



Aged/Disabled Adult Services Medicaid Waiver Home-Delivered Meals Survey

PSA: _____

Completed By: _____ Completion Date: _____

1. For Aged/Disabled Adult Services Medicaid Waiver (ADA Waiver) clients receiving home-delivered meals, did your case management agency(ies) provide a list of meal providers from which each client could choose?

If a list was not provided, explain why. If the answer is not consistent across your planning and service area (PSA), identify the counties where a list was not provided and the reason(s) why.

2. Are meal providers available in your PSA that have chosen not to provide home-delivered meals under the ADA Waiver?

If so, why have these providers chosen not to deliver meals under the ADA Waiver?

Do these reasons also keep these providers from providing meals under other programs (other than the ADA Waiver)? If not, why?

3. List each ADA Waiver home-delivered meal provider in your PSA in the table below. For each provider check all boxes that correspond to the choices that provider offers. For example: if a provider offers the choice of one hot meal and one frozen meal each day, check the first two boxes. In the right-most column identify the counties in which each provider operates.

Provider Name	Offers a Hot Meal	Offers a Frozen Meal	Offers a Choice of More Than One Hot Meal	Offers a Choice of More Than One Frozen Meal	Offers More Than One Hot Meal and More Than One Frozen Meal	Counties of Operation

Please describe additional choices offered.

4. List the ADA Waiver home-delivered meal providers in your PSA that may be available to provide meals in surrounding PSAs.