Medical Nutrition Therapy

Health Resources & Services Administration (HRSA) Definition: Medical nutrition therapy includes:

- Nutrition assessment and screening
- Dietary/nutrition evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling. These services can be provided in individual and/or group counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance: All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by a registered dietitian or other licensed nutrition professional.

Note: The OSA limits monthly issuance of nutritional supplement to no more than two (2) cans per day per month per client unless otherwise indicated by the provider and approved by the Recipient Office/Lead Agency.

Eligibility: Clients must have a referral from a medical provider to a licensed registered dietitian who develops and implements a nutrition plan. Medical Nutrition Therapy providers are expected to comply with the System Wide Standards of Care, as well as these standards.

1.0 Agency Policies and Procedures

The objective of the Policies and Procedures is to ensure that agencies providing medical nutrition therapy services comply with HRSA national standards and monitoring guidelines.

1.0 Agency Policy and Procedures			
Standards		**Measures**	
1.1	The dietitian is nationally credentialed by the Commission on Dietetic Registration (CDR) and current on all required trainings.	1.1	CDR license(s) are current and on file at provider agency.
1.2	Agencies shall develop policies and procedures that establish that registered dietitians (RD) collaborate with other health care professionals to ensure that all people with HIV are screened for nutrition-related	1.2	Policies and procedures available for review.

	problems, based on referral criteria regardless of setting, at every visit.		
1.3	Agencies shall have written policies and procedures on the Imposition and Cap on Charges.	1.3	Policies and procedures available for review.

2.0 Determination of Services

The objective of the Determination of Services standards for Medical Nutrition Therapy (MNT) services is to ensure the service is determined by the needs of each specific client, taking into consideration gender, ethnicity, race, co-occurring disorders, and any other psychosocial or economic situations that could impact nutrition status. This will ensure the initiation and frequency of service are in line with the needs of the client.

2.0 Determination of Services			
	Standards		**Measures**
2.1	All clients receiving Medical Nutrition Therapy shall be referred by a primary care physician, nurse practitioners, physician's assistants or dentist to a registered dietitian.	2.1	Evidence of referral to dietitian by medical provider in approved electronic data management system.
2.2	Referrals for MNT shall be based on nutritional risk: • High risk shall be seen by an RD within one week • Moderate risk shall be seen by an RD within one month • Low risk shall be seen by an RD at least annually **High Risk** (see RD within one week) • Poorly-controlled diabetes mellitus • Pregnancy (mother's nutrition; infant, artificial infant formula) • Poor growth, lack of weight gain or failure to thrive in pediatric patients • Over 10% unintentional weight loss over four to six months • Over 5% unintentional weight loss within four weeks or in conjunction with:	2.2	Level of risk and timeliness of referral documented in approved electronic data management system.

➢ Chronic oral or esophageal thrush ➢ Dental problems ➢ Dysphagia ➢ Chronic nausea or vomiting ➢ Chronic diarrhea ➢ CNS disease. • Intercurrent illness or active opportunistic infection • Severe dysphagia • Enteral or parenteral feedings • Two or more medical comorbidities or dialysis • Complicated food-drug-nutrient interactions • Severely dysfunctional psychosocial situation (especially in children). **Moderate Risk** (see RD within one month) • Obesity • Evidence for body fat redistribution • Lipid abnormality • Osteopenia or osteoporosis • Glucose dysregulation • Hypertension • Evidence for hypervitaminoses or excessive dietary supplement intake • Inappropriate use of diet pills, laxatives or other over-the-counter medications • Substance use in the recovery phase • Possible food-drug-nutrient interactions • Food allergies or food intolerances • Single medical comorbidity (such as, hepatic disease,	

	renal disease, anemia, cancer, tuberculosis, etc.) • Oral thrush • Dental problems • Gastrointestinal problems, such as (chronic nausea or vomiting, chronic diarrhea, heart burn, gas, etc.) • CNS disease resulting in a decrease in functional capacity • Chronic pain other than oral or gastrointestinal tract source • Disordered eating • Suspected poor composition or adequacy of diet • Follows diet regimen for religious, vegetarian or other reasons • Evidence for sedentary lifestyle or excessive exercise regimen • Unstable psychosocial situation (especially in children). **Low risk** (see RD at least annually) • Stable weight • Appropriate weight gain, growth and weight-for-height in pediatric patients • Adequate and balanced diet • Normal blood levels of cholesterol, triglycerides, albumin and glucose • Stable HIV disease (with no active intercurrent infections) • Regular exercise regimen • Normal hepatic and renal function • Psychosocial issues stable (especially in children).		
2.32	Clients shall have a comprehensive initial intake and assessment by a	2.32	Signed and dated assessment documented in the approved

registered dietitian. The assessment shall include: • Food/nutrition-related history, such as knowledge, beliefs, attitudes and factors affecting access to food and food/nutrition-related supplies to include: ➢ Food and nutrient intake, focusing on energy, protein, fat, fiber, sodium, calcium and vitamin D ➢ Medications/drugs, herbal/dietary supplements and their potential negative interactions ➢ Knowledge, beliefs and attitudes ➢ Behavior ➢ Factors affecting access to food and food and nutrition-related supplies ➢ Physical activity and function ➢ Nutrition-related patient and client-centered measures • Anthropometrics Assessment to include: ➢ Weight, height and body mass index; for children, growth pattern indices. ➢ Measurements of body compartment estimates should also be included, such as circumference measurements (mid-arm muscle, waist, hip and waist-to-hip ratio) or measurements of body cell mass and body fat [measured with skinfold thickness measurements, dual energy X-ray absorptiometry (DXA), bioelectrical impedance	electronic data management system.

	analysis (BIA), or bioimpedance spectroscopy]. • Biochemical data, medical tests and procedures such as lipid profile, fasting blood glucose, electrolytes, complete blood count and bone density measurements, as appropriate. • Nutrition-focused physical findings • Client history ➢ Patient, client and family medical/health history ➢ Social history • Comparative standards.	
2.43	Ongoing nutritional services shall match the appropriate level of care as delineated below: • Level 1 – one to two times per year (asymptomatic); • Level 2 – two to six times per year or more (symptomatic but stable, acute or palliative); • In children and adolescents: ○ CDC Category ~~N &~~ A – one to four times per year; ○ CDC Category B – four to twelve -times per year; and ○ CDC Category C – six to twelve times per year.	2.43 Level of care documented in approved electronic data management system.
2.54	Dietitian follow-up should include at a minimum: • relevant laboratory data; • nutrition prescription or desired outcome; • diagnosis and medical history; • medications; • alternative and complementary therapies; • Karnofsky score; • living situation; and • any other relevant information that may impact a client's ability to care for him or herself.	2.54 Required information provided to distributor and documented in approved electronic data management system.

2.6~~5~~	A care plan based on the initial assessment includes: • developing and implementing a nutrition care plan; • providing nutrition counseling and nutrition therapy; • distributing nutritional supplements, when appropriate; • providing nutrition and HIV trainings to clients and their provider; • encouraging physical activity; • educating on food and water safety; and • distributing nutrition related education materials to clients.	2.6~~5~~	Signed and dated care plan documented in the approved electronic data management system. The care plan shall be signed by either a Registered Dietician (RD) or a medical provider.
2.7~~6~~	Nutrition monitoring and evaluation by the dietitian shall be conducted to determine the degree to which progress is made toward achieving the goals of the care plan.	2.7~~6~~	Monitoring and evaluation results documented in the approved electronic data management system.

3.0 Services to be Provided

The objective of the standards for services to be provided is to ensure that all agencies shall ensure the following services are provided to eligible clients of the RWHAP system of care.

3.0 Services to be Provided			
Standards		**Measures**	
3.1	Providers shall ensure ~~that~~ clients receive the following services following the Academy of Nutrition and Dietetics Guidelines for People with HIV: • a nutrition assessment; • a nutrition care plan developed and implemented; • nutrition counseling and nutrition therapy, if appropriate; • nutritional supplements prescription when appropriate; • Education regarding physical activity	3.1	Assessment and nutritional care plan documented in the approved electronic data management system.

• Education on food and water safety.	

4.0 Nutrition Interventions

The objective of the standards for nutrition interventions is to ensure nutritional supplements deemed medically necessary are provided to eligible RWHAP clients and adequate records detailing the distribution are kept.

4.0 Nutrition Interventions			
	Standards		**Measures**
4.1	Nutritional supplements are issued based on the assessment, prescription and care plan prior to receiving nutritional supplements.	4.1	Progress notes should detail supplement issuance based on assessment, prescription and plan. Also documented in the approved electronic data management system. Assessment, prescription and plan documented in the approved electronic data management system.
4.2	Registered Dietitians shall ensure the client's Case Manager and/or Referral Specialist receives the Nutritional Care Plan for distribution of the nutritional supplements to the clients. Nutritional Care Plans for the distribution of nutritional supplements shall be reviewed and updated as necessary every six months.	4.2	Nutritional Care Plan uploaded in the electronic data management system. The number of supplements distributed shall coincide with the Nutritional Care Plan. The Nutritional Care Plan end date does not exceed six months from the start date.
4.3~~2~~	Providers shall distribute nutrition education materials to clients.	4.3~~2~~	Materials that promote proper nutrition and food safety on file at provider agency, along with distribution plan

5.0 Discharge/Graduation

Clients who are no longer engaged in HIV treatment and care services OR have achieved self-sufficiency should have their cases closed based on the criteria and

protocol outlined in the agency's Medical Nutrition Therapy Policies and Procedures Manual.

5.0 Discharge/Graduation

	Standards		Measures
5.1	Upon termination of active MNT services, a client's case shall be closed within 30 days of last contact or third documented attempted contact. The record shall contain a discharge summary documenting the case disposition and offer of an exit interview.	5.1	Discharge shall be documented in the approved electronic data management system.
5.2	All attempts to contact the client and notification about case closure shall be communicated to the Medical Case Manager Supervisor. Referral to EIS shall be completed after the MCM is unable to contact the client thirty (30) days after the expired eligibility or after three (3) documented attempted contacts.	5.2	Attempts to contact clients about case closure is communicated with the MCM Supervisor and documented in the approved electronic data management system.
5.3	Cases may be closed when the client: • Has achieved all goals listed on the Care Plan; • Has become ineligible for services; • Is deceased; • Decides to discontinue the MNT services; • The RD is unable to contact the client thirty (30) days after the expired eligibility or three (3) documented attempts to contact; or is found to be improperly utilizing the service or is asked to leave the agency.	5.3	Case closure should be documented in the approved electronic data management system.
5.4	Clients who have successfully achieved all goals in the care plan shall be graduated from MNT services. Graduation criteria include: • Client completed all MNT goals; or	5.4	Client's graduation from MNT services documented in the approved electronic data management system.

	• Client is no longer in need of MNT service.		
5.5	All discharged or graduated clients shall be offered an exit interview via one of the following: • Face-to-face visit; • Telephone; or • Written communication ***Note: When the Registered Dietitian is not able to conduct an exit interview, a reason must be documented in the record***	5.5	An exit interview being offered shall be documented in the approved electronic data management system.