

**STATE OF CONNECTICUT**  
*DEPARTMENT OF SOCIAL SERVICES*  
**AGING SERVICES DIVISION STATE UNIT ON AGING (SUA)**  
**PROGRAM INSTRUCTION**



10/1/10

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Effective Date

**PROGRAM INSTRUCTION: SUA-SPI-10-02**

**SUBJECT:** Nutrition Services

This Program Instruction (PI) provides direction for the provision of assessment, nutrition education and counseling to participants in the Congregate (Community Café) and Home-Delivered meal programs of Connecticut's Elderly Nutrition Program.

This PI addresses the following nutrition related services: Form 5 Intake Assessment and Re-assessment, Nutrition Counseling, Congregate Nutrition Education and Home Nutrition Education. In order to comply with federal guidance and requirements, the following services will be provided:

**1. Form 5 Intake Assessment:**

The Form 5 Intake Assessment is defined as the completion of the Form 5 - Consumer Registration Form. The Form 5 Reassessment is defined as the complete update of the Form 5 - Consumer Registration Form. Each agency/provider collects information on this assessment to determine a participant's eligibility for Title III-C services based on the guidelines of the Older Americans Act of 1965 as amended and to determine a participant's nutritional risk score.

**Guidance:** The Form 5 Intake Assessment is finalized when the Form 5, which includes the nutrition risk screening, is completed. This assessment must be conducted for each participant in the program. Assessments may be conducted by participants or by staff deemed appropriate by the Area Agency on Aging (AAA). A staff member does not have to be a registered dietician or nutritionist. Participants who are determined through this assessment to have nutrition risk scores of six (6) or more must be referred for nutrition counseling.

Information collected on the Form 5 Intake Assessment and Reassessment must be entered into SAMS. The date on which the participant was assessed or reassessed must be recorded in two places, the SAMS Consumer Details in the row *Consumer Details Last Reviewed* and in the row *Date of Assessment* of the New Assessment and Reassess window. This is the date that is recorded in Section 1b of the Form 5. AAAs are encouraged to continue to collect other data related to nutrition and benefits that are not included on the Form 5 for management decision making purposes but these data elements are not required to be entered into SAMS.

Information recorded in the SAMS assessment must identify the nutrition provider for which the data is associated. This provider information is recorded in the New Assessment and Reassess windows of the SAMS Assessment screen. (Refer to *Adding Provider Information to the New Assessment and Reassess Windows*.)

**Congregate Meals:** The Form 5 Intake Assessment for new congregate meal participants is completed on site by the participant or site manager or by an assigned staff member. A Reassessment must be completed annually for each congregate meal participant. Information collected from the initial Form 5 Intake Assessment and Reassessment must be entered into SAMS.

**Home-delivered Meals:** A Form 5 Intake Assessment must be completed for each new homebound participant. This full assessment can be conducted on the telephone to provide meals temporarily until a face-to-face home visit occurs. A face-to-face home visit must be made within four weeks of the telephone intake to complete the Form 5 Intake Assessment. A Reassessment must be completed annually. If the full intake assessment cannot be completed prior to starting home-delivered meals due to exceptional circumstances, the SUA Nutritionist must be notified by the next business day and this must be documented. Initial assessment data for each participant must be entered into SAMS.

The Reassessment may be completed more often in situations where the participant is homebound for a temporary period of time. For example, in situations where a physician has referred the participant for home-delivered meals due to a temporary illness/disability that is expected to last less than twelve (12) months (i.e. six months), the reassessment, in these situations, is done at the end of the specified period of temporary illness/disability. Consumer records must be updated in SAMS when reassessments are performed.

Before meal delivery begins, prospective meal participants must be informed about the procedures for home visits which include their cooperation in the face-to-face home visit assessments and reassessments. If a participant refuses a face-to-face intake assessment or reassessment, the participant is ineligible for home-delivered meal service. Every effort should be made to complete the home visit assessment or reassessment before the home-delivered meal service is denied. This may include, for example, collecting assessment data from other reliable sources when a participant in need refuses to cooperate. If a home-delivered meal service is denied because the participant refuses the face-to-face intake assessment or reassessment, the State Unit on Aging (SUA) Nutritionist must be notified in writing within five (5) business days.

## **2. Nutrition Counseling**

**Definition:** Individualized guidance that is given to participants who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses or medication use or to caregivers of such persons. Nutrition counseling is provided one on one and addresses the options and methods for improving nutrition status. Counseling is provided one on one by a registered dietician or health professional in accordance with state law and policy. Such individuals include nutritionists, physicians and nurses that are licensed/certified by the State of Connecticut. Nutrition counseling must include a nutrition assessment. A nutrition assessment is the development of an individualized

profile of a participant's current nutritional status and the measures required to overcome any identified deficiencies. The unit for nutrition counseling is one session per participant.

**Guidance:** Nutrition counseling should not be limited to home-delivered meal participants; if applicable, it should also be provided to congregate meal participants. Persons that score six (6) or more on the Nutrition Risk Screening should have nutrition counseling based upon the meal recipient's needs. Since it may not be practical to provide nutrition counseling to every participant with a nutritional risk score of six (6) or more, AAAs can prioritize how they deliver nutrition counseling. For example, priority can be given to participants with the highest risk scores. If the AAA intends to prioritize service delivery, the AAA must submit the plan to the SUA that describes how this will be done. AAAs are encouraged to work with ENPs and registered dietitians to determine priorities. The AAA must submit their plan which outlines how services will be prioritized for nutrition counseling to the SUA by September 1<sup>st</sup> of each year. The AAA must receive written approval from the SUA before proceeding with its plan.

Nutrition counseling requires written, detailed documentation and it should include the participant's health and nutrition history, medication use and chronic illnesses. It should also include a description of the discussion, materials provided, and recommendations made to the participant such as foods to be avoided. Follow up to nutrition counseling is at the discretion of the dietitian. Participants can refuse nutrition counseling. Documentation of each person's refusal must be kept on file. If a follow-up visit is conducted, this would constitute another unit of service.

### **3. Nutrition Education**

By September 1st of each year, the Elderly Nutrition Projects (ENPs)/Caterers shall submit an annual nutrition education plan to the AAA with a copy to the SUA. The SUA will review and approve all plans. The SUA encourages AAAs, ENPs, and dietitians to work together to develop this plan. The format of this document shall follow the Nutrition Education Plan outline, which is provided in the Elderly Nutrition Program Application. In addition, the plan shall include at least two of the following topics: diabetes, bone health, heart disease, physical activity, obesity, fruits and vegetables, and dental/oral health. The SUA will provide technical assistance in developing outlines and providing resource materials on various topics for use by the ENP staff. Research indicates that behavioral change is directly related to the amount of nutrition education received. Nutrition education involves the communication of nutrition-related information that provides individuals, families, and communities with knowledge to make healthful food choices.

#### **a. Congregate Nutrition Education**

**Definition:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in a group setting. Congregate nutrition education is overseen by a registered dietitian or individual of comparable expertise including but not limited to a nutritionist, dietetic technician, physician, diabetic educator or nurse. Individuals with other

types of training must be approved by the SUA to provide congregate nutrition education. The unit for nutrition education is one session per participant.

**Guidance:** Each Community Café shall provide at least one nutrition education session per quarter. Nutrition education units cannot be recorded aggregately. Participants who participate in a meal program but not in the nutrition educational session even though registered for the meal should not be counted as a part of the educational group session. Documentation is not necessary for non participants in the congregate nutrition education program. Nutrition-related questions that are discussed with consumers following these sessions are considered an extension of the nutrition education session and are units of congregate nutrition education and not nutrition counseling. However, if the protocol for a counseling session is followed in responding to the requests/needs of the participants, then the session can be documented as a counseling session in addition to the educational session.

#### **b. Home Nutrition Education**

**Definition:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in an individualized setting. Home nutrition education is overseen by a registered dietician or individual of comparable expertise including but not limited to a nutritionist, dietetic technician, physician, diabetic educator or nurse. Individuals with other types of training must be approved by the SUA to provide Home-delivered nutrition education. Personal contact is required with the participant or caregiver to provide instruction and encouragement for sound dietary practices. The unit for nutrition education is one session per participant.

**Guidance:** Participants in the home-delivered meal program shall receive a nutrition education home visit, as appropriate. Under no circumstances can home nutrition education be recorded aggregately or with any type of aggregate identifier. All consumers must have a full name and address recorded in SAMS.

The SUA encourages the continuation of the distribution of educational materials. In accordance with Section 339 (2)(k) of the Older Americans Act, the SUA encourages individuals who provide nutrition services to homebound older individuals to also distribute “available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals’ communities.”

Since materials alone cannot be considered nutrition education, it is not necessary to complete a Form 5 for participants that are solely provided educational materials. This can be reported aggregately in the Site Visits Report that the AAAs submit to the SUA. Reported data must include the types, topics, dates and numbers of materials distributed.

Participants can refuse nutrition education. Written documentation of the home-delivered meal participant’s refusal must be kept on file. Written documentation includes the date, the topic, the reason for refusal and the signature and title of the agency staff person.

**Recording multiple nutrition services:** There may be times when a participant may receive more than one nutrition-related service (e.g. nutrition education and nutrition

counseling) during a visit. When more than one service is provided, each service can be recorded separately as long as each activity that is performed meets the definition of the service that is recorded. Attention should be given to ensure that the appropriate identification and documentation of topics and materials that are either discussed or distributed are on file to support the recorded service delivery. For example, if a registered dietitian/nutritionist is doing a Form 5 reassessment and home nutrition education visit with a participant and determines that the participant has a nutritional risk score of six (6) or more, the dietitian/nutritionist may proceed to do a nutrition assessment, nutrition education and nutrition counseling during that same visit. The nutrition education provided may be the topic initially planned for the quarter based on the population's need or may be an individualized topic for the participant. Material may or may not be issued. Nutrition counseling must include personal medical, dietary, biochemical and physical data. This information is used to determine the nutrient needs and recommended dietary plan that the participant receives. In this situation, there would be three activities performed: (1) reassessment; (2) nutrition education and (3) nutrition counseling. However, only nutrition education and nutrition counseling are recorded in SAMS as delivered services.

Each individual who receives nutrition counseling or nutrition education through the congregate or the home-delivered meal program must be registered in SAMS with a complete Form 5. The date on which the participant was assessed or reassessed must be recorded in two places, the SAMS Consumer Details in the row *Consumer Details Last Reviewed* and in the row *Date of Assessment* of the New Assessment and Reassess window. This is the date that is recorded in Section 1b of the Form 5. The units of nutrition counseling, congregate nutrition education and home nutrition education that a participant receives must be recorded in SAMS to the consumer's record either through the consumer's service delivery window or through a roster.

**LEGAL AND RELATED REFERENCES:**

**Older Americans Act of 1965, As Amended, Title III C**

**AoA Reporting Requirements for Titles III and VII**, August 2008, OMB Approval Number 0985-0008

**Older Americans Act Nutrition Programs Toolkit**, National Resource Center on Nutrition, Physical Activity & Aging, 2005

**Connecticut Statutes and Regulations** Chapter 384b Sec20-206m-n

**Community Services Policy Manual** - Section 17b-423-4

Community Services Manual - General Agency responsibilities

Nutrition Service Definitions

Adding Nutrition Provider Information to the New Assessment and Reassess Windows

Elderly Nutrition Program Application

**Disposition:** Retain for Reference  
**Distribution:** Area Agencies on Aging  
**Responsible Unit:** Aging Services, Margaret Gerundo-Murkette, (860) 424-5322  
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