REGISTERED DIETITIAN NUTRITIONIST SERVICES VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES VIRGINIA DIVISION FOR THE AGING SERVICE STANDARD

Definition

The Older Americans Act (OAA) requires that meal providers utilize the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services; and ensure that the project provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate.

The Administration on Aging defines nutrition counseling as the provision of individualized guidance to persons who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use; or to their caregivers. Nutrition counseling is provided one-to-one by a registered dietitian nutritionist (RDN), and addresses the options and methods for improving nutrition status.

In order to meet the OAA requirements for nutrition counseling, each Area Agency on Aging (AAA) nutrition program must create a policy on how this OAA requirement will be met. The AAA must employ or retain the services of a RDN through a contract or a partnership agreement. The program RDN must be available to the program in sufficient time to perform nutrition counseling and other nutrition related responsibilities, as determined by the AAA.

Credentials/Qualifications

Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) is an individual who has:

- completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
- met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
- completed a supervised practice program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
- successfully completed the Registration Examination for Dietitians;
- complied with the Professional Development Portfolio (PDP) recertification requirements.

7-12-19 Page | **1**

_

¹ Older Americans Act of 1965, as amended through P.L. 114-144, enacted 4-19-2016, Section 339 (A) (1)2 Older Americans Act of 1965, as amended through P.L. 114-144, enacted 4-19-2016, Section 339 (A) (2) (J)

² https://nutritionandaging.org/wp-content/uploads/2017/01/DetermineNutritionChecklist.pdf

In addition, it is preferred that the RDN have work experience or specialized training in gerontology or geriatrics, and the planning and supervision of food and nutrition services in home and community-based or facility-based settings.

Individual of Comparable Expertise

If a Registered Dietitian is not available through reasonable recruitment means, the AAA may use an individual with comparable expertise in the planning of nutrition services.

Individuals with comparable expertise will be defined as follows:

- An individual who has completed a minimum of a bachelor's degree at a US regionally
 accredited university or college and course work accredited or approved by the
 Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the
 Academy of Nutrition and Dietetics, or
- A dietetic technician, registered (DTR), who has met the following criteria to earn the DTR credential:
 - Completed a dietetic technician program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics, that includes 450 hours of supervised practice experience in various community programs, health-care and foodservice facilities and has completed at least a two year associate's degree at a U.S. regionally accredited college or university, or
 - Completed an ACEND accredited didactic program or coordinated program in dietetics and has completed at least a bachelor's degree at a U.S. regionally accredited college or university or foreign equivalent, and
 - After completing the degree and dietetics coursework, passing a national examination administered by the Commission on Dietetic Registration (CDR),
 - Completed continuing professional educational requirements to maintain registration status.

Either category of individual with comparable expertise shall be expected to have work experience or specialized training in gerontology or geriatrics, and the planning and supervision of food and nutrition services in home- and community-based or facility-based settings.

Individuals who are not considered to have comparable expertise are nurses, dietary managers, dietary supervisors, chefs, cooks, diabetes educators, home economists, food service managers, food service sanitarians, or extension agents unless they also meet one of the two sets of criteria listed above for individuals with comparable expertise.

Eligible Population

Nutrition services will be available to older individuals and to their caregivers, and may be made available to individuals with disabilities who are not older individuals but who reside in housing

facilities occupied primarily by older individuals at which congregate nutrition services are provided.³

<u>Nutrition Screening, Nutrition Assessment and Nutrition Counseling Service Delivery</u> Elements

Screening

Screening is used to identify characteristics associated with dietary or nutrition deficiencies, and to differentiate those at high risk for nutrition related deficiencies who should be referred for further assessment or counseling.

The "Determine Your Nutritional Health" Nutrition Screening checklist developed and distributed by the Nutrition Screening Initiative must be completed during assessment and reassessment for both congregate and home delivered meal services. This screening can be self-administered or conducted by anyone that interacts with older adults. It highlights the warning signs of poor nutritional status.

Questions to which the client answers "YES" may trigger the staff to ask additional questions regarding the client's nutritional health. The results of the Nutrition Screening checklist guides the following actions:

Score of 0-2 = Low nutritional risk; no further action needed at this time.

Score of 3-5 = Moderate nutritional risk; based on the answers to the questions, may need further screening or referral to community based resources; refer as appropriate.

Score of 6-10 = High nutritional risk; based on the answers to the questions, may need further screening or referral to a health care provider, social services, an RDN or other community based resources; refer as appropriate.

Score of 11 or higher and a "Yes" answer to question 9, "Without wanting to, I have lost or gained 10 pounds in the last 6 months," requires a referral to the AAA's RDN. In addition to other service requirements, AAA staff or contractors must also complete page 5 of the Uniform Assessment Instrument (UAI) as part of the RDN referral and maintain this additional documentation in the DARS approved client database. If the individual accepts the referral for nutrition counseling, then the RDN must complete page 6 of the Uniform Assessment Instrument (UAI) and maintain this additional documentation in the DARS approved client database. The RDN may use additional malnutrition screening and assessment tools. If the client refuses individual nutrition counseling, this must be documented within the program notes in the DARS approved client database.

7-12-19 Page | **3**

_

³ Older Americans Act, as amended through P.L. 114-144, enacted 4-19-2016, Section 339(A) (2) (I)

⁴ A list of such tools can be found at: https://www.ncoa.org/assesssments-tools/malnutrition-screening-assessment-tools/

Information such as additional questions and answers shall be documented on the NSI screen, in the comments section, in the DARS approved client database. Service referrals are completed as a *New Encounter*, then as a *CRIA2 Encounter* in the DARS approved client database.

Assessment/Reassessment

Assessment is a measurement of dietary or nutrition-related indicators, such as body mass index or nutrient intake, used to identify the presence, nature, and extent of impaired nutritional status.

Individuals screened by assigned AAA staff that are identified at highest nutritional risk will be offered additional assessment by the RDN for appropriate nutrition intervention and/or referral to other programs.

The "Determine Your Nutritional Health" Nutrition Screening checklist shall be updated when the individual's condition or situation has changed, but at least annually as part of the reassessment process.

Nutrition Counseling

All congregate and home delivered meal clients of the AAA will receive written information at orientation on the availability of the nutrition counseling service for those deemed high risk.

Based on the assessment, the RDN determines individual client nutrition needs, develops and implements a nutrition care plan, evaluates the client's outcomes and maintains documentation. Counseling may be provided to the client and/or caregiver at a congregate site, in home, office, or by phone. Written instruction and/or handouts are provided, as needed. Nutrition counseling sessions must be documented in the DARS approved client database within the program notes. Nutrition counseling notes are NEVER to be entered as *General Comments*.

Administrative Elements

Units of Service (Sessions)

Units of service must be reported in the DARS approved client database for each client receiving the nutrition counseling service.

- Sessions Service activities provided to a specific client one-to-one. A unit is one (1) session. A session is one event that lasts any part of an hour, up to one full day.
- Persons served (unduplicated) The number of persons who participate in a session. (Nutrition counseling is one to one.)

Job Description

The AAA must maintain a current and complete job description, which shall cover the scope of nutrition services provided by the RDN.

Optional Responsibilities of the RDN

The following is a non-inclusive list of responsibilities that may be expected of the RDN. The responsibilities of the RDN may vary depending on the hours employed/contracted, the structure of the AAA's nutrition program, whether meals are planned and prepared onsite or contracted out, etc.

- Menu Planning: the RDN plans menus considering individuals' preferences, meal satisfaction, dietary needs, dietary guidelines, food availability, and cost. The RDN reviews menus if other staff or contractors are responsible for planning menus.
- Menu Verification: the RDN reviews menus and performs nutrient analyses or completes
 meal pattern worksheets to verify that meals comply with menu planning guidelines,
 provide nutrient content requirements and are appropriate for the program and
 participants. The RDN reviews nutrient analyses or meal pattern worksheets if
 performed by others and verifies that meals comply with requirements.
- Monitoring Kitchens: the RDN monitors directly operated or subcontracted kitchens, caterers, and HDM packaging sites. The RDN reviews food and supply specifications, food quality and cost, food preparation methods, adherence to menu, use of standardized recipes and portion control, HDM and bulk food packaging, handling of leftovers, inventory and storage, temperature monitoring, compliance with the sanitary code and equipment maintenance.
- Monitoring Congregate Sites: the RDN checks food services including portion control
 and the serving of food, checking temperatures taken by site staff, compliance with the
 sanitary code, condition of equipment, handling of leftovers, serving of meals, and client
 satisfaction. The RDN checks that sites with kitchens are monitored and monitors client
 records and program functions such as meal records, assessments, contributions, etc.
- Monitoring Home Delivered Meal Delivery: the RDN checks food portions, temperature
 monitoring, and meal delivery including driver techniques, such as the handling of meals
 and carriers. The RDN observes client condition and solicits comments on meals and
 service. The RDN reviews assessment records, verifies eligibility, checks contribution
 procedures, etc.
- Nutrition Education Development: the RDN develops or reviews and approves nutrition information (handouts and/or presentations) and develops an annual nutrition education plan.
- Nutrition Education Presentations: the RDN provides group nutrition presentations at congregate sites. Other staff may present under the direction of the RDN. Dietetic students or interns may present under the direction of the RDN.
- Administration: the RDN prepares reports on monitoring activities, findings, recommendations, and nutrition education and counseling units of service. The RDN

attends staff meetings to review monitoring activities, provides technical assistance on program development, and comments on program policies and procedures. The RDN participates in statewide conference calls and trainings with other AAA RDNs and nutrition directors.

- Technical Assistance and Training: the RDN provides technical assistance and training in food service practices, food and equipment specifications, sanitary code, new products, production efficiency, staff requirements, kitchen plans, and the nutritional needs of the elderly.
- Staff Management: Other staff, under the direction of the RDN, may assist in the above, as well as, provide assistance with areas such as the use of computer software, networking with other agencies, initiating new services, contracting, client screening/assessments, application of program standards, developing job descriptions and job tasks, and reviewing and evaluating program costs and recommending cost saving measures.
- Diet Prescription Review: the RDN evaluates the diet orders, if any, and determines the type of diets to be provided by the program. The RDN reviews the appropriateness and necessity of nutrition supplements, if provided by the program.
- Case Management/Client Team Review: the RDN may participate in the team review and discussion of the client's assessment and care plan.
- Contract Management: the RDN may review, update, and procure new contracts related to food.