

Medical Nutrition Therapy

Definition:

Medical nutrition therapy includes nutrition assessment and screening; dietary/nutrition evaluation; food and/or nutritional supplements per medical provider's recommendation and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of an HIV Outpatient/Ambulatory Health Services visit.

All services performed 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. . The EMA limits monthly issuance of nutritional supplement per consumer to no more than 2 cans per day per month unless otherwise indicated by the dietitian.

Eligibility:

Consumers 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 the agencies providing medical nutrition therapy services are in compliance 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 (CDER) and current on all required trainings.	1.1	CDR license(s) are current and on file at provider agency.

2.0 Determination of Services

The objective of the Determination of Services standards for Medical Nutrition Therapy services is to ensure that service is determined by the needs of each specific consumer, taking into consideration gender, ethnicity and race, co-occurring disorders, and any other psychosocial or economic situations that could impact nutrition status.

2.0 Determination of Services

STANDARDS	MEASURES
2.1 All consumers receiving Medical Nutrition Therapy will be referred by a primary care physician, nurse practitioners, physician's assistants or dentist to a dietitian.	2.1 Evidence of referral to dietitian by medical provider in consumer record.
2.2 Consumers will have a comprehensive initial intake and assessment by a qualified dietitian. The assessment shall include: <ul style="list-style-type: none"> • Medical considerations; • Food/dietary restrictions, including religions based, allergies, intolerances, interactions between medications, food and complimentary therapies; • Diet history and current nutritional status, including current intake; • Assessment of nutrition intake and estimated need; • Macro- and micro-nutritional supplements; • Actual height and weight, pre-illness body weight, weight trends, goal weight, ideal body weight and % ideal body weight; • Lean body mass and fat; • Waist and hip circumferences; • Food preparation capacity; and • Food preferences and cultural components of food. 	2.2 Signed and dated assessment in consumer record
2.3 Ongoing nutritional services will match appropriate level of care as delineated below: <ul style="list-style-type: none"> • Level 1 – one to two times per year; • Level 2 – two to six times per 	2.3 Level of care documented in consumer record

<p>year;</p> <ul style="list-style-type: none"> • Level 3 – two to six times per year; and • Level 4 – two to six times per year. <p>In children and adolescents:</p> <ul style="list-style-type: none"> • 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. 	
<p>2.4 Dietician follow up should include at a minimum:</p> <ul style="list-style-type: none"> • 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 consumer’s ability to care for him or herself. 	<p>2.4 Required information provided to distributor and documented in consumer record</p>
<p>2.5 A care plan based on the initial assessment and includes:</p> <ul style="list-style-type: none"> • Developing and implementing a nutrition care plan; • Providing nutrition counseling and nutrition therapy; • Distributing nutritional supplements, when appropriate; • Providing nutrition and HIV trainings to consumers and their provider; and • Distributing nutrition related education materials to consumers. 	<p>2.5 Signed and dated care plan in consumer record.</p>

2.6	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.	2.6	Monitoring and evaluation results documented in the consumer record.
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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 consumers of the Ryan White Part A EMA.

3.0 Services to be Provided

STANDARDS		MEASURES	
3.1	Providers shall ensure that consumers receive the following services following HRSA Guidelines: <ul style="list-style-type: none"> • A nutrition assessment; • A nutrition care plan developed and implemented; • Nutrition counseling and nutrition therapy, if appropriate; • Nutritional supplements prescription when appropriate. 	3.1	Assessment and treatment plan in consumer record.

4.0 Nutrition Interventions

The objective of the standards for nutrition interventions is to ensure that nutritional supplements deemed medically necessary are provided to eligible Ryan White Part A consumers 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. Assessment, prescription and plan in consumer file.
4.2	Programs shall distribute nutrition	4.2	Materials that promote proper

education materials to consumers.	nutrition and food safety on file at provider agency, along with distribution plan.
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5.0 Case Closure

The objective of the standards for case closure is to ensure appropriate case closure.

5.0 Case Closure

STANDARDS		MEASURES	
5.1	Provider shall develop case closure criteria and procedures. Cases may be closed when the consumer: <ul style="list-style-type: none"> • Is relocating out of the service area; • No longer needs the service/completes care plan; or • Decides to discontinue the service 	5.1	Case closure criteria and procedures on file at provider agency. Review of consumer record