National Blueprint for Achieving Quality Malnutrition Care for Older Adults: 2026 Updates for Nutrition Professionals

About the *National Blueprint*

The *National Blueprint* provides a shared ***roadmap*** for improving the *prevention, identification, treatment, and follow-up* of **malnutrition across healthcare and community settings**.

Since 2017, it has ***guided action*** in care practices, nutrition services, research, and public health. This update highlights progress and the work still needed to close gaps. Read the blueprint at https://defeatmalnutrition.today/national-blueprint/

Malnutrition is often missed—and costly.

20-50%
of hospitalized patients may have malnutrition, yet only **9%** of hospital stays have a documented diagnosis.[1]

$79 billion*
in estimated annual costs from disease-associated malnutrition among adults age 65 and older. Over $1,000 per older adult.[2]

Progress Since 2020

2020

Malnutrition was added to the Older Americans Act's purpose, requiring state and area plans on aging to address it.

The **Older Americans Act** is a federal law supporting home- and community-based services—including meals, nutrition education and counseling, and evidence-based health programs—to support whole-person health as we age.

2024

The **Malnutrition Care Score,** the **first nutrition-focused quality measure** is included in CMS' Hospital Inpatient Quality Reporting Program. First implemented in 2024, expanded to 18+ in 2026, the measure will become mandatory in 2028.

The **MCS** tracks four parts of malnutrition care

2022

Nutrition gains recognition: The 2022 **White House Conference on Hunger, Nutrition and Health**—the first in more than 50 years—renewed national attention and action on nutrition and diet-related health.

Ongoing

Coverage for nutrition services has expanded: In 2025, **65% of Medicare Advantage plans** offered meal benefits—up **19% since 2020**—and a 2024 analysis identified **19 states** with approved or pending Medicaid waivers that included nutrition services.[3,4]

*Estimates in today's dollars using CPI inflation calculator

1. Guenter P et al. Malnutrition diagnoses and associated outcomes in hospitalized patients: United States, 2018. *Nutr Clin Pract*. 2021; 36(5). doi:10.1002/ncp/10771.
2. Snider JT et al. Economic burden of community-based disease-associated malnutrition in the United States. *JPEN*, 2014;38(2 suppl):77s-85s. doi:10.1177/0148607114550000.
3. Freed M, et al. *Medicare Advantage 2025 Spotlight: A First Look at Plan Premiums and Benefits.* KFF; 2024.
4. Hanson E et al. The evolution and scope of Medicaid 115 demonstrations to address nutrition: a US survey. *Health Aff Sch.* 2024;2(2). doi:10.1093/haschl/qxae013.

The U.S. has made real progress on malnutrition care—*but we are not done yet.*

The National Blueprint identifies opportunities to strengthen malnutrition care. The themes and resources below highlight actions nutrition professionals can take.

Lead Consistent Malnutrition Care

- ➔ **Implement routine screening** and ensure positive screens lead to nutrition assessment, diagnosis, individualized intervention, reassessment, and follow-up.
- ➔ **Use validated tools, evidence-based criteria, and standardized documentation** to reduce variation in care.
- ➔ **Extend malnutrition care processes beyond the hospital** into post-acute, ambulatory, home, and community settings.

Strengthen Referrals and Care Transitions

- ➔ **Build clear referral pathways** to dietitians, aging services, Meals on Wheels, SNAP, food and produce benefits, and other community nutrition programs.
- ➔ **Ensure discharge and transfer communication** includes the malnutrition diagnosis, weight and intake concerns, diet order, oral nutrition supplement plan, referral needs, and follow-up plan.
- ➔ **Follow up on referrals** and confirm that nutrition care continues after a transition.

Build Nutrition Capacity Across the Team

- ➔ **Train colleagues** to recognize nutrition risk, use referral triggers, reinforce care plans, and involve a dietitian when specialized nutrition care is needed.
- ➔ **Provide practical, person-centered education** that reflects food access, preferences, culture, function, caregiver support, and readiness to act.
- ➔ **Use tele-nutrition and other flexible models to expand access** to dietitian expertise, particularly in rural and underserved settings.

Use Data to Improve Practice

- ➔ **Track** screening, diagnosis, intervention, referral completion, follow-up, and nutrition outcomes.
- ➔ Use **quality-improvement findings** to identify gaps and strengthen workflows.
- ➔ **Advocate for interoperable records** and standardized nutrition data so nutrition information follows patients across settings.

Resources:

Academy of Nutrition and Dietetics MCS Resources
Learn how to implement the Malnutrition Care Score
https://www.eatrightpro.org/practice/quality-care/malnutrition-care-score

ASPEN Malnutrition Resources
Screening tools, care pathways, transitions-of-care guidance, and continuing education https://nutritioncare.org/clinical-resources/malnutrition/resources/for-clinicians/

Administration for Community Living
Nutrition and Aging Resource Center
Resources on malnutrition, food access, caregivers, referrals, and Older Americans Act nutrition programs.
https://acl.gov/senior-nutrition
https://acl.gov/senior-nutrition/food-insecurity-malnutrition

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