



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE



Bob Blancato, MPA

National Coordinator at Elder Justice Coalition and Defeat Malnutrition Today Coalition; Executive Director of National Association of Nutrition and Aging Services Programs

- Review policy updates related to older adult nutrition since 2019
- Explain pertinent changes in insurance coverage that affect nutrition care for older adults
- Present opportunities for dietitians to contribute to these trends

defeat **malnutrition** today

Coalition of over 100 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups

Share the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; work to create policy change toward a greater emphasis on screening, detecting, treating and preventing malnutrition

Nutrition Policy Developments

Introduction

Several important policy developments in the past few months

GAO report

Older Americans Act reauthorization

Funding for FY 2020-21

And a very recent development

Senior Nutrition and COVID-19

In recognition of the radical impact that the coronavirus will have on senior nutrition programs, Congress is responding

The House on March 13th passed H.R. 6201, the Families First Coronavirus Response Act

It contains \$250 million in emergency funds for senior nutrition programs under the Older Americans Act

Breakdown:

- Home-delivered meals: \$160 million
- Congregate meals: \$80 million
- Native American nutrition programs: \$10 million

Why?

Done to allow local programs to respond to changing dynamics, including:

- Closing of congregate programs and converting those participants into home delivered participants
- Expanded shelf stable and/or frozen meals
- Alternatives to eating in congregate sites such as grab and go meals

Senate expected to act this week and President supports

Why GAO Did This Study

The U.S. population is aging and, by 2030, the U.S. Census Bureau projects that one in five Americans will be 65 or older. Recognizing that adequate nutrition is critical to health, physical ability, and quality of life, the federal government funds various programs to provide nutrition assistance to older adults through meals, food packages, or assistance to purchase food.

This report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs, (2) nutrition requirements in federal nutrition assistance programs serving older adults and how these requirements are overseen, and (3) challenges program providers face in meeting older adults' nutritional needs. GAO reviewed relevant federal laws, regulations, and guidance and conducted a comprehensive literature search; visited a nongeneralizable group of four states—Arizona, Louisiana, Michigan, and Vermont—and 25 meal and food distribution sites, selected for a high percentage of adults 60 or older, and variations in urban and rural locations, and poverty level; and interviewed officials from HHS, USDA, states, national organizations, and local providers.

What GAO Recommends

GAO is making five recommendations, including that HHS develop a plan to include nutrition guidelines for older adults in a future update, and that HHS and USDA improve oversight of meal programs and provide additional information to meal providers to help them meet older adults' nutritional needs. HHS and USDA generally concurred with our recommendations.

View GAO-20-18. For more information, contact Kathryn A. Linn at (202) 512-7215 or kalin@ga.gov.

November 2019

NUTRITION ASSISTANCE PROGRAMS

Agencies Could Do More to Help Address the Nutritional Needs of Older Adults

What GAO Found

Research shows that nutrition can affect the health outcomes of older adults. Federal nutrition guidelines provide broad guidance for healthy populations, but do not focus on the varying nutritional needs of older adults. Department of Health and Human Services (HHS) data show that the majority of older adults have chronic conditions, such as diabetes or heart disease. Research shows that such individuals may have different nutritional needs. As older adults age, they may also face barriers, such as a reduced appetite, impairing their ability to meet their nutritional needs. HHS plans to focus on older adults in a future update to the guidelines, but has not documented a plan for doing so. Documenting such a plan could help ensure guidelines better address the needs of the population.

Of the six federal nutrition assistance programs serving older adults, four have requirements for food that states and localities provide directly to participants, and federal agencies oversee states' monitoring of these requirements. In HHS's and U.S. Department of Agriculture's (USDA) meal programs, states must ensure meals meet requirements. Yet, HHS does not gather information from states, such as approved menus, to confirm this, and localities in two of the four selected states said state monitoring of menus was not occurring. Further, USDA regional officials told GAO they lack information on how meal programs operate at adult day care centers as they primarily focus on other sites for their on-site reviews. Additional monitoring could help HHS and USDA ensure meal programs meet nutritional requirements and help providers meet older adults' varying needs.

Examples of Lunches Served to Older Adults through Nutrition Programs in Selected States



Source: GAO. | GAO-20-18

In the states GAO selected, meal and food providers of the four nutrition programs with nutrition requirements reported various challenges, such as an increased demand for services. Providers in three of the four states reported having waiting lists for services. Providers of HHS and USDA meal programs in all four states also reported challenges tailoring meals to meet certain dietary needs, such as for diabetic or pureed meals. HHS and USDA have provided some information to help address these needs. However, providers and state officials across the four states reported that more information would be useful and could help them better address the varying nutritional needs of older adults.

United States Government Accountability Office

GAO Report

Requested by DMT to Sens. Murray and Casey who in turn formally asked GAO

GAO spent 18 months on the report, available here:

<https://www.gao.gov/products/gao-20-18>

They interviewed experts and visited 25 meal and food distribution sites in four states (AZ, VT, MI, LA)

One immediate take-away was their recognition of the link between nutrition and health among older adults

GAO Findings

Existing programs do not sufficiently focus on the nutrition needs of all older adults, particularly those with chronic conditions

Nutrition providers are being challenged by the growing demand for medically tailored meals and meals reflecting cultural and religious dietary preferences

Neither the USDA or HHS/ACL are doing enough oversight and monitoring of meals served

GAO Recommendations



Among its key recommendations beyond more oversight and monitoring:



HHS should develop their plan for the 2025-2030 Dietary Guidelines revisions which are to focus on older adult nutritional needs



HHS needs a centralized location for information on meeting nutritional needs of older adults



USDA needs to better disseminate existing information on nutrition needs of older adults to Child and Adult Care Food Program (CACFP) providers

Benefits and Outcomes

The benefit of this report will be from the steps that are taken to provide more nutritious meals with federal funds for older adults

The report puts the burden on the federal agencies to do a better job of monitoring

But it also sends a message to Congress that increased funding for key nutrition programs for older adults such as the OAA is needed so that the different nutritional needs of older adults can be better met

- Of particular focus would be having new funding be provided for more medically tailored and culturally diverse meals

What is clear is that investments in senior nutrition provide a great return—better health and allowing older adults to remain out of hospitals and nursing homes

The DMT Response

We held a webinar on the GAO report with over 200 attendees

We look forward to working with USDA and HHS as well as interested members in Congress on further implementation of the GAO recommendations

Older Americans Act Agreement Reached

The Act's single largest and most successful programs are its nutrition programs which serve congregate and home-delivered meals

The House-Senate agreement known as the "Supporting Older Americans Act of 2020" reaffirms and strengthens the nutrition programs

Agreement is just waiting on President's signature

New Provisions

One of the more significant nutrition improvements in the bill is first-time screening for malnutrition as part of broader nutrition screening

The bill also adds “reducing malnutrition” as a purpose of the nutrition programs

These provisions came about from strong advocacy led by our DMT



Program	FY19 Final	FY20 Final
Older Americans Act Programs (HHS-ACL)		
Title III-C Nutrition Total	\$906.7 million	\$936.7 million
<i>Congregate Nutrition Program</i>	\$495 million	\$510 million
<i>Home-Delivered Nutrition Program</i>	\$251 million	\$266 million
<i>Nutrition Services Incentive Program</i>	\$160.7 million	\$160.7 million
Title VI Native Americans Nutrition/Supportive Services	\$34.2 million	\$34.7 million
Block Grants/USDA		
Social Services Block Grant (HHS-ACF)	\$1.7 billion	\$1.7 billion
Community Services Block Grant (HHS-ACF)	\$725 million	\$740 million
Community Development Block Grant (HUD)	\$3.3 billion	\$3.4 billion
Commodity Supplemental Food Program (USDA)	\$222.8 million	\$245 million

Funding for Federal Nutrition Programs Serving Older Adults

FY 2021 Funding

Attention must immediately turn to FY 2021, which begins in October

House is already writing its appropriations bills with Senate soon to follow

Room for increases is limited this year because of budget agreement from last year

However, still need to make as strong an ask as possible

Will be advocating for increases to all the programs on the previous slide

Asking you to help us make this case

New Coverage Decisions

Medicare Advantage Changes

Last year, CMS issued a final “call letter” for Medicare Advantage for the 2020 plan year

Final call letter provided examples of new supplemental benefits that could be covered for chronically ill, including:

- “Meals furnished to the enrollee beyond a limited basis, transportation for non-medical needs... and benefits to address social needs”
- Meals provided in a congregate setting and programs providing food and produce
- Clarified that ACL-funded programs are eligible for contracting with plans

Remains to be seen how many plans take advantage of this and offer these benefits this year and beyond

Post-ACA Dietetics Coverage

Medicare also covers personal nutritional counseling for people with diabetes or kidney disease

- Pays for three hours of dietary counseling during the first year the benefit is used and two hours in subsequent years
- Doctors can appeal for additional therapy if necessary
- Academy has been working to get more conditions covered through the Treat and Reduce Obesity Act

Congress approved the benefit in 2002, and under the Affordable Care Act (ACA), the counseling has been available without out-of-pocket costs to Medicare beneficiaries since 2011

Why So Few?

However, only 100,000 Medicare beneficiaries got the counseling in 2017 (even though there are approximately 15 million eligible beneficiaries)

Physicians and other health care professionals are likely unaware of the existence of this benefit and the positive results it could generate

Also may not know registered dietitian nutritionists and other nutrition professionals for referral purposes—patients must be referred through a physician

Other Nutrition Provisions in the ACA

The ACA has also improved access to preventive services for the general patient population

Nutrition counseling is now widely covered by many insurance plans

It is possible to obtain reimbursement for services including “healthy diet counseling” and “obesity screening and counseling”

What's Next?

What Does 2020 Have in Store?

DMT will continue with its stated mission of working to end older adult malnutrition through legislative and regulatory policy changes

This will include:

- Final work on passage of the OAA, followed by implementation of its malnutrition provisions
- Work to implement the recommendations of the GAO
- Work to achieve funding increases in key nutrition programs for older adults
- Work for passage of the Senate resolution on Malnutrition Awareness Week
- Ongoing work with CMS on adopting quality measures

Conclusions

Lots of opportunities out there for RDNs and other nutrition professionals, both in day-to-day work and in advocacy

Consider joining DMT through your hospital or health system or as an individual

Use our materials to raise the issue of older adult malnutrition with federal, state and local legislators

Participate in National Nutrition Month this month and in Malnutrition Awareness Week in October

Consider some of the opportunities outlined here to connect your patients or healthcare facilities to programs and resources to support malnourished and at-risk older adults

Help us with advocacy when we reach out!

Resources

Join our coalition! Info is on the Defeat Malnutrition Today website on how to join as an individual or an organization:

<http://defeatmalnutrition.today>

GAO Report:

<https://www.gao.gov/products/GAO-20-18>

DMT press statement on report:

<http://bit.ly/dmt-gao-release>

rblancato@matzblancato.com

