Importance of Dietetics in Aged Care | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/the-importance-of-dietetics-in-aged-care-building-better-nutrition-for-seniors/

Details:

The article above explains why nutrition matters in later life. This section covers the practical side: eligibility, who pays, how to start, what happens in an assessment, what you get in writing, and how aged care dietetics differs from the NDIS and Medicare versions.

The short answer on cost. Under Support at Home , the aged care program that replaced Home Care Packages on 1 November 2025 , dietetics is a Clinical Support . The Australian Government funds Clinical Supports at 100 per cent , so there is no participant contribution for seeing a dietitian. Access starts with an aged care assessment through My Aged Care on 1800 200 422 .

To talk to Bloom Healthcare about dietetics , call 1300 771 465 or email hello@bloom-healthcare.com.au .

Who can get a government-funded dietitian

For aged care, the age thresholds are:

65 years and over for the general population

50 years and over for Aboriginal and Torres Strait Islander people

50 years and over for people experiencing homelessness or at risk of it

Age on its own is not enough. You also need an assessed need for help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition. The aged care assessment establishes that.

If you are under 65 and your needs stem from a permanent and significant disability, the NDIS is the scheme to look at, not aged care. The rules are different and nothing carries between them.

How to get started

Apply for an aged care assessment through My Aged Care, online at myagedcare.gov.au or by calling 1800 200 422 (Monday to Friday 8am to 8pm, Saturday 10am to 2pm).

Single assessment. Support at Home uses one unified assessment that determines eligibility and identifies service needs across all support levels, rather than several separate assessments.

Classification and funding. You are allocated a Support at Home classification based on assessed need. There are eight ongoing funding classifications, plus transitioned arrangements for people who moved across from Home Care Packages.

Choose a provider and sign a service agreement. You pick a registered Support at Home provider and agree the services, including dietetics.

What Support at Home covers, and what you contribute to

Service category	Who pays
Clinical Supports — nursing, dietetics, physiotherapy, occupational therapy, speech pathology, exercise physiology, psychology	Government funds 100 per cent. No participant contribution.
Independence Services — personal care, transport, respite, support with daily routines	A participant contribution may apply
Everyday Living Services — domestic assistance, cleaning, meals, shopping, gardening, home maintenance	A participant contribution may apply

Note the split that catches people out. Seeing a dietitian is a Clinical Support and is fully funded. A meal delivery service is an Everyday Living Service and may attract a contribution. They are different things under the program.

Contribution rates are set by the government, not by providers, and depend on your financial circumstances. A lifetime cap of $130,000 on non-clinical care costs applies across in-home and residential care. Clinical care sits outside that cap.

Make sure you are seeing an Accredited Practising Dietitian

This matters more than most people realise. In Australia, the title "nutritionist" is not regulated . Anyone can use it, whatever their training.

Accredited Practising Dietitian (APD) is the credential to look for. APDs are university-qualified health professionals accredited through Dietitians Australia , with training in nutrition science and medical nutrition therapy, and they are qualified to work in complex care. Dietetics sits outside Ahpra and is self-regulated through Dietitians Australia, which means you verify credentials with that body rather than on the Ahpra register.

Maintaining the credential requires being in the APD program, with ongoing professional development and compliance with Dietitians Australia standards.

Under the NDIS, only an Accredited Practising Dietitian can deliver claimable dietitian services. Asking "is the person I will see an APD" is a fair and simple question.

What happens in the first appointment

A dietitian assessment for an older person covers:

Current eating patterns in real conditions. What daily eating actually looks like, including the difficult days, not the ideal version. Who is currently involved in shopping, cooking and meal support.

Medical and nutritional risk. Medical history relevant to nutrition, and risk indicators including unexplained weight loss, fatigue, weight gain and malnutrition risk. Any sensory sensitivities or co-occurring conditions affecting eating.

Medications and their nutritional effects. Some medications suppress appetite, interfere with nutrient absorption, or cause nausea. Identifying those interactions is part of the assessment.

Practical barriers. Fatigue, swallowing concerns, low appetite, limited support, and limited ability to shop and cook. Recommendations that ignore these do not get followed.

Baseline measures. Weight, energy levels, food variety and hydration patterns, as appropriate. These are what later progress gets measured against, so it is worth having them recorded properly at the start.

What you get in writing

An assessment summary capturing the findings, identified risks and recommendations, which can be shared with your GP and the rest of your care team.

A personalised nutrition plan , which may include:

tailored meal plans and food choices matched to medical needs, personal preferences and cultural dietary preferences

texture-modified or fortified meal advice where that applies

budget-conscious meal planning

education for support workers or carers, so the plan is applied consistently

tube feeding or tube weaning strategies where relevant

skill-building around shopping, cooking and food safety

portion size adjustments

Ongoing review documentation tracking changes in weight, energy, food variety and hydration, adjustments made as circumstances change, and progress against goals.

Frequency of review is individual rather than fixed. Regular check-ins with plan adjustments as needs change is the model, and how often that means for you is agreed with your dietitian.

Malnutrition: the risk this is mostly about

Malnutrition in older adults is easy to miss and expensive to ignore. It leads to weakened immunity, delayed wound healing and reduced independence.

Signs a dietitian looks for include unexplained weight loss, fatigue and a decline in physical function. Some older people struggle to eat enough, eat consistently, or meet nutrient needs because of practical and health-related barriers rather than lack of willingness.

The point of assessing early is prevention. Once weight and strength have been lost, getting them back is much harder than avoiding the loss.

If you are worried about unplanned weight loss in someone you care for, raise it with their GP and ask about a dietitian referral. This page cannot assess an individual.

Working with the speech pathologist on swallowing

Where swallowing is a concern, dietetics and speech pathology work as a pair, and the order matters.

Speech pathology leads on safety. A speech pathologist assesses swallowing function, identifies dysphagia-related risk, and recommends the texture level and the strategies that make eating and drinking safe. Warning signs include coughing with meals, choking, recurrent chest infections and significant weight loss.

Dietetics makes sure the safe diet is also adequate. Restricting textures can restrict nutrition, so the dietitian works within the speech pathologist's texture recommendations to ensure energy, protein, vitamins, minerals and hydration are all still met. That includes:

personalised meal plans using pureed or texture-modified foods that keep nutritional value and flavour

careful hydration management, since texture-modified diets carry specific fluid consistency recommendations

practical preparation strategies families and support workers can actually follow

Meal fortification is a common technique here: concentrating nutrition into smaller, safer volumes so intake stays adequate without needing more food. The dietitian gives clear fortification guidance so carers can apply it consistently.

Where swallowing is involved, the two disciplines produce a Mealtime Management Plan together. That work covers assessment across settings if needed, liaison with everyone involved, report writing, the plan itself, and staff training, and Bloom's service delivery guidelines estimate 6 to 10 hours for it.

Tube feeding. Where safe oral intake is not possible, dietitians manage enteral feeding, and tube weaning strategies where a return to oral intake is appropriate.

Do not change someone's food or fluid textures on general advice. It needs an individual assessment.

Nutrition is now a named aged care quality standard

The Royal Commission into Aged Care Quality and Safety identified food and nutrition as an area needing improvement, and it became its own standard.

From 1 November 2025 , the Aged Care Act 2024 introduced seven strengthened quality standards , of which Standard 6 is Food and Nutrition . The full set is: The Individual, The Organisation, The Care and Services, The Environment, Clinical Care, Food and Nutrition, and The Residential Community.

Each standard has an intent, an expectation statement describing what older people can expect from their provider, outcomes providers are assessed against, and actions providers can take to meet them.

Providers must demonstrate conformance. The Aged Care Quality and Safety Commission audits against the standards and rates providers as conformance, minor non-conformance or major non-conformance, and responds to non-conformance in proportion to the risk to older people. The standards are reviewed every five years.

For you, this means nutrition is not a discretionary extra. If you have concerns about food and nutrition in your care, you can raise them with your provider and, if that does not resolve it, with the Aged Care Quality and Safety Commission.

How aged care dietetics differs from the NDIS and Medicare versions

	Aged care (Support at Home)	NDIS	Medicare (Chronic Condition Management Plan)
Who	65+, or 50+ for Aboriginal and Torres Strait Islander people and people at risk of homelessness	Participants under 65 with a permanent and significant disability	People with a chronic or complex condition and a GP care plan
How it is funded	Clinical Support, government funded at 100 per cent	Capacity Building, usually Improved Daily Living, sometimes Improved Health and Wellbeing	Up to 5 allied health services per calendar year, shared across all allied health; up to 10 for Aboriginal and Torres Strait Islander patients
Front door	My Aged Care, 1800 200 422	The NDIA, 1800 800 110	Your GP

Emphasis	Maintaining health and independence at home, preventing malnutrition	Building independence and participation, with outcomes tied to plan goals	Disease-specific nutrition management within GP-coordinated care
Reporting	Documentation supporting the support plan and care team	Reports for plan reassessment	Written report to the referring GP after the first and last service, more often if clinically needed

Medicare referrals are valid for the timeframe stated on them, or 18 months from the first service if no timeframe is given.

Never assume a rule from one column applies in another. Session caps, funding categories and reporting requirements are scheme-specific.

Where the dietitian sees you

Support at Home dietetics is delivered flexibly:

in-home visits

telehealth consultations

community or clinic-based sessions

For an older person with mobility limits, fatigue or transport difficulty, in-home is usually the practical choice, and it also lets the dietitian see the kitchen, the pantry and the actual routine, which is more useful than a description of them.

Common questions about dietetics in aged care

Do I have to pay to see a dietitian under Support at Home?

No. Dietetics is a Clinical Support, and the Australian Government funds Clinical Supports at 100 per cent. Participant contributions apply to Independence Services and Everyday Living Services, not to clinical care.

How do I get referred?

Access to government-funded aged care starts with registration and assessment through My Aged Care on 1800 200 422 or myagedcare.gov.au. Once you have a support plan and have chosen a provider, you arrange dietetics through them. Your GP can support the process and provide medical information for the assessment.

What is the difference between a dietitian and a nutritionist?

An Accredited Practising Dietitian is university-qualified, accredited through Dietitians Australia, trained in medical nutrition therapy, and qualified for complex care. The title "nutritionist" is not regulated in Australia and training varies. For clinical nutrition needs, ask for an APD.

Is dietetics covered by the Aged Care Quality Standards?

Yes. Food and Nutrition is Standard 6 of the seven strengthened quality standards that commenced on 1 November 2025 under the Aged Care Act 2024. Providers are audited against it by the Aged Care Quality and Safety Commission.

My parent is losing weight without trying. What should I do?

Raise it with their GP, and ask about a dietitian assessment. Unexplained weight loss is one of the main indicators dietitians look for, and it can also be a sign of a swallowing problem, which needs a speech pathology assessment. Do not wait for it to resolve on its own, and do not change food or fluid textures without an assessment.

Can a dietitian help if swallowing is the problem?

Yes, working alongside a speech pathologist. The speech pathologist determines what is safe to swallow; the dietitian makes sure the safe diet still meets nutritional and hydration needs, including through meal fortification where intake is limited. Where a mealtime management plan is needed, they build it together.

How often will I see the dietitian?

There is no fixed schedule. The model is regular check-ins with plan adjustments as needs change, and the actual frequency is agreed with you based on your circumstances. Follow-up sessions focus on adjusting plans to fit your real routine, practical shopping and cooking strategies, and measuring what has changed.

What does progress look like?

Practical things: more consistent meals across the week, better hydration routines, more energy for activities, less reliance on emergency meal solutions, and stabilised weight. Those are the measures worth tracking, rather than abstract targets.

I am an NDIS participant turning 65. Does my dietitian change?

Turning 65 does not automatically move you out of the NDIS. Existing participants are not automatically transferred to Support at Home and continue on their plans. If you want to understand your options, speak to the NDIA on 1800 800 110 and to My Aged Care on 1800 200 422 .

What will Bloom charge me?

Under Support at Home, clinical supports including dietetics are fully government funded. Any other arrangements, including travel and cancellation terms, are set out in your service agreement rather than published as a single figure. Ask for the agreement before you start and call 1300 771 465 if anything in it is unclear.

How do I book?

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What role does an aged care dietitian play?

Dietetics in aged care is about much more than meal plans. It involves creating personalised, evidence-based strategies to address the unique nutritional challenges seniors face. Accredited dietitians work closely with seniors and their families to offer tailored support that prioritises individual needs and preferences.