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Background and Purpose

According to Older Americans Act (OAA), The Assistant Secretary shall carry out a program to making grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects that --- ... (3) provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants.

Why should we focus on 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.

Nutrition is an essential part of successful aging, and nutritional intervention could delay the onset of disease. Research has proven that nutritional intervention can improve health outcomes, especially in those with chronic health conditions or malnutrition.

It is estimated that almost 80 percent of older adults have at least one chronic health condition, while half of all older adults have two or more (Bernstein, M., & Munoz, N., 2012). Due to the increased risk for chronic disease in older adults, there is also an increased risk for falls. Over 67 percent of falls prevention program participants indicate that they have multiple chronic conditions (Bailey, E.). Falls are among the leading causes of injury and death among adults aged 65 or older (Centers for Disease Control, 2020).

Although proper nutrition care can prevent or delay the onset of disease, nutrition counseling can also slow disease progression and reduce disease symptoms after chronic diseases have been diagnosed, such as diabetes.

In 2015, 30.3 million Americans or 9.4 percent of the population had diabetes. The percentage of older adults remains high at about 25 percent or 12 million seniors. Every year, 1.5 million Americans are diagnosed with diabetes (Centers for Disease Control, 2017). Nutrition counseling is an essential component for diabetes management.

According to one study, a majority of participants (62 percent) made dietary changes as a result of nutrition counseling with a registered dietitian. In addition, 43 percent noticed improved health outcomes (Schiller, M., Miller, M., et al, 1998).
Nutrition Education vs. Nutrition Counseling

According to the most recent Administration for Community Living’s State Performance Report, the definition for **Nutrition Counseling** is, “A standardized service as defined by the Academy of Nutrition and Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)” (Administration for Community Living).

**Nutrition Counseling:**
“A supportive process to set priorities, establish goals, and create individualized action plans which acknowledge and foster responsibility for self-care” (Academy of Nutrition & Dietetics).

**Medical Nutrition Therapy (MNT):**
“Involves in-depth individualized nutrition assessment and a duration of frequency of care using the Nutrition Care Process to manage disease” (Academy of Nutrition and Dietetics).

**Nutrition Education:**
“Reinforcement of basic or essential nutrition-related knowledge” (Academy of Nutrition & Dietetics).

**Examples:**

<table>
<thead>
<tr>
<th>Nutrition Education</th>
<th>Nutrition Counseling and/or MNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising heart-healthy classes in local newspaper or physician’s office</td>
<td>Physician sends Registered Dietitians a referral for counseling related to diabetes</td>
</tr>
<tr>
<td>Nutrition educator asks participants to take a brief questionnaire about cholesterol, fat, sugar intakes.</td>
<td>Registered Dietitian performs nutritional assessment with a participant.</td>
</tr>
<tr>
<td>Nutrition educator teaches a heart-healthy nutrition class to a group of older participants.</td>
<td>Registered Dietitian and participant meet to determine goals, care plan, and interventions and plan for follow-up visits.</td>
</tr>
<tr>
<td>Nutrition educator maintains a list of participants and outcomes data if needed.</td>
<td>Registered Dietitian documents MNT assessment and interventions. Shares with physician and keeps copy on file.</td>
</tr>
</tbody>
</table>

**Additional Resources**
- [Medical Nutrition Therapy Works for Seniors](#): A resource guide for dietitians and senior nutrition programs.
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.

Attributes to Look for in a Dietitian

- Self-Promotion
- Self Confidence
- Comfortable with technology
- Organized
- Friendly
- Self-Motivated
- Kind
- Understanding
- Empathetic
- Realistic
- Approachable
- Trustworthy

State Licensure Laws & Active Licensure Search

This Licensure Map provides licensure laws in each state. Each state should have board/agency website to search for the RD by name and licensure number in order to ensure the RD has an active license.
Where to Find RDs to Contract With:

Local Hospitals/Clinics

TIP: When making contact, request the RD or dietary department. Staff may be inpatient or outpatient staff. Some RDs will work as both, but AAAs may prefer to work with an outpatient RD.

Academy of Nutrition and Dietetics
- [Find a Nutrition Expert](#)
- [Check Local/State Chapters](#)

Dietitians in Health Care Communities
- Subgroup of the Academy of Nutrition and Dietetics that specializes in consultant RDs

Local grocery stores that staff RDs

Appendix A contains a sample RD contract.

Best Practices

- Offer multiple options for consultation: at the AAA’s office, at a congregate meal site, at the participant’s home, telehealth, or over the phone.
- Ensure there is privacy for participant before, during, and after counseling.
- Encourage follow-up consultations with the RD instead of just one session.

How to Refer Older Adults to Nutrition Counseling

AAA Best Practices

- Develop a priority screening by using participant registration forms. Participants who screen for high nutrition risk and who need assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) would be good candidates for nutrition counseling.
- Other screening questions to add may include questions relating to food insecurity and malnutrition.
  - Mini Nutritional Assessment
  - Evidenced Based Library – Malnutrition Screening Adults
  - AARP Resource Guide for Food Security Screening
- If the AAA has an Aging and Disability Resource Center (ADRC), Information and Assistance, and/or case management staff, consider hosting quarterly training sessions with the RD, so staff know what nutrition counseling is and how to refer individuals to the RD. Appendix B provides example ADRC scripts for staff.
- Connect with Evidence Based Programming to offer nutrition counseling after classes. Program leaders can provide information regarding nutrition counseling at the end of the programs.
- Create incentives for current participants to provide referrals. Examples include:
  - Gift cards or coupons for other businesses
  - “Free Meal” coupon at congregate meal program site
  - Free “goodies” that may have been donated or purchased
Hospital and Clinic Referrals

Make contact with each hospital and clinic in the area for referrals. Make sure the local hospital or clinic is aware of nutrition counseling services offered by the AAA. Here are some helpful tips:

- Compile a list of hospitals and clinics in the area.
- Schedule an appointment to meet with providers.
- Develop a referral program or process for providers to contact the AAA for referral (i.e. via email, electronic health record, phone call, etc.).
- Drop off a gift basket with business cards or flyers about AAA services.
- Follow up with providers periodically to show appreciation for referrals and remind providers of services offered by AAA.
- Determine services that a hospital or clinic can offer as well, to promote strong partnerships.
- Meet bi-monthly with providers to audit the referral program or process and determine what may be improved or changed.

Note: The Older American’s Act does not require a doctor’s order for nutrition counseling. Check with your local state policies.

Local Grocery Store or Pharmacy Referrals

Determine if local grocery stores employ a RD or have a pharmacy in-store by checking the website or calling the store. If there is pharmacy staff or a RD, make contacts for referrals. The grocery store staff or pharmacy staff may refer a client to the aging network programs for services.

Diagnoses or problems for pharmacy staff to refer for:
- Diabetes or poor glucose control (new diagnosis or increases in insulin/diabetes medication)
- Hyperlipidemia or heart disease (new statin medication)
- Weight issues (obesity or underweight)
- Dialysis/chronic renal disease
- Food allergies/intolerances

Additional Resources

- [Medical Nutrition Therapy Referral Form](#) 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.
- [Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process](#) from the National Recreation and Park Association. Provides recommendations to create referral processes and an example referral process map.
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 RD’s liability insurance before utilizing. If RD plans to bill insurance, check specific requirements related to telehealth services.
- Telehealth Guide from the Academy of Nutrition and Dietetics
- HHS Telehealth Information

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)
- Theranest
- Simple Practice
- WeCounsel
- Coreplus
- Practice Better
- Get Healthie
- VSee
- Zoom for Healthcare

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

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.
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. See the Nutrition Counseling Guide for Registered Dietitians for more information. 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: [Humana Well Dine Meal Program](#)). Look into [State Medicaid Profiles](#) 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 the 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.”

Marketing
How to Successfully Market Nutrition Counseling Services

• Partner with nutrition education programs and provide marketing materials for nutrition education leaders to discuss counseling options with participants.
• Coordinate with local universities for student-led nutrition counseling.
• Update AAA website with service information, images, and contact information.
• Host “free” ten-minute discovery calls with the RD.
• Provide meal site manager awareness and training about nutrition counseling.
• Host special events like Grand Openings, Health Fairs, etc. with a booth for the RD.
• Promote personal testimonies of participants and ask local media to publish stories.
• Connect with local partners. Use this asset map as an example to get started:
Six Steps for Marketing
1. Come up with a plan.
   • Who is the competition?
   • Who is the ideal client?
2. Determine how to brand.
3. Align organization’s teams.
4. Find the marketing focus.
5. Advertise.
6. Continue to update marketing strategies based on results and feedback.

How to Understand Competition and/or Partnership Opportunities
Ask some of these questions to get started:
1. Who is the competition?
2. Are there RD’s online that provide services?
3. Are there other practitioners that provide this service?
4. Are there local or online diet and fitness programs available?
5. If there are services available online or locally:
   • Where do they provide services?
   • What does their physical location look like?
   • Do they have a website? Is it user friendly?
   • What market does it look like they are catering to?
   • Do they advertise? If so, where?
   • What do they charge?
   • Do they partner with any other businesses or organizations?

Rethink the Term “Nutrition Counseling”
Sometimes the term “Nutrition Counseling” isn’t as welcoming. Using more personalized and friendly terms can make the service more attractive and less intimidating. Other ideas to try include:
» Nutrition Coaching
» Meet one-on-one with your Dietitian

Outside of RDs, there are no official state licenses or special certifications for health and wellness coaches. Many receive these certifications from private organizations. Anyone can call themselves a health coach, including a dietitian. Check the regulations within your state.

Examples for Marketing Materials

<table>
<thead>
<tr>
<th>Say This</th>
<th>Not That</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work 1:1 with our dietitian, Jocelyn, to focus on your nutrition goals.</td>
<td>Free 1:1 nutrition consultations are offered by appointment.</td>
</tr>
<tr>
<td>Our dietitian, Jocelyn, can work with you over the phone, at your home, or in our office.</td>
<td>Nutrition Counseling is available through appointment by our registered dietitian.</td>
</tr>
<tr>
<td>Our dietitian, Jocelyn, can offer guidance on meal planning.</td>
<td>The dietitian on staff can provide nutrition counseling.</td>
</tr>
</tbody>
</table>
How to Use Social Media for Marketing

- Make an effort to form relationships with other organizations through social networking. For example, like and share others’ posts on your own channels.
- Promote nutrition coaching frequently.
- Share personal testimonials of clients, with their permission.
- Maybe provide a freebie or useful advice. For example, “Try reducing the salt in your next recipe by just 1/4th. Most people don’t notice this small reduction of salt in recipes! Talk to our Dietitian, Jocelyn, about more helpful ideas.”
- The Nutrition and Aging Resource Center has plenty of posts to share or re-use on the social media pages.
- Promote the RD as well on social media – link to their professional accounts (if they have any). It may make the client more comfortable if they get to know the dietitian as well.
- Pick one or two platforms that work and consistently show up there.

Focus on Website

The website is a very important tool for advertising. Ensure your website looks great, is user friendly, and is easy to navigate. Think to yourself, would I want to use this website when looking for information and services for myself or a loved one?

- Add links to social media pages.
- Allow a way for participants to contribute or make donations online.
- Look into running paid targeted Facebook ads and Google ads.
- Look into Google Search Engine Optimization.
- Share participant testimonials online with participant’s permission. Try offering a reward or incentive for those who do provide a testimonial.
- Include contact information for dietitian, AAA nutrition coordinator, etc.

“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

Using Videos for Marketing

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?

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
Best Practices Nationwide

Lifecare Alliance in Columbus, Ohio
LifeCare Alliance developed a “SixtyPLUS program.” This program integrates the community based organization with the local emergency services department to refer older adults to services. Dietitians provide Medical Nutrition Therapy (MNT) to home delivered meal clients, and some outcomes include improvements in AIC and cholesterol levels.

Open Hand Atlanta
Open Hand Atlanta targeted rural areas that didn’t have access to dietitians at their local senior center. A telenutrition platform was used to provide group nutrition education and individual Medical Nutrition Therapy in a virtual setting. Equipment was provided at the senior centers to conduct the virtual programming.

New York City Department for the Aging
New York City Department for the Aging works with dietetic interns from local dietetic internships programs/colleges/universities to set up nutrition appointments, help with cooking demonstrations, conduct post-counseling surveys, and help lesson play for nutrition education. Nutrition counseling is conducted by RDs virtually via videoconferencing, and the interns help educate older adults to use technology. The Department distributed flyers at senior centers to market the program.

Tennessee
AAA developed a partnership with a local university’s dietetics program. The AAA works with the program director to coordinate students’ conducting telephone nutrition counseling sessions with nutrition program participants.
References


Appendix A: Sample Nutrition Contract

DISCLAIMER: This is a sample contract. Use your own counsel to adjust as you see fit.

Contract for Dietitian Services between ___________ and ___________.

This agreement is made by ___________ and between ___________, an independent 501(c)(3), (Address) hereinafter ‘Agency’ and, (Company or Individual), (Address), hereafter ‘Dietitian’ or ‘Contractor’.

The term of this contract shall be from ___________ to ___________.

The parties agree to the following:

Services

The Contractor will provide the following services of Nutrition Counseling.

I. Nutrition Counseling will consist of the provision of individualized advice and guidance to individuals (hereafter referred to as a “consumer”), who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status. Nutrition Counseling will be performed by a licensed registered dietitian in accordance with state law and policy. Nutrition Counseling consists of a one on one session(s) between a registered dietitian and a qualified participant.

II. Nutrition Counseling will be provided only to eligible consumers. Nutrition counseling is available to consumers that are 60 years old or older and determined to be at high-nutrition risk and/or have a medical condition that has the potential to put them at high nutritional risk.

III. The service will be delivered at the Consumer’s home, via the telephone or at a location that is approved by the Agency. If applicable, mileage for Dietitian must be approved by Agency prior to service delivery.

IV. The number of nutrition counseling sessions per consumer is based upon their individual needs and available funding. Contractor must obtain approval of any Consumer in need of more than two (2) sessions.

V. Contractor shall inform Consumers about Agency and general services as appropriate and forward any contact information to Agency for follow up with the Consumer’s permission.

VI. Contractor will maintain confidentiality and follow all applicable laws, rules, and guidelines.

Agency Responsibilities

The Agency will do the following:

I. Provide the Contractor with Nutrition Counseling referrals.

II. Process payment upon receipt of monthly reports in a timely manner, not to exceed thirty (30) days from Agency’s receipt of invoice.

III. Provide Contractor with demographic or Consumer specific information and documentation as appropriate.

IV. Conduct outreach and marketing efforts to educate providers and potential Consumers about the availability of Nutrition counseling through our partnership with Contractor.

V. Maintain confidentiality and follow all applicable laws, rules, and guidelines.

Payment

The Contractor will be paid for nutrition services as described in services.

I. Contractor shall be paid ______ per unit of service. Each unit shall consist of 15 minutes of Nutrition Counseling provided to a consumer.

II. Agency shall reimburse any mileage incurred for sessions held at the Consumer’s home or alternate location. Mileage must be approved by Agency prior to Contractor providing service. Mileage shall be reported in the Agency prescribed form and at the federal mileage rate. As of (date), that rate is (rate) per mile.

III. The total amount for this agreement shall not exceed (maximum amount) per Calendar Year. Contractor shall invoice Agency directly for services rendered.
Reports
Contractor will submit required reports for payment to be issued.
I. Aging and Disability Consumer Intake Form for each Consumer
II. Purchase of Service Billing Form that identifies the number of service units for each Consumer
III. Mileage Reimbursement Request Form

TERM/TERMINATION
Term. This Agreement shall commence as of ___________ and shall remain in effect until ___________. Notwithstanding the foregoing, this Agreement may be terminated earlier in accordance with the terms set forth below.

Termination by Either Party for Convenience. At any time during the term of the Agreement, either party may terminate this Agreement for any reason by giving thirty (30) calendar days’ notice in writing to the other party of the intention to terminate.

Termination Due to Default. If either party defaults in the performance of a material obligation under this Agreement and fails to cure such default within thirty (30) days after receipt of a written notice given by the other party demanding that the default be cured, the non-defaulting party may terminate this Agreement immediately upon giving a written notice of termination.

Termination by Agency Due to Funding or Direction from the Iowa Department of Aging. In the event of reduction, suspension, discontinuance, or other unavailability of funds provided by the Iowa Department on Aging, Agency may immediately terminate this Agreement without penalty. In the event, the Iowa Department of Aging directs Agency to directly provide the services contemplated in this Agreement, Agency may immediately terminate this Agreement without penalty. All outstanding amounts owed will be promptly paid and Agency will work with Contractor to notify Consumers of the change in services.

Termination Due to State Action. This Agreement is contingent upon the approval of the Iowa Department on Aging which has the right to review and approve all subcontracts between Agency and its Contractors. If the Iowa Department on Aging or any other state agency refuses to approve this Agreement, Agency may immediately terminate this Agreement. All outstanding amounts owed will be promptly paid and Agency will work with Contractor to notify Consumers of the change in services.

Rights on Termination. Termination of this Agreement for any reason shall be without prejudice to any rights which shall have accrued to the benefit of either party prior to such termination. Termination of this Agreement shall not relieve either party from obligations which are expressly indicated to survive termination, including, without limitation, the obligations arising in this contract.

INDEMNIFICATION AND LIMITATION OF LIABILITY
Each party agrees to hold the other harmless from any loss, claim or damage arising from the negligence or willful misconduct of its employees or agents. Throughout the term of this Agreement, each party will maintain general liability and professional liability insurance policies of at least $1,000,000 per event or occurrence and $3,000,000 in the aggregate. IN NO EVENT WILL AGENCY BE LIABLE FOR ANY INDIRECT, PUNITIVE, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, HOWEVER ARISING, EVEN IF AGENCY HAS BEEN PREVIOUSLY ADVISED OF THE POSSIBILITY OF SUCH DAMAGE. IN NO EVENT WILL AGENCY’S AGGREGATE LIABILITY FOR ALL CLAIMS ARISING OUT OF OR IN CONNECTION WITH THE SERVICES, THIS AGREEMENT, AND OTHERWISE EXCEED THE AMOUNT OF FEES ACTUALLY PAID OR PAYABLE BY AGENCY FOR THE APPLICABLE SERVICES WHICH ARE THE SUBJECT OF THE CLAIM.
RELATIONSHIP OF THE PARTIES
The parties to this Agreement understand and agree that their relationship is that of independent contractors. Nothing contained herein shall be construed or implied to create a partnership of joint venture between the parties, nor shall either party be considered an agent or employee of the other party.

NON-COLLUSION AND ACCEPTANCE
The undersigned attests that he/she is the contracting party, or a representative, agent, member, or officer thereof; that he/she has not, nor has any other member, representative, agent, or officer of the firm, company, corporation, or partnership represented him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion, or agreement to receive or pay; and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face of this Agreement.

_________________________________________  ___________________________________________
Signature                                                                                     Signature

_________________________________________  ___________________________________________
Date                                                                                           Date
Appendix B: ADRC Scripts

Call Center and Referral Staff scripts

If consumer is screening at high nutrition risk, you should contact them and say something like this:
Hello ___________, How are you doing today?

This is ___________ from ___________ (AAA Name) in ___________ (City). I am contacting you today as you filled out a nutrition risk screening recently and that determined that you are eligible for a 1:1 consultation with a registered dietitian.

Many topics could be discussed such as Heart Disease, High Blood Sugar, Weight Management, Digestive Concerns, Chronic Pain, Blood Pressure, and Nutritious Meals on a Budget.
The amount of time needed may be up to the dietitian and participant but may include multiple visits. If this something you are interested in?

(If yes):
(Connect the individual with the local Area Agency on Aging’s Registered Dietitian. Also provide their name, email address, and phone number. The Registered Dietitian will follow up with them to receive nutrition counseling).

When receiving a call from someone who is experiencing problems with an ongoing nutrition related health concern or a new diagnosis such as Diabetes, Kidney Disease, Obesity, malnutrition, etc., you can say something like this:

You mentioned having some difficulties with ___________ (Chronic Health concern such as Diabetes, Kidney Disease, Obesity, Heart Disease, Arthritis, etc.) OR you mentioned some interest in speaking with a dietitian related to your health.

I wonder if you would be interested in one-on-one nutrition counseling provided by a registered dietitian? Many topics may be discussed such as Diabetes, Heart Disease, High Blood Sugar, High Blood Pressure, Weight Management, Digestive Concerns, Chronic Pain, and Nutritious meals on a budget. The amount of time needed may be up to the dietitian and participant but may include multiple visits. Is this something you are interested in?

(If yes):
(Connect the individual with your Registered Dietitian. Also provide their name, email address, and phone number. The Dietitian will follow up with them to receive nutrition counseling).