The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108

WILLIAM F. WELD
GOVERNOR

ARGEO PAUL CELLUCCI
LIEUTENANT GOVERNOR

FRANKLIN P. OLLIVIERRE
SECRETARY

PROGRAM INSTRUCTION

EOEA-PI-94-01

TO: Area Agencies on Aging
Home Care Corporations
Nutrition Projects
School Elder Lunch Programs

FROM: Franklin P. Ollivierre

DATE: February 16, 1994

SUBJ: Older American Act Title IIIF Nutrition Assessment Instrument

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Some Area Agencies on Aging are using Older Americans Act Title IIIF FY'92 funds for Nutrition Assessments.

The overall goal of this service is to identify elders who may be at nutritional risk and may be appropriate for a more intensive nutrition assessment and follow-up/intervention. This new service will be managed by the Area Agencies on Aging or subcontracted/subgranted to a provider. The services must be offered to older persons 60+, with priority to elderly with the greatest economic or social needs, with particular attention to low income minority individuals (this includes Home Care Program clients). No means test may be applied and no fees may be charged. However, elderly persons must be given the opportunity to make a voluntary contribution.

The purpose of this Program Instruction is to establish standard procedures for Nutrition Assessment, including the use of the Nutrition checklist cited in the Agreement statement of the Title IIIF grant. The nutritional Comprehensive Initiative for Community Linkages (CICLE) will be implemented by the Home Care Corporations in July 1994. A workgroup of representatives from the aging network will be formed soon to develop standard procedures for the CICLE initiative.

You may contact Shirley Chao, Director of Nutritional Services, at (617) 727-7750 Monday through Wednesday if you have any questions.

Standards Procedures:

a. Identification of Elders at Nutritional Risk

Area Agencies on Aging shall publicize this new service and undertake some case finding to identify elderly persons who will benefit from the service. One method of accomplishing this is through multidisciplinary meetings with case managers, nurses, nutritionists, etc., to discuss an elder's nutritional status. Another method of identifying elders at risk is through the use of the Nutrition Checklist (Attachment #1).

This checklist was created in early 1990 as the Nutrition Screening Initiative in an effort to promote nutrition screening and better nutritional care. It is a project of the American Academy of Family Physicians, the American Dietetic Association, and the National Council on the Aging, and an important indicator in health care for the elderly. It is based on the premise that better nutritional care can lead to improved health and outcomes when people are ill.

Copies of the checklist should be made available for distribution. One on one counselling is helpful to explain the program and the self administered checklist. After the instrument or checklist is completed, additional counselling may be necessary to evaluate the results and to develop a nutritional plan. Each elder who completes the checklist will receive a response regarding his/her nutritional status. Adequate records of the process and recommended action must be maintained for each person.

b. Comprehensive Nutrition Assessments and Intensive Intervention

Elders identified through multi-disciplinary review, or through the outcome of the Nutrition checklist, require more intensive nutritional intervention and should receive a comprehensive nutritional assessment (Attachment #2). This comprehensive nutritional assessment should be conducted by the qualified nutritionist (see Attachment #5) and should include the following:

- 24 hour food intake
- Anthropometrics - height , weight, Body Mass Index (BMI) and Knee/ankle measures (for the client who is bed bound or has severe osteroprosis).
- review of Drug use
- review of Clinical Features
- review of eating habits

- o review of Living Environment
- o review of Mental/cognitive Status

Older American Act Title III Nutrition Project Nutritionists are also prepared to provide and/or arrange for Comprehensive Nutritional Assessments.

c. Nutrition Plans

Elderly persons who receive a comprehensive nutritional assessment shall have a nutritional plan developed outlining appropriate follow-up and intervention.

Several types of intensive interventions may be appropriate to be included in the plan. The Area Agency on Aging will be required to provide, authorize and/or arrange for the following types of services for those elderly, when determined necessary, through a Comprehensive Nutritional Assessment:

- o Nutrition education and counselling a minimum of twice a year
- o Authorization of enhanced home delivered meals such as variety meal plans, which may include supper meal plans, seven days meal plans, and weekend meal plans,etc.
- o Weight management programs
- o Clinical diets such as Sodium Restricted diet, Diabetic diet, etc.
- o Referral services, which include social services, oral health, mental health, etc.
- o Follow up and monitoring to determine the final outcome

When physicians prescribe nutritional follow up related to particular diagnoses and medical conditions, Medicare Benefits may cover the cost of such nutritional related interventions. In these cases, use of other health provider nutritionists/nutritional departments may facilitate third party reimbursement and should be utilized for referral.

If the plan of action is to refer someone to a doctor, it is expected that there will be follow-up to ensure that a doctor has been seen. In so far as possible, it should be assured that the doctor's directions are being followed. Note referral forms to physician and others are attached (Attachment #3, #4).

As with the Nutrition Checklist, the intensive comprehensive assessments require a nutrition plan, careful follow up, including the results of referrals, monitoring, and complete documentation.

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's —

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

These materials developed and distributed by the Nutrition Screening Initiative, a project of:

AMERICAN ACADEMY OF FAMILY PHYSICIANS

THE AMERICAN DIETETIC ASSOCIATION

NCOA NATIONAL COUNCIL ON THE AGING, INC.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

DIET ASSESSMENT FORM

Date _____

Name _____ Age _____

Address _____ Phone # _____

_____

Doctor _____ Phone # _____

Height _____ Current Weight _____ Usual Weight _____

SPECIAL DIET

Sodium Restriction _____ Diabetic _____
Low Fat _____ Insulin Dependent _____
Low cholesterol _____ Other _____
Food Intolerance or Allergy _____

PHYSICAL DISABILITIES

Arthritis _____ Dentition _____
Mobility _____ Constipation _____
Other _____

NUTRITION EVALUATION

BREAKFAST

Juice/Fruit _____ Toast/Muffin _____
Cereal _____ Coffee/Tea _____
Milk _____ Butter/Margarine _____
Meat/Egg _____ Other _____

SUPPER

Beef/lamb/Pork _____ Bread _____
Poultry/Fish _____ Fruit _____
Cold Cuts/Hot Dogs _____ Fat _____
Starch _____ Dessert _____
Green Vegetables _____ Milk/Cheese _____
Orange Vegetables _____ Other _____

SNACKS

Cheese _____ Yogurt _____
Peanut Butter _____ Sweets _____
Canned Soup _____ Ice Cream _____

DIET ASSESSMENT FORM PAGE 2

COMMENTS:

_____

_____

_____

NUTRITIONIST EVALUATION:

_____

_____

_____

NUTRITION CONSULTATION REFERRAL FORM

Date _____

Client Name _____ Phone _____

Address _____

_____

Physician Name _____ Phone _____

Address _____

_____

Reason for Referral _____

_____

_____

Referred by _____

EOEA-PI-94-01 Attachment #3

PHYSICIAN REFERRAL FORM

Patient Name _____ Phone _____

Address _____

_____

Date of Birth _____

Medical Diagnosis _____

Other Related Medical Programs _____

Pertinent Labs (If Available)

BP _____ GLUCOSE _____ HCT _____

HT _____ CHOL _____ HGB _____

WT _____ HDL _____ ALBUMIN _____

LDL _____ BUN _____

TRIGLYCERIDES _____ CREATININE _____

Medications _____

Diet Order _____

Referring Physician _____

Date _____

Additional Comments _____

_____

_____

EOEA-PI-94-01 Attachment #4

ELDERLY NUTRITION PROGRAM
COMMUNITY NUTRITIONIST

Responsibilities

1. Provides nutrition assessment, education, counseling, and referrals for Elderly Nutrition Program participants.

2. Develops or obtains educational materials for patient use. when needed.

3. Develops nutrition policy and protocols for the local program based on State guidelines and recommendations.

4. Develops a nutrition plan with measurable goals and objectives.

5. Provides in-services to and acts as a resource for agency staff and health care providers.

6. Participates in case conferences, staff meetings, and yearly planning meetings.

7. Develops linkage with health care providers and community agencies for outreach and referral.

8. Participates in quality assurance review of program records, group education, and individual counseling.

Qualifications

Master's degree in food and nutrition, public health nutrition, or nutrition education from an accredited program; one year of community nutrition experience; RD preferred OR Bachelor's degree in food and nutrition, public health nutrition, or nutrition education from accredited program with two years of community nutrition experience; RD preferred.

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CICLE: NUTRITION COMPONENT

QUARTERLY REPORT

Home Care Corporation: _____

HCC Contact Person: _____

Quarter Ending Date: _____

1. Number of Clients Who Received a Comprehensive Nutritional Assessment During This Quarter: _____

2. Funding Source for Nutritional Assessments:

	Total # of Clients
Home Care, ECOP or MCIH Purchased Services:	_____
Title III:	_____
Other _____:	_____

3. Client Identification Numbers:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____