Academy of Nutrition and Dietetics

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June 19, 2017

Nancy J. Kessinger
Veterans Benefits Administration (20M33)
Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Re: Agency Information Collection Activity: Exam for Housebound Status or Permanent Need for Regular Aid and Attendance (OMB Control No. 2900-0721)

Dear Ms. Kessinger,

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit comments to the Department of Veterans Affairs (VA) related to its April 19, 2017 agency information collection "Exam for Housebound Status or Permanent Need for Regular Aid and Attendance." Representing more than 100,000 registered dietitian nutritionists (RDNs),[1] dietetic technicians, registered (DTRs), and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States and is committed to improving the nation's health through food and nutrition across the lifecycle.

1. Specific Suggestions for Form Revision

Alignment with Other Federal Programs' Criteria for Homebound Status

- Although VA Form 21-2680 (the "form") was last updated in 2015, the Academy recognizes that the VA's underlying criteria for assessing whether a veteran receives aid and attendance are largely defined in regulations that have not been updated since their issuance in 1979.[2] The statutory requirement defining whether a non-institutionalized veteran is homebound merely requires that the veteran be "substantially confined to his or her dwelling and the immediate premises."[3] Among government health care programs, there is significant variation in the criteria by which a beneficiary's homebound status is determined.
- The Academy questions the extent to which the VA has considered aligning its regulatory criteria for determining whether a veteran is "permanently housebound"

[1] The Academy recently approved the optional use of the credential "registered dietitian nutritionist (RDN)" by "registered dietitians (RDs)" to more accurately convey who they are and what they do as the nation's food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

[2] 28 C.F.R. §3.351

[3] 38 U.S.C. 1502(e), 1521(e).

(or, in Medicare's parlance, "homebound") with Medicare's recent clarification[4] of the calendar year 2012 HH PPS final rule published on November 4, 2011 (FR 76 68599-68600), and if the VA has determined this alignment is either undesirable or impracticable, provide its rationale for making that determination.

Use of Validated, Standardized Assessment Tools to Improve Care and Lower Costs

- The form examining a veteran's housebound status relies on the physician's documentation and diagnosis and providers' clinical documentation during evaluation, on routine nurse's notes, and on other caregivers. This is why the use of standardized tools and specific provider notes are an important part of the veteran's evaluation and treatment. Standardized tools, including validated nutrition assessment tools such as the Mini Nutritional Assessment (MNA), currently exist for measurement of functional status, physical and mental status and impairments and medication use. These tools provide a measurement for overall care needs of an individual and are thus critical for veterans' homebound determinations to ensure they receive continuous, comprehensive medical care in their home.
- The quality, utility, and clarity of the information to be collected would be enhanced by incorporating a validated nutrition risk screening tool into the criteria, defining what is needed regarding a nutrition assessment or diagnosis, and then including defined services to address the needs. In addition, there need to be clear instructions to the medical practitioner completing this form.
- Overall, our member experts concluded the nutrition section is inadequate; the form neglects to note significant factors, including BMI, diet order or texture modification, therapeutic diet prescriptions, history of weight loss, and chewing and swallowing statuses. Greater attention to nutrition assessment is critical; studies of individuals in developed countries showed that up to 15% of community-dwelling and home-bound elderly suffer from malnutrition.[5] Additionally, we note there are particular challenges facing patients with morbid obesity in assessing homebound status, increased risk of falls, and other concerns.[6]
- The Academy encourages the VA to align the form not only with dollars awarded but with "Best Practice" tools and language to capture nutrition risk and specific services needed to use dollars effectively to improve outcomes. Electronic collection of screening data along with Quality Outcomes collection should be integrated. We note that the Centers for Medicare and Medicaid Services has recently proposed inclusion of electronic quality measures for malnutrition, which will be helpful in assessing and improving health, particularly throughout various transitions of care.

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[4] *See* Home Health - Clarification to Benefit Policy Manual Language on Confined to the Home Definition. CMS website. Available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R172BP.pdf. Accessed June 15, 2017.

[5] Review Anorexia of aging: physiologic and pathologic. Morley JE. Am J Clin Nutr. 1997 Oct; 66(4):760-73.

[6] Brzezinski S. Morbid obesity: issues and challenges in home health. Home Healthc Nurse. 2008;26(5):290-7.

Estimate of Burden

- We also note that the burden of the collection of information on respondents may be understated, and best practices would include use of a validated nutrition screening and then integration of the information into the IMPACT Act Standardized assessment language or Nutritional Outcomes Data Quality Measures.

2. Limitations of the Form

The Academy offers several specific suggestions for revising or clarifying the form's questions and improving its effectiveness.

- There does not readily appear to be a mechanism for updating the form as a person's condition or status changes.
- We encourage the VA to work with professional societies to update language used related functional status.
- Section 26 (regarding managing medications) needs more detail for various medications, including administration of oral medication, insulin use, and respiratory treatments.
- Section 12 (regarding weight) is a standalone measurement, and thus provides no contextual benefit showing changes over various time periods.
- Section 14 ("Nutrition") is vague and lacks clarity as to what is assessed, how, and by what tools.
- Sections 21 and 22 (regarding preparing food and feeding himself/herself) are important questions but may benefit from more clear standards or definitions for answering them.
- Section 33 regarding out-of-home activity is highly appropriate, but without more specificity as to how these activities are classified, they cannot easily be measured.
- Evaluation does not refer to available community resources for out of home care, social activities, meals in community center, and other supportive resources. These wrap-around services, including home-delivered meal programs such as Meals and Wheels can be effective tools in reducing nutritional risk, improving diet quality, and increasing nutritional intake.[7]
- The Academy questions whether respondent burden answers are validated.
- We encourage the VA to re-review instructions for the form for vagueness and readability.

[7] Kretser AJ, Voss T, Kerr WW, Cavadini C, Friedmann J. Effects of two models of nutritional intervention on homebound older adults at nutritional risk. Journal of the American Dietetic Association. 2003;103(3):329-336. doi:10.1053/jada.2003.50052.

3. Conclusion

The Academy sincerely appreciates the opportunity to offer comments regarding "Exam for Housebound Status or Permanent Need for Regular Aid and Attendance." Please contact either Jeanne Blankenship by telephone at 312-899-1730 or by email at jblankenship@eatright.org or Pepin Tuma by telephone at 202-775-8277 ext. 6001 or by email at ptuma@eatright.org with any questions or requests for additional information.

Sincerely,

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