

Nutrition Counseling and the Aging Network

A Guide for Registered Dietitians

July 2022

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Background and Purpose

What is the Older Americans Act (OAA)?

The Older Americans Act of 1965 established the Administration for Community Living (ACL) to administer grant programs and services supporting older adults. Title IIIC of the OAA establishes the Nutrition Services Program to provide congregate and home delivered nutrition for older adults age 60 or older, their spouses, volunteers, and people with disabilities who reside with eligible older adults. The OAA also authorizes states to provide nutrition counseling and nutrition education to older adults. The purpose of the nutrition program is three fold:

- Reduce hunger, food insecurity and malnutrition of older adults
- · Promote socialization of older individuals
- Promote the health and well-being of older people by assisting them in gaining access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior



The Aging Network

The interconnected structure of agencies created by the OAA is known as the "aging network." The national aging network is led by the Administration for Community Living (ACL) at the federal level. The aging network includes 56 State Units on Aging for states and territories. States create planning and service areas called Area Agencies on Aging (AAAs) to carry out the OAA. AAAs may directly provide or contract with local service providers to provide services.

Administration for Community Living

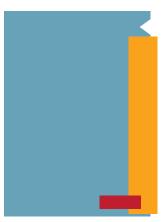
State Units on Aging Area Agencies on Aging

Local Service Providers

<u>Eldercare Locator</u> is a resource powered by ACL that can be used to connect to the agencies and providers in the aging network.

Why should nutrition counseling be considered an essential part of OAA services?

As part of the Older Americans Act, congregate and home delivered meals are required to provide at least one-third of the Dietary Reference Intakes (DRIs) and Dietary Guidelines for Americans (DGAs) for an older adult. Nutrition counseling provides an opportunity to educate older adults on how to plan meals to reach 100 percent of nutrition requirements for the day in order to optimize nutrition and reduce the risk of chronic disease. Additionally, Medicare nutrition counseling benefits are often underutilized, so this could provide a potential revenue opportunity for AAAs.



Additional Resources

Dietitians can use both the Scope of Practice and Standards of Professional Practice as reference guides for work performed within the aging network.

- Registered Dietitian Scope of Practice (SOP): Provides a range of roles, activities, and regulations within which nutrition and dietetics practitioners perform.
- Registered Dietitian Standards of Professional Practice (SOPP): provides minimum competency levels of practice and performance. The SOPP can be used as a foundation for professional accountability in nutrition services.

Role of the Registered Dietitian

What is the role of the Registered Dietitian in the Aging Network?

The role of the Registered Dietitian (RD) varies at every agency and organization. The RD may support many purposes within the RD's scope of practice at each organization.

Area agencies on aging (AAAs) throughout the nation have had great success by staffing a Licensed and Registered Dietitian. In fact, some states require each of their AAA's to have a Licensed and Registered Dietitian on staff for a minimum number of hours per week.

Sample Job Duties of a Registered Dietitian

- Develop and provide nutrition education.
- Conduct nutrition counseling, including but not limited to conducting nutrition assessments, screenings, Medical Nutrition Therapy (MNT), and follow-up care.
- Assist in planning and approving menus to meet nutritional requirements.
- · Supervise meal sites.
- Create nutrition newsletter content.
- Conduct health promotion classes.
- Assist with grant applications.
- Participate in the promotion of nutrition services.
- Maintain and update professional knowledge by participating in educational opportunities, read professional publications, maintain personal networks, and participate in professional organizations.
- Other nutrition-related tasks, as needed.

Steps to Complete Nutrition Counseling

As part of the Older Americans Act, congregate and home delivered meals are required to provide at least one-third of the Dietary Reference Intakes (DRIs) and Dietary Guidelines for Americans (DGAs) for an older adult. Nutrition counseling provides an opportunity to educate older adults on how to plan meals to reach 100 percent of nutrition requirements for the day in order to optimize nutrition and reduce the risk of chronic disease. Additionally, Medicare nutrition counseling benefits are often underutilized, so this could provide a potential revenue opportunity for AAAs.

Initial Consultation

1. Schedule the consultation

- Contact the client to schedule an appointment and arrange to obtain any necessary paperwork prior
 to the consultation. Online platforms may have automatic scheduling options, and the AAA can post
 on its website a direct link for clients to make an appointment.
- When scheduling a consultation, educate the client on what to expect next. For example, necessary documents that need to be completed via mail or online may include:
- · Cancellation policy
 - Consent form
 - Client goals
 - Insurance/billing information
 - Medical/diet history
 - Seven-day food journal
 - Labs/exam results
 - Primary care provider or referring specialist contact information

2. Determine the location for consultation

- The preferred location for a consultation is usually the AAA office, congregate meal site, or client's home
- Telehealth and telephone consultations can be offered.
- Ensure there is privacy for the participant before, during, and after counseling.

3. During the consultation

- Practice counseling skills and active listening. Be sure to go through goals with client and establish a plan for subsequent, follow up consultations. This may be a good time to book the next follow-up appointment.
- Complete documentation during and after the consultation (more information below).

4. After the consultation

- Send an email or letter to client after the consultation with resources discussed, recap of discussion, goals, and details about next appointment.
- Complete charting and documentation.
- Send any necessary materials to the referring provider.
- Complete billing and submit as appropriate.

Follow-Up Consultation

Example structure of a follow-up:

- Total: 45 minutes
- Engage in small talk to reestablish a connection with client (5 minutes)
- Discussion on challenges (10 minutes)
- Discussion on successes (10 minutes)
- Nutrition plan (10-15 minutes)
- Goals review (5 minutes)
- Next appointment (5 minutes)
- •





Documentation

Documentation should be completed before, during, and after consultation. An online platform can be used to chart.

If planning to bill Medicare or other insurance, the RD will likely need a referral from the client's provider. A referral will indicate the client has the appropriate diagnoses for reimbursement and any other important diagnoses for nutritional evaluation. This referral documentation may also be an opportunity to obtain any medical information directly from the provider.

The Nutrition Care Process is a systematic method that RDs use to provide nutrition care. Follow the following steps:

- Nutrition Assessment: Collection of food intake and nutrition-related history, biochemical data, medical tests and procedures, anthropometric measurements, nutrition-focused physical findings, and client history. This information may be collected through data from client or provider.
- Nutrition Diagnosis: Data collected during assessment may guide the appropriate nutrition diagnosis terms.
- Nutrition Intervention: RD should select nutrition intervention that will address the root cause of the problem and the symptoms of each diagnosis.
- Nutrition Monitoring/Evaluation: Monitoring if the client has achieved goals, or is making progress toward planned goals.



- <u>Medical Nutrition Therapy Referral Form</u> from the Academy of Nutrition and Dietetics. The form can be adapted to use diagnosis codes and it includes a list of common ICD codes.
- <u>Nutrition Focused Physical Exam Hands-on Training Workshop (AND)</u>: Research has shown that early intervention for a client with malnutrition may decrease overall health care costs and improve the quality of life for the client. RDs can perform a Nutrition Focused Physical Exam to more accurately provide a client with a malnutrition diagnosis.
- <u>Example New Client Nutrition History Form</u>: An example nutrition assessment form provided to clients before consultation.
- Medical Nutrition Therapy Works for Seniors: A resource guide for dietitians and senior nutrition programs.

Telehealth

What is Telehealth?

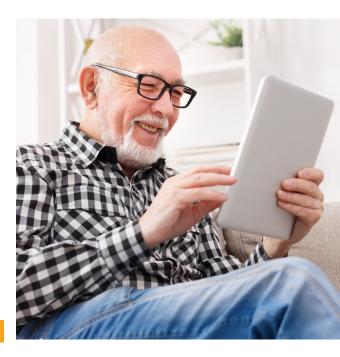
According to Health Resources and Service Administration, telehealth is health care provided primarily online with internet access on a computer, tablet, or smartphone. It allows the healthcare professional to provide care for the client without an in-person visit.

Options for telehealth care include

- Talking to the provider over the phone or video chat
- Sending and receiving messages from the provider using messaging or email
- · Using remote monitoring so the provider can check on the client at home

Check if telehealth is included in the RD's liability insurance before utilizing. If the RD plans to bill insurance, check specific requirements related to telehealth services.

- Telehealth Guide from the Academy of Nutrition and Dietetics
- HHS Telehealth Information



Tips for the Dietitian:

Appropriate Environment for Online Appointment

- Dress professionally
- Good sound and microphone quality
- **Bright lighting**
- Neutral wall color or background
- Limit distractions
- Camera at eye level

Nutrition Counseling Session Steps

- Educate client on equipment needed.
- Explain to the client how the session will work.
- Emphasize the benefits to client.
- Determine obstacles for the client access to technology, ability to use technology.
- Be sure to have a contingency plan for technology failure. Be sure the client understands the plan well.

Telephonic Consultation

Participants may feel more comfortable with telephonic consultations vs. video or even in-person consultations. Telephonic consultation could be an option for participants who do not have the appropriate technology for a video conference. Keep in mind, however, that rapport may be more difficult to build via telephone than video or face-to-face.

Telehealth Platforms

Some telehealth platforms have journal and communication options where the client may journal food intake and communicate with the RD.

Examples of HIPAA-compliant platforms:

- Doxy.me (high reviews)
 Practice Better
- <u>Theranest</u>
- Simple Practice
- WeCounsel
- Coreplus

- · Get Healthie
- VSee
- · Zoom for Healthcare

*FaceTime, Skype, text messages are not HIPPA-compliant.

Billing & Reimbursements

How will the consultation be paid?

If other insurance providers cover nutrition counseling for an individual, it is preferable to charge those first. Example of priority funding tree:



1. Medicare or Medicaid 2. Private Insurance

3. Older Americans Act Funding/Voluntary Contributions

4. Private Pay

Medicare

Medicare nutrition counseling benefits are often under-utilized and represent a revenue opportunity for community-based organizations. As of 2020, Medicare Part B may cover Medical Nutrition Therapy (MNT) services for older adults with diabetes or kidney disease or those who had a recent kidney transplant. Medicare covers three hours of MNT in the initial year of referral, and up to two hours of MNT for subsequent years. According to Medicare, telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services that are provided by a doctor or other health care provider who is located elsewhere using audio and video communication technology, such as a phone or a computer.

In order for the RD to be reimbursed for nutrition counseling services, the RD must be a Medicare approved provider. Here are steps to become a provider:

1. Obtain a National Provider Identification (NPI)

- An NPI is a unique 10-digit number issued by CMS to all health care providers in the U.S. Before applying for an NPI, search the NPI registry to determine if the RD already has a number. An NPI is valid for life, and the RD may have received one while at another place of employment.
 - If RD needs to apply for a NPI, they can either:
- Fill out an NPI application online via the NPPES (National Plan & Provider Enumeration System) website. NPPES website will ask the RD to set up a username and password, which will also be used for Medicare application on PECOS (Provider Enrollment, Chain, and Ownership System).
 - Download a NPI application to send by mail.

NOTE: CMS encourages applying for an NPI online. Applications submitted online take about 45 days to process; mail-in applications may take 60 days.

2. Enroll to become a Medicare provider

- Enroll online
- Enroll by mail
- Enrollment Example

3. Assessment/Referrals

- The referral must be completed and on file for the Medicare claim.
- See example MNT referral form.

4. Advanced Beneficiary Notice of Non-Coverage

 The Advanced Beneficiary Notice of Non-Coverage (ABN), Form CMS-R-131, allows Fee-For-Service beneficiaries to make an informed decision about whether to approve the item or service that may not be covered and accept financial responsibility if Medicare does not pay. If the beneficiary does not receive written notice when it is required, the beneficiary may not be held financially liable if Medicare denies payment, and the provider or supplier may be financially liable if Medicare does not pay.

5. MNT Services

 As of 2020, Medicare Part B may cover Medical Nutrition Therapy (MNT) services for diabetes, kidney disease, or a recent kidney transplant. Medicare covers three hours of MNT the initial year of referral, and up to two hours of MNT for subsequent years. Some Medicaid providers cover Enhanced Nutrition Therapy and post-discharge meal program. If Medicare denies a claim and the participant is on Medicaid as well, it can possibly be submitted to Medicaid for payment consideration.

• ICD 10 Billing Codes for Medicare

Procedure codes for Medicare:

- Initial Nutrition Counseling: 97802
- Follow-Up Nutrition Counseling: 97803
- For interactive audio and video sessions (Telehealth), check the Medicare requirements when filing the claim.



Medicare Fee Schedule for Dietitians

Each year, the Centers for Medicare and Medicaid Services release the calendar year Physician Fee schedule (PFS). The PFS lists payment rates for physicians. By law, registered dietitians are paid 85 percent of the physician's rate.

• Physician Fee Schedule Look Up Tool

Medicaid

Medicaid may cover nutrition counseling through an Elderly or Health & Disability Waiver if the consumer is on Medicaid. Some Medicaid providers cover Enhanced Nutrition Therapy and post discharge meal programs (example: <u>Humana Well Dine Meal Program</u>). Look into <u>State Medicaid Profiles</u> to see which Medicaid programs may cover nutrition counseling.

Procedure codes for Medicaid:

- · Initial Nutrition Counseling: 97802
- Follow Up Nutrition Counseling: 97803
- For telehealth, check with your local or state Medicaid requirements to complete the billing process.

Private Insurance

Coverage will be specific to the insurance company and health care plan of the participant. Determine whether the AAA or RD will organize the billing process.

Older Americans Act Funding

Older Americans Act Title IIIC funding can be used to pay for nutrition counseling.

Voluntary contributions or donations towards the cost of the service can be encouraged. Example verbiage to use to ask for donations toward service, "If you have found this service to be beneficial, please consider donating an amount of which you are able in order for the program to continue providing these services to the community. All donations are voluntary. We thank you for your support."



Additional Resources

 Electronic Nutrition Care Process Terminology (AND): Standardized terminology for the Nutrition Care Process.

Marketing

"The toughest challenge is to sing your own praises. A dietitian must understand why his/her work is important and make a case for it." -Kathy Gillen, Journal of Academy of Nutrition and Dietetics

Dietitians are the Experts

Make it a point to explain why dietitians are the experts in this field. Most people do not know what registered dietitians are or the difference between "nutritionists" and "dietitians." It is important that the RD educate clients on the value of nutrition counseling. Promote an RD's value by sharing a document that explains the differences between a dietitian and nutritionist.

How to Assist AAA in Marketing Efforts

Social Media:

- Create videos with recipes, nutrition tips, nutrition counseling testimonials, and grocery store tours.
- Create or post content like blog posts on your professional pages for the AAA to share on their pages.

Website:

- Create a brief bio with headshot for the AAA to share on their website. If your online platform allows for it, consider providing an online scheduling option directly on the AAA website for clients to schedule a nutrition counseling consultation. Include RD contact information.
- Best Practice: An Area Aging on Aging in New York added the DETERMINE nutrition risk checklist on its website to give clients the ability to assess nutritional status. If the client is at moderate or high risk, the client is encouraged to contact the AAA or to see the client's health care provider.

Other Ideas:

- Assist AAAs with health fairs and grand openings and provide a booth for information about services the RD offers.
- Host "free" ten-minute discovery calls with virtual introductions.
- Coordinate with local universities' dietetics programs to assist with counseling sessions.
- Partner with nutrition education programs.
- Provide meal-site manager awareness and training about nutrition counseling.

Videos:

- Videos may increase engagement on social media channels, educate consumers, and reach audiences in a different way. Scan other websites with nutrition or cooking videos you enjoy, take notes, and ask the following questions:
 - How long was the segment?
 - What do you like about the video?
 - Did the video lead you to take further action?
 - Did anything detract from the video, such as jerky movement or poor sound quality?

Additional Resources

 Marketing NRCNA Issue Brief: More information about general marketing and examples.

Marketing Video Tips:

- Invest in good equipment like a webcam and microphone. Sound is important. People take 70% of their information from the sound, not the picture, so it has to be clear.
- Make sure the space is well-lit with no odd shadows.
- One- or two-minute segments are typically best in terms of clip length.
- Interviews should be close up.
- Don't wear red because it can look fuzzy on camera.

Examples Marketing Videos:

- Cooking demonstrations
- Event videos
- Expert interviews
- Participant interviews
- · Educational or how-to videos

"When people see your face and hear your tone of voice, they develop a trust in you, and they'll justify their decision to work with you based on that feeling." -Sara, Aase, Journal of the Academy of Nutrition and Dietetics