

Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities



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ABSTRACT

Intellectual and developmental disabilities (IDD) encompass both intellectual disabilities (ID) and developmental disabilities (DD). In 2016, 7.37 million people in the United States and 200 million worldwide were identified with an ID or DD. Approximately 1 in 6 (17.8%) children have been identified with a DD in the United States, which is up from 16.2% in 2009-2011. Globally, 52.9 million children from birth to 5 years of age have been identified with a DD. Registered dietitian nutritionists (RDNs) have an important role in the treatment of this population, as optimizing nutrition status improves cognition and quality of life. The Behavioral Health Nutrition Dietetic Practice Group, with guidance from the Academy of Nutrition and Dietetics Quality Management Committee, has revised the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for RDNs in Intellectual and Developmental Disabilities for 3 levels of practice—competent, proficient, and expert. The SOP uses the Nutrition Care Process and clinical workflow elements for care of individuals with an ID or DD. The SOPP describes 6 domains that focus on professionalism. Indicators outlined in the SOP and SOPP depict how these standards apply to practice. The SOP and SOPP are complementary resources for RDNs caring for individuals with an ID or DD. The SOP and SOPP are intended to be used by RDNs for self-evaluation to assure competent practice and for determining potential education and training needs for advancement to a higher practice level in a variety of settings.

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Editor's note: Figures 1 and 2 that accompany this article are available online at www.jandonline.org.

THE BEHAVIORAL HEALTH Nutrition (BHN) Dietetic Practice Group (DPG) of the Academy of Nutrition and Dietetics (Academy), under the guidance of the Academy Quality Management Committee, has revised the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians in Intellectual and Developmental Disabilities (IDD) originally published in 2012.¹ The revised document, Academy of Nutrition and Dietetics: Revised 2020 Standards of

Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities, reflect advances in IDD practice during the past 8 years and replace the 2012 Standards. This document builds on the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs.² The Academy of Nutrition and Dietetics/Commission on Dietetic Registration's (CDR) Code of Ethics for the Nutrition and Dietetics Profession,³ along with the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs² and Revised 2017 Scope of Practice for the RDN,⁴ guide the practice and performance of RDNs in all settings.

Scope of practice in nutrition and dietetics is composed of statutory and individual components; includes the code(s) of ethics (eg, Academy/CDR,

other national organizations, and/or employers codes of ethics); and encompasses the range of roles, activities, practice guidelines, and regulations within which RDNs perform. For credentialed practitioners, scope of

*Approved July 2020 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the Executive Committee of the Behavioral Health Nutrition Dietetic Practice Group of the Academy. **Scheduled review date: September 2026.** Questions regarding the Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Intellectual and Developmental Disabilities may be addressed to Academy Quality Management Staff: Dana Buelsing, MS, manager, Quality Standards Operations; and Carol J Gilmore, MS, RDN, LD, FADA, FAND scope/standards of practice specialist, Quality Management at quality@eatright.org.*

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All registered dietitians are nutritionists—but not all nutritionists are registered dietitians. The Academy's Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Registered Dietitian (RD) may optionally use "Registered Dietitian Nutritionist" (RDN). The two credentials have identical meanings. In this document, the authors have chosen to use the term *RDN* to refer to both registered dietitians and registered dietitian nutritionists.

practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.⁴ An RDN's statutory scope of practice can delineate the services an RDN is authorized to perform in a state where a practice act or certification exists. For more information, see <https://www.eatrightpro.org/advocacy/licensure/licensure-map>.

The RDN's individual scope of practice is determined by education, training, credentialing, experience, and demonstrating and documenting competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. Professional advancement beyond the core education and supervised practice to qualify for the RDN credential provides RDNs practice opportunities, such as expanded roles within an organization based on training and certifications, if required; or additional credentials (eg, focus area CDR specialist certification, if applicable; Certified Nutrition Support Clinician [CNSC], Certified Diabetes Care and Education Specialist [CDCES]). The Scope of Practice Decision Algorithm (www.eatrightpro.org/scope) guides an RDN through a series of questions to determine whether a particular activity is within their scope of practice. The algorithm is designed to assist an RDN to critically evaluate their personal knowledge, skill, experience, judgment, and demonstrated competence using criteria resources.⁵

The Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, Hospital⁶ and Critical Access Hospital⁷ Conditions of Participation now allow a hospital and its medical staff the option

of including RDNs or other clinically qualified nutrition professionals within the category of "nonphysician practitioners" eligible for ordering privileges for therapeutic diets and nutrition-related services if consistent with state law and health care regulations. RDNs in hospital settings interested in obtaining ordering privileges must review state laws (eg, licensure, certification, and title protection), if applicable, and health care regulations to determine whether there are any barriers or state-specific processes that must be addressed. For more information, review the Academy's practice tips, which outline the regulations and implementation steps for obtaining ordering privileges (<http://www.eatrightpro.org/dietorders/>). For assistance, refer questions to the Academy's State Affiliate organization.

Medical staff oversight of an RDN(s) occurs in 1 of 2 ways. A hospital has the regulatory flexibility to appoint an RDN(s) to the medical staff and grant the RDN(s) specific nutrition ordering privileges or can authorize the ordering privileges without appointment to the medical staff. To comply with regulatory requirements, an RDN's eligibility to be considered for ordering privileges must be through the hospital's medical staff rules, regulations, and bylaws, or other facility-specific process.⁸ The actual privileges granted will be based on the RDN's knowledge, skills, experience, and specialist certification, if required, and demonstrated and documented competence.

The Long-Term Care Final Rule published October 4, 2016 in the *Federal Register*, now "allows the attending physician to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law" and permitted by the facility's policies.⁹ The qualified professional must be acting within the scope of practice as defined by state law and is under the supervision of the physician, which may include, for example, countersigning the orders written by the qualified RDN or clinically qualified nutrition professional. RDNs who work in long-term care facilities should review the Academy's updates on CMS that outline the regulatory changes to §483.60 Food and Nutrition Services ([https://www.eatright](https://www.eatrightpro.org/practice/quality-management/national-quality-accreditation-and-regulations/centers-for-medicare-and-medicaid-services)

[pro.org/practice/quality-management/national-quality-accreditation-and-regulations/centers-for-medicare-and-medicaid-services](https://www.eatrightpro.org/practice/quality-management/national-quality-accreditation-and-regulations/centers-for-medicare-and-medicaid-services)). Review the state's long-term care regulations to identify potential barriers to implementation and identify considerations for developing the facility's processes with the medical director and for orientation of attending physicians. The CMS State Operations Manual, Appendix PP-Guidance for Surveyors for Long-Term Care Facilities contains the revised regulatory language (revisions are italicized and in red color).¹⁰ CMS periodically revises the State Operations Manual Conditions of Participation; obtain the current information at <https://cms.gov/files/document/appendices-table-content.pdf>.

ACADEMY QUALITY AND PRACTICE RESOURCES

The Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs² reflect the minimum competent level of nutrition and dietetics practice and professional performance. The core standards serve as blueprints for the development of focus area SOP and SOPP for RDNs in competent, proficient, and expert levels of practice. The SOP in Nutrition Care is composed of 4 standards consistent with the Nutrition Care Process and clinical workflow elements as applied to the care of patients/clients/populations in all settings.¹¹ The SOPP consist of standards representing the following 6 domains of professional performance: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. The SOP and SOPP for RDNs are designed to promote the provision of safe, effective, efficient, equitable, and quality food and nutrition care and services; facilitate evidence-based practice; and serve as a professional evaluation resource.

These focus area standards for RDNs in IDD provide a guide for self-evaluation and expanding practice, a means of identifying areas for professional development, and a tool for demonstrating competence in delivering IDD nutrition and dietetic services. They are used by RDNs to assess their current level of practice and to

determine the education and training required to maintain currency in their focus area and advancement to a higher level of practice. In addition, the standards can be used to assist RDNs in general clinical practice with maintaining minimum competence in the focus area and by RDNs transitioning their knowledge and skills to a new focus area of practice. Like the Academy's core SOP in Nutrition Care and SOPP for RDNs,² the indicators (ie, measurable action statements that illustrate how each standard can be applied in practice) (see [Figures 1 and 2](#), available at www.jandonline.org) for the SOP and SOPP for RDNs in IDD were revised with input and consensus of content experts representing diverse practice and geographic perspectives. The SOP and SOPP for RDNs in IDD were reviewed and approved by the Executive Committee of the BHN DPG and the Academy Quality Management Committee.

THREE LEVELS OF PRACTICE

The Dreyfus model¹³ identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) (refer to [Figure 3](#)) during the acquisition and development of knowledge and skills. The first 2 levels are components of the required didactic education (novice) and supervised practice experience (advanced beginner) that precede credentialing for nutrition and dietetics practitioners. Upon successfully attaining the RDN credential, a practitioner enters professional practice at the competent level and manages their professional development to achieve individual professional goals. This model is helpful in understanding the levels of practice described in the SOP and SOPP for RDNs in IDD. In Academy focus areas, the 3 levels of practice are represented as competent, proficient, and expert.

Competent Practitioner

In nutrition and dietetics, a competent practitioner is an RDN who is either just starting practice after having obtained RDN registration by CDR or an experienced RDN recently transitioning their practice to a new focus area of nutrition and dietetics. A focus area of nutrition and dietetics practice is a

With safety and evidence-based practice¹⁴ as guiding factors when working with individuals/populations, the RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable.

The Academy offers a webinar, "Evidence-Based Nutrition Using Scientific Evidence to Inform Clinical Practice" (www.eatrightstore.org/cpe-opportunities/recorded-webinars) that presents the 5-step evidence-based process as a mechanism to acquire and critique evidence for practicing evidence-based nutrition care. The RDN is responsible for searching literature and assessing the level of evidence to select the best available evidence to inform recommendations. RDNs must evaluate and understand the best available evidence in order to converse authoritatively with the interprofessional team and adequately involve the patient/client/customer/population in shared decision making.

defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.¹⁴ A competent practitioner who has achieved credentialing as an RDN and is starting in professional employment consistently provides safe and reliable services by employing appropriate knowledge, skills, behavior, and values in accordance with accepted standards of the profession; acquires additional on-the-job skills; and engages in tailored continuing education to further enhance knowledge, skills, and judgment obtained in formal education.¹⁴ A general practice RDN can include responsibilities across several areas of practice, including, but not limited to, community, clinical, consultation and business, research, education, and food and nutrition management.

An RDN new to providing care and services to individuals with IDD, even those with considerable experience in other practice areas, must begin at the competent level. RDNs may use resources (see [Figure 4](#)) and seek out more experienced practitioners to add depth and breadth to their knowledge, skills, and responsibilities in IDD nutrition and dietetics. In addition, the RDN may discover new modes of communication and learn to speak with each individual who presents in

unique ways based on their needs. Competent-level RDNs need to build knowledge regarding the types of IDD and the characteristics and behaviors of individuals experiencing these conditions. Additional training may come from a facility or course specific to IDD, including potential coexisting mental health diagnoses. It is important for RDNs to identify the side effects of prescribed medications, dietary supplements, and integrative and functional medicine products used with or by the IDD population. The potential impact may lead to deficiencies or excess of nutrients.

Proficient Practitioner

A proficient practitioner is an RDN who is generally 3 or more years beyond credentialing and entry into the profession and consistently provides safe and reliable service; has obtained operational job performance skills; and is successful in the RDN's chosen focus area of practice. The proficient practitioner demonstrates additional knowledge, skills, judgment, and experience in a focus area of nutrition and dietetics practice. An RDN may acquire specialist credentials, if available, to demonstrate proficiency in a focus area of practice.¹⁴

Proficient practitioners have developed a deeper understanding of IDD care and are better equipped to apply evidence-based guidelines and best practices than the competent-level RDN. RDNs working with individuals with IDD have gained additional knowledge in person-centered planning and working with the interdisciplinary team (see [Figure 5](#)). RDNs have obtained work experience in delivering medical nutrition therapy, feeding, and complex medical issues (see [Figure 6](#)), and a further understanding of the side effects of prescribed medications, dietary supplements, and integrative and functional medicine products and their influence on altered mental state, toxicity, or deficiencies. In addition, RDNs have developed an understanding of communication methods used by individuals with IDD and communication tool options, as well as learned techniques for providing education to this population with complex needs. These RDNs may have obtained additional focused skill development in working with a variety of disabilities.

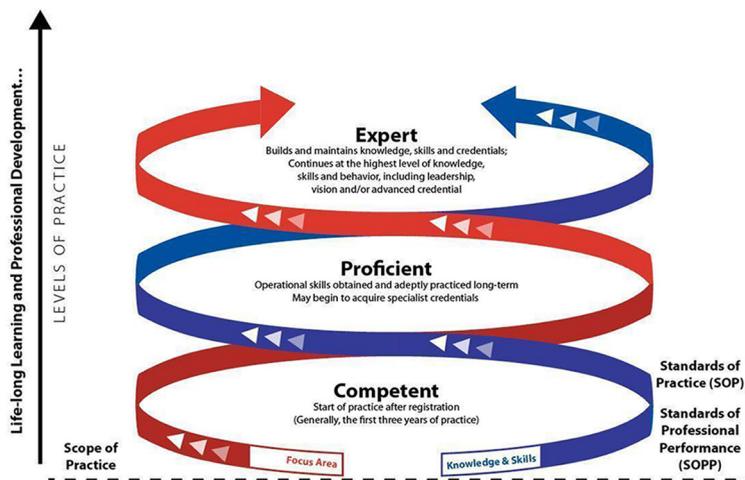
Standards of Practice (SOP) are authoritative statements that describe practice demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation), and outcomes monitoring and evaluation (4 separate standards) and the responsibilities for which registered dietitian nutritionists (RDNs) are accountable. The SOP for RDNs in Intellectual and Developmental Disabilities (IDD) presuppose that the RDN uses critical thinking skills; analytical abilities; theories; best-available research findings; current accepted nutrition, dietetics, and medical knowledge; and the systematic holistic approach of the nutrition care process as they relate to the application of the standards. Standards of Professional Performance (SOPP) for RDNs in IDD are authoritative statements that describe behavior in the professional role, including activities related to Quality in Practice; Competence and Accountability; Provision of Services; Application of Research; Communication and Application of Knowledge; and Utilization and Management of Resources (6 separate standards).

SOP and SOPP are evaluation resources with complementary sets of standards—both serve to describe the practice and professional performance of RDNs. All indicators may not be applicable to all RDNs’ practice or to all practice settings and situations. RDNs operate within the directives of applicable federal and state laws and regulations, as well as policies and procedures established by the organization in which they are employed. To determine whether an activity is within the scope of practice of the RDN, the practitioner compares their knowledge, skill, experience, judgment, and demonstrated competence with the criteria necessary to perform the activity safely, ethically, legally, and appropriately. The Academy’s Scope of Practice Decision Algorithm is specifically designed to assist practitioners with this process.

The term **individual** is used in the SOP as a universal term as these Standards relate to direct provision of nutrition care and services. Individual is the preferred term to emphasize thinking of the person or the individual and not the disability. Individual could also mean person, client, patient, resident, participant, consumer, or any group who receives IDD care and/or services. **Customer** along with **individual** is a term used in the SOPP as a universal term to encompass those who interact with the individuals with IDD. Customer may refer to program/service directors, community members, government officials, organization representatives, while individual refers to the person being served. These services are provided to individuals of all ages. The SOP and SOPP are not limited to the clinical setting. In addition, it is recognized that the family and caregiver(s) of individuals of all ages, including individuals with special health care needs, play critical roles in overall health and are important members of the team throughout the assessment and intervention process. The term **appropriate** is used in the standards to mean: Selecting from a range of best practice or evidence-based possibilities, one or more of which would give an acceptable result in circumstances.

Each standard is equal in relevance and importance and includes a definition, a rationale statement, indicators, and examples of desired outcomes. A standard is a collection of specific outcome-focused statements against which a practitioner’s performance can be assessed. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable action statements that illustrate how each specific standard can be applied in practice. Indicators serve to identify the level of performance of competent practitioners and to encourage and recognize professional growth.

Standard definitions, rationale statements, core indicators, and examples of outcomes found in the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs have been adapted to reflect 3 levels of practice (competent, proficient, and expert) for RDNs in IDD (see image below). In addition, the core indicators have been expanded to reflect the unique competence expectations for the RDN providing nutrition care and services for individuals with IDD.



Adapted from the *Dietetics Career Development Guide*. For more information, please visit www.eatrightPRO.org/futurepractice

Figure 3. Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities (IDD).

Resource	URL or Reference	Description
Academy of Nutrition and Dietetics (Academy)		
Academy Nutrition Care Manuals, Adult Nutrition and Pediatric Nutrition	https://www.nutritioncaremanual.org/	The Nutrition Care Manuals are Internet-based practice manuals with resources for registered dietitian nutritionists (RDNs) and interdisciplinary team that contains an education library with evidence-based nutrition recommendations for adults and children.
Academy Pediatric Nutrition Focused Physical Exam Pocket Guide	https://www.eatrightstore.org/product-type/pocket-guides/pediatric-nutrition-focused-physical-exam-pocket-guide	This pocket guide provides the RDN with tools for nutrition assessment, documentation, and coding. A nutrition focused physical examination covers the fundamental skills needed for the early identification and prevention of pediatric malnutrition.
Behavioral Health Nutrition (BHN) Dietetic Practice Group (DPG)	https://www.bhndpg.org/	The BHN DPG provides various resources in IDD, such as self-directed, interactive training modules (some using the pediatric growth charts), webinars, fact sheets, and a newsletter. BHN DPG's newsletter, <i>BHN in the KNOW</i> , provides BHN DPG members with a monthly resource containing articles, case studies, and continuing professional education articles and is a platform to share news within the practice group. Past article titles include, but are not limited to, "Autism and Nutrition," "Feeding Aversion in Intellectual and Developmental Disability: Identifying and Treating the Root Cause," and "Sensory Processing Disorder, Autism and Food Challenges."
Pocket Guide to Children with Special Health Care and Nutritional Needs (eBook)	https://www.eatrightstore.org/product-type/ebooks/pocket-guide-to-children-with-special-health-care-and-nutritional-needs-ebook	This pocket guide provides RDNs with information on managing the nutrition care of children with special health care needs, such as Down syndrome, autism, or cerebral palsy. This guide contains current interdisciplinary research and evidence-based information and includes nutrition assessment methods and tools, feeding problems and menu modifications, considerations for non-oral enteral feeding and limited oral feeding, and community services, among others.
Other Resources		
American Academy of Developmental Medicine and Dentistry	https://www.aadmd.org/	The American Academy of Developmental Medicine and Dentistry works "to improve the quality of health care for individuals with neurodevelopmental disorders and intellectual disabilities." They provide various resources, such as a forum for health care professionals to exchange experiences and ideas regarding caring for the IDD population, research articles, and an IDD training program curriculum.
American Association on Intellectual and Developmental Disabilities (AAIDD)	https://www.aaid.org/	The AAIDD is a professional organization that provides sound research, effective practices, and advocates for universal human rights for people with IDD.
<i>(continued on next page)</i>		

Figure 4. Resources for registered dietitian nutritionists in intellectual and developmental disabilities (IDD) (not all inclusive).

Resource	URL or Reference	Description
Association of Diabetes Care & Education Specialists	https://www.diabeteseducator.org/	The Association of Diabetes Care & Education Specialists (formerly the American Association of Diabetes Educators) provides resources related to prediabetes and diabetes. Resources include the 2017 Diabetes and Disabilities American Association of Diabetes Educators Practice Paper. This statement provides recommendations for the general approach to care and goals and strategies for glycemic control for diabetes.
Autism Society of America	https://www.autism-society.org/	Autism Society's vision is to increase the quality of life of everyone living with autism spectrum disorder by building autism-friendly, inclusive communities. The Autism Society provides reliable information about autism and leads advocacy efforts related to autism, among other efforts to support autism awareness.
Centers for Disease Control and Prevention (CDC): Developmental disabilities	https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html	The CDC Developmental Disabilities webpage provides resources for developmental disabilities, including facts, growth charts, research, a resource center, articles, and multimedia.
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)	https://chadd.org	CHADD provides advocacy, education, support, and public awareness related to attention-deficit/hyperactivity disorder (ADHD). Professional resources include clinical practice guidelines, ADHD Diagnostic Process (children, adults, co-existing conditions), clinical practice tools, and treatment strategies.
National Down Syndrome Society (NDSS)	https://www.ndss.org/	NDSS empowers individuals, educates families and communities, and celebrates the extraordinary lives of people with Down syndrome. Resources they provide include, but are not limited to, an overview of Down syndrome, health and well-being guidebooks, and lesson plans.
International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD)	https://www.iassidd.org/	IASSIDD promotes the development of new knowledge, research, and other scholarly activities, as well as the application of knowledge, to improve the lives of people with IDD, their families, and those who support them.
National Alliance on Mental Illness (NAMI)	https://www.nami.org/	NAMI provides advocacy, education, support, and public awareness so that all individuals and families affected by mental illness can build better lives.
Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework	Goday and colleagues ¹⁵	This article defines pediatric feeding disorder, as impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.
The Arc	www.thearc.org	The Arc is a national community-based organization that promotes and protects the human rights of people with IDD and actively supports their full inclusion and participation in the community throughout their lifetimes.

*(continued on next page)***Figure 4.** *(continued)* Resources for registered dietitian nutritionists in intellectual and developmental disabilities (IDD) (not all inclusive).

Resource	URL or Reference	Description
The Association for Persons with Severe Handicaps (TASH)	https://tash.org/	TASH promotes the full inclusion and participation of children and adults with significant disabilities in every aspect of their community, and to eliminate the social injustices that diminish human rights. TASH provides advocacy efforts, education to the public, and research.
The Individuals with Disabilities Education Act (IDEA)	https://sites.ed.gov/idea/	IDEA ensures students with a disability are provided with free appropriate public education that is tailored to their individual needs. This website provides information on IDEA updates, and links to the US Department of Education, the Office of Special Education and Rehabilitative Services, and others.
The International Dysphagia Diet Standardization Initiative (IDDSI)	https://iddsi.org/	IDDSI developed a standardized common language that can be used for technical, cultural, professional, and nonprofessional uses to describe texture-modified foods and thickened liquids for individuals with dysphagia.
The National Center on Birth Defects and Developmental Disabilities (NCBDDD)	https://www.cdc.gov/ncbddd/index.html	NCBDDD identifies the causes of birth defects and developmental disabilities. The website promotes health and well-being among people of all ages with disabilities and blood disorders and provides information, research, and tools.
United Cerebral Palsy (UCP)	https://www.cerebralpalsyguidance.com/cerebral-palsy/united-cerebral-palsy-association/	UCP is a nonprofit organization that provides services to children and adults with cerebral palsy. Services include, but are not limited to, health and wellness awareness, support groups, public advocacy, and assistive technology.

Figure 4. (continued) Resources for registered dietitian nutritionists in intellectual and developmental disabilities (IDD) (not all inclusive).

Expert Practitioner

An expert practitioner is an RDN who is recognized within the profession and has mastered the highest degree of skill in, and knowledge of, nutrition and dietetics. Expert-level achievement is acquired through ongoing critical evaluation of practice and feedback from others. The individual at this level strives for additional knowledge, experience, and training. An expert has the ability to quickly identify "what" is happening and "how" to approach the situation. Experts easily use nutrition and dietetics skills to become successful through demonstrating quality practice and leadership, and to consider new opportunities that build upon nutrition and dietetics.¹⁴ An expert practitioner may have an expanded or specialist role or both and may possess an advanced credential(s), such as the CDR Advanced Practitioner Certification in Clinical Nutrition or focus area credential. Generally, the practice is more complex and the practitioner has a high degree of professional autonomy and responsibility.

Expert RDNs in IDD have mastered the highest degree of skill in, and knowledge of, nutrition. Expert-level achievement is acquired through ongoing critical evaluation of practice and feedback from others. Experts easily use their intuitive nutrition and dietetics skills acquired through a combination of experience and education. Expert RDNs are successful in demonstrating quality practice and leadership and consider new opportunities that build upon nutrition and dietetics. Expert RDNs formulate judgments to identify needs and develop and provide educational resources for individuals with intellectual disabilities and other professionals to support the expansion of knowledge of the complexity and the diversity of conditions/disabilities and comorbidities in this population. Expert RDNs also make credentialed nutrition and dietetics practitioners and other care providers aware of developments in the field and their applicability in the workplace. They develop resources, records, and data systems to contribute scientific research and knowledge to the facility/program or to the broader field. Expert RDNs may have obtained certifications that can be adapted and applied to

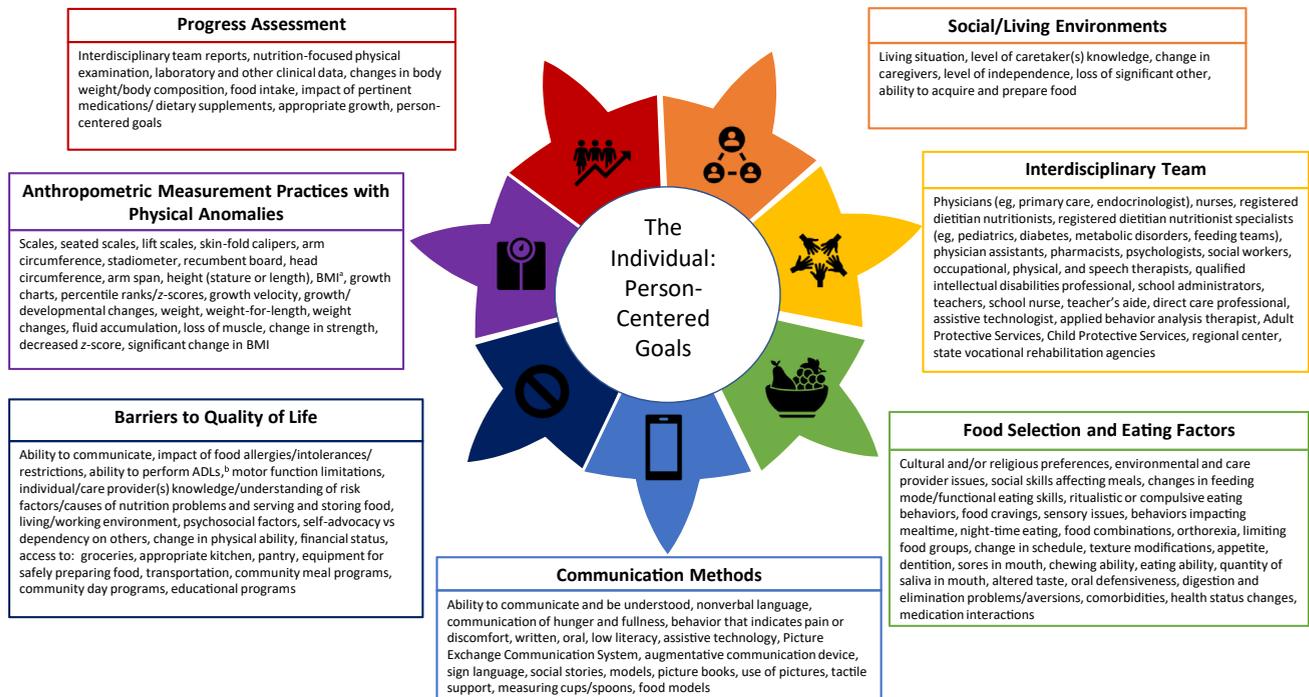


Figure 5. Considerations for person-centered goal-setting for individuals with intellectual and developmental disabilities (not all inclusive). ^aBMI = body mass index (calculated as kg/m²). ^bADL = activity of daily living.

individuals with disabilities. Lastly, expert RDNs not only implement IDD nutrition practice, they also drive and direct clinical practice, conduct and collaborate in research and advocacy, contribute to interdisciplinary teams, and lead the advancement of IDD nutrition practice.

These Standards, along with the Academy/CDR Code of Ethics,³ answer the questions: Why is an RDN uniquely qualified to provide IDD nutrition and dietetics care and services? What knowledge, skills, and competencies does an RDN need to demonstrate for the provision of safe, effective, and quality person-centered IDD care and service at the competent, proficient, and expert levels?

OVERVIEW

Intellectual and Developmental Disabilities (IDD) encompass both intellectual disabilities (ID) and developmental disabilities (DD). ID are defined by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills, and originate before age 18 years.^{16,17} The disability is classified according to the severity of the limitation of daily

functions, ability to perform developmental milestones, and/or live independently as an adult. In addition, most states require that people with ID have intelligence quotient scores at or below 70 to qualify for public services.^{18,19} DD are diagnosed before age 18 years and are disabilities that cause delays in meeting developmental milestones and are frequently life-long. This includes a group of conditions that affect the functioning in day-to-day life. Areas of significant deficit can include physical, behavioral, language, both expressive and receptive, learning, self-care activities, and/or movement.^{20,21}

Both DD and ID can be the result of chromosomal abnormalities, premature birth, injury during or after birth, or metabolic disorders, such as phenylketonuria.²² Disabilities, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (DSM-5)¹⁷ and the American Association of Intellectual and Developmental Disabilities, can change with regular updates and as new research arises. RDNs need to be proactive in staying abreast of current information.

Individual is the preferred term when referring to those with an IDD. Referring to individuals who are identified with an IDD as residents, patients,

clients, or customers is considered inappropriate, except when in a medical or applicable setting. Although there is debate on the use of person-first language, many use the practice that places the person before the disability (eg, individual who has autism), emphasizing the person is not defined by their disability. Communications by the individual on their nutrition needs and preferences may be verbal or nonverbal, for example, mood, behavior changes, facial expression, and body language (Figure 5). The importance of speaking with the individual directly cannot be overemphasized.

In 2016, the prevalence of IDD for all ages in the United States was 7.37 million people, up from 4.7 million in 2013, and was 200 million worldwide.^{23,24} Youth ages 3 to 17 years, increased from 16.2% to 17.8% from 2009 to 2017, respectively. This equates to 1 in 6 children diagnosed with a DD.²⁵ Globally, 52.9 million children birth to 5 years of age have been identified with a DD.²⁶ In addition, 20% of prisoners and 30% of jail inmates have a cognitive disability.²⁷ These increasing numbers indicate the continuing need for RDN services.²⁸

The role of the RDN in providing services to this population covers a

Abnormal growth trends	Altered gastrointestinal function	Anxiety	Asthma	Attention-deficit hyperactivity disorder
Avoidance/ restrictive food intake disorder	Autism spectrum disorder	Celiac disease	Cerebral palsy	Cleft palate
Dementia	Depression	Down syndrome	Dyslipidemia	Dysphagia
Food aversion	Food/ environmental allergies	Food intolerances	Genetic disorders	Hypertonia/hypotonia
Inborn errors of metabolism	Insomnia	Kidney disease	Limited food acceptance	Malnutrition
Overweight/obesity	Pediatric feeding disorder	Poor dental health	Prader-Willi syndrome	Prediabetes/diabetes
Pressure ulcer	Seizures	Sensory intolerance	Undernutrition	Urinary tract infection

Figure 6. Examples of comorbidities and challenges in individuals with intellectual and developmental disabilities.

broad range, infants to elderly, in almost every aspect of life. RDNs may work in hospitals or other facilities, which may range from schools to intermediate and long-term care facilities. RDNs may provide services in homes via Early Intervention programs, schools, state or federal programs, jails or prisons, and/or therapy companies. An individual's living environment may include their family's home, group home, or congregate living situation. The requirement for provision of nutrition services is usually designated in regulations by the state of residence according to the individual's age, degree of disability, and residence placement (Figure 4). Working with an interdisciplinary team (Figure 5), the RDN may address medical issues and dual diagnosis(es), recommended diet and modifications, meal planning, diet orders, and fluid intake. The RDN is part of an interdisciplinary team that develops a plan (eg, Individual Family Service Plan [IFSP], Individual Education Plan [IEP], Individual Service Plan [ISP], or Individual Program Plan [IPP]²⁹) using a person-centered approach that prioritizes the individual's preferences and needs. Nutrition care and services for individuals or people with IDD must balance nutrition needs with the individual's desires, abilities, and supports (necessary services and adaptations) to achieve quality of life. There is a need for RDNs who specialize in providing nutrition care or services to individuals with IDD in a variety of organizations, including but not limited to federal, state, and county

agencies; nonprofit; research; and in the private sector.

Nutrition services and protocols vary by program, the organizations overseeing the program, and state and federal regulations. Early intervention referrals may be submitted by anyone with legitimate medical knowledge of the child (eg, educators, parent, physician, and Child Protective Services). School-aged children may be referred via the IEP process, and those in group or congregate living situations are generally required to be assessed annually; regulation requirements vary by state. Typically, adult referrals are made through primary physicians or county programs. There is a need for continuation of services from childhood to adulthood. The availability of services varies by state.

Progress toward goals may be tracked via growth charts, developmental milestones met, infant mortality rates, and eating and ability to transition off enteral or parenteral nutrition support. Tracking of growth is unique to each individual due to the wide variety of comorbidities in this population (Figure 6). The impact of the RDN is important to track using quality metrics in order to show the need for and value of nutrition services. Research-based screening tools for this population need to be developed for the community to improve referrals and support value of including RDNs as core IDD team members. Knowledge and understanding of the unique aspects of providing services to individuals with an IDD are essential for the RDN to effectively deliver nutrition

care through a person-centered approach. RDNs have an important role in the treatment of this population, as optimizing nutrition status improves cognition and quality of life.²⁸

The BHN DPG (<https://www.bhndpg.org/>) is the Academy DPG that provides networking, education (Figure 4), and resources for RDNs working with the IDD population throughout the lifespan. BHN DPG resources include peer-reviewed articles in topics such as attention-deficit hyperactivity disorder (ADHD), autism, and feeding children with DD, in addition to case studies and other resources, such as books, articles, and webinars. Due to the increasing number of people with an IDD, there is a continuous need for mentorship of RDNs new to IDD regarding the focus area and the DPG resources available to support working with this population.

ACADEMY REVISED 2020 SOP AND SOPP FOR RDNs (COMPETENT, PROFICIENT, AND EXPERT) IN IDD

An RDN can use the Academy Revised 2020 SOP and SOPP for RDNs (Competent, Proficient, and Expert) in IDD (see Figures 1 and 2, available at www.jandonline.org, and Figure 3) to:

- identify the competencies needed to provide IDD nutrition and dietetics care and services;
- self-evaluate whether they have the appropriate knowledge, skills, and judgment to provide

- safe, effective, and quality IDD nutrition and dietetics care and service for their level of practice;
- identify the areas in which additional knowledge, skills, and experience are needed to practice at the competent, proficient, or expert level of IDD nutrition and dietetics practice;
 - provide a foundation for public and professional accountability in IDD nutrition and dietetics care and services;
 - support efforts for strategic planning, performance improvement, outcomes reporting, and assist management in the planning and communicating of IDD nutrition and dietetics services and resources;
 - enhance professional identity and skill in communicating the nature of IDD nutrition and dietetics care and services;
 - guide the development of IDD nutrition and dietetics–related education and continuing education programs, job descriptions, practice guidelines, protocols, clinical models, competence evaluation tools, and career pathways; and
 - assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in IDD nutrition and dietetics, and the understanding of the full scope of this focus area of practice.

APPLICATION TO PRACTICE

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when practicing in a new setting or new focus area of practice. At the competent level, an RDN in IDD is learning the principles that underpin this focus area and is developing knowledge, skills, judgment, and gaining experience for safe and effective IDD practice. This RDN, who may be new to the profession or may be an experienced RDN, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. However, the RDN new to the focus area of IDD must accept the challenge of becoming familiar with the body of knowledge, practice

guidelines, communication methods for individuals with IDD, and available resources to support and ensure quality IDD-related nutrition and dietetics practice.

At the proficient level, an RDN has developed a more in-depth understanding of IDD practice and is more skilled at adapting and applying evidence-based guidelines and best practices than at the competent level. This RDN is able to modify practice according to unique situations, including developing setting-specific evidence-based nutrition care guidelines or protocols for working with individuals with IDD. Proficient-level RDNs understand the complexities with the comorbidities, feeding challenges, management of chronic diseases, skin integrity/pressure injury/ulcer, weight management. The RDN has acquired specialized knowledge, enhanced decision making skills, experience, and clinical competence supporting individuals with physical, developmental, and intellectual disabilities. The RDN at the proficient level may possess a specialist credential(s) (eg, Certified Specialist in Pediatrics [CSP], CDCES, and/or CNSC) or advanced credentials(s).

At the expert level, the RDN thinks critically about IDD nutrition and dietetics, demonstrates a more intuitive understanding of the practice area, displays a range of highly developed clinical and technical skills, and formulates judgments acquired through a combination of education, experience, and critical thinking. Essentially, practice at the expert level requires the application of composite nutrition and dietetics knowledge, with practitioners drawing not only on their practice experience, but also on the experience of the IDD RDNs in various disciplines and practice settings. Expert RDNs, with their extensive experience and ability to see the significance and meaning of IDD nutrition and dietetics within a contextual whole, are fluid and flexible and have considerable autonomy in practice. The expert RDN in IDD not only develops and implements IDD nutrition care and services, they also manage, drive, and direct clinical care; conduct and collaborate in research; participate in advocacy; accept organization leadership roles; engage in scholarly work; guide interdisciplinary teams; and are leaders in

the advancement of IDD nutrition and dietetics practice.

Indicators for the SOP and SOPP for RDNs in IDD are measurable action statements that illustrate how each standard can be applied in practice (Figures 1 SOP and 2 SOPP, available at www.jandonline.org). Within the SOP and SOPP for RDNs in IDD, an "X" in the competent column indicates that an RDN who is caring for patients/clients is expected to complete this activity and/or seek assistance to learn how to perform at the level of the standard. A competent RDN in IDD could be an RDN starting practice after registration or an experienced RDN who has recently assumed responsibility to provide care for individuals with IDD. This could also include individuals with pediatric feeding disorder (Figure 4), low self-care skills, dysphagia, low cognition skills, auditory or receptive processing disorders, diabetes, or other comorbidities (Figure 6).

An "X" in the proficient column indicates that an RDN who performs at this level has a deeper understanding of IDD nutrition and dietetics and has the ability to modify or guide therapy to meet the needs of individuals with an IDD in various situations (eg, more in-depth understanding and use of communication methods for individuals with ID and/or DD, and current research on nutritional needs that may exist due to disability).

An "X" in the expert column indicates that the RDN who performs at this level possesses a comprehensive understanding of IDD nutrition and dietetics and a highly developed range of skills and judgments acquired through a combination of experience and education. The expert RDN builds and maintains the highest level of knowledge, skills, and behaviors, including leadership, vision, and credentials.

Standards and indicators presented in Figure 1 and Figure 2 (available at www.jandonline.org) in boldface type originate from the Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs² and should apply to RDNs in all 3 levels. Additional indicators not in boldface type developed for this focus area are identified as applicable to all levels of practice. Where an "X" is placed in all 3 levels of practice, it is understood that all RDNs in IDD are accountable for practice within each of

Role	Examples of use of SOP and SOPP documents by RDNs in different practice roles ^a
Clinical practitioner (including hospital, clinic, private practice, group home, residential care or long-term care)	An RDN working in the community hospital's outpatient clinic is receiving more referrals for individuals with medical conditions who have an intellectual or developmental disability (IDD). To strengthen knowledge, the RDN reviews the SOP SOPP in IDD and the recommended published practice guidelines and nutrition resources to guide assessment and plan of care. The RDN meets with an RDN colleague who works with the IDD population for guidance, to identify continuing education options, and to identify where to refer individuals or the family/caregiver in order to recommend to the referring physician if a higher level of care is indicated.
Nutrition program manager	A nutrition program manager refers to the SOP and SOPP in IDD to increase knowledge of potential service needs when an individual with IDD participates in programs or services offered by the agency/program. The RDN manager and the RDNs who provide direct services to the individual consult the SOP SOPP for information and resources for skills training. The RDNs and the manager review resources and current agency/program nutrition care guidelines to identify continuing education options that would address the nutrition and social needs of the IDD population.
Food and nutrition services manager/director	A new food and nutrition services manager in a residential care facility uses the resources identified in the SOP and SOPP in IDD and other applicable focus area SOP and/or SOPP (eg, pediatric nutrition, post-acute long-term care) to identify practice expectations when working with individuals with disabilities. The resources and consultation with an RDN manager in another facility assists the RDN with tailoring the menu, meal service, and snack offerings to better support the nutritional needs and food preferences of the residents.
Community nutrition/early intervention practitioner	An RDN working in a community-based flexible support program provides consultations for participants with IDD and other medical diagnoses who present with nutrition-related problems. The RDN reviews the SOP and SOPP in IDD and other applicable focus area SOP SOPP periodically to evaluate knowledge, skills, and competence level for providing care to program participants. The SOP and SOPP are used as a resource for developing approaches in early intervention, nutrition care, and guiding quality improvement projects to maximize participant and program outcomes.
Research/education practitioner	An RDN working in research/education is awarded a grant or contract to demonstrate the role of the RDN and the impact of nutrition interventions provided by an RDN on health outcomes of individuals with IDD. The RDN uses the SOP and SOPP in IDD in consultation with proficient- and expert-level IDD RDNs among other resources to design the research protocol and develop education materials, books, journal articles, fact sheets, handouts, presentations, social networking tools. The SOP and SOPP also serve as a resource for identifying areas for staff development and/or collaboration with a colleague more experienced in research, education, or writing focused on IDD.
Home health practitioner	An RDN working for a home care agency oversees several individuals with IDD who require nutrition services. The RDN reviews the SOP and SOPP in IDD and for Nutrition Support, and the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics. The RDN gains knowledge to educate and support individuals, families/caregivers, and interdisciplinary team (IDT) members in
<i>(continued on next page)</i>	

Figure 7. Role Examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities (IDD).

Role	Examples of use of SOP and SOPP documents by RDNs in different practice roles ^a
	understanding the overriding principle of respecting the individual's unique personal values and decisions that affirm their right to self-determination. The RDN consults with experienced RDN colleagues and IDT members for advice and continuing education options to meet professional development goals in early intervention, pediatric and older adult feeding approaches, and palliative and end-of-life care.
School district practitioner	An RDN employed by a school district participating in the federal Child Nutrition Program reviews required documented medical requests for special foods for students with IDD because schools must provide special meals requested for medical reasons. The RDN reviews the SOP and SOPP as a resource to better understand the needs of the IDD population. The RDN uses self-assessment results to pursue additional knowledge and training, which includes working with school nutrition directors or RDNs who have experience with the IDD population. The RDN uses the information gained to expand resources to assist school nutrition directors, school administrators, teachers, school nurses, and early intervention teachers in understanding regulations pertaining to accommodating students with special needs.
Prison system practitioner	An experienced RDN is employed by a prison system with a growing population of inmates with IDD. The RDN provides nutrition care through a screening process; educates and counsels inmates with physiological, functional, cognitive, or sensory problems; collaborates with the IDT to ensure optimal inmate care; and oversees the menu adjustments and meal service managing within the system's safety and budgetary constraints. Striving for additional training, the RDN uses the SOP and SOPP in IDD to evaluate personal knowledge and skills for identifying performance goals.
^a For each role, the RDN updates the professional development plan to include applicable essential practice competencies for IDD care and services.	

Figure 7. (continued) Role Examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities (IDD).

these indicators. However, the depth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, taking a holistic view of the SOP and SOPP for RDNs in IDD is warranted. It is the totality of individual practice that defines a practitioner's level of practice and not any one indicator or standard.

RDNs should review the SOP and SOPP in IDD at determined intervals to evaluate their individual focus area knowledge, skill, and competence. Consistent self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance and set goals for professional development. This self-appraisal also enables IDD RDNs to better utilize these Standards as part of the *Professional Development Portfolio* recertification process,³⁰ which encourages CDR-credentialed nutrition and dietetics

practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR's 5-year recertification cycle incorporates the use of essential practice competencies for determining professional development needs.³¹ In the 3-step process, the credentialed practitioner accesses an online Goal Wizard (step 1), which uses a decision algorithm to identify essential practice competency goals and performance indicators relevant to the RDN's area(s) of practice (essential practice competencies and performance indicators replace the learning need codes of the previous process). The Activity Log (step 2) is used to log and document continuing professional education during the 5-year period. The Professional Development Evaluation (step 3) guides self-reflection and assessment of learning and how it is applied. The outcome is a completed evaluation of the

effectiveness of the practitioner's learning plan and continuing professional education. The self-assessment information can then be used in developing the plan for the practitioner's next 5-year recertification cycle. For more information, see <https://www.cdrnet.org/competencies-for-practitioners>.

RDNs are encouraged to pursue additional knowledge, skills, and training, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined by state law. RDNs are expected to practice only at the level at which they are competent, and this will vary depending on education, training, and experience.³² RDNs should collaborate with other RDNs in IDD as learning opportunities and to promote consistency in practice and performance and continuous quality improvement. See Figure 7 for examples of how RDNs in different roles, at

different levels of practice, may use the SOP and SOPP in IDD.

In some instances, components of the SOP and SOPP for RDNs in IDD do not specifically differentiate between proficient-level and expert-level practice. In these areas, it remains the consensus of the content experts that the distinctions are subtle and captured in the knowledge, experience, and intuition demonstrated in the context of practice at the expert level, which combines dimensions of understanding, performance, and value as an integrated whole.³³ A wealth of knowledge is embedded in the experience, discernment, and practice of expert-level RDN practitioners. The experienced practitioner observes events, analyzes them to make new connections between events and ideas, and produces a synthesized whole. The knowledge and skills acquired through practice will continually expand and mature. The SOP and SOPP indicators are refined with each review of these Standards as expert-level RDNs systematically record and document their experiences, often through use of exemplars. Exemplary actions of individual IDD RDNs in practice settings and professional activities that enhance individual/person/population care and/or services, can be used to illustrate outstanding practice models.

FUTURE DIRECTIONS

The SOP and SOPP for RDNs in IDD are innovative and dynamic documents. Future revisions will reflect changes and advances in practice, changes to dietetics education standards, regulatory changes, and outcomes of practice audits. Continued clarity and differentiation of the 3 practice levels in support of safe, effective, equitable, and quality practice in IDD remains an expectation of each revision to serve tomorrow's practitioners and individuals with IDD. Development of a certificate of training in nutrition in IDD by the Academy and BHN DPG will be beneficial and is forthcoming. In addition, more research and resources addressing care and services for the IDD population need to be developed and/or pursued.

SUMMARY

RDNs face complex situations every day. Addressing the unique needs of each situation and applying standards appropriately is essential to providing safe,

timely, person-centered quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Code of Ethics for the Nutrition and Dietetics Profession, the Scope of Practice for RDNs, and the SOP in Nutrition Care and SOPP for RDNs, along with applicable federal and state regulations and facility accreditation standards. The SOP and SOPP for RDNs in IDD are complementary documents and are key resources for RDNs at all knowledge and performance levels. These standards can and should be used by RDNs in daily practice who provide care to individuals with IDD to consistently improve and appropriately demonstrate competence and value as providers of safe, effective, and quality nutrition and dietetics care and services. These standards also serve as a professional resource for self-evaluation and professional development for RDNs specializing in IDD practice. Just as a professional's self-evaluation and continuing education process is an ongoing cycle, these standards are also a work in progress and will be reviewed and updated every 7 years.

Current and future initiatives of the Academy, as well as advances in IDD care and services, will provide information to use in future updates and in further clarifying and documenting the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of the Academy and the BHN DPG, these standards are an application of continuous quality improvement and represent an important collaborative endeavor.

These standards have been formulated for use by individuals in self-evaluation, practice advancement, development of practice guidelines and specialist credentials, and as indicators of quality. These standards do not constitute medical or other professional advice, and should not be taken as such. The information presented in the standards is not a substitute for the exercise of professional judgment by the credentialed nutrition and dietetics practitioner. These standards are not intended for disciplinary actions or determinations of negligence or misconduct. The use of the standards for any other purpose than that for which they were formulated must be undertaken within the sole authority and discretion of the user.

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STATEMENT OF POTENTIAL CONFLICT OF INTEREST

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AUTHOR CONTRIBUTIONS

Each author contributed to drafting and editing the components of the article (eg, article text and figures) and reviewed all drafts of the manuscript.

Standards of Practice for Registered Dietitian Nutritionists in Intellectual and Developmental Disabilities

Standard 1: Nutrition Assessment

The registered dietitian nutritionist (RDN) uses accurate and relevant data and information to identify nutrition-related problems.

Rationale:

Nutrition screening is the preliminary step to identify individuals who require a nutrition assessment performed by an RDN. Nutrition assessment is a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for nutrition diagnosis. It is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of person/individual or population needs. Nutrition assessment is conducted using validated tools based in evidence, the 5 domains of nutrition assessment, and comparative standards. Nutrition assessment may be performed via in-person, or facility/practitioner assessment application, or Health Insurance Portability and Accountability Act–compliant videoconferencing telehealth platform.

Indicators for Standard 1: Nutrition Assessment

Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The “X” signifies the indicators for the level of practice			
<i>Each RDN:</i>			Competent	Proficient	Expert	
1.1	<i>Individual/person/population history: Assesses current and past information related to personal, medical, family, and psychosocial/social history</i>		X	X	X	
	1.1A	Listens and visually observes for the individual’s story, which provides background and the individual’s/family’s perspective on the individual’s lifestyle, health status, and factors related to their disease(s)/condition(s), disabilities, challenges and strengths, and goals; listens and observes for: <ul style="list-style-type: none"> • signs/symptoms of nutritional deficiency • reports of alteration of taste, smell • structural issues • needs not being provided • social skills impeding access to food • likes/dislikes and preferences • sitting issues impacting stability 	X	X	X	
	1.1B	Assesses medical, developmental, and family history (eg, socioeconomic status, family gatekeeper/decision maker, growth history, developmental milestones, nutritional status, diagnoses, medical conditions, treatments)	X	X	X	
		1.1B1	Reviews screening data or screens for nutrition risk (eg, malnutrition, nutrient deficits, food security) using evidence-based screening tools for the setting and/or population (adult or pediatric)	X	X	X
		1.1B2	Reviews existing Individual Family Service Plan (IFSP), Individual Education Plan (IEP), Individual Service Plan (ISP), and/or Individual Program Plan (IPP), addressing nutrition, education, medical needs and progress towards those goals; and assesses team members’ level of understanding of nutrition concerns	X	X	X
<i>(continued on next page)</i>						

Figure 1. Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual, person, group, and population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	1.1C	Evaluates for age-related nutrition issues and comorbidities (Figure 6)	X	X	X
	1.1D	Anticipates potential problems related to chronic or acute medical conditions		X	X
1.2	Anthropometric assessment: Assesses anthropometric indicators (eg, height, length, weight, body mass index [BMI], waist circumference, arm circumference), comparison to reference data (eg, percentile ranks/z-scores), and individual, family and disease history		X	X	X
	1.2A	Uses specialized techniques and/or equipment and trained personnel to obtain anthropometric measurements (Figure 5) and other measurements as appropriate	X	X	X
	1.2B	Uses standardized measurements to determine desirable body weight based on most appropriate formulas (Figure 5)	X	X	X
	1.2C	Evaluates growth measurements (Figure 5) to determine growth progress, and trends	X	X	X
	1.2D	Assesses accuracy and appropriateness of measurements considering differences in measurement protocols, type and placement/location of scale, individual's cooperation, ethnicity of individual, muscle atrophy, differences in body habitus (eg, mid-upper arm circumference), impact of contractures or spinal differences (eg, kyphosis, scoliosis, congenital differences)		X	X
	1.2E	Uses information (eg, individual's history, condition(s), congenital syndromes/differences, developmental milestones) to predict expectations for growth that are different than for the general population		X	X
	1.2F	Uses experience and critical thinking in addition to multiple measurements/parameters in assessing complex health issues when standardized parameters do not apply			X
		1.2F1	Uses knowledge of body composition and nutritional physiology		X
		1.2F2	Uses past experiences to critically evaluate data to develop an appropriate reference for growth parameters for an individual with intellectual and developmental disabilities (IDD) (Figure 6)		X
1.3	Biochemical data, medical tests, and procedure assessment: Assesses laboratory profiles (eg, acid–base balance, renal function, endocrine function, inflammatory response, vitamin/mineral profile, lipid profile), and medical tests and procedures (eg, gastrointestinal study, metabolic rate, swallow study)		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment							
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice			
Each RDN:				Competent	Proficient	Expert	
	1.3A	Evaluates nutritional implications of diagnostic tests (eg, glucose tolerance test, modified barium swallow, upper gastrointestinal, lower gastrointestinal, metabolic study, gastric emptying, micronutrient testing)		X	X	X	
	1.3B	Develops screening protocol in consultation with other interdisciplinary ^a team (IDT) members to support diagnostic testing			X	X	
	1.3C	Assesses results of diagnostic tests, procedures, and evaluations; identifies appropriate laboratory testing for differentiating specific nutrition-related diseases and conditions; and interprets findings			X	X	
	1.3D	Determines need and appropriateness for further testing, based on findings				X	
1.4	Nutrition-focused physical examination (NFPE) may include visual and physical examination: Obtains and assesses findings from NFPE (eg, indicators of vitamin/mineral deficiency/toxicity, edema, muscle wasting, subcutaneous fat loss, altered body composition, oral health, feeding ability [suck/swallow/breathe], appetite, and affect)			X	X	X	
	1.4A	Conducts NFPE that includes, but is not limited to: <ul style="list-style-type: none"> evidence of and risk for malnutrition using multiple indicators (Figure 5) dentition/chewing ability, health of teeth/missing teeth, sores in mouth, swollen and bleeding gums ambulation changes skin-related abnormalities, chronic sores/wounds on extremities vital signs (blood pressure, temperature, and rate of respiration) as reported by others 		X	X	X	
		1.4A1	Evaluates clinical signs of fluid imbalance: <ul style="list-style-type: none"> adults/adolescents/children: edema, ascites, pulmonary congestion, skin turgor with dehydration, fatigue, muscle cramps, dark urine, rapid weight changes with fluid overload or loss, constipation small children/infant: signs of dehydration: dry mouth, few or no tears, sunken eyes, sunken-looking fontanelle, less than typical diapers, dry skin, irritability, unusually drowsy 		X	X	X
		1.4A2	Evaluates clinical signs of undernutrition (eg, dry, brittle, or thinning hair and nails, irritability, inability to concentrate, muscle wasting, lanugo)		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		1.4A3	Evaluates clinical signs and symptoms of malnutrition (eg, hypothermia, bradycardia, lanugo, muscle wasting, tooth erosion, bony protrusions, parotid gland enlargement, gastrointestinal distress, dry, brittle, or thinning hair or nails)	X	X	X
	1.4B	Reviews physical findings that may indicate structural or functional abnormalities (eg, results of magnetic resonance imaging, ultrasound, x-rays, swallow studies); seeks assistance as needed			X	X
1.5	Food and nutrition-related history assessment (ie, dietary assessment)- Evaluates the following components:					
	1.5A	Food and nutrient intake including composition and adequacy, meal and snack patterns, and appropriateness related to food allergies and intolerances		X	X	X
		1.5A1	Evaluates feeding history including intake patterns and method of nutrition delivery (eg, type/amount of food, number of types of food items, food groups, meal schedule, medical food/nutrition supplements, location and length of meals, foods used during therapies) to determine whether nutrients are adequately being provided and consumed	X	X	X
		1.5A2	Assesses existing and potential factors that may impact intake of a nutritionally adequate diet (Figure 5)	X	X	X
		1.5A3	Assesses effects of food preferences, macro- and micronutrient intake, food/texture aversions, person-centered meal plan, prescribed therapeutic diets, variety within food groups, and food allergies/intolerances on nutritional status	X	X	X
		1.5A4	Assesses impact of specific IDD diagnosis(es) (Figure 6) on nutrient needs/intake, growth, and eating skills function		X	X
		1.5A5	Assesses impact of eating/chewing/swallowing ability on nutritional status and consults with IDT to assess dysphagia risk based on diagnostic tests, observation, and care provider reports		X	X
		1.5A6	Assesses impact of communication skills on nutrition intake (Figure 5)		X	X
<i>(continued on next page)</i>						

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.5B	Food and nutrient administration, including current and previous diets and diet prescriptions and food modifications, eating environment, and enteral and parenteral nutrition administration		X	X	X
		1.5B1	Assesses appropriateness of diet prescription based on meal-time observation(s), medical information, individual/care provider report(s), previous nutrition diagnosis (es), diet history, and food preferences	X	X	X
		1.5B2	Assesses social environment (Figure 5)	X	X	X
		1.5B3	Evaluates impact of food habits and psychosocial behavior on nutrient intake (Figure 5)	X	X	X
		1.5B4	Evaluates need for collaboration with IDT, to address positioning concerns to minimize risks of aspiration	X	X	X
		1.5B5	Evaluates the potential for incorporating medical foods/nutritional supplements or enteral tube feedings to address the individual's specific nutritional needs when necessary (eg, metabolic disorders, phenylketonuria)		X	X
		1.5B6	Assesses nutritional adequacy and food safety concerns with individuals receiving enteral tube feeding formula (eg, cerebral palsy, gut disorders, enzyme deficiencies)		X	X
		1.5B7	Collaborates with caretakers, service coordinators, oral motor therapist, and physician(s) to determine readiness progress along pathway to oral feeding for individuals receiving enteral or parenteral nutrition		X	X
	1.5C	Medication and dietary supplement use, including prescription and over-the-counter medications, and integrative and functional medicine products		X	X	X
		1.5C1	Considers the micro- and macronutrient completeness of the current diet prescription; and considers the effect of medications on micro-/macronutrients	X	X	X
		1.5C2	Considers the safety and efficacy of over-the-counter medications, and dietary supplements; seeks additional information if needed (Office of Dietary Supplements https://ods.od.nih.gov/)	X	X	X
		1.5C3	Reviews and considers economic impact (eg, cost/budget, time) of medications and dietary supplements to the individual/family	X	X	X
		1.5C4	Evaluates potential interactions between nutrients/nutritional status and prescribed medications, over-the-counter and illicit drugs, dietary supplements, integrative	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
			and functional medicine products, bioactive substances, and caffeine used with/by IDD population; refer to database resources (eg, Natural Medicine Database: https://naturalmedicines.therapeuticresearch.com/)			
		1.5C5	Assesses nutrition-related side effects, short or long term; absorption, metabolism, or excretion of nutrients; toxicity; and food and medication interactions for all medications (prescribed, over-the-counter, dietary supplements, integrative and functional medicine) considering symptoms of weight gain, fluid retention, dry mouth, excessive thirst, constipation, altered glucose and/or lipid metabolism, reduced calorie needs, gastrointestinal discomfort, anorexia, and increased appetite; seeks assistance if needed	X	X	X
		1.5C6	Assesses the nutrition implications of overall medication regimen, including adherence, side effects to consider need for adding, or discontinuing medications or adjusting the dose or timing as part of care plan		X	X
		1.5C7	Incorporates and applies in-depth knowledge of drug–food/nutrient and drug–dietary supplement interactions and associated pharmacokinetics and pharmacodynamics			X
	1.5D	Knowledge, beliefs, and attitudes (eg, understanding of nutrition-related concepts, emotions about food/nutrition/health, body image, preoccupation with food and/or weight, readiness to change nutrition- or health-related behaviors, and activities and actions influencing achievement of nutrition-related goals)		X	X	X
		1.5D1	Assesses individual/care provider(s) understanding of nutrition diagnosis (es), if available, and need for nutrition care services/medical nutrition therapy	X	X	X
		1.5D1i	Identifies and uses most effective communication methods to determine specific areas of understanding and learning needs and where information is being obtained		X	X
		1.5D1ii	Listens for and notes eating beliefs and convictions (Figure 5)		X	X
		1.5D2	Identifies individual's/caregiver's short and long-term goals for nutrition intervention	X	X	X
<i>(continued on next page)</i>						

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
		1.5D3	Evaluates effectiveness of previously implemented nutrition interventions, strategies, methods, motivators, and barriers; seeks assistance as needed	X	X	X
	1.5E	Food security defined as factors affecting access to a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies		X	X	X
		1.5E1	Assesses meal planning/cooking abilities/food acquisition issues to determine appropriateness of meals, nutritional adequacy, food safety, and resources for emergency/disaster/pandemic situations (eg, availability of appropriate food, water, and supply of medications)	X	X	X
		1.5E2	Assesses ability to provide for special diets and use of community resources	X	X	X
		1.5E3	Assesses any barriers or conflicts common in individuals with an IDD (Figure 5) that interfere with food access, selection, and preparation		X	X
	1.5F	Physical activity, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks (eg, self-feeding and other activities of daily living [ADLs]), instrumental activities of daily living [IADLs] (eg, shopping, food preparation), and breastfeeding		X	X	X
		1.5F1	Uses validated tools to assess developmental, functional, mental, and intellectual status, and cultural, ethnic, and lifestyle factors or reviews reports of others	X	X	X
		1.5F2	Consults and collaborates with IDT throughout assessment process	X	X	X
		1.5F3	Considers individual's ability to feed self (when applicable), cognitive ability for providing self-care, and possible interaction with nutrition care	X	X	X
		1.5F4	Assesses physical ability to acquire and prepare food recommended by the RDN	X	X	X
		1.5F5	Assesses psychosocial, sensory aversion, and educational history to determine developmental, functional, and communication skills		X	X
		1.5F6	Uses individual-/person-centered processes and tools for evaluation to assess appropriateness of nutrition-related goals and education		X	X
		1.5F7	Assesses individual's habits, self-care skills, and level of support needed for self-directed food selection, attainment, preparation, and intake, as applicable (eg,		X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
			support of care providers, adaptive equipment, literacy tools, understanding and skills using cooking equipment); and individual's/family's/care provider's: <ul style="list-style-type: none"> • understanding of support needed for the individual to select, prepare, and provide foods and beverages appropriate to the individual's nutritional needs • ability to understand and make informed choices related to individual's health condition(s) • access to instructional tools and methods needed to achieve maximum understanding and informed choices 			
		1.5F8	Uses experience, clinical, and other supporting data in assessment when validated tools do not exist			X
	1.5G	Other factors affecting intake and nutrition and health status (eg, cultural, ethnic, religious, lifestyle influencers, psychosocial, and social determinants of health)		X	X	X
		1.5G1	Considers risk of harm to self and possible nutritional implications	X	X	X
		1.5G2	Notes significant recent stressors and other considerations that may affect food intake (Figure 5)	X	X	X
		1.5G3	Evaluates other factors that may delay the individual's/ person's progress toward nutritional independence when applicable		X	X
		1.5G4	Assesses the risk/history of depression, anxiety, cognition difficulties, disordered eating, or addictions in relation to an individual's disability or secondary conditions, and the impact on nutritional status		X	X
1.6	Comparative standards: Uses reference data and standards to estimate nutrient needs and recommended body weight, body mass index, and desired growth patterns			X	X	X
	1.6A	Identifies the most appropriate reference data and/or standards (eg, international, national, state, county, institutional, and regulatory) based on practice setting and individual-/person-specific factors (eg, disability, age, and disease state)		X	X	X
	1.6B	Compares individual's data to established guidelines, given developmental age, functional status, and stage in life course; and consults with other appropriate health care practitioners		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	1.6C	Uses diagnosis(es) and age-appropriate standards (eg, evidenced-based growth chart) to complement (or augment) clinical assessment	X	X	X
	1.6D	Determines energy and nutrient requirements, using the Dietary Reference Intakes, and considering the individual's medical status, food intake, level of activity, growth rate, growth history, mobility, degree of spasticity, medications, and other factors affecting energy requirements	X	X	X
	1.6E	Use appropriate wellness guidelines developed for specific populations (Figure 4)	X	X	X
	1.6F	Uses understanding of individual's history, condition, or other issues to individualize expectations and deviate from established reference standards; seeks assistance as needed	X	X	X
1.7	Physical activity habits and restrictions: Assesses physical activity, history of physical activity, and physical activity training		X	X	X
	1.7A	Assesses individual's current ability/level of physical activity and effects on nutritional needs and intake	X	X	X
	1.7B	Evaluates individual's and/or care provider's access to resources to facilitate physical activity regimen	X	X	X
	1.7C	Refers or consults with appropriate therapists for physical activity assessment when indicated (Figure 5)	X	X	X
	1.7D	Evaluates limitations of physical activities that provide movement and enjoyment that the individual is currently unable to do; uses information to develop future activity goals	X	X	X
1.8	Collects data and reviews data collected and/or documented by the nutrition and dietetics technician, registered (NDTR), other health care practitioner(s), individual/person/family or staff for factors that affect nutrition and health status		X	X	X
	1.8A	<p>Considers multiple factors through interviews, observations, medical records, and IDT communications that contribute to identification of nutrition diagnosis(es):</p> <ul style="list-style-type: none"> • potential impact of medical conditions and treatment, eating routine, and effect of disability history on current/future health status • general nutrition concerns, such as food allergies, intolerances, preferences/aversions; and issues of clinical significance, such as malnutrition, alterations in taste and smell, chewing and/or swallowing; and ability to be independent with dining 	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 1: Nutrition Assessment					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
		<ul style="list-style-type: none"> individual's, family's or advocate's^b expressed wishes and preferences 			
1.9	Uses collected data to identify possible problem areas for determining nutrition diagnoses		X	X	X
	1.9A	Discusses test and nutrition assessment results with IDT to determine need for developing or revising nutrition diagnosis(es) (eg, vitamins D and C, and folate supplementation for individuals on seizure medications)	X	X	X
	1.9B	Reviews evidence-based nutrition indicators of complications arising from various treatment modalities (eg, dysphagia resulting from medication use or low selenium from diet for phenylketonuria); seeks assistance as needed	X	X	X
	1.9C	Identifies nutritional complications, such as food allergies, intolerances, and preferences and their impact on determining nutrition diagnoses	X	X	X
	1.9D	Identifies underlying and potential problems (Figure 6) associated with the IDD diagnosis		X	X
	1.9E	Considers current issues and actual risk of developing chronic problems (eg, antipsychotics and development of metabolic syndrome)		X	X
	1.9F	Assesses highly complex issues using an interdisciplinary approach to problem identification and determination of nutrition diagnoses (eg, medical, psychological, other therapies)			X
1.10	Documents and communicates:		X	X	X
	1.10A	Date and time of assessment	X	X	X
	1.10B	Pertinent data (eg, medical, social, behavioral)	X	X	X
		1.10B1 Includes data used to determine current nutrition status (eg, laboratory results, height, weight history, food and fluid intake, medications, drug–nutrient interaction)	X	X	X
	1.10C	Comparison to appropriate standards reflecting age and disability	X	X	X
	1.10D	Discussion with individual, care provider(s), health care practitioners(s), and/or IDT throughout assessment process	X	X	X
	1.10E	Individual/person/family/population perceptions, values, and motivation related to presenting problems	X	X	X
	1.10F	Changes in individual/person/family/population perceptions, values and motivation related to presenting problems	X	X	X
	1.10G	Reason for discharge/discontinuation or referral, if appropriate	X	X	X

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Examples of Outcomes for Standard 1: Nutrition Assessment

- Appropriate assessment tools and procedures are used in valid and reliable ways
- Appropriate and pertinent data are collected
- Effective interviewing methods are used
- Data are organized and in a meaningful framework that relates to nutrition problems
- Use of assessment data leads to the determination that a nutrition diagnosis/problem does or does not exist
- Problems that require consultation with or referral to another provider are recognized
- Documentation and communication of assessment are complete, relevant, accurate, and timely

Standard 2: Nutrition Diagnosis

The registered dietitian nutritionist (RDN) identifies and labels specific nutrition problem(s)/diagnosis (es) that the RDN is responsible for treating.

Rationale:

Analysis of the assessment data leads to identification of nutrition problems and a nutrition diagnosis(es), if present. The nutrition diagnosis(es) is the basis for determining outcome goals, selecting appropriate interventions, and monitoring progress. Diagnosing nutrition problems is the responsibility of the RDN.

Indicators for Standard 2: Nutrition Diagnosis

Bold Font Indicators are Academy Core RDN Standards of Practice Indicators		The "X" signifies the indicators for the level of practice		
		Competent	Proficient	Expert
<i>Each RDN:</i>				
2.1	Diagnoses nutrition problems based on evaluation of assessment data and identifies supporting concepts (ie, etiology, signs, and symptoms)	X	X	X
	2.1A Evaluates and integrates assessment data, including pre-existing factors, comorbidities (Figure 6), and impact of other therapies	X	X	X
	2.1B Organizes the defining characteristics of assessment data providing evidence that the nutrition diagnosis(es) exists	X	X	X
	2.1C Identifies factors/causes related to the nutrition problem(s) (Figure 5)	X	X	X
	2.1D Considers multiple complex factors (eg, pre-existing medical conditions, social skills, pharmacologic needs) in the determination of the etiology		X	X
	2.1E Applies clinical knowledge and experience in compiling multiple signs and symptoms in individuals with complex nutrition problems to determine nutrition diagnosis(es)			X
2.2	Prioritizes the nutrition problem(s)/diagnosis(es) based on severity, safety, individual/person needs and preferences, ethical considerations, likelihood that nutrition intervention/plan of care will influence the problem, discharge/transitions of care needs, and individual/person/advocate perception of importance	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 2: Nutrition Diagnosis					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	2.2A	Uses evidence-based protocols and guidelines to prioritize nutrition diagnoses in order of urgency; seeks guidance as needed	X	X	X
	2.2B	Collaborates with focus area RDNs (Figure 5) and/or other health care practitioners/specialists when caring for individuals with complex needs (Figure 6)	X	X	X
	2.2C	Uses experience, critical thinking skills, judgment, and information from other care providers to determine nutrition diagnosis hierarchy for individuals with complex needs		X	X
2.3	Communicates the nutrition diagnosis(es) to individual/person/family members/advocates, community, or other health care professionals when possible and appropriate (eg, through ISP)		X	X	X
	2.3A	Uses the most appropriate communication method(s) (Figure 5) to share information with individual and support team	X	X	X
	2.3B	Participates in developing communication protocols and pathways to meet the organization's/program's standards and the workflow of the setting, when applicable		X	X
2.4	Documents the nutrition diagnosis(es) using standardized terminology and clear, concise written statement(s) (eg, using Problem [P], Etiology [E], and Signs and Symptoms [S] [PES statements] or Assessment [A], Diagnosis [D], Intervention [I], Monitoring [M], and Evaluation [E] [ADIME statements])		X	X	X
	2.4A	Uses the electronic Nutrition Care Process Terminology (eNCPT) when possible (eg, PES statement) to document and explain the nutrition diagnosis(es) (eg, suboptimal/inadequate oral intake related to difficulty swallowing, as evidenced by significant weight loss over time using appropriate measures) in electronic health record, paper chart, and/or other locations in order of importance and in a manner that clearly describes the individual's nutrition status and needs	X	X	X
2.5	Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available		X	X	X
	2.5A	Uses most current information available/provided that may impact nutrition diagnoses and revises and reprioritizes if applicable, in a timely manner (eg, changes in living arrangements, changes in physical/medical and/or functional status, laboratory/diagnostic tests, evaluations)	X	X	X
	2.5B	Communicates new information and nutrition implications with individual/family/care provider(s) and IDT	X	X	X

- Examples of Outcomes for Standard 2: Nutrition Diagnosis**
- Nutrition diagnostic statements accurately describe the nutrition problem of the individual/person and/or community in a clear and concise way
 - Documentation of nutrition diagnosis(es) is relevant, accurate, and timely
 - Documentation of nutrition diagnosis(es) is revised as additional assessment data become available

Standard 3: Nutrition Intervention/Plan of Care

The registered dietitian nutritionist (RDN) identifies and implements appropriate, individual/person-centered interventions designed to address nutrition-related problems, behaviors, risk factors, environmental conditions, or aspects of health status for an individual, target group, or the community at large.

Rationale:

Nutrition intervention consists of 2 interrelated components—planning and implementation.

- Planning involves prioritizing the nutrition diagnoses, conferring with the individual/person and others, reviewing practice guidelines, protocols and policies, setting goals and defining the specific nutrition intervention strategy.
- Implementation is the action phase that includes carrying out and communicating the intervention/plan of care, continuing data collection, and revising the nutrition intervention/plan of care strategy, as warranted, based on change in condition and/or the individual/person/population response.

An RDN implements the interventions or assigns components of the nutrition intervention/plan of care to professional, technical, and support staff in accordance with knowledge/skills/judgment, applicable laws and regulations, and organization policies. The RDN collaborates with or refers to other health care professionals and resources. The nutrition intervention/plan of care is ultimately the responsibility of the RDN.

Indicators for Standard 3: Nutrition Intervention/Plan of Care			The “X” signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
<i>Plans the Nutrition Intervention/Plan of Care:</i>					
3.1	Addresses the nutrition diagnosis(es) by determining and prioritizing appropriate interventions for the plan of care		X	X	X
	Prioritization considerations may include:				
	3.1A	Perception of importance based on discussion with IDT and individual’s choices and preferences	X	X	X
	3.1B	Current acute and chronic health conditions, or risk of developing acute or chronic health conditions	X	X	X
	3.1C	Cognitive, physical, and developmental readiness to benefit from nutrition services	X	X	X
	3.1D	Immediacy of the problem and severity of nutrition risk or malnutrition, if present	X	X	X
	3.1E	Safety risk or potential risk across current and planned interventions (eg, aspiration risk)		X	X
	3.1F	IDD-specific disorders and other comorbidities (Figure 6)		X	X
	3.1G	Challenges that impact nutrition status (Figure 5)		X	X
	3.1H	Ability to improve health and nutrition status based on outcome(s) of preceding interventions, current supports, and likelihood for success based on evidence and practice experience		X	X
<i>(continued on next page)</i>					

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 3: Nutrition Intervention/Plan of Care						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	3.1I	Ability to evaluate evidence and potential benefit from emerging therapies			X	X
3.2	Bases intervention/plan of care on best available research/evidence and information, evidence-based guidelines, and best practices			X	X	X
	3.2A	Consults and applies appropriate evidence-based practice guidelines for the individual's diagnosis(es), nutritional needs, and other factors (Figure 4)		X	X	X
		3.2A1	Tailors plan of care based on the individual's needs, preferences, and response to intervention	X	X	X
	3.2B	Uses professional judgment that draws from scientific literature, practice experience, treatments for medical conditions, when applicable, and the nutrition status of the individual in developing an intervention plan; seeks assistance from experienced practitioner if needed		X	X	X
	3.2C	Recognizes when it is appropriate to use intervention guidelines based on physiological or other conditions (Figure 6) contraindicative of usual protocol			X	X
3.3	Refers to policies and procedures, protocols, and program standards			X	X	X
	3.3A	Refers to policies, procedures, and protocols throughout the planning process to promote positive nutrition outcomes while considering individual's preferences/choices		X	X	X
	3.3B	Adapts nutrition protocols as appropriate to facilitate goal achievement consistent with individual's choices and treatment plan			X	X
	3.3C	Serves as a resource to other practitioners and the IDT on application of nutrition protocols and guidelines to an individual or population			X	X
3.4	Collaborates with individual/person/advocate/population, caregivers, IDT, and other health care professionals			X	X	X
	3.4A	Considers individual's and family's/care provider's knowledge, skills, and willingness to implement nutrition intervention to achieve goals		X	X	X
	3.4B	Collaborates with the individual, including family, caregiver(s), IDT, and other health care practitioners as needed in all aspects of nutrition care and person-centered interventions and planning		X	X	X
		3.4B1	Recognizes specific knowledge and skills of other providers, and collaborates to provide comprehensive care		X	X
		3.4B2	Develops collaborations with feeding teams for consultation and to facilitate referrals when indicated		X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 3: Nutrition Intervention/Plan of Care				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.4B3	Facilitates the collaborative process with IDT members in planning the intervention				X
	3.4C	Explains to individual/family/care provider the risks and benefits of the nutrition care options; obtains guidance from an experienced practitioner, if needed		X	X	X
3.5	Works with individual/person/advocate/population, and caregivers to identify goals, preferences, discharge/transitions of care needs, plan of care and expected outcomes			X	X	X
	3.5A	Develops individual/person-centered goals and expected outcomes using S.M.A.R.T (Specific, Measurable, Attainable, Realistic, Timely) format; goal setting to consider: <ul style="list-style-type: none"> • nutrition and medical diagnoses identified in the assessment and seeks additional information when needed • health care and resource utilization (eg, service coordination, access, and delivery of care/services) • effects on individual and their family (eg, ADLs, participation in activities that are appropriate for age and developmental level) 		X	X	X
	3.5B	Determines and addresses when necessary, if foods/beverages are used as part of therapies (eg, swallowing evaluation/retraining) and if used as reward or punishment for positive/negative behaviors <ul style="list-style-type: none"> • American Academy of Pediatrics discourages the use of food as a reward or punishment (https://ihcw.aap.org/resources/Documents/EarlyFeedingInfographics_PickyEaters_BFLogo.pdf) 		X	X	X
	3.5C	Refers individual to appropriate health care practitioner for problems outside scope of practice		X	X	X
	3.5D	Engages with the individual/family/advocate to identify personal preferences and goals, help identify barriers and solutions while offering evidence-based nutrition information to support collaborative discussion through shared decision-making for achieving the desired outcomes (Figure 5)		X	X	X
	3.5D1	Takes into consideration social skills, processing of information (allowing time for individual to process and communicate needs), ability to communicate desired needs, and variety of ways needs are communicated, including nontraditional ways (Figure 5)			X	X
	3.5E	Anticipates how nutrition intervention may minimize treatment-related side effects, treatment delays, and the need for hospital admission			X	X

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Each RDN:			Competent	Proficient	Expert	
3.6	Develops the nutrition prescription and establishes measurable individual-/person-focused goals to be accomplished			X	X	X
	3.6A	Develops or adjusts the nutrition plan based on best-available evidence and individual-/person-centered goals and anticipated outcomes, taking into consideration factors affecting health status (Figure 6); seeks assistance from experienced resource if needed		X	X	X
		3.6A1	Determines intervention strategies/steps needed to address current and/or potential problems or barriers	X	X	X
		3.6A2	Considers energy requirements and hydration needs associated with changes in activity level, medications, and disease state	X	X	X
		3.6A3	Considers impacts of nutrition and appetite on behavior and readiness to learn		X	X
		3.6A4	Recommends adjusting diet prescription for increases or decreases in modified food textures, enteral/parenteral nutrition, and fluid needs as oral motor ability changes the degree of food texture modification and/or fluid thickness required for safe consumption of food/nutrient, and fluid needs		X	X
		3.6A5	Integrates information, knowledge, and critical thinking to address more complex/subtle issues, such as complaints of stomach aches, headaches, insomnia, depression			X
		3.6A6	Anticipates nutrient imbalances associated with altered mental status (eg, anxiety, depression), altered taste (zinc), and medications			X
		3.6A7	Considers emerging/alternative treatment strategies that are supported by evidence-based research, guidelines, and information			X
3.7	Defines time and frequency of care, including intensity, duration, and follow-up			X	X	X
	3.7A	Identifies time and frequency of care based on individual's needs, established goals and outcomes, and expected response to intervention(s) reflecting organization program policies and/or regulations, when applicable		X	X	X
		3.7A1	Considers expected changes in nutrition status, functional ability, and progress toward nutrition outcomes		X	X

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Indicators for Standard 3: Nutrition Intervention/Plan of Care				The "X" signifies the indicators for the level of practice		
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<i>Each RDN:</i>				Competent	Proficient	Expert
		3.7A2	Considers severity of nutrition issues, and/or pending medical interventions that are influenced by or may influence nutrition status		X	X
	3.7B	Determines frequency and duration of care needed, including when recommended services are not consistent with reimbursement guidelines of funding source(s)			X	X
	3.7C	Develops guidelines for timing of intervention(s) and follow-up in population(s) served by setting based on outcomes data (Figure 4)				X
3.8	Uses standardized terminology for describing interventions			X	X	X
	3.8A	Uses standardized terminology (eg, eNCPT, International Dysphagia Diet Standardization Initiative [IDDSI]) or adapts terminology to the facility/program system requirements and to facilitate understanding by the IDD population		X	X	X
	3.8B	Uses appropriate diagnostic and treatment language as per funding source or agency		X	X	X
3.9	Identifies resources and referrals needed			X	X	X
	3.9A	Identifies resources/referrals/community programs with treatment approaches needed to meet individual's nutrition needs and educational services in consultation with IDT		X	X	X
		3.9A1	Understands the roles of various disciplines (Figure 5) to facilitate appropriate referrals as needed	X	X	X
		3.9A2	Advocates for services needed for individual to support and achieve goals/outcomes	X	X	X
		3.9A3	Considers access to services needed to support adequate nutrition (Figure 5)	X	X	X
		3.9A4	Creates a list of nutrition and other resources specific to individual/family/care providers, in collaboration with IDT, to support accessing services, education, and transitions of care		X	X
	3.9B	Provides guidance to individuals/families in response to request for integrative and functional medicine or nontraditional treatment approaches (eg, research, potential outcomes, and side effects); seeks assistance if needed		X	X	X
<i>Implements the Nutrition Intervention/Plan of Care:</i>						
3.10	Collaborates with colleagues, IDT, and other health care professionals			X	X	X

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Each RDN:			Competent	Proficient	Expert		
	3.10A	Uses the individual-/person-centered plan of care and acknowledges the team approach in all aspects of plan implementation	X	X	X		
	3.10B	Seeks and identifies opportunities for IDT to be involved with implementation of the individual's nutrition plan (eg, determine appropriate form and method of administering medication[s] to individuals receiving enteral nutrition support, texture modified diets, or other medical or pediatric feeding disorder considerations)		X	X		
	3.10C	Develops and/or monitors program-/agency-specific process to assess and continuously monitor an individual's degree of nutrition risk considering health status, underlying morbidity, frequency, and duration of interventions			X		
	3.10D	Seeks opportunities to lead and direct IDT to discuss and resolve complex issues and/or implement changes to nutrition plan			X		
3.11	Communicates and coordinates the nutrition intervention/plan of care		X	X	X		
	3.11A	Reviews nutrition goals, interventions, and referrals/resources needed to meet goals in nutrition plan of care and communicates with IDT, referring medical provider, other health care practitioners, medical care settings, and other involved professionals (Figure 5)	X	X	X		
	3.11B	Ensures communication of nutrition plan of care and nutrition-related data between home, acute care, ambulatory care, vocational/educational team, and/or residential/long-term care facility as needed	X	X	X		
	3.11C	Collaborates with IDT to facilitate coordination of care and awareness of potentially conflicting/problematic treatments (eg, medication-dietary supplement interaction)		X	X		
3.12	Initiates the nutrition intervention/plan of care		X	X	X		
	3.12A	Uses approved clinical privileges, physician/nonphysician practitioner^c-driven orders (ie, delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organizational policy	X	X	X		
		3.12A1	Implements, initiates, or modifies orders for therapeutic diet, nutrition-related pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, food texture modifications, enteral and parenteral nutrition, intravenous fluid infusions, laboratory tests, medications, and education and counseling)	X	X	X	
			3.12A1i	Recommends or initiates nutrition-related orders for diet, including food/fluid texture	X	X	X

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Indicators for Standard 3: Nutrition Intervention/Plan of Care							
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators					The “X” signifies the indicators for the level of practice		
Each RDN:					Competent	Proficient	Expert
				modifications, nutritional supplements, or enteral nutrition formula consistent with clinical privileges when applicable or physician-delegated orders or protocol			
			3.12A1ii	Provides education and counseling on the use of prescribed or recommended over-the-counter dietary supplements for safety, to minimize food–nutrient–medication interactions and interactions with treatments; consults with pharmacist as needed		X	X
		3.12A2	Manages nutrition support therapies (eg, formula selection, rate adjustments, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition)		X	X	X
			3.12A2i	Manages or oversees care for individuals receiving enteral or parenteral nutrition, consistent with privileging or physician-delegated orders, if applicable, or organization/program guidelines, regulations, in collaboration with physician or IDT; seeks assistance, if needed	X	X	X
		3.12A3	Initiates and performs nutrition-related services (eg, bedside swallow screenings, inserting and monitoring nasogastric feeding tubes, and indirect calorimetry measurements or other permitted services)		X	X	X
	3.12B	Considers literacy and numeracy levels and cultural/language differences and uses or adapts appropriate educational materials and tools that are understandable and culturally relevant to meet individual’s learning style and method of communication (Figure 5)			X	X	X
	3.12C	Uses critical thinking skills to identify and combine multiple and/or complex intervention approaches as appropriate: <ul style="list-style-type: none"> • adapts general nutrition education tools to individual’s and family’s learning style and method(s) of communication • incorporates stages of behavior change as a guide to assess the individual’s readiness to learn and adjusts counseling style accordingly 				X	X

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Indicators for Standard 3: Nutrition Intervention/Plan of Care					
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Each RDN:			Competent	Proficient	Expert
		<ul style="list-style-type: none"> uses appropriate behavior change theories (eg, motivational interviewing, positive habit formation, modeling) to facilitate self-management/self-care strategies encourages greater independence in food choices and empowers the individual to take control of their health as they move toward a less structured environment 			
	3.12D	Uses critical thinking, synthesis skills, in-depth knowledge, and experience with IDD population to individualize the strategy for complex interventions, as appropriate			X
3.13	Assigns activities to NDTR and other professional, technical, and support personnel in accordance with qualifications, organizational policies/protocols, and applicable laws and regulations		X	X	X
	3.13A	Supervises professional, technical, and support personnel	X	X	X
	3.13B	Provides professional, technical, and support personnel with information and guidance needed to complete assigned activities	X	X	X
3.14	Continues data collection		X	X	X
	3.14A	Identifies and records specific data for individual, including weight change, biochemical, behavioral, and lifestyle factors using prescribed/standardized format	X	X	X
	3.14B	Coordinates data and input from other IDT members to reflect on individual's progress and potential need for change in nutrition care plan, meal plan, and/or discharge/transitions of care plan	X	X	X
	3.14C	Maintains confidentiality of data records (eg, electronic, written)	X	X	X
3.15	Documents:		X	X	X
	3.15A	Date and time	X	X	X
	3.15B	Specific and measurable treatment goals and expected outcomes	X	X	X
	3.15C	Recommended interventions	X	X	X
	3.15D	Individual/person/advocate/caregiver/community receptiveness	X	X	X
		3.15D1 Individual/care provider(s) changes in and/or acceptance of perceptions, values, and motivation related to presenting problems and designated interventions	X	X	X

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Each RDN:				Competent	Proficient	Expert
	3.15E	Progress meeting goals or expected outcomes, including evidence that intervention is or is not changing/maintaining the individual's eating habits, satiety, or nutrition status		X	X	X
	3.15F	Referrals made and resources used		X	X	X
	3.15G	Individual/person/advocate/caregiver/community comprehension		X	X	X
		3.15G1	Understanding/comprehension of risks and benefits	X	X	X
	3.15H	Barriers to change		X	X	X
		3.15H1	Influencing factors or barriers affecting ability and/or willingness to follow nutrition care plan (Figure 5)	X	X	X
	3.15I	Other information relevant to providing care and monitoring progress over time		X	X	X
	3.15J	Plans for follow-up and frequency of care		X	X	X
	3.15K	Rationale for discharge or referral if applicable (eg, met goals/ outcomes, lack of progress, nonadherence, frequently missed appointments)		X	X	X
	3.15L	Justification for medical nutrition therapy continuation or follow-up (eg, frequency and duration of services, expected achievement with continued services, risks for discontinuation, supporting data)		X	X	X

Examples of Outcomes for Standard 3: Nutrition Intervention/Plan of Care

- Goals and expected outcomes are appropriate and prioritized
- IDT, including the individual/person (Figure 5), collaborate and is involved in developing nutrition intervention/plan of care
- Appropriate individual-/person-centered nutrition intervention/plan of care, including nutrition prescription, is developed
- Nutrition intervention/plan of care is delivered and actions are carried out as intended
- Discharge planning/transitions of care needs are identified and addressed
- Documentation of nutrition intervention/plan of care is:
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Timely
 - Comprehensive
 - Accurate
 - Dated and timed

Standard 4: Nutrition Monitoring and Evaluation

The registered dietitian nutritionist (RDN) monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals, preferences, and intervention strategies to determine the progress made in achieving desired results of nutrition care and whether planned interventions should be continued or revised.

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Rationale:

Nutrition monitoring and evaluation are essential components of an outcomes management system in order to assure quality, individual-/person-/population-centered care and to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. Through monitoring and evaluation, the RDN identifies important measures of change or individual/person/population outcomes relevant to the nutrition diagnosis and nutrition intervention/plan of care; describes how best to measure these outcomes; and intervenes when intervention/plan of care requires revision.

Indicators for Standard 4: Nutrition Monitoring and Evaluation				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
4.1	Monitors progress:			X	X	X
	4.1A	Assesses individual/person/advocate/population understanding and compliance with nutrition intervention/plan of care		X	X	X
		4.1A1	Verifies understanding and adherence to nutrition intervention by having individual/caregiver/advocate verbalize and/or demonstrate understanding as evidenced by use of appropriate menus, meal planning, food choices, food-preparation techniques, and food-safety guidelines consistent with prescribed nutrition intervention	X	X	X
		4.1A2	Determines barriers to understanding that are present and impacting the individual's/caregiver's/advocate's acceptance of the nutrition intervention/plan of care		X	X
		4.1A3	Identifies, creates, or tailors tools and methods to improve understanding of and/or adherence to plan as needed based on the individual's/caregiver's/advocate's specific needs and situations		X	X
	4.1B	Determines whether the nutrition intervention/plan of care is being implemented as prescribed		X	X	X
		4.1B1	Verifies implementation of prescribed nutrition intervention (eg, reviews data collection records; conducts interviews and direct observations of nutrition intervention), and consults with IDT members, if needed	X	X	X
		4.1B2	Uses direct observation, interviews, and/or identifiers specific to the individual's circumstances (eg, monitors physical, social, cognitive, environmental factors) that may influence response to nutrition intervention	X	X	X
		4.1B3	Identifies any barriers to implementation and adherence to intervention	X	X	X
		4.1B4	Evaluates nutrition intervention related to special situations (Figure 5) to determine additional resources needed		X	X
<i>(continued on next page)</i>						

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Indicators for Standard 4: Nutrition Monitoring and Evaluation				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
4.2	Measures outcomes:			X	X	X
	4.2A	Selects the standardized nutrition care measurable outcome indicator(s)		X	X	X
		4.2A1	Considers individual-/person-centered outcomes (eg, quality of life, physical well-being, anthropometric and laboratory data, and individual's/advocate's satisfaction)	X	X	X
		4.2A2	Uses multiple data sources to assess progress in meeting desired outcomes; examples include: <ul style="list-style-type: none"> • adequacy of food/nutrient intake from all sources • changes in body weight, composition • laboratory and other test results • positive/negative effects of pertinent medications and dietary supplements • changes in cognitive and functional status • changes in skin integrity • changes in physical activity level 	X	X	X
		4.2A3	Uses critical thinking skills to adapt/create outcome measures when standardized measures do not apply to the individual		X	X
	4.2B	Identifies positive or negative outcomes, including impact on potential needs for discharge/transitions of care		X	X	X
		4.2B1	Assesses established nutrition goals to determine whether progress is being made to achieve desired clinical and lifestyle outcomes	X	X	X
		4.2B2	Monitors appropriateness of growth/maintenance of nutrition and fluid status while individual progresses along pathway to oral feeding (ie, transition off enteral/parenteral nutrition), when applicable		X	X
		4.2B3	Anticipates potential for unintended consequences of a nutrition intervention/outcome (Figure 5)		X	X
		4.2B4	Uses knowledge of the population, experience, and critical thinking in evaluating complex changes in condition, impact of interventions, and other factors on achievement of outcomes			X
4.3	Evaluates outcomes:			X	X	X
	4.3A	Compares monitoring data with nutrition prescription and established goals or reference standard (Figure 4)		X	X	X
		4.3A1	Monitors and analyzes clinical data to improve individual's outcomes; seeks assistance as needed	X	X	X

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Each RDN:				Competent	Proficient	Expert
	4.3A2	Reviews and understands data based on experience, clinical judgment, and/or identifies criteria to which the data are compared			X	X
	4.3B	Evaluates impact of the sum of all interventions on overall individual/person/population health outcomes and goals		X	X	X
	4.3B1	Evaluates the individual's variance from planned outcomes and incorporates findings into future individualized treatment recommendations		X	X	X
	4.3B2	Uses clinical judgment based on experience with IDD population to analyze the impact of all interventions on individual's health outcomes and quality of life			X	X
	4.3C	Evaluates progress or reasons for lack of progress related to problems and interventions		X	X	X
	4.3C1	Uses data from individual and/or care provider/team members (Figure 5) to determine whether progress is being made		X	X	X
	4.3C2	Uses multiple resources to assess progress (Figure 5) relative to effectiveness of care plan		X	X	X
	4.3C3	Evaluates patterns, trends, and disparities related to problems and interventions (eg, complex medical problems, changes in mental health status, changes in social support needs)			X	X
	4.3C4	Assesses underlying factors interfering with intervention outcomes and access to services (eg, lifestyle, prognosis, funding, resources) and analyzes their impact on future treatment recommendations			X	X
	4.3C5	Recognizes problems that are beyond the scope of nutrition that are interfering with interventions and achieving desired outcomes; makes referrals or consults with IDT to address issues				X
	4.3D	Evaluates evidence that the nutrition intervention/plan of care is maintaining or influencing a desirable change in the individual/person/population behavior or status; consults with IDT as applicable		X	X	X
	4.3D1	Accesses appropriate records for evidence of ability to follow plan (eg, mealtime observations, food available in home,		X	X	X

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Each RDN:				Competent	Proficient	Expert
			food logs, activity logs, weight/growth charts, physical examination, laboratory results, medication changes)			
		4.3D2	Evaluates individual's outcomes in relation to nutrition plan and goals (eg, laboratory data, physical, social, cognitive, environmental factors, ADLs, and growth and development)	X	X	X
	4.3E	Supports conclusions with evidence		X	X	X
		4.3E1	Clearly documents processes and outcomes	X	X	X
4.4	Adjusts nutrition intervention/plan of care strategies, if needed, in collaboration with individual/person/family/population/advocate/caregiver and IDT			X	X	X
	4.4A	Improves or adjusts intervention/plan of care strategies based upon outcomes data, trends, best practices, and comparative standards		X	X	X
	4.4B	Modifies intervention strategies based on person-centered needs (Figure 5); seeks assistance as needed		X	X	X
	4.4C	Modifies the diet or nutrition-related orders for improved comprehension and implementation consistent with approved clinical privileges for order writing or physician-delegated orders or protocol, as needed		X	X	X
	4.4D	Identifies need for additional resources (eg, sources of equipment or nutrition products, avenues for therapy) to fulfill the nutrition prescription			X	X
	4.4E	Arranges for additional supportive services, as needed (eg, training of direct care providers, enrollment in supportive services) in collaboration with IDT members			X	X
	4.4F	Identifies/develops tools/methods to tailor intervention to ensure desired outcomes based on individual's/family's/caregiver's response to treatment				X
	4.4G	Makes adjustments in unpredictable situations (eg, death of spouse/family member/close friend)				X
	4.4H	Leads in analysis of data and discussions with IDT when outcomes are not achieved to revise nutrition diagnosis and plan/interventions				X
4.5	Documents:			X	X	X
	4.5A	Date and time		X	X	X
	4.5B	Indicators measured, results, and the method for obtaining measurement		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Indicators for Standard 4: Nutrition Monitoring and Evaluation					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	4.5C	Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)	X	X	X
	4.5D	Individual's and/or family's/care provider's perspective on nutrition plan, problems, and progress	X	X	X
	4.5E	Factors facilitating or hampering progress Examples: <ul style="list-style-type: none"> • change in clinical, health status, or functional outcomes • change in individual's level of understanding and food-related habits • self-determination decision by individual/family/advocate affecting acceptance of nutrition interventions • changes in family situation, advocate, caregiver, social supports, or living situation 	X	X	X
	4.5F	Insufficient data or lack of data (eg, unavailable or incomplete medical records)	X	X	X
	4.5G	Other positive or negative outcomes	X	X	X
	4.5H	Adjustments to the nutrition intervention/plan of care, if indicated	X	X	X
	4.5I	Future plans for nutrition care, nutrition monitoring and evaluation, follow-up, referral, or discharge	X	X	X

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation	
<ul style="list-style-type: none"> • The individual/person/community outcome(s) directly relate to the nutrition diagnosis and the goals established in the nutrition intervention/plan of care. Examples include, but are not limited to: <ul style="list-style-type: none"> o Nutrition outcomes (eg, change in knowledge, habits, self-care, food, or nutrient intake) o Clinical and health status outcomes (eg, change in laboratory values, body weight, blood pressure, risk factors, signs and symptoms, eating habits/preferences, clinical status, infections, complications, morbidity, and mortality) o Individual-/person-/population-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability) o Health care utilization and cost-effectiveness outcomes (eg, change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations, prevented or delayed nursing home admissions, morbidity, and mortality) • Nutrition intervention/plan of care and documentation is revised, if indicated • Documentation of nutrition monitoring and evaluation is: <ul style="list-style-type: none"> o Specific o Measurable o Attainable o Relevant o Timely o Comprehensive 	<p><i>(continued on next page)</i></p>

Figure 1. *(continued)* Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

- o Accurate
- o Dated and Timed

^a**Interdisciplinary:** The term *interdisciplinary* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, physician assistants, pharmacists, psychologists, social workers, occupational, physical, and speech therapists, oral motor therapist, Qualified Intellectual Disabilities Professional [QIDP], school administrators, teachers, school nurse, teacher's aide, direct care professional, assistive technologist, applied behavior analysis [ABA] therapist, Adult Protective Services, Child Protective Services, regional center, state vocational rehabilitation agencies), depending on the needs of the individual. Interdisciplinary could also mean interprofessional or multidisciplinary.

^b**Advocate:** An *advocate* is a person who provides support and/or represents the rights and interests at the request of the individual/person. The person may be a family member or an individual not related to the individual/person (eg, friend, neighbor, religious leader) who is asked to support the individual/person with activities of daily living or is legally designated to act on behalf of the individual/person, particularly when the individual/person has lost decision making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms^{1,2} and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation⁶).

^c**Nonphysician practitioner:** A *nonphysician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian or qualified nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{6,7} The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and LTC facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{9,10}

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Intellectual and Developmental Disabilities. Note: The terms *individual*, *person*, *group*, and *population* are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.

Standards of Professional Performance for Registered Dietitian Nutritionists in Intellectual and Developmental Disabilities
Standard 1: Quality in Practice
 The registered dietitian nutritionist (RDN) provides quality services using a systematic process with identified ethics, leadership, accountability, and dedicated resources.
Rationale:
 Quality practice in nutrition and dietetics is built on a solid foundation of education and supervised practice, credentialing, evidence-based practice, demonstrated competence, and adherence to established professional standards. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.1	Complies with applicable laws and regulations as related to their area(s) of practice		X	X	X
	1.1A	Recognizes and complies with relevant local, state, and federal laws and regulations, and accreditation programs for people with intellectual and developmental disabilities (IDD)	X	X	X
	1.1B	Complies with state licensure or certification laws and regulations, if applicable, including telehealth and continuing education requirements	X	X	X
1.2	Performs within individual and statutory scope of practice and applicable laws and regulations		X	X	X
	1.2A	Adheres to the practice boundaries related to nutrition and other areas of education and training	X	X	X
1.3	Adheres to sound business and ethical billing practices applicable to the role and setting		X	X	X
	1.3A	Develops an understanding and complies with appropriate payment and reimbursement requirements for payer (eg, Medicare, Medicaid) and type of nutrition visit applicable to IDD setting	X	X	X
	1.3B	Follows recognized and ethical business practices; complies with organization position description and processes or consultant contract (services, deliverables, fees, billing process) that contribute to accurate budgeting and data reporting, for example: <ul style="list-style-type: none"> • employee: hours and other required information • consultant: services provided and hours • documentation in the medical record (electronic or manual) • other processes used to report actions and recommendations 	X	X	X
1.4	Uses national quality and safety data (eg, National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance individual/person-centered services		X	X	X

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Figure 2. Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.4A	Educates interdisciplinary ^a team (IDT) on pertinent quality and safety initiatives relevant to population served by setting (eg, food safety, International Dysphagia Diet Standardization Initiative [IDDSI])		X	X	X
1.4B	Responds to changes to local, state, and national quality initiatives and advocates for positive-effect changes to support IDD nutrition care and related services			X	X
1.4C	Leads efforts to support and establish IDD nutrition benchmarks (eg, weight standards, nutrition care guidelines, and integrative and functional medicine practices)				X
1.4D	Leads organization's/program's IDT review and application of national consensus-based standards and measures in performance monitoring process				X
1.5	Uses a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest-quality services		X	X	X
1.5A	Identifies and participates in quality assurance and performance improvement (QAPI) activities per organization/agency quality review plan or process		X	X	X
1.5B	Obtains training and collaborates with members of the IDT on the organization performance improvement model(s) and leads performance improvement initiatives			X	X
1.5C	Develops or collaborates on implementation strategies for quality management activities (eg, identification/adoption of evidence-based practice guidelines/protocols, skills training/reinforcement, organization support)				X
1.6	Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, quality, person-centeredness, equity, timeliness, and efficiency of practice		X	X	X
1.6A	Involves colleagues and others, as applicable, in systematic outcomes management		X	X	X
1.6A1	Collaborates with IDT in promoting and measuring quality of IDD nutrition care and services using systemic outcomes management			X	X
1.6A2	Leads interdisciplinary efforts to establish and/or improve IDD nutrition care interventions and outcomes				X
1.6B	Defines expected outcomes		X	X	X
1.6B1	Identifies evidenced-based nutrition-specific care and service outcomes and related processes to measure		X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 1: Quality in Practice				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	1.6B2	Identifies quality outcome indicators to measure (eg, Centers for Medicare and Medicaid Services [CMS], organization-specific measures)			X	X
	1.6B3	Identifies and assesses factors influencing the achievement of expected outcomes through direct evaluation, benchmarking, and evaluation of environmental trends, such as: <ul style="list-style-type: none"> individual/staff compliance to RDN/health care team guidance insufficient care provider supports need for individual and care provider training/education to improve knowledge and skills 				X
	1.6C	Uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)		X	X	X
	1.6C1	Uses critical thinking skills to re-evaluate S.M.A.R.T. goals and update in a timely manner		X	X	X
	1.6C2	Supports and/or serves in leadership role to evaluate benchmarks of IDD population-based indicators to improve outcomes (Figure 4)			X	X
	1.6D	Measures quality of services in terms of structure, process, and outcomes		X	X	X
	1.6D1	Seeks out and uses or adapts established systematic processes to collect and analyze data specific to individuals with IDD; seeks assistance as needed		X	X	X
	1.6D2	Selects criteria, participates in developing data-collection tools (eg, clinical, operational, and financial), and analyzes data to determine the success of action plans reaching individual and program outcome goals			X	X
	1.6D3	Leads in establishing a QAPI process to monitor and evaluate the effectiveness of IDD nutrition services provided				X
	1.6E	Incorporates electronic clinical quality measures to evaluate and improve care of individuals at risk for malnutrition or with malnutrition (www.eatrightpro.org/emeasures)		X	X	X
	1.6E1	Ensures that screening for nutrition risk is a component of program admission process or nutrition assessment using evidence-based screening tools for the setting and/or population		X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 1: Quality in Practice				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	1.6E2	Uses applicable clinical quality measures to collect and report data on population risk factors, screening timeframes, number at risk or with malnutrition, and services provided			X	X
	1.6F	Documents outcomes and patient (individual) reported outcomes (eg, PROMIS^b)		X	X	X
	1.6F1	Documents and reports outcomes to colleagues and groups; seeks assistance if needed		X	X	X
	1.6F2	Evaluates population and service outcomes using identified metrics to reinforce current practices or implement changes in practice(s)			X	X
	1.6G	Participates in, coordinates, or leads program participation in local, regional, or national registries and data warehouses used for tracking, benchmarking, and reporting service outcomes		X	X	X
	1.6G1	Collaborates with IDT to collect data for documenting and reporting outcomes of nutrition services and interventions			X	X
	1.6G2	Participates in population-based surveys and research for health and disease conditions for the IDD population (eg, data collection, policy development, and publications)			X	X
	1.6G3	Actively promotes the inclusion of RDN-provided medical nutrition therapy and nutrition services for individuals with IDD in local, state, and/or national data registries			X	X
	1.6H	Evaluates nutrition-related issues from population-based surveys and studies and applies to practice (eg, Health and Nutrition Examination Survey, National Survey of Children with Special Healthcare Needs Chart Book 2009-2010; https://www.cdc.gov/nchs/slait/cshcn.htm#anchor_1551498339279)			X	X
1.7		Identifies and addresses potential and actual errors and hazards in provision of services or brings to attention of supervisors and team members as appropriate		X	X	X
	1.7A	Identifies and addresses errors and potential hazards as part of the evaluation process for quality care and alerts supervisors as appropriate (eg, drug–nutrient interactions, food safety, enteral feeding use)		X	X	X
	1.7A1	Keeps up to date on current findings regarding dietary supplements (eg, Natural Medicine Database; https://naturalmedicines.therapeuticresearch.com/), and food safety (https://www.foodsafety.gov)		X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 1: Quality in Practice				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	1.7A2	Collaborates with team to contribute to the awareness of potential drug–food/nutrient and drug–dietary supplement interactions; and to educate IDT		X	X	X
	1.7A3	Refers individuals/families to appropriate services when error/hazard is outside RDN's scope of practice		X	X	X
	1.7A4	Maintains awareness of problematic names and error prevention recommendations provided by Institute for Safe Medication Practices (www.ismp.org), US Food and Drug Administration (www.fda.gov), US Pharmacopeia (www.usp.org)			X	X
	1.7B	Assesses and documents the potential for errors and hazards and implements corrective and/or preventative measures (eg, educational programs, system alerts) with monthly audits or according to organization policy; works with facility staff to reduce errors and hazards			X	X
	1.7C	Leads in the development of protocols to identify, address, and prevent errors and hazards; development of safety alert systems when needed; and in the implementation of revised processes in the delivery of food and nutrition services				X
1.8	Compares actual performance to performance goals (ie, Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act], DMAIC [Define, Measure, Analyze, Improve, Control])			X	X	X
	1.8A	Reports and documents action plan to address identified gaps in care and/or service performance		X	X	X
	1.8A1	Develops or revises plan of action with IDT and staff to meet expected outcomes			X	X
	1.8B	Compares department/organization performance to goals and expected outcomes to identify improvement recommendations/ actions in collaboration with the IDT or other stakeholders			X	X
	1.8C	Benchmarks department/organization performance with national programs and standards				X
1.9	Evaluates interventions and workflow process(es) and identifies service and delivery improvements			X	X	X
	1.9A	Participates in testing interventions to improve nutrition processes and services		X	X	X
	1.9B	Uses evaluation data and/or collaborates with IDT to identify facility/ organization improvements			X	X
1.10	Improves or enhances individual/person/population care and/or services working with others based on measured outcomes and established goals			X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 1: Quality in Practice			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
1.10A	Adjusts services and programs based on data and review of current evidence-based information in collaboration with IDT		X	X	X
1.10B	Oversees, monitors, ensures consistency, and revises processes and outcomes evaluation efforts to improve services			X	X
1.10C	Develops or investigates and shares systems, processes, and programs that support best practices in IDD nutrition care and services; publishes outcomes and best practices				X

Examples of Outcomes for Standard 1: Quality in Practice

- Actions are within scope of practice and applicable laws and regulations
- National quality standards and best practices are evident in person-centered services
- Performance improvement systems specific to program(s)/service(s) are established and updated as needed; are evaluated for effectiveness in providing desired outcomes data and striving for excellence in collaboration with other team members
- Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
- Aggregate outcomes results meet pre-established criteria
- Quality improvement results direct refinement and advancement of practice

Standard 2: Competence and Accountability

The registered dietitian nutritionist (RDN) demonstrates competence in and accepts accountability and responsibility for ensuring safe, quality practice and services.

Rationale:

Competence and accountability in practice includes continuous acquisition of knowledge, skills, experience, and judgment in the provision of safe, quality customer-centered service.

Indicators for Standard 2: Competence and Accountability			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
2.1	Adheres to the code(s) of ethics (eg, Academy/Commission on Dietetic Registration [CDR], other national organizations, and/or employer code of ethics)		X	X	X
2.1A	Demonstrates understanding of, and practices in accordance with, the current Code of Ethics and other organization or local, and/or state policies applicable to those working with IDD populations		X	X	X
2.1B	Identifies and seeks guidance through consultation with appropriate professionals (Figure 5)		X	X	X
<i>(continued on next page)</i>					

Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
2.2	Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-evaluation, and professional development		X	X	X
	2.2A	Integrates applicable focus area(s) SOP and/or SOPP into practice (eg, diabetes care, pediatric nutrition, mental health and addictions, eating disorders) (www.eatrightpro.org/sop)	X	X	X
	2.2B	Uses the SOP and SOPP for RDNs in IDD to: <ul style="list-style-type: none"> • assess performance at the appropriate level of practice • develop and implement a professional development plan to enhance/advance practice and performance 	X	X	X
	2.2C	Develops department/organization policy, guidelines, human resource materials (eg, position description or agency nutrition service performance standards, career ladders, acceptable performance level) reflecting the SOP and SOPP for RDNs in IDD and evidence-based research and best practices		X	X
	2.2D	Develops performance criteria for employment setting and for nutrition programs within local, state, and/or federal agencies, reflecting levels of practice described in the SOP and SOPP for RDNs in IDD			X
2.3	Demonstrates and documents competence in practice and delivery of person-/customer-centered service(s)		X	X	X
2.4	Assumes accountability and responsibility for actions and behaviors		X	X	X
	2.4A	Identifies, acknowledges, and corrects errors	X	X	X
	2.4B	Knows and complies with policies, procedures, and other organization standards applicable to role and responsibilities	X	X	X
	2.4C	Demonstrates responsible behavior regarding scope of practice, supervision, referrals, collaboration, and self-disclosure	X	X	X
	2.4D	Demonstrates attributes, such as knowledge of the change process, assertiveness, enhanced listening, and conflict resolution skills	X	X	X
	2.4E	Displays professional integrity and performs as role model in nutrition services for individuals with IDD		X	X
	2.4F	Develops and implements policies and procedures that ensure staff accountability and responsibility		X	X
	2.4G	Strives for improvement in practice with self and others; is active in defining and positioning the RDN in IDD team or organization		X	X
	2.4H	Leads by example; exemplifies professional integrity as a leader in IDD nutrition			X
2.5	Conducts self-evaluation at regular intervals		X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 2: Competence and Accountability								
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice				
Each RDN:				Competent	Proficient	Expert		
	2.5A	Identifies needs for professional development				X	X	X
		2.5A1	Uses self-assessment tools, employment performance reviews, and/or feedback from IDT to evaluate professional knowledge, skill, and practice consistent with best practices and research according to level of practice (eg, cultural sensitivity, communication methods, inclusivity in decision-making)	X	X	X		
		2.5A2	Seeks to advance knowledge and skills from consultation with experienced IDD practitioners (Figure 5), publications, and various resources	X	X	X		
		2.5A3	Identifies the need for development of IDD tools, guidelines, and other resources and works to develop in collaboration with nutrition and other health care professionals to increase knowledge and skills		X	X		
		2.5A4	Evaluates role and responsibilities at the organization and/or systems level to identify areas for continuing education or qualifications for an expanded or new role		X	X		
2.6	Designs and implements plans for professional development				X	X	X	
	2.6A	Develops plan and documents professional development activities in career portfolio (eg, organization policies and procedures, credentialing agency[ies])				X	X	X
		2.6A1	Develops and implements a continuing education plan to: <ul style="list-style-type: none"> • address discrepancies that exist between actual performance and expected outcomes • maintain or advance practice consistent with level of practice and career goals 	X	X	X		
2.7	Engages in evidence-based practice and uses best practices				X	X	X	
	2.7A	Integrates evidence-based practices and research evidence in delivering quality care to IDD population using texts, websites, Academy Evidence Analysis Library (EAL), open-access journals, databases, position papers, and best practices				X	X	X
	2.7B	Develops skills in assessing and critically analyzing research; seeks assistance as needed				X	X	X
	2.7C	Promotes and advocates to integrate research and evidence-based knowledge into practice, policy/procedure development, presentations, and publications					X	X
	2.7D	Contributes expertise and critical thinking skills as a reviewer of original research and/or evidence-based guidelines relevant to IDD nutrition practice						X
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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	2.7E	Uses and guides others in applying planned change principles to integrate research into practice			X
2.8	Participates in peer review of others as applicable to role and responsibilities		X	X	X
	2.8A	Engages in peer-review activities consistent with setting and IDD population (eg, peer evaluation, peer supervision, clinical chart review, and performance evaluation)		X	X
	2.8B	Serves/leads on an editorial board/work group for scholarly review, including but not limited to, professional articles, systematic reviews, position papers, chapters, and books			X
2.9	Mentors and/or precepts others		X	X	X
	2.9A	Pursues mentoring relationships and precepting opportunities with credentialed nutrition and dietetic practitioners, and nutrition and dietetics students/interns from underrepresented populations	X	X	X
	2.9B	Participates in precepting students/interns and mentoring entry-level health care professionals, and other interested individuals in the IDD practice area; seeks guidance as needed	X	X	X
	2.9C	Provides case consultation and supervises other credentialed nutrition and dietetics practitioners (eg, RDNs new to the IDD field, nutrition and dietetics technicians, registered)		X	X
	2.9D	Develops mentor/mentee programs for nutrition and dietetics practitioners and health professionals of other disciplines		X	X
	2.9E	Teaches clinical practice skills and rationales for nutrition interventions to students, colleagues, and IDT members in topics involving IDD			X
	2.9F	Provides expertise and counsel to education programs related to food and nutrition care services, practice guidelines, and practice roles for credentialed nutrition and dietetics practitioners in IDD settings			X
2.10	Pursues opportunities (education, training, credentials, certifications) to advance practice in accordance with laws and regulations, and requirements of practice setting (eg, cardiopulmonary resuscitation certification, other safety-related training)		X	X	X
	2.10A	Advocates for a new position or opportunities within practice setting that reflect knowledge, experience, certifications when applicable, and demonstrated competence	X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	2.10B	Obtains and maintains specialty practice certification as applicable to practice setting (Figure 5)		X	X
	2.10C	Leads efforts to pursue or advance education, training, and experience opportunities to provide support for creation of a specialist certification for RDNs in IDD			X

Examples of Outcomes for Standard 2: Competence and Accountability	
<ul style="list-style-type: none"> • Practice reflects: <ul style="list-style-type: none"> ○ Code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics) ○ Scope of Practice, Standards of Practice, and Standards of Professional Performance ○ Evidence-based practice and best practices ○ CDR Essential Practice Competencies and Performance Indicators • Practice incorporates successful strategies for interactions with individuals/groups from diverse cultures and backgrounds • Competence is demonstrated and documented • Services provided are safe and person-centered • Self-evaluations are conducted regularly to reflect commitment to lifelong learning and professional development and engagement • Professional development needs are identified and pursued • Directed learning is demonstrated • Relevant opportunities (education, training, credentials, certifications) are pursued to advance practice • CDR recertification requirements are met 	

Standard 3: Provision of Services	
The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations, and needs, and the mission, vision, principles, and values of the organization/business.	
Rationale:	
Quality programs and services are designed, executed, and promoted based on the RDN's knowledge, skills, experience, judgment, and competence in addressing the needs and expectations of the organization/business and its customers.	

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
3.1	Contributes to or leads in development and maintenance of programs/ services that address needs of the customer or target population(s)		X	X	X
	3.1A	Aligns program/service development with the mission, vision, principles, values, and service expectations and outputs of the organization/business	X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.1A1	Participates in strategic and operational planning for the acquisition and use of internal and external organization/ agency resources; and for collaboration with local and regional programs that support and optimize provision of IDD services (eg, Cooperative Extension, university programs, training facilities)			X	X
	3.1A2	Designs and manages nutrition programs tailored to needs of organization and IDD population that are consistent with national guidelines and standards (Figure 4)			X	X
	3.1A3	Designs, provides justification, promotes, and seeks executive commitment to new services that will meet organization and department/program goals for IDD population				X
	3.1B	Uses the needs, expectations, and desired outcomes of the customers/populations (eg, individuals/persons, families, community, decision makers, administrators, collaborating organization[s]) in program/service development		X	X	X
	3.1B1	Participate in program and service planning; actively seeks input from the population to improve program/service delivery		X	X	X
	3.1B2	Integrates anticipated needs, identified goals, and objectives into program development and delivery; engages in long-term planning			X	X
	3.1B3	Leads in strategic and operational planning, implementation, and monitoring of programs and services				X
	3.1C	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment		X	X	X
	3.1C1	Shapes, modifies, and adapts program and service delivery in alignment with budget requirements, staffing, and organization/program priorities			X	X
	3.1C2	Advocates for staffing and resources that support IDD population care and education needs, census/caseload, and services/goals			X	X
	3.1D	Proposes programs and services that are person-centered, culturally appropriate, and minimize disparities		X	X	X
	3.1D1	Adapts practice to address or eliminate health disparities associated with culture, race, gender, socioeconomic status, age, and other factors		X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>				Competent	Proficient	Expert
3.2	Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services			X	X	X
	3.2A	Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners		X	X	X
		3.2A1	Leads team in managing and evaluating the effectiveness of IDD referral tools/systems and recommends modifications as needed to achieve desirable outcomes		X	X
		3.2A2	Designs, directs, and coordinates referral process and systems			X
	3.2B	Refers individuals to appropriate providers when requested services or identified needs exceed the RDN's individual scope of practice		X	X	X
		3.2B1	Builds relationships with other health care practitioners to facilitate collaboration and making referrals that meet individual/family needs	X	X	X
		3.2B2	Verifies potential referral practitioner's care reflects evidence-based information/research and professional standards of practice	X	X	X
		3.2B3	Supports referral sources with curriculum and training regarding nutritional needs of IDD population		X	X
	3.2C	Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes		X	X	X
		3.2C1	Tracks data to evaluate efficiency and effectiveness of the nutrition referral process	X	X	X
		3.2C2	Collects and/or uses data to track effectiveness and revise referral process and systems when needed		X	X
		3.2C3	Develops and implements pilot tests of nutrition risk screening indicators and/or referral systems and collaborates with regional/national data analysis			X
3.3	Contributes to or designs person-centered services			X	X	X
	3.3A	Assesses needs, beliefs/values, goals, resources of the individuals/families, and social determinants of health		X	X	X
		3.3A1	Recognizes the influences that culture, health literacy, and socioeconomic status have on health/illness experiences and the IDD population's use of and access to health care services; assesses resources available to specific target population	X	X	X
		3.3A2	Participates in or conducts needs assessment in collaboration with IDT and community stakeholders to		X	X

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Figure 2. *(continued)* Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
			identify needs of the IDD population and services that are available			
	3.3B	Uses knowledge of the IDD/target population's health conditions, cultural beliefs, and business objectives/services to guide design and delivery of person-centered services		X	X	X
		3.3B1	Participates in the design and maintenance of programs/ services to meet the needs of diverse IDD populations	X	X	X
		3.3B2	Adapts practice and tailors interventions and services to meet the needs of an ethnically and culturally diverse IDD population	X	X	X
	3.3C	Communicates principles of disease prevention and behavioral change appropriate to the individuals with IDD or target population		X	X	X
		3.3C1	Identifies risks for developing health problems and determines most effective methods for promoting positive behavioral change for the individuals with IDD, with the care providers, and their environments		X	X
		3.3C2	Develops and shares methods of behavioral change for individuals with IDD in collaboration with other IDT members (Figure 5)			X
	3.3D	Collaborates with the individuals/families and others to set priorities, establish goals, and create person-centered action plans to achieve desirable outcomes		X	X	X
		3.3D1	Seeks guidance regarding the behavioral change and counseling theories effective with individuals with IDD to use when providing services	X	X	X
		3.3D2	Adapts practice to address IDD population's barriers to changes and/or use of health care services, including community and educational resources		X	X
		3.3D3	Leads efforts with IDD service providers to recognize the value of including nutrition goals in interdisciplinary treatment/service plans (eg, medical, social, educational)			X
		3.3D4	Creates systematic approaches to improve population-centered action plans			X
	3.3E	Involves individuals/families/stakeholders in decision-making		X	X	X
		3.3E1	Uses appropriate communication skills/tools to involve individuals/families in directing their nutrition care (Figure 5); seeks assistance if needed	X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
		3.3E2	Develops process for IDT collaboration on design of medical nutrition therapy plans to address complex needs	X	X	X
3.4	Executes programs/services in an organized, collaborative, cost-effective, and person-centered manner			X	X	X
	3.4A	Collaborates and coordinates with peers, colleagues, stakeholders, and within IDTs		X	X	X
		3.4A1	Works within the IDT for education/skills development and to demonstrate role of RDN and nutrition in care of individuals with IDD	X	X	X
		3.4A2	Serves in consultant role for medical nutrition management of IDD and comorbidities		X	X
		3.4A3	Directs, leads, and facilitates efforts to improve collaboration with IDT and other care or service providers and uses input/feedback in execution of program/services			X
		3.4A4	Develops and implements provision of IDD nutrition care and services within health care systems			X
	3.4B	Uses and participates in, or leads in the selection, design, execution, and evaluation of programs and services for individuals with IDD (eg, nutrition screening system, medical and retail foodservice, electronic health records, interdisciplinary programs, community education, grant management)		X	X	X
		3.4B1	Incorporates standards for nutrition and IDD nutrition care based on evidence-based guidelines and recommendations in design of programs and services; seeks assistance as needed	X	X	X
		3.4B2	Participates in or develops age-specific nutrition screening process (eg, who, when, form[s], guidelines, screening parameters to use [eg, anthropometrics, medications/dietary supplements used]), documentation and follow-up steps	X	X	X
		3.4B3	Assures program(s) is compliant with federal, state, and local laws and regulations; implements corrective action as necessary		X	X
		3.4B4	Evaluates the effectiveness of IDD nutrition screening tools using established guidelines, indicators, and recommendations		X	X
		3.4B5	Plans, develops, and/or collaborates on IDD community-based health promotion/prevention programs to encourage inclusivity and support for services that meet the varied needs of the IDD population			X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	3.4C	Uses and develops or contributes to selection, design, and maintenance of policies, procedures (eg, discharge planning/transitions of care, emergency planning), protocols, standards of care, technology resources (eg, Health Insurance Portability and Accountability Act [HIPAA]–compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations		X	X	X
		3.4C1	Uses evidence-based guidelines (eg, Academy EAL), practice guidelines, federal and/or state regulations, accreditation standards (eg, Joint Commission) for setting and populations served to create and/or update policies, procedures, and nutrition care protocols applicable to setting	X	X	X
		3.4C2	Develops policies, procedures, protocols, educational and clinical pathways tailored to the needs of the organization and population served by setting(s) (eg, use of Nutrition Care Process and electronic Nutrition Care Process Terminology, identification and/or adaptation of practice guidelines, skills training, nutrition screening or intervention protocols, use of telehealth)		X	X
		3.4C3	Leads in the identification or development of IDD nutrition intervention protocols and policies based on research; evidence-based guidelines; consensus best practices; and trends in state, regional, national, and international guidelines			X
	3.4D	Uses and participates in or develops processes for order writing and other nutrition-related privileges, in collaboration with the medical staff,^c or medical director (eg, post-acute care settings, intermediate care facilities, dialysis center, public health, community, free-standing clinic settings, corrections facilities), consistent with state practice acts; federal and state regulations; organization policies; and medical staff rules, regulations, and bylaws		X	X	X
		3.4D1	Uses and participates in or leads development of processes for privileges or other facility-specific processes related to (but not limited to) implementing physician/non-physician practitioner^d–driven delegated orders or protocols, initiating or modifying orders for therapeutic diets, medical foods/nutrition supplements, dietary supplements, enteral and parenteral nutrition, laboratory tests, medications, and adjustments to fluid therapies or electrolyte replacements	X	X	X
			3.4D1i Adheres to organization-approved provider protocols/delegated orders for including in scope	X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 3: Provision of Services							
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice			
Each RDN:				Competent	Proficient	Expert	
				of work: ordering or revising diet, ordering laboratory testing, ordering or revising medical food/nutrition and dietary supplements, or other nutrition-related orders			
			3.4D1ii	Contributes to organization/medical staff or medical director process for identifying RDN privileges to support IDD care and services		X	X
			3.4D1iii	Negotiates for and gains privileges at a systems level for new advances in practice			X
		3.4D2		Uses and participates in or leads development of processes for privileging for provision of nutrition-related services, including (but not limited to) initiating and performing bedside swallow screenings, inserting and monitoring nasoenteric feeding tubes, providing home enteral nutrition or infusion management services (eg, ordering formula and supplies), and indirect calorimetry measurements	X	X	X
	3.4E	Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices			X	X	X
		3.4E1		Develops tools to monitor adherence to billing regulations and ethical billing practices		X	X
	3.4F	Communicates with the interprofessional team and referring party consistent with HIPAA rules for use and disclosure of individual's personal health information (PHI)			X	X	X
		3.4F1		Obtains consent to communicate PHI and transfer pertinent records to other health and education professionals, adhering to HIPAA and other confidentiality guidelines	X	X	X
		3.4F2		Follows regulations and organization/program policies for accessing, transporting, and storing information containing PHI when working in multiple sites; seeks assistance if needed	X	X	X
3.5	Uses professional, technical, and support personnel appropriately in the delivery of person-centered care or services in accordance with laws, regulations, and organization policies and procedures			X	X	X	
	3.5A	Assigns activities, including direct care to individuals/persons, consistent with the qualifications, experience, and competence of professional, technical, and support personnel			X	X	X

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Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.5A1	Identifies capabilities/expertise of support staff to determine tasks that may be delegated		X	X	X
	3.5B	Supervises profession, technical, and support personnel		X	X	X
	3.5B1	Trains professional, technical, and support personnel and evaluates and documents their skills/competence following organization/program guidelines			X	X
3.6	Designs and implements food delivery systems to meet the needs of individuals			X	X	X
	3.6A	Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (ie, individuals/persons in health care settings, employee groups, schools, child and adult day-care centers, community feeding sites, local food banks)		X	X	X
	3.6A1	Collects data and provides feedback on current food delivery systems serving IDD population in health care and community settings		X	X	X
	3.6A2	Collaborates in foodservice planning, delivery, training, and assuring compliance with regulations and accreditation standards when applicable for health care and community settings that provide IDD population care and services		X	X	X
	3.6A3	Develops IDD nutrition-related guidelines for foodservice system planning and delivery that support meeting the population's needs and preferences			X	X
	3.6A4	Serves as consultant to organization leadership in determining services to be provided to meet the nutritional needs of the population served by the setting				X
	3.6B	Participates in, consults/collaborates with, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state, or funding source regulations or guidelines		X	X	X
	3.6B1	Reviews or develops and approves menus and snack options reflecting national nutrition standards and applicable regulations as required by setting; modifies or approves cycle menu offerings for IDD population with special needs to accommodate preferences within therapeutic diet guidelines		X	X	X

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Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.6B2	Directs or contributes to the development of menus, recipes, and foodservice operations consistent with role, setting, and regional and cultural preferences			X	X
	3.6C	Participates in, consults/collaborates with, or leads interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems for target population(s)		X	X	X
	3.6C1	Provides nutrition expertise in the selection of enteral formulary products, nutritional supplements, and enhanced foods		X	X	X
	3.6C2	Leads the IDT process for determining nutrition formularies and delivery systems			X	X
3.7	Maintains records of services provided			X	X	X
	3.7A	Documents according to organization policies, procedures, standards, and systems, including electronic health records		X	X	X
	3.7A1	Uses and participates in the development/revision of electronic health records applicable to setting		X	X	X
	3.7A2	Maintains records of services provided and completes reports following organization/agency policies		X	X	X
	3.7A3	Develops or revises organization/agency policies and procedures related to maintenance of nutrition service records			X	X
	3.7B	Implements data management systems to support interoperable data collection, maintenance, and utilization		X	X	X
	3.7B1	Develops or collaborates with the IDT to capture IDD-specific data through electronic health records or other data collection tools			X	X
	3.7B2	Seeks opportunities to contribute expertise to national bioinformatics/medical informatics projects as applicable/required				X
	3.7C	Uses data to document outcomes of services (ie, staff productivity, cost/benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services		X	X	X
	3.7C1	Shares program outcomes and impact with organization, IDT, or community participants		X	X	X

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Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	3.7D	Uses data to demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations		X	X	X
		3.7D1	Analyzes and uses data to communicate value of nutrition services in relation to IDD population and organization outcomes/goals		X	X
3.8	Advocates for provision of quality food and nutrition services as part of public policy			X	X	X
	3.8A	Communicates with policymakers regarding the benefit/cost of quality food and nutrition services		X	X	X
		3.8A1	Considers organization policies related to participating in advocacy activities	X	X	X
		3.8A2	Advocates with state and federal legislators regarding needs of IDD population and benefit of nutrition services on health care costs (eg, responds to Academy Action Alerts and other calls to action)	X	X	X
		3.8A3	Interacts and serves as a resource with legislators, payors, and policymakers to contribute and influence IDD care and services (eg, providing testimony at legislative and regulatory hearings and meetings)		X	X
		3.8A4	Serves as an expert resource to policymakers and lawmakers and contributes to development/review of comments/recommendations on policy, statutes, administrative rules, and regulations			X
	3.8B	Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions		X	X	X
		3.8B1	Identifies and participates in advocacy opportunities for nutrition services for individuals with IDD in health care and community programs (Figure 4)	X	X	X
		3.8B2	Assesses individuals/families for situations where IDD advocacy is needed and participates in efforts to address issues(s) (eg, local, state, and national IDD coalitions or collaborations)		X	X
		3.8B3	Provides support and/or advocacy resources to assist individuals/families/care providers with having a voice in advocating for IDD services		X	X
		3.8B4	Leads advocacy activities (eg, authors article(s), delivers presentations on topics, networks)		X	X

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Indicators for Standard 3: Provision of Services			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
3.8C	Advocates for protection of the public through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)		X	X	X

Examples of Outcomes for Standard 3: Provision of Services	
<ul style="list-style-type: none"> • Program/service design and systems reflect organization/business mission, vision, principles, values, and IDD population's needs and expectations • Individuals/families and other stakeholders participate in establishing program/service goals and person-focused action plans and/or nutrition interventions (eg, in-person or via telehealth) • Person-centered needs and preferences are met • Individuals/families are satisfied with services and products • Individuals/families have access to food assistance and to food and nutrition services • Foodservice system incorporates sustainability practices addressing energy and water use and waste management • Menus reflect the cultural, health, and/or nutritional needs of target population(s) and consideration of ecological sustainability • Evaluations reflect expected outcomes and established goals • Effective screening and referral services are established or implemented as designed • Professional, technical, and support personnel are supervised when providing nutrition care to individuals/families • Ethical and transparent financial management and billing practices are used per role and setting 	

Standard 4: Application of Research	
<p>The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.</p> <p>Rationale: Application, participation, and generation of research promote improved safety and quality of nutrition and dietetics practice and services.</p>	

Indicators for Standard 4: Application of Research			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
4.1	Reviews best available research/evidence and information for application to practice		X	X	X
4.1A	Understands basic research design and methodology (eg, data collection, interpretation of results, and application to practice)		X	X	X
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Indicators for Standard 4: Application of Research					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	4.1B	Reads major peer-reviewed publications in IDD and nutrition; uses evidence-based guidelines, practice guidelines, and related resources to guide practice	X	X	X
	4.1C	Demonstrate the experience and critical thinking skills required to evaluate strength of original research, including limitations and potential bias, and evidence-based guidelines relevant to IDD		X	X
	4.1D	Identifies and addresses IDD-related questions and uses a systematic approach for applying research and evidence-based guidelines (eg, EAL); guides others in making informed decisions for IDD care			X
4.2	Uses best available research/evidence and information as the foundation for evidence-based practice		X	X	X
	4.2A	Shares available scientific literature and evidence-based practice guidelines with the IDT	X	X	X
	4.2B	Applies evidence-based practice guidelines to provide consistent, safe, effective quality care for individuals with IDD (Figure 4); consults with more experienced practitioner for guidance as needed	X	X	X
	4.2C	Critically evaluates the available scientific literature in situations where evidence-based practice guidelines for nutrition in IDD do not exist		X	X
	4.2D	Evaluates and uses the best-available research/evidence for development and implementation of complex nutrition interventions in IDD nutrition practice			X
4.3	Integrates best available research/evidence and information with best practices, clinical and managerial expertise, and customer values		X	X	X
	4.3A	Accesses and uses commonly used sources of evidence in identifying applicable courses of action in person-centered care and services (Figure 4)	X	X	X
	4.3B	Monitors and evaluates delivery of IDD population care over time to adapt nutrition interventions/plans of care as indicated according to IDD best practices and expertise		X	X
	4.3C	Mentors others in identifying and applying best available research/evidence and integrating best practices			X
4.4	Contributes to the development of new knowledge and research in nutrition and dietetics		X	X	X
	4.4A	Participates in efforts to extend research to practice through journal clubs, professional discussion groups, and the Academy's Research workgroups (eg, EAL)	X	X	X

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Indicators for Standard 4: Application of Research			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
Each RDN:			Competent	Proficient	Expert
	4.4B	Initiates research relevant to IDD nutrition practice and reports practice data to collaborative research projects and/or practice-based research networks (Figure 4)		X	X
	4.4C	Participates in quantitative and qualitative scientific investigation of new and emerging nutrition practices in IDD		X	X
	4.4E	Authors original research papers to identify and advance quality and outcomes of IDD practice			X
	4.4F	Serves as an advisor, preceptor, and/or committee member for graduate-level research			X
4.5	Promotes application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations		X	X	X
	4.5A	Participates in identifying research issues/questions and facilitates or participates in studies related to IDD care	X	X	X
	4.5B	Disseminates the results and emphasizes the significance and value of IDD-related research findings	X	X	X
	4.5C	Participates in interdisciplinary and/or interorganization research teams to develop, perform, and/or disseminate IDD nutrition research		X	X
	4.5D	Advocates to stakeholder organizations, groups, and/or agencies for prioritizing and funding of IDD nutrition research projects			X

- Examples of Outcomes for Standard 4: Application of Research**
- Evidence-based practice, best practices, clinical and managerial expertise, and individual values are integrated in the delivery of nutrition and dietetics services
 - Individuals with IDD receive appropriate services based on the effective application of best available research/evidence and information
 - Best available research/evidence and information is used as the foundation of evidence-based practice

Standard 5: Communication and Application of Knowledge
 The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.
Rationale:
 The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
5.1	Communicates and applies current knowledge and information based on evidence			X	X	X
	5.1A	Demonstrates critical thinking and problem-solving skills when communicating with others		X	X	X
		5.1A1	Seeks/studies scientific principles, research, and theory in order to communicate and apply accurate/current information		X	X
		5.1A2	Demonstrates the ability to review and apply evidence-based guidelines when communicating and disseminating information		X	X
		5.1A3	Demonstrates the ability to convey complex concepts to other health care practitioners, IDT, and the public			X
	5.1B	Communicates evidence-based information, best practices, and related resources (eg, CMS, Joint Commission) in collaboration with colleagues in all areas of IDD practice		X	X	X
	5.1C	Interprets regulatory, accreditation, and reimbursement programs and standards for organizations and providers that are specific to IDD care and education (Figure 4); seeks assistance if needed		X	X	X
	5.1D	Authors and/or presents evidence-based IDD nutrition information at the local or regional level (Figure 4)			X	X
	5.1E	Consults on complex IDD service issues with other health care professionals, organizations, and the community				X
5.2	Selects appropriate information and the most effective communication method or format that considers person-centered care and the needs of the individual/group/population			X	X	X
	5.2A	Uses communication methods (ie, oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences		X	X	X
		5.2A1	Determines and develops methods and tools to communicate nutrition information, using the most appropriate format (eg, presentation, publication, demonstration, electronic)		X	X
		5.2A2	Leads in the design of population-specific and systematic approaches to effectively communicate nutrition information to varied audiences addressing a variety of IDD-specific conditions			X
	5.2B	Uses information technology to communicate, disseminate, manage knowledge, and support decision-making		X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The “X” signifies the indicators for the level of practice		
<i>Each RDN:</i>				Competent	Proficient	Expert
		5.2B1	Identifies and uses information technologies including telehealth to organize data, complete assessments and reports, and communicate with individuals, care providers, colleagues, and/or health care practitioners	X	X	X
		5.2B2	Leads professional networking groups in using various media (eg, online learning, face-to-face, social media) to share information and stay current on nutrition practice for IDD population		X	X
		5.2B3	Maintains or develops up-to-date web-based/electronic IDD nutrition education tools, resources, and delivery methods (eg, telehealth) for individuals/families/care providers and/or health care professionals		X	X
		5.2B4	Leads technology/informatics advancement in IDD nutrition management and education			X
5.3	Integrates knowledge of food and nutrition with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management			X	X	X
	5.3A	Applies current and emerging knowledge of IDD nutrition when considering the health issues, behaviors, communication skills, and IDT involvement with the population with IDD served by setting; seeks guidance as needed		X	X	X
	5.3B	Integrates pertinent research and professional judgment, case consultation, and professional supervision within IDD practice			X	X
	5.3C	Integrates current and emerging knowledge based on research findings, and experience, consultation, and professional supervision in the management of complex and exceptional problems/situations in IDD				X
5.4	Shares current, evidence-based knowledge, and information with various audiences			X	X	X
	5.4A	Guides individuals/persons, families, students, and interns in the application of knowledge and skills		X	X	X
		5.4A1	Presents information to individuals, families/care providers, and other health care practitioners (eg, shares relevant articles, follows up on inquiries)	X	X	X
		5.4A2	Participates in or initiates development of guidelines and tools to guide individuals and/or their support networks in health-related shared decision making and goal setting for maximizing outcomes		X	X
<i>(continued on next page)</i>						

Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	5.4A3	Fulfills teaching or faculty role as an expert in IDD nutrition for education programs for nutrition and dietetics (undergraduate or graduate), physicians, and other health care professionals				X
	5.4B	Assists individuals and groups to identify and secure appropriate and available educational and other resources and services		X	X	X
	5.4B1	Participates in securing appropriate resources and services necessary to the specific needs of individuals with IDD		X	X	X
	5.4B2	Refers individuals and groups to culturally appropriate programs and services with documented desirable outcomes (Figure 5)			X	X
	5.4B3	Identifies additional IDD resources and support systems within the community (Figure 4) and collaborates as appropriate to assist with health-related decisions, resources for emergencies or crisis (such as natural disasters and illness outbreak/pandemic)			X	X
	5.4B4	Leads in the development and expansion of resources and services necessary to meet person-centered outcomes and nutrition and health needs of individuals with IDD				X
	5.4C	Uses professional writing and verbal skills in all types of communications		X	X	X
	5.4C1	Demonstrates professional writing and oral communication skills with the ability to translate complex scientific and policy information to the public			X	X
	5.4D	Reflects knowledge of population characteristics in communication methods (eg, literacy, numeracy levels, need for translation of written materials and/or a translator, communication skills, physical ability, and learning, hearing, or vision disabilities)		X	X	X
	5.4D1	Determines and uses the most appropriate methods for the individuals and family/care providers to understand and apply nutrition knowledge and skills for communication; incorporates tools that support person-centered care and education (Figure 5); seeks assistance if needed		X	X	X
5.5	Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management team, organization, and community			X	X	X
	5.5A	Seeks to become primary IDD nutrition resource to interdisciplinary health care and management team by increasing knowledge, skills, and experience in IDD		X	X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	5.5B	Participates in and leads interdisciplinary collaborations at the organization and systems level		X	X
	5.5C	Establishes credibility in the work environment by providing leadership and expertise for collaboration in national projects and professional organizations (Figure 4)			X
5.6	Communicates performance improvement and research results through publications and presentations		X	X	X
	5.6A	Contributes to publications and presentations by assembling and reporting research data and documenting outcomes	X	X	X
	5.6B	Presents evidence-based IDD research, guidelines, and information within organization, community, and professional meetings		X	X
	5.6C	Authors IDD-related articles, and develops webinars, and social media messages		X	X
	5.6D	Participates in or leads planning committees/task forces to develop continuing education programs and resources (eg, curriculums, guidelines, education materials) to share current and emerging knowledge and best practices in IDD		X	X
	5.6E	Develops and presents curriculums, guidelines, and programs, based on current and emerging knowledge related to IDD		X	X
	5.6F	Serves in a leadership role for IDD nutrition-related publications (eg, editor or editorial board member of peer-reviewed journal[s]) and program planning at regional and national levels			X
	5.6G	Leads collation of research data into publications (eg, systematic reviews, practice and position papers) and presentations			X
5.7	Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (eg, government-appointed advisory boards, community coalitions, schools, foundations or nonprofit organizations serving the food insecure) providing food and nutrition expertise		X	X	X
	5.7A	Collaborates with health care professionals and others who work in the IDD field regarding IDD nutrition-related evidence-based health and nutrition strategies that optimize outcomes	X	X	X
	5.7B	Participates in professional and employment-related leadership activities	X	X	X
	5.7C	Collaborates at a systems level to incorporate IDD nutrition strategies aimed at optimizing health and quality of life outcomes balanced with person-centered outcomes planning (eg, involvement in community health and wellness programs, enteral nutrition vs oral intake, meal-time assistance)		X	X

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Figure 2. (continued) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	5.7D	Seeks leadership roles within local, regional, national, international organizations (eg, Special Olympics) (Figure 4)		X	X
	5.7E	Seeks opportunities to be identified as an expert on IDD nutrition-related issues and educational needs of consumers and health care professionals (eg, consultant to industry, national IDD organizations, and/or media spokesperson)			X
	5.7F	Identifies new opportunities for leadership and cross-discipline dialogue to promote nutrition and dietetics in a broader context			X

Examples of Outcomes for Standard 5: Communication and Application of Knowledge	
<ul style="list-style-type: none"> • Expertise in food, nutrition, dietetics, and management is demonstrated and shared • Interoperable information technology is used to support practice • Effective and efficient communications occur through appropriate and professional use of e-mail, texting, and social media tools • Individuals/families, groups, and stakeholders: <ul style="list-style-type: none"> o Receive current and appropriate information and person-centered service o Demonstrate understanding of information and behavioral strategies received o Know how to obtain additional guidance from the RDN or other RDN-recommended resources • Leadership is demonstrated through active professional and community involvement 	

Standard 6: Utilization and Management of Resources
The registered dietitian nutritionist (RDN) uses resources effectively and efficiently.
Rationale: The RDN demonstrates leadership through strategic management of time, finances, facilities, supplies, technology, natural, and human resources.

Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
6.1	Uses a systematic approach to manage resources and improve outcomes		X	X	X
	6.1A	Recognizes and uses existing resources (eg, educational/training tools and materials) as needed in the provision of IDD nutrition services	X	X	X
	6.1B	Participates in, provides consultation, or leads operational planning and delivery of food and nutrition programs and services applicable to setting (eg, nutrition care, food/dining services, budgeting, staffing, menu planning, purchasing processes, education program/services)	X	X	X

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Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
<i>Each RDN:</i>			Competent	Proficient	Expert
	6.1C	Manages effective delivery of IDD nutrition programs and services		X	X
	6.1D	Leads strategic and operational planning, implementation, and monitoring for maintaining and managing services and resources			X
6.2	Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable		X	X	X
	6.2A	Uses the Standards of Excellence Metric Tool to self-assess quality in leadership, organization, practice, and outcomes for an organization (www.eatrightpro.org/excellencetool)	X	X	X
	6.2B	Participates in collecting and analyzing IDD population and outcomes data, program participation, and expense/revenue/reimbursement data to evaluate and adjust programs and services	X	X	X
	6.2C	Monitors, documents, and evaluates program and service resource usage against budget or other metrics (eg, staff hours, staff to individual/family ratio, referral requests, program participation rates, revenue/insurance reimbursement data, and other costs as applicable)		X	X
	6.2D	Directs operational review reflecting evaluation of performance and benchmarking data to manage resources and modifications for design and delivery of IDD programs and services			X
6.3	Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, and value while planning and delivering services and products		X	X	X
	6.3A	Participates in evaluation, selection, and implementation (when applicable) of new products, equipment, and services to ensure safe, optimal, and cost-effective delivery of IDD nutrition care and services	X	X	X
	6.3B	Evaluates and articulates care and service needs when justifying the types of products and services to have available for meeting population's desired nutrition outcomes (eg, published practice guidelines, mortality reviews, effectiveness of service delivery and training, cost and safety of nutritional supplements/formulas)		X	X
	6.3C	Evaluates safety, effectiveness, and value of programs and services in meeting the needs of the IDD population served by setting			X
6.4	Participates in QAPI and documents outcomes and best practices relative to resource management		X	X	X
	6.4A	Participates actively in QAPI, including developing/adapting tools, collecting, documenting, and analyzing data to document resource use and resulting outcomes (eg, staff time, types of services, supply use, expenses)	X	X	X
	6.4B	Analyzes use of resources; makes needed modifications; and implements, assesses, and documents outcomes to determine the		X	X

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Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
		effectiveness of change(s) and to assure appropriate/responsible resource use; shares with organization/program leaders			
	6.4C	Shares QAPI or other quality assurance results via professional presentations and publishing			X
6.5	Measures and tracks trends regarding internal and external population outcomes (eg, satisfaction, key performance indicators)		X	X	X
	6.5A	Gathers and evaluates population/caregiver satisfaction data related to IDD care, education, and related services; seek assistance as needed	X	X	X
	6.5B	Develops or modifies IDD nutrition programs or services to improve stakeholder (eg, individuals/families, caregivers, employees, administration) satisfaction		X	X
	6.5C	Resolves internal and external problems that may affect delivery of IDD services		X	X
	6.5D	Implements, monitors, and evaluates changes based on data collection and analysis			X

Examples of Outcomes for Standard 6: Utilization and Management of Resources

- Resources are effectively and efficiently managed
- Documentation of resource use is consistent with operational and sustainability goals
- Data are used to promote, improve, and validate services, organization practices, and public policy
- Desired outcomes are achieved, documented, and disseminated
- Key performance indicators are identified and tracked in alignment with organization mission, vision, principles, and values

^a**Interdisciplinary:** The term *interdisciplinary* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, physician assistants, pharmacists, psychologists, social workers, occupational, physical, and speech therapists, oral motor therapist, qualified intellectual disabilities professional, school administrators, teachers, school nurse, teacher's aide, direct care professional, assistive technologist, applied behavior analysis therapist, Adult Protective Services, Child Protective Services, regional center, state vocational rehabilitation agencies), depending on the needs of the individual. Interdisciplinary could also mean interprofessional or multidisciplinary.

^b**PROMIS:** Patient-Reported Outcomes Measurement Information System (*PROMIS*) (<https://commonfund.nih.gov/promis/index>) is a reliable, precise measure of patient (or individual/person)-reported health status for physical, mental, and social well-being. *PROMIS* is a web-based resource and is publicly available.

^c**Medical staff:** A *medical staff* is composed of doctors of medicine or osteopathy and may, in accordance with state law including scope of practice laws, include other categories of physicians and nonphysician practitioners who are determined to be eligible for appointment by the governing body.⁶

^d**Nonphysician practitioner:** A *nonphysician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian or qualified nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{6,7} The term *privileging* is not referenced in the

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Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and LTC facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements, or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{9,10}

Figure 2. (*continued*) Standards of Professional Performance for RDNs in Intellectual and Developmental Disabilities. Note: The term *customer* along with *individual* is used in this evaluation resource as a universal term. Individual could also mean person/customer, family, participant, consumer, or any individual. group, or organization to which the RDN provides service