



**N-S EMA
MEDICAL
NUTRITION
THERAPY
STANDARDS OF
CARE**

Service standards¹ outline the elements and expectations a Ryan White HIV AIDS Program (RWHAP) Service provider follows when implementing a specific service category. The purpose of service standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

**N-S HIV Health Services
Planning Council**
www.longislandpc.org

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HIV HEALTH SERVICES PLANNING COUNCIL**

MEDICAL NUTRITION THERAPY SERVICE STANDARDS

HRSA DEFINITION:

Medical Nutrition Therapy including nutritional supplements, is provided by a licensed, registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian.

CARE AND TREATMENT GOALS: To provide eligible individuals with adequate nutrition services for those metabolically challenged that addresses proper weight, weight distribution and nutritional needs. Medical Nutrition Therapy services will be provided in a culturally and linguistically appropriate manner to facilitate access to and maintenance in primary HIV medical care, and adherence to HIV treatments. Services target populations that are out-of-care, uninsured, under-insured, and disproportionately impacted by HIV/AIDS in the Nassau-Suffolk EMA.

OBJECTIVE:

- To provide nutritional planning, assessments and supplements, in coordination with the medical care provider orders outside HIV primary medical visits. To improve health outcomes for PLWHA through access to medical nutrition therapy services.

PROGRAM COMPONENTS:

- Consultation with a licensed, registered dietitian
- Comprehensive Nutritional Assessment – Baseline Screen & Food Security Analysis
- Clinical Nutrition Analysis
- Referral for Food Sources
- Medical Nutrition Therapy Care Plan
- Medical Nutrition Therapy Education
- Medical Nutrition Therapy Reassessment

Program Outcomes:

- 85% of clients will be screened for nutritional risk
- 85% of clients referred will have a comprehensive nutritional assessment
- 80% of clients will have a care plan

Indicators:

- Nutritional plans detail client goals in nutrition in relation to their medical treatment needs.
- Number of nutritional care plans updated to enhance medical care.

Service Unit(s): (1) Medical Nutrition Therapy office visit and/or client encounter in CAREWare

PROGRAM DATA REPORTING: Part A service providers are responsible for documenting and keeping accurate records of Ryan White Program Data/Client information, units of service, and client health outcomes. Reporting units of service are a component of each agency's approved work plan. Please refer to the most current work plan, including any amendments, for guidance regarding units of service. Summaries of service statistics by priority will be made available to the Planning Council by the Grantee for priority setting, resource allocation and evaluation purposes

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HRSA Program Monitoring Standard:

STANDARD	PERFORMANCE MEASURE/METHOD	MONITORING STANDARDS
<p>Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a licensed medical providers (MD,PA,NP) recommendation and based on a nutritional plan developed by a licensed registered dietitian</p>	<p>Documentation of:</p> <ul style="list-style-type: none"> • Licensure and registration of the dietitian as required by the State in which the service is provided. • Where food is provided to a client under this service category, a client record is maintained that includes a physician’s recommendation and a nutritional plan. • Required content of the nutritional plan, including: <ul style="list-style-type: none"> ○ Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food ○ Date service is to be initiated ○ Planned number and frequency of sessions ○ The signature of the registered dietitian who developed the plan • Services provided, including: <ul style="list-style-type: none"> ○ Nutritional supplements and food provided, quantity, and dates ○ The date and signature of the registered dietitian who rendered service ○ Date of reassessment ○ Termination date of medical nutrition therapy ○ Any recommendations for follow up 	<ul style="list-style-type: none"> • Maintain and make available to grantee copies of the dietitian’s license and registration. • Document services provided, number of clients served, and quantity of nutritional supplements and food provided to clients. • Document in each client record: <ul style="list-style-type: none"> ○ Services provided and dates ○ Nutritional plan as required, including required information and signature ○ Physician’s recommendation for the provision of food ○ Education provided

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PERSONNEL:

Staff Qualification	Expected Practice
Staff and contracted workers have minimum qualifications, including certifications, and/or training expected and other experience related to the position.	Resume and documentation of training and orientations will be in personnel files.
Any person who represents him/herself as a Registered Dietitian shall conform to the education, examination and experience requirements set forth by the New York State Education Department, Title 8, Article 157 , Section 8004 of New York's Education Law and Section 52.25 and Subpart 79-6 of the Commissioner's Regulations. All shall also be registered with the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics (AND)	Record in personnel file.
Staff and supervisors will know the requirements of their job description and service elements of the program.	Written job description provided to and signed by staff and kept in personnel files.
Staff will possess one year experience (preferred) in the nutrition assessment, counseling, evaluation and nutritional care planning for PLWHA.	Employee personnel file shall reflect appropriate education, expertise and experience appropriate to their area of practice as well as in the area of HIV/AIDS practice.
Registered Dietitians will meet standards for Medical Nutrition Therapy (MNT) as described in the AND standards for MNT.	AND standards kept on file, and on the internet, and agency policies will reflect adherence to these guidelines.
Registered Dietitians will maintain continuing professional education (CPE) units/hours, primarily in HIV nutrition and other related medical topics as approved by the Commission of Dietetic Registration (AND).	Personnel files of staff must contain evidence of CPE as required.
All MNT staff members shall receive annual HIV confidentiality, cultural competency and an additional 1-2 HIV specific topics training to enhance their basic knowledge on the continuum of care for people living with HIV/AIDS.	Maintain copies of training verification in personnel file.

Citation: NYSED Office of the Professions, <http://www.op.nysed.gov/prof/diet/dietlic.htm>. Reference <http://www.ccbh.net/ryan-white-provider-resources/>.

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Client Verification of Eligibility:

As required by HRSA/HAB Policy Notice #13-02. Ryan White Eligibility and proof of documentation are required at intake/assessment and must be updated every 6 months. Please refer to the N-S EMA’s Ryan White Client Eligibility Guidelines for specific information and acceptable forms of documentation.

Standard	Provider/Sub-grantee Responsibility
Eligibility determination of clients to determine eligibility for Ryan White services within a predetermined timeframe	<p>Initial Eligibility Determination Documentation Requirements:</p> <ul style="list-style-type: none"> • HIV/AIDS Diagnosis (at initial determination); • Proof of residence (Nassau or Suffolk); • Proof of Income- 435% of the Federal Poverty Level; • Proof of Insurance Status- Uninsured or underinsured status (insurance verification as proof); • Determination of eligibility and enrollment in other third party insurance programs including Medicaid, Medicare; • For underinsured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare
Determination of program eligibility for enrollment in Ryan White Part A Medical Nutrition Therapy services based on client medical need/condition.	Documentation in client file of reason for program enrollment (e.g. hypertension, manage/reduce medication side effects, weight management, diabetes, etc....)
Recertification of clients at least every 6 months to determine continued eligibility	<p>Recertification (minimum of every six months) documentation requirements:</p> <ul style="list-style-type: none"> • Proof of residence; • Low income documentation; • Uninsured or underinsured status (insurance verification as proof); • Determination of current or new eligibility and enrollment in other third party insurance programs including Medicaid and Medicare; • Document that the process and timelines for establishing initial client eligibility, assessment, and recertification takes place at a minimum every six months; • Document that all staff involved in eligibility determination have participated in required training; • Sub-grantee client data reports are consistent with eligibility requirements specified by funder, which demonstrates eligible clients are receiving allowable services. <p>Note: Full documentation must be provided and placed in the client file at least once per year. At the six month recertification providers may use a signed client checklist to show eligibility review and no change. If any change has occurred, proof of new documents must be collected and placed in client file.</p>

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<i>MNT Service Standards</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
INITIAL/SCREENING/ASSESSMENT					
An initial nutritional screening will be completed for PLWHA referred that are identified as needing a nutritional intervention	Documentation of a baseline nutritional screening and reason in client's chart.	Number of initial nutritional screenings completed	Number of MNT clients	Client Files	Two (2) Tracks: High risk-Assess Low risk- Referral to food sources
A comprehensive MNT assessment will be conducted by a Registered Dietitian to ensure appropriateness of service	Documentation of nutritional assessment on file in client's chart.	Number of initial nutritional assessments completed	Number of MNT clients	Client Files CAREWare	85% of clients accessing medical nutrition therapy services have an initial nutritional assessment completed.
ASSESSMENT					
Nutritional assessment will include baseline markers including: <ul style="list-style-type: none"> • Baseline Nutrition Screen – weight, loss/gain • List current HIV Medications/labs • Food Security Screen • Nutrition Education,: Evaluate labs, past nutrition, dietary recall, available Community Food/Nutrition • Client's Body Mass Index (BMI) • Full Medical, Psychosocial Assessment History, Substance Abuse History, and STI history • Legal Issues and other barriers • Housing Status 	Documentation of assessment baseline markers in client file.	Number of nutritional assessments completed with baseline markers	Number of MNT clients	Client Files CAREWare	80% of client files have documented initial nutritional assessments with baseline markers of weight, BMI, and dietary intake.
CARE PLAN					
The nutritional care plan will be individualized with the client's needs and will follow the medical care providers' treatment plan. The plan will include: <ul style="list-style-type: none"> • Nutritional assessment with date of service to initiate • Nutritional diagnosis • Nutrition intervention with recommended services and types of service (food, supplements as needed, etc.) • Nutrition monitoring and evaluation (BMI and/or BIA) • Frequency and number of nutritional sessions (includes start/end dates) • Food security analysis • Signature of RD 	Signed, dated nutritional plan including measureable goals with oriented strategies on file in client records.	Number of signed, dated nutritional plans	Number of MNT clients	Client Files CAREWare	80% of clients who access medical nutrition therapy have signed, dated nutritional plans in their client file.

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<i>MNT Service Standards</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
REASSESSMENT					
Reassessment: Nutritional care plans will be updated as necessary and signed by the RD, at least twice per year, and shared with the client's primary care provider to ensure plan is consistent with medical care needs of client	Updated, signed nutritional plan on file in client's record.	Number of updated nutritional plans	Number of MNT clients	Client Files CAREWare	90% of client files have documented updated signed nutritional plans at least twice per year during their medical nutritional care.
COUNSELING					
Individualized nutritional counseling will be scheduled in accordance to the programs requirement and clients care plan to monitor progress, improve medical health condition and improve viral suppression	Documentation of counseling sessions in client files.	Number of nutritional counseling with medical provider treatment plan documented	Number of MNT clients	Client Files CAREWare	80% of client files have documented individualized nutritional care plans that address the medical needs of the client.
PATIENT EDUCATION					
Individual/group patient education sessions will be scheduled toward achieving lasting behavioral changes that support medical compliance and overall viral suppression	Documentation of attendance in educational sessions in client files.	Number of educational nutritional sessions with documented medical provider appointments kept.	Number of MNT clients	Client Files CAREWare	80% of client files have documented patient education nutritional sessions attended in care plans that address the medical needs of the client.

Medical Nutrition Therapy Monitoring Tool follows this page below:

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NSEMA Service Category Summary																				
Medical Nutrition Therapy Tool										1	2	3	4	5	6	7	8	9	10	
STRUCTURE (“Who”)																				
STAFF																				
A	Licensure, Credentials																			
B	Supervision																			
C	HIV Education																			
D	Quality Improvement Plan Agency has documented QI Plan																			
E	Quality Improvement Projects Agency has 2 QI projects in process																			
CHARTING & MONITORING																				
1	Recordkeeping Requirements: Chart is properly stored & secure; chart is clearly organized; entries legible																			
2	Program Eligibility & Enrollment Status (every 6 mos update): Current documentation of CARE program eligibility & client enrollment																			
3	Client Treatment Consent, Rights and Responsibilities: Documentation signed & dated by client																			
4	Medical Record Release Forms: Release forms (as needed) present, current, & signed by client																			
5	Confirmation of HIV Diagnosis: HIV antibody test record, confirmatory lab data, or letter of diagnosis																			
6	Case management acuity sheet: Present in chart, complete & up to date; Primary Care Provider clearly noted																			
7	Medication List: Present in chart, organized, complete & up to date																			
INITIAL EVALUATION																				
8	Client Demographics: Age, ethnicity, appropriate gender identity clearly and properly documented																			
9	Initial Assessment: Completed and signed/dated by client and RD																			
10	BASELINE: ASSESSMENT & NUTRITION PLAN	In Primary Medical Care? Where? Since When?																		
11		CD4: lowest CD4 count identified (if available)																		
12		Viral Load: lowest VL indicated in chart (if available)																		
13		Comorbidities/Other medical conditions																		

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14		Sexually Transmitted Infection history.																		
15		Opportunistic Infection history																		
16		Mental Illness/Psychosocial assessment history																		
17		Substance abuse history																		
18		Housing status																		
19		Subsistence needs status: a) food b) transportation c) employment																		
20		Legal Issues, Including incarceration																		
PROCESS (“How”)																				
NUTRITION HISTORY																				
21		Clinical: Documentation of clinical status, needs with referral as indicated (see next section)																		
22	Baseline Nutrition Screen	1) Weight (usual body weight, weight when diagnosed, recent weight hx, record weight loss/gain)																		
23		2) Severe weight loss (cachexia): severe weight loss (more than 5% of UBW unintentionally) over 2 to 3 months																		
24		3) Level of appetite/nutritional intake																		
25		4) History of diabetes or lipid disorders																		
26		5) GI-related issues (e.g. nausea, diarrhea, swallowing issues)																		
27		List of HIV medications prescribe to patient																		
28	Baseline Screening for Food Security	1) Regular access to food (food bank/pantry, congregate meals)																		
29		2) Housing status, includes access to cooking facility																		
30		3) Financial Status																		
31	Nutritional Education	1) Dietary habits for people living with HIV																		
32		2) Diet & adherence to HIV medications																		
33		3) Diet and special concerns (diabetes, lipodystrophy)																		
34		4) Budgeting & shopping																		
35		5) Nutritional related symptom management																		
36		6) Food preparation & cooking																		
37		Suggested Therapy Documented																		

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38	Nutrition Therapy Start, End Dates																				
Reassessment																					
39	Reassessed at least twice a year, signed/dated by RD																				
40	Review Nutrition History (above), Document Client Needs																				
41	REASSESSMENT & UPDATED NUTRITION PLAN	Adherent to Medical Visits (2x year)																			
42		CD4: lowest CD4 count identified (if available)																			
43		Viral Load: lowest VL indicated in chart (if available)																			
44		Review Comorbidities/Other medical conditions																			
45		Review Sexually Transmitted Disease History																			
46		Review Opportunistic Infection history																			
47		Review Mental Illness/Psychosocial assessment history																			
48		Review Substance abuse history																			
49		Review Housing status, including access to cooking facility																			
50		Subsistence needs status: a) food b) transportation c) employment																			
51		Review Legal Issues, Including incarceration																			
52		Review List of HIV Medications																			
Outcomes																					
53	Client Satisfaction Survey conducted	1) Overall quality of nutritional therapy services																			
54		2) Quality of food provided																			
55		3) Quality of nutrition education																			
56		4) Selection of food meeting dietary needs																			
57		5) Selection of food meeting cultural needs																			
58	Resource list of community food/nutrition																				
59	Clients counseled on dietary issues																				
60	Clients with decrease in Body Mass Index (BMI)																				