home delivered nutrition services but not for congregate nutrition services.
  - Another 22% of 2023 respondents and 31% of 2024 respondents reported wait lists for both congregate and home delivered nutrition services.

Notably, 46% of respondents shared that a wait list for nutrition services existed in Federal Fiscal Year (FFY) 2024 that was resolved, and 23% of respondents reported that wait lists for other OAA services existed in FFY 2024 and were resolved. See the section "How is the SNP working to address wait lists?" and "How do SUAs, AAAs and LSPs gather and share wait list data, and how is the data used?" in this resource for more information.

How do current and projected wait lists compare to wait lists prior to the COVID-19 pandemic?

Both surveys found dramatic increases in the number of States with wait lists for OAA nutrition services and other OAA services compared to wait lists prior to the COVID-19 pandemic.

Nutrition services:

- States reporting wait lists for nutrition services more than doubled compared to prior to the COVID-19 pandemic.
  - Fewer than 35% of survey respondents reported wait lists for any nutrition services prior to the pandemic, compared to 72% in 2023 and 77% in 2024.

Other OAA services (besides nutrition services):

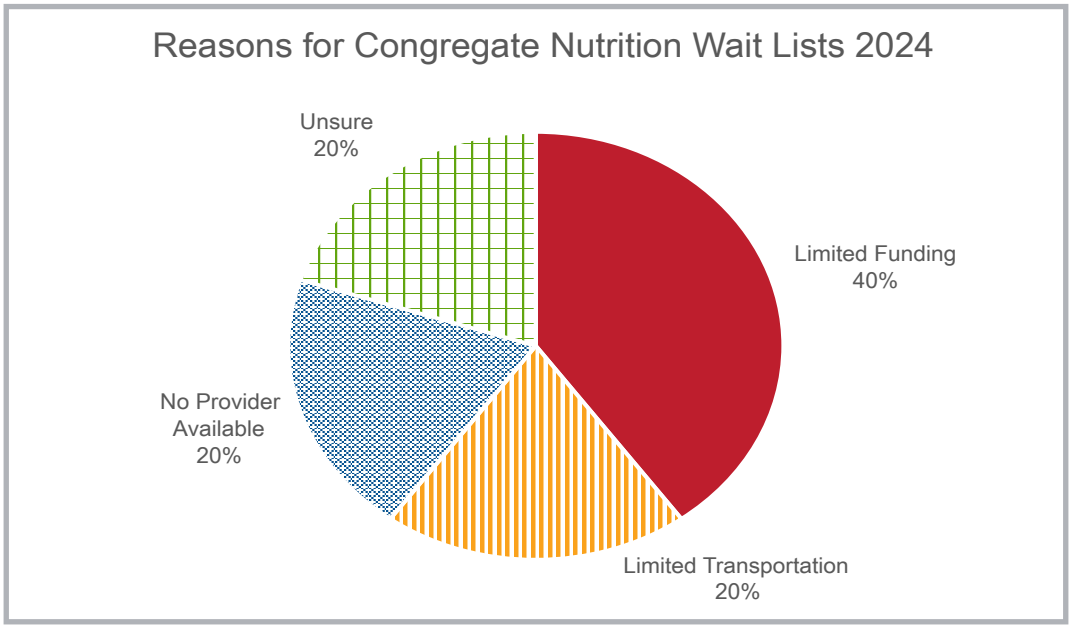
- States reporting wait lists for other OAA services (besides nutrition services) nearly tripled compared to states with wait lists for other OAA services prior to the COVID-19 pandemic.
  - Only 20-25% of survey respondents reported wait lists for OAA services other than congregate and home delivered nutrition services prior to the pandemic.

- 69% of survey respondents reported wait lists for OAA services other than nutrition services in 2023 and 46% of survey respondents reported wait lists for OAA services other than nutrition services in 2024.
- Homemaker, personal care and transportation continued to be the other OAA services most likely to have a wait list, with survey responses suggesting transportation wait lists are on the rise.

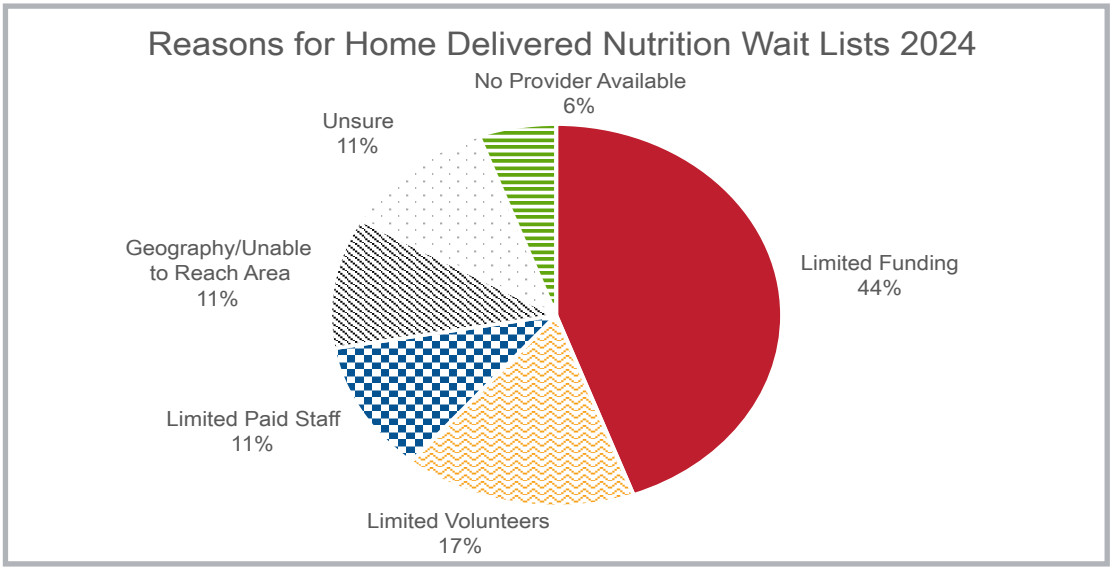
What are the reasons SUAs provided for wait lists?

Limited funding is the key reason for both nutrition services wait lists and wait lists for other OAA services. Funding limitations replaced staffing shortages (2023 primary reason) in 2024 as the primary reason reported for wait lists for OAA services other than nutrition services.

- States continue to cite limited funding as the main reason reported for congregate nutrition wait lists. Lack of provider and lack of transportation also continue to be cited as reasons for congregate nutrition wait lists.



- States also cited limited funding as the main reason for home delivered nutrition wait lists. However, 2024 survey responses suggest that staffing shortages (both paid and volunteer) have eased, and fewer respondents reported geography/inability to reach a physical area as the reason for wait lists for home delivered nutrition services.



How long are wait lists and what is the estimated time that participants are waiting for services?

Available information is limited but suggests that both wait list length and wait times for congregate nutrition services may be decreasing in areas with wait lists. However, wait list length and wait time for home delivered meals did not change significantly from the 2023 survey to the 2024 survey.

- Where reported, average maximum wait time for congregate nutrition services was seven (7) months in 2023 and three and a half (3.5) months in 2024.
- Where reported, the statewide average number of individuals awaiting congregate nutrition services was 1,007 individuals in 2023 and 699 individuals in 2024.
- Workgroup discussions also highlighted the possibility that as wait lists emerge, fewer eligible individuals may be reaching out for service.

Average reported length and wait times for home delivered nutrition services remained similar between the 2023 and 2024 surveys.

- Where reported, average maximum wait time for home delivered nutrition services was nearly nine (8.7) months in 2023 and just over eight (8.4) months in 2024.
- Where reported, the statewide average number of individuals awaiting home delivered nutrition services was 1,397 individuals in 2023 and 1,488 individuals in 2024.

How are States, AAAs and LSPs managing wait lists?

Who is responsible for developing policies and procedures and managing wait lists?

> According to 45 CFR 1321.1(c)(3), SUAs are responsible for "planning, policy development, administration, coordination, priority setting, monitoring, and evaluation of all State activities related to the Act." AAAs "shall develop policies and procedures in compliance with State agency policies and procedures" as described in 45 CFR 1321.59.

As of late 2024, many SUAs, AAAs and LSPs are currently developing or updating wait list policies and procedures and prioritization systems to ensure alignment with 45 CFR Part 1321.

Survey and workgroup findings suggest that a shift to more statewide prioritization tools began even before the update to the OAA Final Rule. Several states described the need to apply prioritization criteria more consistently.

How do SUAs, AAAs and LSPs gather and share wait list data, and how is the data used?

AAAs and/or LSPs are typically required to report wait lists to SUAs, although methods and frequency of reporting vary. Several states require monthly wait list updates, while a few states only request wait list information as part of annual monitoring. See Appendix for a sample wait list notification from AAA to SUA.
AAAs and LSPs are required to report wait lists to the SUA and document the prioritization system that will be used to determine wait list order.

- While some 2024 respondents were uncertain, over 70% of respondents to 2023 and 2024 surveys stated that AAAs and LSPs are required to report wait lists to SUA.
- Over one-third (1/3) of states require documentation of the prioritization system that will be used to determine wait list order prior to implementation of a wait list by the AAA or LSP.

States report using a variety of systems to collect wait list data from AAAs and LSPs, including Advanced Information Management (AIM), GetCare, and WellSky. One state reported that a move to the Mon Ami data system allowed them to capture wait list data without requesting reports from AAAs. Some states use advanced data visualization platforms like Tableau to analyze and share wait list data, while others reported capturing wait list data in spreadsheets. In some states, legislators or appropriations committees receive regularly scheduled wait list updates. Some states described adjusting the frequency of legislative updates when a wait list exists, and some described accessing surplus state funds to help reduce or resolve wait lists for OAA services. However, workgroup members more frequently described sharing this information with stakeholders on request.

> When confronted with a wait list in 2024, the State of Idaho awarded on-going funding to the Idaho Commission on Aging to support the Senior Nutrition Program. This funding helps to reduce the wait list, increase meal reimbursement rates and increase meals provided. Funding is dependent on annual appropriation and may be subject to occasional holdbacks or excisions.

Some states provided policies and procedures detailing wait list information that must be reported to the SUA, such as the following example:

Wait List Consumer Information to be included:

1. *Region number and name of the Area Agency on Aging (AAA) service provider or contractor;*
2. *Date placed on list;*
3. *Service requested;*
4. *Consumer name;*
5. *Consumer telephone number;*
6. *Reason for being placed on the wait list;*
7. *Follow up contact dates;*
8. *Date and reason individual was removed from the wait list; and,*
9. *Total number of days on the wait list (from initial date to service delivery.*

How is wait list order, or client and service priority, determined?

Prioritization Criteria and Scoring Systems

Most states reported that prioritization criteria and scoring systems are currently under review. In the surveys, states most frequently reported using scoring systems based on the following criteria to determine nutrition services wait list order:

- activities of daily living (ADL) or instrumental activities of daily living (IADL) limitations,
- nutrition risk, and
- OAA targeted populations

Some states prioritize specific ADL limitations related to eating and IADL limitations related to using transportation and preparing meals.

Some workgroup members offered additional prioritization criteria for nutrition services wait lists, including:

- formal or informal support,
- adult protective services referral,
- food insecurity risk (often screened using Hunger Vital Sign tool),
- malnutrition risk (often screened using Malnutrition Screening Tool) and
- other criteria defined by the AAA or LSP.

Several states mentioned the ability to override prioritization scores in extreme circumstances. Some policies specified that individuals eligible for elder abuse prevention and awareness services shall not be placed on a wait list, and some also prioritized these individuals for other OAA services, including nutrition services.

One state described a triage approach for all home- and community-based services that classifies applicants into tiers based on scores. Scores of 7 or higher are considered Tier 1; these trigger additional screening, and services are expected to begin within 12 months; individuals are rescreened at 6 months. Scores below 7 indicate lower priority (Tier 2) and the wait for services is expected to exceed one year. These individuals are prioritized by the triage score and may be offered other services or private pay options. They are contacted by mail once per year for a status update. Criteria included in the screening include consideration of OAA target populations and risk for institutionalization:

- *Lives alone*
- *ADL limitations*
- *Falls in the last six months*
- *Emergency room visits, hospitalizations, or rehab stays within the last six months*
- *Homeowner status*
- *Rural*
- *Minority*
- *English proficiency, and*
- *Lives below federal poverty level (FPL) or receives public assistance.*

Some states described using additional definitions based on the OAA in their policies to help prioritize eligible individuals, such as:

- *The Older Americans Act Title III requires programs to prioritize service or give preference to older individuals with the greatest economic and social need, to persons who are frail, and to persons who are at risk of institutionalization. The OAA also identifies as a priority population persons with Alzheimer's disease and related disorders and the caregivers of such individuals. Further, the OAA instructs that particular attention should be given to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The ability to effectively target higher-priority persons is particularly critical when available funding is not sufficient to serve all persons who are eligible.*
    - *At Risk for Institutional Placement: Unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cueing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. [The Department] measures risk for institutionalization by using the Risk Assessment Tool.*
    - *Frail:*
        - *Unable to perform at least three activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision (receives a score of 2 or higher in 3 or more ADLs on the DON-R), or*
        - *Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual*

Another state highlighted the demand for medically tailored meals outpacing funding, and suggested tying in a medical perspective. The state described considering a separate prioritization system for medically tailored meals driven by chronic disease state and how nutrition may or may not impact management of the chronic condition (such as prioritizing eligible individuals with congestive heart failure due to higher rates of hospitalization). Challenges include privacy, the volume of health information required, and the need for increased monitoring and frequent reprioritization as an individual's condition or health status changes.

The workgroup also discussed concerns about the possibility of implementing systems that unintentionally prioritize based on the cost of providing service instead of need. One state described requiring a waiver for a AAA to provide grab and go meals with an explanation of how the AAA will prioritize home delivered meals over grab and go meals, because the cost of providing home delivered meals is higher than congregate and grab and go meals.

Prioritizing Without Means Testing

The workgroup discussed how to collect income information to target services to those in greatest economic need without means testing; means testing is prohibited under the OAA. Under the Act, an older adult or family caregiver cannot be determined ineligible for services due to the participant's income or other resources. However, due to limited resources and requirements to target services to those in greatest economic need and greatest social need, SUAs, AAAs and LSPs may use financial information to establish priority for service delivery. Participants who are placed on a wait list may be offered referrals to other providers or services and/or may be offered the option to pay privately for services, if allowed under state and local policy and in compliance with 45 CFR 1321.9(c)(2)(xiii). Financial information may also be used to assess needs, assist eligible individuals in accessing benefits and resources,

and collect data for needs assessment, reporting and evaluation. Senior Nutrition Program Guide to Prioritizing Clients offers recommendations to collect income information to assist eligible individuals in accessing benefits and resources without means-testing.

See Appendix for sample prioritization tools shared by the workgroup.

Prioritized Populations and Service Priority

As of late 2024, many SUAs, AAAs and LSPs are currently developing or updating wait list policies and procedures and prioritization systems to ensure alignment with 45 CFR Part 1321.

The OAA directs programs to target services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals. 45 CFR Part 1321 defines greatest economic need and greatest social need. SUAs are directed to include these definitions and further define how greatest economic need and greatest social need are determined by the State agency, and how services will be targeted to reach prioritized populations.

- 45 CFR 1321.3 "Greatest economic need" as used in this part, means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.
- 45 CFR 1321.3 "Greatest social need" as used in this part, means the need caused by noneconomic factors, which include:
  - (1) Physical and mental disabilities;
  - (2) Language barriers;
  - (3) Cultural, social, or geographical isolation; or
  - (4) Other needs as further defined by State and area plans based on local and individual factors.

How are individuals removed from the wait list or reprioritized on the wait list?

To effectively manage a wait list, it is important to periodically reassess the needs of individuals who are waiting for services. Eligible individuals may need to be removed from the wait list when they begin receiving services, if the individual requests removal, when their needs or eligibility change, when a provider's ability to offer a service changes, or other reasons. Some states described requiring rescreening every six to twelve months, depending on the individual's priority level and AAA or LSP capacity. Workgroup members discussed the need to consider the associated administrative burden and capacity of AAAs and LSPs when establishing policies and procedures for rescreening.

Some states shared policies and procedures requiring AAAs to contact individuals on a wait list periodically to either remove the individual from the wait list or reprioritize the individual on the wait list. Workgroup members provided the following three different examples detailing requirements for frequency of contact:

- *Regular contact by telephone at a minimum of every 90 days shall occur with individuals on the waitlist and shall be documented in the case notes.*
- *If a consumer is on a wait list for a 6 month period, the consumer needs to be contacted to determine if the service is still needed or desired.*
- *The agent who assessed the Consumer for service will conduct telephone follow as follows:*
  - *Home Delivered Meals Service: contact every 14 days*
  - *Respite Service: contact every 21 days*
  - *Homemaker Service: contact every 90 days*

Some states shared their policies and procedures for removal from the wait list, including:

- *Policy: Area Agencies on Aging (AAA) shall define and develop a process to ensure consumers are removed from the wait list on an equitable basis.*

  Procedure:
  The criteria for removal may include the following:
  1. Placed in services. The person is receiving services;
  2. The person requests removal. The person no longer desires the service;
  3. Service needs change. The person no longer needs the particular service for which they have been waiting;
  4. Loss of Contact. The person or family is unable to be contacted, after a reasonable number of attempts (e.g. telephone number is disconnected and/or alternate contact person does not know the whereabouts of the person);
  5. No longer eligible. The person is no longer eligible for services (e.g. no longer a caregiver);
  6. Death;
  7. Service no longer offered. The Area Agency on Aging (AAA), through established processes, makes a determination that the service will no longer be offered; and,
  8. When a consumer is removed from a wait list, records must include documentation as to the reason for removal.

One state described a different approach for removal from the wait list based on priority tier:

- *Tier 1 (higher priority) - At the time of rescreening, if the individual does not respond to a message left via the telephone and a letter mailed to the address on record, the client will be removed from the waiting list. The letter sent as a reminder for rescreening will clearly state that failure to contact the AAA within 14 calendar days of the date of the letter will result in being removed from the list. Each AAA will have a written process for identifying these individuals and removing names from waiting list.*
- *Tier 2 (lower priority) - Individuals will be contacted by mail one time annually. If they do not respond within 14 days, they will be removed from Tier 2 list. If the letter is returned to AAA as undeliverable, the AAA will contact the individual by telephone. If the individual is unavailable, the AAA will leave a message. If this is not possible, the AAA will attempt to contact again at another time of day. No more than 2 attempted contacts are required. If the telephone number is disconnected, the AAA will remove the individual from the Tier 2 list.*

How are wait lists communicated to eligible individuals and other stakeholders?

When implementing a wait list, develop a communication plan that addresses the content, method and frequency of communication based on the audience. Include funders, referral sources, community leaders and other partners early; they may offer solutions or other relevant considerations. Review existing marketing materials and make necessary updates. Develop internal training and communication plans to ensure consistency in delivering wait list information.

Some states shared sample policy and procedures for notifying to eligible individuals:

If a wait list exists for a service, the AAA or its subcontractor must inform consumers in need of the service of the existence of the wait list and their estimated wait time and provide them the option of being placed on the list. The AAA must have a written policy available to consumers choosing to be placed on the wait list. The policy must be communicated to the consumer and must address the following items:

- *The consumer should report changes in health status or other issues specified by the agency that affect prioritization, as this may reduce the consumer's wait time for the service;*
- *The consumer may request to be removed from the wait list at any time;*
- *To ensure they are notified when the service becomes available, the consumer should inform the agency if their contact information changes;*
- *The agency may remove the consumer from the wait list if they reach the top of the list but cannot be contacted.*
- *The agency may provide consumer with Information & Assistance regarding private pay options available within their community until their name reaches the top of the wait list.*

See Appendix for a sample wait list notification letter that can be used to communicate with eligible individuals who are being placed on a wait list for services.

Looking Ahead

Are more wait lists being projected?

Survey respondents reported projecting fewer new wait lists in FFY 2025 compared to FFY 2024. However, more respondents reported uncertainty about new wait lists for other OAA services besides nutrition.

- In 2024, 38% of States projected the need to implement wait lists for home delivered nutrition services, and another 8% projected the need to implement wait list for both congregate and home delivered nutrition services in FFY 2025.
- No respondents reported projecting new wait lists for other OAA services besides nutrition in FFY 2025, compared to 53%projecting new wait lists for other OAA services besides nutrition in FFY 2024.

How is the SNP working to address wait lists?

Private Pay

Some SUAs, AAAs and LSPs use private pay systems to help address wait lists. 45 CFR 1321.9(c)(2)(xiii) describes requirements for private pay programs, which must be based on the actual cost of providing services. Aging nutrition programs are encouraged to review this Guide to Establishing a Fee-for-Service Private Pay System for a step-by-step process.

> 45 CFR 1321.3 "Private pay programs" are a type of contract or commercial relationship and are programs, separate and apart from programs funded under the Act, for which the individual consumer agrees to pay to receive services under the programs.

Efficiencies

Several members described adjusting service frequency and methods and other work by SUAs, AAAs and LSPs to identify and implement efficiencies. Examples shared include:

- Increasing meal volume and decreasing unit cost by providing
  - Child and Adult Care Food Program (CACFP) meals,
  - Meals for hospitals or prisons,
  - Other community meals, or
  - Caregiver / Title III E meals
- Adjusting meal or delivery frequency,
- Popup sites,
- Grab and go meals,
- Frozen bulk meals, and
- Restaurant, grocery and hospital cafeteria partnerships.

Workgroup members shared examples of person-centered approaches to implementing wait lists and adjusting service, such as evaluating an individual's ability to reheat a frozen meal before offering that option.

Partnerships

Some workgroup members mentioned building new or stronger partnerships (local partnerships, State Medicaid) or renegotiating contracts. One state described how their AAAs developed a statewide meal cost tool to provide data for a statewide meal cost study that would determine the Medicaid rate, citing a history of rate stagnation due to a lack of data on the actual cost of providing OAA nutrition services. Some mentioned successfully increasing voluntary contributions by improving quality of service through restaurant partnerships and/or with evidence-based programming offered onsite.

Other Activities to Address Wait Lists

Since wait lists for home delivered nutrition services are more common than wait lists for congregate nutrition services, workgroup members described encouraging people to return to congregate dining. States also described implementing more robust evaluation of provider and service delivery model reach among prioritized populations and closing or consolidating sites.

Additional, ongoing efforts to address wait lists also include:

- Establishing and updating policies and procedures
- Gathering and sharing wait list data
- Providing technical assistance
- Updating target populations and prioritization systems to align with federal regulations
- Prioritizing eligible individuals for service provision,
- Accessing additional funding, and
- Updating technology and databases to effectively gather and analyze wait list information.

Summary

Limited funding is the reason most frequently reported for increases in wait lists for OAA nutrition services and other OAA services. SUAs, AAAs and LSPs are establishing and updating policies and procedures, improving data collection and reporting of wait lists, evaluating service delivery models, identifying efficiencies to maximize service delivery, building new or stronger partnerships, diversifying funding and accessing additional funding sources to address wait lists.

When considering whether and how to implement and manage a wait list, SUAs, AAAs and LSP are reminded that OAA services are not intended to reach every eligible person. SUAs, AAAs and LSPs have an obligation to identify and provide services authorized under the OAA to prioritized eligible individuals in greatest social need and greatest economic need, especially when a wait list exists for services. How SUAs, AAAs and LSPs define and manage wait lists depends on a multitude of factors, including the needs of the community and capacity to provide service. Identify, establish or update the policies and procedures, that outline these factors and how eligible individuals will be prioritized for service provision. Evaluate and update data collection and prioritization systems regularly to ensure that services reach individuals in greatest social need and greatest economic need. Determine how wait list information will be communicated with eligible individuals and other key stakeholders. Recognize the significant impact of wait lists for nutrition services; they are a key access point to other home and community-based services to support healthy aging. Now is the time to explore creative solutions to maintain or improve access to critical nutrition services.

Resources

- 45 CFR Part 1321 -- Grants to State and Community Programs on Aging
- Identifying The Total Cost of a Meal: Includes more information on how to use both direct and indirect (such as AAA administration costs) when identifying the cost of providing services.
- Guide to Prioritizing Clients: Includes examples and considerations for developing consumer prioritization criteria, and considerations when establishing a wait list.
- Sustainability and Revenue Generation in an Evolving Senior Nutrition Business Environment: Offers suggestions for navigating an increasingly competitive environment for public and private funding.
- Guide to Establishing a Fee-for-Service Private Pay System includes a step-by-step process.
- Enhanced DETERMINE Tool video from Wisconsin (GWAAR) describing how they enhanced the tool to screen for malnutrition and prioritize participants

This resource was supported in part by a cooperative agreement No 90PPNU0002 from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or HHS policy.

Appendix

Sample Prioritization Tools

Sample Nutrition Services Registration Form with Prioritization Scoring

Greater Wisconsin Agency on Aging Resources, Inc. “Right Meal & Services for You” Tools (include HDM Registration Form, HDM Prioritization Scoring Sheet)

Salt Lake County Meals on Wheels Priority Assessment

Sample Wait List Notification Letter (Eligible Individual)

Sample Wait List Notification Form (AAA to SUA)