

SERVICE STANDARDS

FOR

MEDICAL NUTRITION THERAPY (MNT)

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The Ryan White HIV/AIDS Program (RWHAP) is funded by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and is administered by the U.S. Department of Health and Human Services (HHS) in the Health Resources and Services Administration (HRSA) within the HIV/AIDS Bureau (HAB).

I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC EMA such that clients of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all clients and will be used as contract requirements, in program monitoring, and in quality management.

II. GOAL

The goal of Medical Nutrition Therapy is to correct and prevent malnutrition in people living with HIV and reduce the risk of other diseases/co-morbidities.

III. SERVICE DESCRIPTION

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional 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 settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

All services performed under this service category must be pursuant to a medical provider’s referral and based on a nutritional plan developed by the registered dietitian/nutritionist or other licensed nutrition professional. Services not provided by a registered/licensed dietitian/nutritionist should be considered Psychosocial Support Services under the RWHAP.

IV. HRSA NATIONAL MONITORING STANDARDS AND PERFORMANCE MEASURE/METHOD

The National Monitoring Standards are designed to ensure that Ryan White service providers meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Ryan White service providers will work with the recipient/administrative agent in their respective jurisdiction to further discuss the implementation of the National Monitoring Standards and the required performance measures. For this service category, the following performance measures are required:

Documentation of:

- Licensure and registration of the Dietitian/Nutritionist as required by the State/Jurisdiction 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:
 - 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 licensed/registered Dietitian/Nutritionist who developed the plan
- Services provided, including:
 - Nutritional supplements and food provided, quantity, and dates
 - The signature of each licensed/registered Dietitian/Nutritionist who rendered service, the date of service
 - Date of reassessment
 - Termination date of medical nutrition therapy
 - Any recommendations for follow-up

V. PROVIDER AGENCY POLICIES & PROCEDURES

- A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency, **if required.**
- B. Staff must meet minimum qualifications detailed in the job description and service standards.
- C. Services will be provided through the facility or through a written affiliation agreement.
- D. **Records Retention** – Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- E. **Confidentiality Policy** - All providers must assure the client that information provided by the client or information obtained on behalf of the client is confidential. All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance to HIPAA (Health Insurance Portability and Accountability Act) requirements.
- F. There will be a private confidential office space for seeing clients.
- G. **Cultural and Linguistic Appropriateness** – The agency will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Further information on the National CLAS Standards are located at www.thinkculturalhealth.hhs.gov . Agencies are to ensure that culturally sensitive and linguistically appropriate services are available in the client's preferred language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- H. **Americans with Disabilities Act Compliance** – The agency must demonstrate that the needs of disabled clients are met.
- I. **Client Consent** – Signed consent must be obtained from client prior to initiating services.
- J. **Release of Information** - Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid.
- K. **Grievance Policy**- All providers must review the policy with the client and provide a copy in a language and format the client can understand.
- L. The Agency must have a written **Emergency Continuity of Operation Plan (COOP)** that includes procedures for service provision during a wide range of emergencies, including localized acts of nature, fire, bomb threat, evacuation, accidents, technological or attack-related emergencies and natural disasters.
- M. Service providers must receive training/education annually in relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as "Prevention with Positives".
- N. A **Quality Management Plan** shall be developed for HIV-specific patient care. This plan must be updated annually.
- O. Agencies must maintain linkages via detailed Memoranda of Understanding/Agreement (MOUs/MOAs) among other agencies to enhance the coordination of service provision.
- P. The agency must demonstrate input from clients via a client satisfaction survey or similar method at least

annually.

- Q. **Continuity of Care** - Agencies must ensure that service provision occurs regardless of staffing changes, shortages and closures. Clients must also be made fully aware of business operating hours and any changes, as needed.

VI. ACCESSIBILITY IN SERVICE DELIVERY

- A. There will be no barriers due to client disability. The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- B. The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate in accordance to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- C. There will be no barriers due to language differences between the provider and clients. Agencies must have the ability to provide native language speakers for services when twenty percent (20%) or more of their clients prefer another language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- D. Eighty percent (80%) of all persons initially seeking services will be established into the care system of the provider within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

VII. RIGHTS AND RESPONSIBILITIES

AGENCY/PROVIDER

- A. Agencies funded for Ryan White services shall have the ability to provide service in non-English languages when twenty percent (20%) or more of the clients speak a specifically identified language and must provide information for clients in that language or arrange for a certified interpreter.
- B. All written materials must be printed in a language that is understandable to the client and must be written at no higher than a 5th grade reading level.
- C. The agency will have a Clients Rights Statement posted and available to the client upon request.
- D. The agency will have a Consent for Services Form, which is dated and signed by the client or person legally able to give consent. This form will be signed by the client upon initial intake, and at least annually thereafter.
- E. The agency will have a Release of Information Form that is specific to the type of information released/exchanged, the agency to which the information will be shared, and the length of time during which the consent is valid. This form is used as needed and is signed by the client or person legally able to give consent.
- F. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand as stated in A.
- G. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
- H. Agencies must provide clients with complete and accurate information about services provided.

CLIENT

- I. Clients have the right to be treated with dignity and respect. Clients have the responsibility to treat other clients and agency staff/volunteers with dignity and respect.
- J. Clients have the right to refuse services and receive a full explanation of the consequences of refusing services.
- K. Clients must be an active participant in the development, implementation, coordination and monitoring of their individual service plans. Clients must be provided with complete and accurate information about services received.
- L. Clients are responsible for providing complete and accurate insurance, medical, financial and other eligibility information.
- M. Clients are responsible for respecting the confidentiality of other clients receiving services.
- N. Clients have the right to file a grievance if they feel their rights are being violated. Clients are responsible for following the proper procedures as outlined for grievances against any services, organization, or employee of organization.
- O. Clients have the responsibility to keep illegal drugs, alcohol and weapons off agency property.

SERVICES MAY BE DISCONTINUED OR DENIED WHEN:

- P. The client refuses to sign a Consent for Services and Release of Information Form.
- Q. The client violates the rights of other clients or staff/volunteers
- R. The client is involved in illegal activities on agency property

- S. The client does not provide accurate insurance, medical, financial or benefits information
- T. The client is receiving duplicate services from multiple providers.
- U. The client is no longer eligible for Ryan White Services.

VIII. SERVICE DELIVERY COMPONENTS AND ACTIVITIES

A. INITIAL ELIGIBILITY DETERMINATION & ANNUAL RECERTIFICATION REQUIREMENTS

1. Proof of HIV diagnosis (Confirmatory HIV test [multi-spot, P4antigen, western blot], Viral load within 6 months, or written statement from treating physician).
2. Proof of residence (Current lease mortgage statement or deed settlement agreement, current driver's license/government identification, current voter registration card, current notice of Decision from Medicaid, Fuel/utility bill (past 90 days), property tax bill or statement (past 60 days), rent receipt (past 90 days), pay stubs or bank statement with your name and address (past 30 days), letter from another government agency with your name and address, active (unexpired) homeowners or renters insurance policy, DC Healthcare Alliance Proof of DC Residency Form, if homeless; letter from service provider on agency letterhead or homeless verification form.
3. Verification of income/gross annual income (must be less than or equal to 500% of the Federal Poverty Level [FPL]) as required by the Recipient.
4. Insurance verification as proof of un-insured or under-insured status.
5. Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare. Providers are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.
6. For under-insured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare.
7. Proof of compliance with eligibility determination as defined by the jurisdiction.
8. Living arrangements/Household size
9. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White services

B. INTAKE

To collect demographic information and establish a care relationship. Intake may be done by an Intake specialist or non-medical case manager. The client intake must include the following:

1. Date of intake
2. Name and signature of person completing intake
3. Client name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (client self-report)
7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program.

C. NUTRITION SCREENING

1. Nutrition screening is an interdisciplinary process that involves the gathering of information from the client and data from their medical records. The collected information is evaluated and the client's nutritional risk is determined.
2. Program Staff, including Medical providers, Case Managers, Social Workers, and/or Intake Workers shall complete a screening tool.
3. Screening Information gathered should at a minimum include the following:
 - Height & Weight
 - Unintentional change in weight/ gain or loss
 - Food allergies

- Special diet
- Change in Appetite
- Nausea/ vomiting
- Bowel habits
- Chewing/ swallowing problems
- Additional diagnosis other than HIV/AIDS
- Other indicators within client's medical records

THIS INFORMATION CAN BE OBTAINED FROM OTHER SOURCES WITHIN THE CLIENT RECORD

D. NUTRITION ASSESSMENT

The nutrition assessment includes the evaluation of current information, changes in status, and goals of therapy. It is based upon the following: The Nutritional Assessment will be completed within 30 days of the nutritional screening. Clients at highest nutritional risk will be prioritized per clinician's discretion.

1. Food and Nutrition History
 - Adequacy of intake
 - Food /nutrition tolerance
 - Meal and snack patterns
 - Food availability
 - Cultural/ religious/ or other restrictions
2. Client History
 - Medical/ surgical
 - Medication/ supplements usage
 - Socioeconomic status
 - Physical Activity
 - History of Client Illnesses
 - Drug interaction
3. Anthropometric Data
 - Height/Weight
 - Body mass index (BMI)
 - Rate of weight change
 - Vital signs
4. Medical Procedures, Laboratory Data, and Test Results
 - Electrolytes
 - Glucose
 - Lipid panel
 - CBC
 - Liver panel
 - Viral Load
 - CD4 and CD8
 - Albumin/ Pre Albumin
 - Hemoglobin levels

Referring agencies are responsible for providing the medical laboratory data, where applicable

E. DEVELOPMENT AND IMPLEMENTATION OF NUTRITIONAL CARE PLAN

The Nutritional Care Plan will:

- Be completed by the licensed/registered Dietitian/Nutritionist within 30 days of the nutritional screening as a part of the nutritional assessment
- Include recommended resources, as needed
- Establish ongoing HIV/AIDS medical nutritional therapy
- Be signed and dated by licensed/registered Dietitian/Nutritionist
- Include consultation with the Medical Provider, as needed

F. COORDINATION AND MONITORING OF NUTRITIONAL CARE PLAN

Coordination and monitoring of care plan can include client food suggestion record, consultation with Medical Provider and Case Manager. Follow up Medical Nutrition Therapy services should target clients with specific nutritional issues e.g. (significant weight changes, gain or loss; abnormal lab changes affecting nutrition status) Coordination and monitoring of care plan can also include:

- Follow-up of symptoms identified at initial assessment
- Monitoring of appetite, PO intake
- Review of Labs
- Reassessment of need for supplements
- Palliative - as necessary and or physician's request
- Written report to the referring medical provider and other members of the interdisciplinary team

G. RE-ASSESSMENT OF NUTRITIONAL NEEDS

- Revisit / review client every 3 to 6 months based on nutrition risk status
- Re-evaluated in 3 months if nutrition supplement is recommended
- Discuss medical changes with physician or case manager as needed
- Weight loss status
- Monitor food intake
- Monitor abnormal lab as needed

H. RE-CERTIFICATION (six months) REQUIREMENTS

To maintain eligibility for Ryan White services, the client (while active), must complete the sixth-month recertification process to verify the following information:

- Proof of residence
- Low income documentation
- Un-insured or under-insured status (Insurance verification as proof)
- Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare

Note: At six month recertification one of the following is acceptable: full application and documentation, self-attestation of no change or self- attestation of change with documentation.

I. PROCEDURE FOR MISSED APPOINTMENTS

- The client must be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
- The provider must attempt to reach the client no less than 2 times during a one-week period using the client-identified preferred contact method.
- Documentation of attempts to contact client must be noted in case file.

J. TRANSITION & DISCHARGE/CASE CLOSURE

Case Closure/Discharge

1. Reasonable efforts must be made to retain the client in services by phone, letter and/or any communication method agreed upon by the client. These efforts must be documented in the client's record.
2. The provider will make appropriate referrals and provide contacts for follow-up.
3. The provider must document date and reasons for closure of case including but not limited to: service provided as planned, no contact, client request, client moves out of service area, client died, client ineligible for services, etc.
4. A summary of the services received by the client must be prepared for the client's record.

Case Transfer

1. If the client is being transitioned, the provider must facilitate the transfer of client records/information, when necessary.
2. The client must sign a consent to release of information form to transfer records which is specific and dated.

K. DOCUMENTATION

Documentation must be kept for each client, which includes:

1. Client's name and demographic information
2. Name and contact info of client's Medical Case Manager and Primary Care Provider, if they have one
3. Proof of HIV+ status.
4. Initial intake and needs assessment forms.
5. Signed, initial and updated nutrition care plan.
6. Consent for services.
7. Progress notes detailing each contact with or on behalf of the client. These notes must include date of contact and names of person providing the service.
8. Documentation that the client received rights and responsibilities information.
9. Signed "Consent to release information" form. This form must be specific and time limited.
10. Discharge and/or case closure information including person completing discharge and/or case closure, date and reason for discharge and/or case closure.

IX. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

A. LICENSED/REGISTERED DIETITIAN/NUTRITIONIST

1. Dietitian/Nutritionist is responsible for providing nutrition assessment, making the nutrition diagnosis, implement a nutrition care plan, monitor and evaluate the client's progress, and provide nutrition education face-to-face or in a group session.
2. Complete a minimum of a bachelor's degree at an accredited university or college and course work accredited or approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics
3. Registered by the Commission on Dietetics Registration
4. Required current State/Jurisdiction License (Maryland and District of Columbia) if work is in these States/Jurisdictions.
5. Complete continuing professional educational requirements to maintain registration.
6. A minimum of 1 year of experience working with persons with or at high risk of HIV infection, preferred.
7. Agency will provide new hires with training regarding confidentiality, client rights and the agency's grievance procedure.
8. New hires must receive training required by agency. Documentation of completion of required trainings must be kept in the Dietitian/Nutritionist's personnel file.
9. Two hours of training/education in HIV/AIDS is required annually. Documentation of completion of required trainings must be kept in the Dietitian/Nutritionist's personnel file.