

# Resident Nutrition Care

It takes a committed team to provide 'winning' resident care. Registered Dietitians (RDs); Dietetic Technicians, Registered (DTRs); and Certified Dietary Manager, Certified Food Protection Professionals (CDM, CFPPs) share responsibility for nutrition care as members of the healthcare team.

Many of these professionals have been unclear about their individual role in the provision of nutrition care. Fortunately, the Centers for Medicare and Medicaid Services (CMS) has clarified who can do what when it comes to nutritional documentation, and their answers are summarized here.

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## Background

Questions about role delineation began surfacing last fall when CMS issued revised guidance for surveyors addressing nutrition for long-term care residents (F325 - Nutrition) . The revised surveyor guidance—issued September 1, 2008—refers to language updates in interpretive guidelines and investigative protocol. CMS regulatory language makes it very clear that residents are to receive the highest possible quality care. But not so clear to CDM, CFPPs and RDs was the question of who is deemed a “qualified professional” in completing mandatory documentation relating to resident nutrition care.

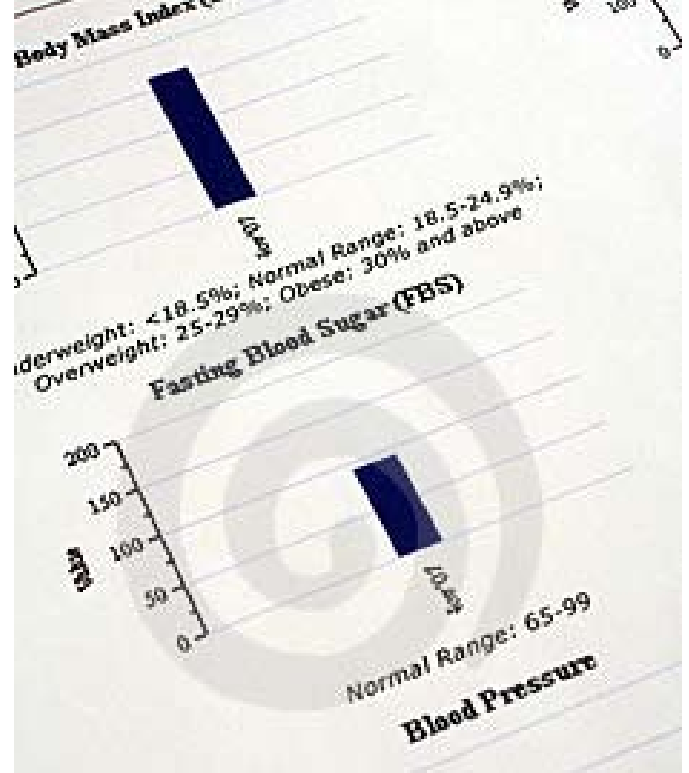
DMA formed a task force this year comprised of CDMs and RDs which met to identify roles of the nutrition care team. CDM, CFPPs are important members of the health-care team in long-term care, and acknowledge that RDs are the recognized experts in nutritional care. The group discussed how the training and certification of CDM, CFPPs supports the day-to-day nutritional needs of residents, the documentation appropriate for them to complete, and how these nutrition team members can most effectively work together.

CMS (F281) mandates that services being provided meet professional standards of quality, and are provided by appropriate qualified persons (e.g. licensed, certified). The Certifying Board for Dietary Managers has developed and published the CDM, CFPP Scope of Practice, most recently revised in 2008. This Scope of Practice clearly specifies that the CDM, CFPP will work together with a Registered Dietitian to provide quality nutritional care for clients, and perform nine specific nutrition-related tasks on a regular basis. While all CDM, CFPPs have knowledge of this Scope of Practice, it is a valuable tool for other healthcare professionals as well, and is provided with this article.

## Understanding What “Assessment” Means

“Assessment” is a term that’s often misunderstood and/or misinterpreted by healthcare team members. ADA’s definition of the nutrition assessment is “a systematic process of obtaining, verifying, and interpreting data in order to make decisions about the nature and cause of nutrition-related problems.” It is the first step in the ADA Nutrition Care Process.

CMS assigns a different meaning to “assessment” in F325. CMS guidance refers to a “comprehensive assessment,” which must be completed as part of the Minimum Data Set Assessment (MDS) process, as referred to in the Resident Assessment Instrument (RAI). The CMS term “comprehensive assessment” refers to completion of the MDS 2.0 assessment, whereas the ADA term “assessment” refers to step one in the nutrition care process. With two dif-



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ferent definitions and understandings of the same term—“assessment”—a clarification from CMS was necessary and appropriate. As such, the executive director of DMA’s Certifying Board for Dietary Managers wrote a letter CMS requesting clarification on assessments and other areas eliciting questions. CMS promptly wrote back. Their succinct interpretation of the intent of their regulations is helpful in clarifying the role of the CDM, CFPP regarding documentation in the MDS 2.0.

CMS is clear about the role of the CDM, CFPP as recorded in their written responses . The answers below assist surveyors in interpreting the regulatory language for F325 “Nutrition.”

The most often debated question is, “Can a CDM, CFPP complete section K of the MDS 2.0?” The answer is “yes.” The CMS language granting this permission is found in F281 which states, “Services are provided by appropriate qualified persons.” As stated earlier in this article, CDM, CFPPs are certified professionals, credentialed by the Certifying Board for Dietary Managers.

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# CDM, CFPP Nutrition Care Self Assessment Tool

Name \_\_\_\_\_ Date of Review \_\_\_\_\_

Qualification: CDM, CFPP     Yes     No

Skill	Competent		If No, Action Taken	Date
	Yes	No		
Current with certification as a CDM, CFPP				
Aware of CBDM's Scope of Practice, Professional Practice Standards, and CBDM's Continuing Education Requirements				
<b>CLINICAL AREA</b>				
Able to assign patients to appropriate nutrition risk category using facility-approved screening policy and procedure				
Able to use the Model for CDM, CFPP Role in Nutrition Care Flow Chart to determine appropriate action				
Able to identify diagnoses which have nutritional implications and document accordingly				
Able to accurately record weight status (IBW, UBW, BMI, etc.)				
Able to accurately record protein status utilizing facility-approved guidelines				
Able to estimate caloric needs appropriately, utilizing facility-approved guidelines				
Able to estimate protein needs appropriately, utilizing facility-approved guidelines				
Able to estimate fluid needs appropriately, utilizing facility-approved guidelines				
Able to follow facility guidelines for a change in diet order or nutrition intervention if nutrition screening warrants this change				
Refers needs for nutrition support (tube feeding, TPN) and high nutrition risk patients to the RD, according to facility-approved guidelines				
Provides, or makes appropriate referrals for nutrition counseling, utilizing facility-approved guidelines				
<b>NUTRIENT INTAKES</b>				
Able to analyze food intake appropriately				
Able to analyze macronutrients from PO feedings				
<b>DOCUMENTATION</b>				
Able to complete assigned sections of the RAI/Care Plan accurately and timely utilizing facility-approved guidelines				
Able to use Nutrition Notes and Nutrition Progress Notes appropriately and timely				
Able to implement nutritional interventions and document on the Interdisciplinary Care Plan utilizing facility-approved guidelines				
Able to communicate nutritional interventions or recommendations in appropriate manner				
Able to document on Discharge Summary appropriately				

## Goals for Improvement

Goal	Learning Need	Learning Plan

## Continuing Education Record/Plan

Clinical Nutrition Continuing Education (Topic) Needed	Program Attended/Completed	Number of Hours	Date

**Reviewed with RD/LD**

\_\_\_\_\_

CDM, CFPP Signature

\_\_\_\_\_

RD/LD Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date

### CMS Answers CBDM Questions

Following are the questions the CBDM posed to CMS, along with CMS's responses in quotes.

#### CBDM Question #1:

*May a CDM, CFPP continue to document nutrition related RAPs under the new guidance?*

**CMS Answer:** "Yes, as long as the preparer has the knowledge and skill to do so." Interpretive Guidelines state, "The assessment must accurately reflect the resident's status (F278) and the intent is to "assure that each resident receives and accurate assessment by staff that are qualified to assess relevant care areas and knowledgeable about the resident's status, needs, strengths, and areas of decline."

#### CBDM Question #2:

*May a CDM, CFPP continue to write a care plan and initiate such care?*

**CMS Answer:** "Yes, the discipline of the individual developing the care plan is not specified in the regulatory

language. However the registered nurse is responsible for conducting or coordinating the assessment and certifying the assessment, and results of the assessment are used to develop the comprehensive care plan."

#### CBDM Question #3:

*"May a CDM, CFPP complete and document a quarterly assessment (RAI) of a resident?"*

**CMS Answer:** "Yes, as long as the assessment is signed by the Registered Nurse who is responsible for conducting and coordination of the assessment."

#### CBDM Question #4:

*"Does CMS intend for each RAI document (MDS) prepared by a CDM, CFPP to be signed by a Registered Dietitian (RD)?"*

**CMS Answer:** "No, CMS does not require that a Registered Dietitian (RD) sign the resident assessment instrument (RAI)".

#### CBDM Question #5:

*(Continued on page 28)*

## Nutrition Screening

CDM, CFPP

### NUTRITION SCREENING\*

If Low-Risk (per facility standard)



- Completes MDS Section K
- Completes RAP
- Develops Care Plan

If Risk Warrants (per facility standard)



- Implements Established Protocols\*\*
- Completes MDS Section K
- Completes RAP
- Develops an Initial Care Plan (refer to RD)

CDM, CFPP

### NUTRITION CARE PROCESS\*

- Initiates Nutrition Care Process (including in-depth assessment, nutrition diagnosis, nutrition intervention, nutrition monitoring and evaluation)
- Review MDS
- May Update RAP
- Updates Care Plan; May Revise Goal



\* Per systematic, documented process and procedures developed/approved by RD and Standards of Professional Practice developed by DMA

\*\* These protocols would be facility specific

*“Does CMS condone having an RD complete an assessment via fax using data collected by the CDM, CFPP and/or other members of the healthcare team?”*

**CMS Answer:** CMS expects that an assessment be completed at the facility in order to properly evaluate the resident”.

**CBDM Question #6:**

*“In defining a qualified professional, does CMS require documentation of the professional competency beyond certification?”*

**CMS Answer:** “No, not unless there is an identified negative outcome that results in questioning the professional’s qualifications.”

If a facility follows the answers provided by CMS above, will the facility be compliant with F325? When the resident’s nutrition health and care is not compromised, the facility is compliant with F325 and F281 . Conversely, if the resident’s health is compromised, then the first thing CMS

will do is look for the ‘in-depth’ nutrition assessment and other supporting documentation. In other words, completion of the MDS and care plan is not the final responsibility of the nutrition care team. Rather it is a starting point for further intervention with some residents. Additional assessment and evaluation tools are certainly appropriate and even indicated when any resident’s health is compromised. It is at this point that the RD is accountable for the next step, as determined by facility specific policies and procedures.

**Facility Implementation of This CMS Clarification**

1. The facility is responsible for ensuring that their dietary manager is qualified, and a CDM, CFPP is definitely qualified, based on their Scope of Practice.
2. The CDM, CFPP works in concert with the Registered Dietitian to complete the documentation as required by CMS and the facility in order to accomplish the CMS goal of ensuring that residents receive the highest possible quality of care.

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 for dietary managers



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### Nutrition Documentation Readiness for CDM, CFPPs

This course is designed to enhance your clinical nutrition practice competencies. It is a tool for CDM, CFPPs to assure that your competencies are relevant to current nutrition documentation skills. Learn:

- What a CDM, CFPP is qualified to do and what factors influence those decisions.
- How to examine common forms for nutrition risk, weight status, nutrient intake, etc.
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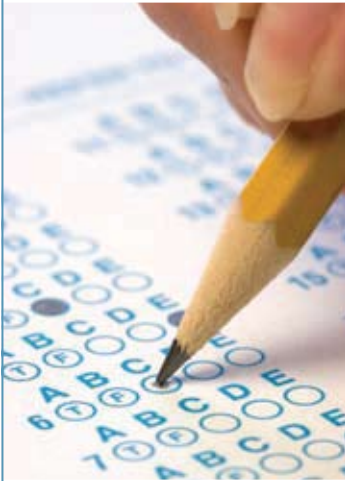
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# CDM, CFPP Scope of Practice



NUTRITION MANAGEMENT OF FOODSERVICE SANITATION HUMAN RESOURCE MANAGEMENT

**A** Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) has passed a nationally recognized credentialing exam offered by the Certifying Board for Dietary Managers. Continuing education is required to maintain these credentials. The exam is written by content experts, and administered by The American College Testing Program (ACT). The exam consists of 200 questions that have been pre-tested and proven valid and reliable. Questions cover 10 competency areas which fall under four major headings: Nutrition, Management of Food Service, Sanitation, and Human Resource Management. The CDM, CFPP credentials indicate that these individuals have the training and experience to competently perform the responsibilities of a dietary manager.

CDM, CFPPs work together with registered dietitians to provide quality nutritional care for clients and perform the following tasks on a regular basis:

- Conduct routine client nutritional screening which includes food/fluid intake information
- Calculate nutrient intake
- Identify nutrition problems
- Implement diet plans and physicians' diet orders using appropriate modifications
- Utilize standard nutrition care procedures
- Document nutritional screening data in the medical record
- Review intake records, do visual meal rounds, and document food intake
- Participate in client care conferences
- Provide clients with basic diet information
- Specify standards and procedures for food preparation
- Continuously improve care and service using quality management techniques
- Supervise preparation and serving of therapeutic diets and supplemental feedings
- Manage a sanitary foodservice environment
- Protect food in all phases of preparation, holding, service, cooling, and transportation
- Purchase, receive, and store food following established sanitation and quality standards
- Purchase, store, and ensure safe use of chemicals and cleaning agents
- Manage equipment use and maintenance
- Develop work schedules, prepare work assignments
- Prepare, plan, and conduct departmental meetings and in-service programs
- Interview, hire, and train employees
- Conduct employee performance evaluations
- Recommend salary and wage adjustments for employees
- Supervise, discipline, and terminate employees
- Supervise business operations of dietary department
- Prepare purchase specifications and orders for food, supplies, and equipment
- Develop annual budget and operate within budget parameters
- Develop and implement policies and procedures



3. The nutrition care team members are responsible to know the CDM, CFPP Scope of Practice, and to know their specific state licensure laws.
4. The CDM, CFPP is responsible for validating their nutrition care skills. The utilization of the 'CDM, CFPP Nutrition Care Self-Assessment Tool', published by the Dietary Managers Association, is an excellent starting point for self assessment and for communication with the RD.
5. The CDM, CFPP is responsible for professional continuing education, and may find that continuing education in the arena of nutrition care is warranted. Dietary Managers Association has several resources available for the CDM, CFPP in which to meet these educational needs.
6. The CDM, CFPP may complete Section K of the MDS 2.0, the RAP (if triggered) and the interdisciplinary care plan.
7. The RD is responsible for the in-depth nutrition assessment, as outlined in Step 1 of the Nutrition Care Plan. Portions of this task, such as the Nutrition Screening, may be assigned to the CDM, CFPP. Nutrition screening is a task for which CDM, CFPPs are trained and certified.
8. The RD is responsible for developing and implementing relevant policies and procedures for resident nutritional care within the facility. These policies and procedures form the framework for a systematic approach to assign tasks, collect data, and monitor resident progress. These policies will govern the facility's implementation of the care provided by the team members. When a resident falls outside of the parameters of the nutrition care policies, it is the responsibility of CDM, CFPP to refer this resident to the RD for further evaluation.

### Summing it Up

Professional role delineation is not an easy process, even when it involves nutrition professionals all working toward a common goal—optimal nutrition care for residents. Dietary Managers Association appreciates the assistance of CMS to clarify the regulatory language in F325 for all healthcare team members. This valuable information will allow for maximization of the skills and talents of all nutrition care professionals to be part of a committed winning team. DM

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Becky Rude, MS, RD, CDM, CFPP is chair of the Certifying Board for Dietary Managers, which is responsible for DMA's certified dietary manager, certified food protection professional (CDM, CFPP) credential. Rude is the program director for the dietary manager training program at the University of North Dakota.

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### DMA Webinar



**Thursday, November 12,  
2009 · 1 p.m. (CST)**

## Nutrition Care—Scope of Practice for the CDM, CFPP

Learn and discuss the Scope of Practice of the CDM in client nutrition care. Becky Rude, RD, CDM, CFPP will facilitate the discussion by reviewing CMS guidelines, CDM, CFPP Scope of Practice, and discuss tools provided by DMA useful to both the CDM and RD in assigning roles for client nutrition care. Rude is the dietary manager training program director for the University of North Dakota and chair for the Certifying Board for Dietary Managers. She has over 30 years of experience in the field of dietetic practice.

What you will learn:

- Who is authorized to deliver nutrition care (for specific tasks)
- Who is accountable for nutrition care
- What policies and procedures should specify regarding nutrition care
- Where to find your state's licensure laws (if any) to learn what they say about nutrition care

Price: \$50 for DMA Members (includes 2 CE hours and site fee); \$60 for non-member site

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