

# Medical Nutrition Therapy

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 Eligible Metropolitan Area (EMA) such that customers 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 customers and will be used as contract requirements, in program monitoring, and in quality management.

## I. SERVICE CATEGORY DEFINITION

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

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.

## II. INTAKE AND ELIGIBILITY

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

## A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting viral load. L
2. **Residency:** The following are acceptable methods of meeting the burden for residency:
  - Current lease or mortgage statement
  - Deed settlement agreement
  - Current driver's license
  - 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 the name and address of the customer (past 30 days)
  - Letter from another government agency addressed to customer
  - Active (unexpired) homeowner's or renter's insurance policy
  - DC Healthcare Alliance Proof of DC Residency form
  - If homeless, a written statement from case manager, facility or a letter from landlord that customer is a resident
3. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is your income or a household member's from each source.

The following are acceptable forms of proof of income:

- Pay stubs for the past 30 days. The pay stub must show the year to date earnings, hours worked, all deductions, and the dates covered by the paystub
- A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
- Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the customer projecting current annual income must be included
- Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
- SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
- Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer

## B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication

6. Literacy level (customer 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. MAINTENANCE OF ELIGIBILITY**

To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer’s income and/or residency status has changed. RWHAP providers are permitted to accept a customer’s self-attestation of “no change” when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

<b>NUTRITIONAL SCREENING</b>	
<b>Standard</b>	<b>Measure</b>
<p>All consumers must be screened to determine their level of nutritional risk and supportive needs. The nutritional screening is not a substitute for the intake process but may be conducted at the same time.</p> <ul style="list-style-type: none"> <li>● Dietitian/Nutritionist, if available, and the approximate date of the consumer’s most recent nutrition assessment</li> <li>● Client’s body mass index (BMI)</li> <li>● Client’s nutritional concerns</li> <li>● Dietary restrictions</li> <li>● Ability to complete Activities of Daily Living</li> <li>● Any HIV-related illnesses diagnosed in the last six months</li> <li>● Any chronic illness with date of diagnosis</li> <li>● Family members and caregivers (relationship to consumer/gender/date of birth/race/ethnic origin/primary language) and if they need HDM service as well</li> <li>● Current nutrition issues (ex. lack of appetite, nausea/vomiting, involuntary weight loss, diarrhea, inability to prepare or procure food due to health issues, etc.)</li> <li>● Medications and/or Treatments/Therapies</li> </ul> <p><b>NOTE: Nutrition Assessments and Re-assessments are required for:</b></p> <ul style="list-style-type: none"> <li>● All consumers receiving home delivered meals, HIV-positive children, adolescents and pregnant women, and those found to be at nutritional risk through the screening process.</li> <li>● Assessments are to be completed within two weeks of enrollment into the program and reassessments conducted approximately every six months thereafter.</li> <li>● These are the minimum requirements; reassessments may be conducted more frequently if needed.</li> <li>● The agency must determine if a consumer is eligible for home-delivered meals before a registered</li> </ul>	<p>Documentation of the following information should be recorded in the customer file for the nutritional screening:</p> <ul style="list-style-type: none"> <li>● Dietitian/Nutritionist, if available, and the approximate date of the consumer’s most recent nutrition assessment</li> <li>● Client’s body mass index (BMI)</li> <li>● Client’s nutritional concerns</li> <li>● Dietary restrictions</li> <li>● Ability to complete Activities of Daily Living</li> <li>● Any HIV-related illnesses diagnosed in the last six months</li> <li>● Any chronic illness with date of diagnosis</li> <li>● Family members and caregivers (relationship to consumer/gender/date of birth/race/ethnic origin/primary language) and if they need HDM service as well</li> <li>● Current nutrition issues (ex. lack of appetite, nausea/vomiting, involuntary weight loss, diarrhea, inability to prepare or procure food due to health issues, etc.)</li> <li>● Medications and/or Treatments/Therapies</li> </ul> <p>Screening Information gathered should at a minimum include the following:</p> <ul style="list-style-type: none"> <li>● Height &amp; Weight</li> <li>● Unintentional change in weight/ gain or loss</li> <li>● Food allergies</li> <li>● Special diet</li> <li>● Change in Appetite</li> <li>● Nausea/ vomiting</li> <li>● Bowel habits</li> <li>● Chewing/ swallowing problems</li> <li>● Additional diagnosis other than HIV/AIDS</li> <li>● Other indicators within consumer’s medical records</li> </ul>

<p>dietitian/nutritionist is assigned to perform the nutrition assessment.</p> <p>1. <i>Programs that offer congregate meals, grocery/pantry bags, and vouchers must provide assessments for those consumers identified to be at nutritional risk through the screening process. It is preferred that assessments are conducted in person, but they may also be done over the telephone.</i></p> <p><b>THIS INFORMATION CAN BE OBTAINED FROM OTHER SOURCES WITHIN THE CLIENT RECORD</b></p>	
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**NUTRITION ASSESSMENT**

<b>Standard</b>	<b>Measure</b>
<p>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.</p> <ol style="list-style-type: none"> <li>1. Food and Nutrition History <ul style="list-style-type: none"> <li>● Adequacy of intake</li> <li>● Food /nutrition tolerance</li> <li>● Meal and snack patterns</li> <li>● Food availability</li> <li>● Cultural/ religious/ or other restrictions</li> </ul> </li> <li>2. Client History <ul style="list-style-type: none"> <li>● Medical/ surgical</li> <li>● Medication/ supplements usage</li> <li>● Socioeconomic status</li> <li>● Physical Activity</li> <li>● History of Client Illnesses</li> <li>● Drug interaction</li> </ul> </li> <li>3. Anthropometric Data <ul style="list-style-type: none"> <li>● Height/Weight</li> <li>● Body mass index (BMI)</li> <li>● Rate of weight change</li> <li>● Vital signs</li> </ul> </li> <li>4. Medical Procedures, Laboratory Data, and Test Results <ul style="list-style-type: none"> <li>● Electrolytes</li> <li>● Glucose</li> <li>● Lipid panel</li> <li>● CBC</li> <li>● Liver panel</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>● The completed assessment will be kept in the customer's file. The customer's and/or legal guardian's signature and date verifying the information collected in the assessment.</li> </ul>

<ul style="list-style-type: none"> <li>• Viral Load</li> <li>• CD4 and CD8</li> <li>• Albumin/ Pre Albumin</li> <li>• Hemoglobin levels</li> </ul> <p><b>Referring agencies are responsible for providing the medical laboratory data, where applicable</b></p>	
<b>DEVELOPMENT AND IMPLEMENTATION OF NUTRITIONAL CARE PLAN</b>	
<b>Standard</b>	<b>Measure</b>
<p>The Nutritional Care Plan will:</p> <ul style="list-style-type: none"> <li>• Be completed by the licensed/registered Dietitian/Nutritionist within 30 days of the nutritional screening as a part of the nutritional assessment</li> <li>• Include recommended resources, as needed</li> <li>• Assessed adherence to HIV/AIDS treatment to determine whether a goal should be added to the medical nutritional therapy plan</li> <li>• Be signed and dated by licensed/registered Dietitian/Nutritionist</li> <li>• Include consultation with the Medical Provider, as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of NCP in customer's record. The customer's and/or legal guardian's signature and date in the development process and agreement with the NCP on file</li> </ul>
<b>COORDINATION AND MONITORING OF NUTRITIONAL CARE PLAN</b>	
<p>Coordination and monitoring of care plan can include consumer food suggestion record, consultation with Medical Provider and Case Manager. Follow up Medical Nutrition Therapy services should target consumers 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:</p> <ul style="list-style-type: none"> <li>• Follow-up of symptoms identified at initial assessment</li> <li>• Monitoring of appetite, PO intake</li> <li>• Review of Labs</li> <li>• Reassessment of need for supplements</li> <li>• Palliative - as necessary and or physician's request</li> <li>• Written report to the referring medical provider and other members of the interdisciplinary team</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in the customer record should include: <ol style="list-style-type: none"> <li>1. Customer progress toward objectives of the IMP</li> <li>2. Documentation of adjustment to the IMP, as necessary</li> <li>3. Referrals and linkages to programs and services</li> <li>4. Attendance and follow-up for medical and supportive service appointments</li> <li>5. Documentation of emergency situations as they arise, such as crisis intervention</li> </ol> </li> </ul>

<b>RE-ASSESSMENT OF NUTRITIONAL NEEDS</b>	
<ul style="list-style-type: none"> <li>• Revisit / review consumer every 3 to 6 months based on nutrition risk status</li> <li>• Re-evaluated in 3 months if nutrition supplement is recommended</li> <li>• Discuss medical changes with physician or case manager as needed</li> <li>• Weight loss status</li> <li>• Monitor food intake</li> <li>• Monitor abnormal lab as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of reassessment in file</li> <li>• Documentation of policy and procedures</li> <li>• If the consumer is taking supplements, this should be reported in the chart, as well as a report on the progress of taking them</li> </ul>
<b>RE-CERTIFICATION (six months) REQUIREMENTS</b>	
<p>To maintain eligibility for Ryan White services, the consumer (while active), must complete the sixth-month recertification process to verify the following information:</p> <ul style="list-style-type: none"> <li>• Proof of residence</li> <li>• Low income documentation</li> <li>• Un-insured or under-insured status (Insurance verification as proof)</li> <li>• Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare</li> </ul> <p><i><b>Note:</b> 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></p>	<ul style="list-style-type: none"> <li>• Documentation of re-certification in file</li> </ul>
<b>TRANSITION</b>	
<b>Standard</b>	<b>Measure</b>
<p><b><u>Case Transfer</u></b></p> <ol style="list-style-type: none"> <li>1. If the consumer is being transitioned, the provider must facilitate the transfer of consumer records/information, when necessary.</li> <li>2. The consumer must sign a consent to release of information form to transfer records which is specific and dated.</li> </ol>	<p>Documentation of transition plan and summary in customer's record with clear rationale for transition within 30 days of transition, including certified letter, if applicable.</p> <p><u>Documentation:</u> Customer's record must include:</p> <ul style="list-style-type: none"> <li>• Date services began</li> <li>• Special customer needs</li> <li>• Services needed/actions taken, if applicable</li> <li>• Date of transition</li> <li>• Reason(s) for transition</li> <li>• Referrals made at time of transition, if applicable</li> </ul>
<b>DISCHARGE/CASE CLOSURE</b>	
<b>Standard</b>	<b>Measure</b>
<p><b><u>Case Closure/Discharge</u></b></p> <ol style="list-style-type: none"> <li>1. Reasonable efforts must be made to retain the consumer in services by phone, letter and/or any communication method agreed upon by the consumer. These efforts must be documented in the consumer's record.</li> </ol>	<p>Documentation of case closure in customer's record with clear rationale for closure.</p> <p><u>Documentation:</u> Customer's record must include:</p> <ul style="list-style-type: none"> <li>• Date services began</li> <li>• Special customer needs</li> <li>• Services needed/actions taken, if applicable</li> <li>• Date of closure</li> </ul>

<ol style="list-style-type: none"> <li>2. The provider will make appropriate referrals and provide contacts for follow-up.</li> <li>3. The provider must document date and reasons for closure of case including but not limited to: service provided as planned, no contact, consumer request, consumer moves out of service area, consumer died, consumer ineligible for services, etc.</li> <li>4. A summary of the services received by the consumer must be prepared for the consumer's record.</li> </ol>	<ul style="list-style-type: none"> <li>● Reason(s) for closure</li> <li>● Referrals made at time of closure, if applicable</li> </ul>
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**III. 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**

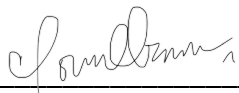
1. Dietitian/Nutritionist is responsible for providing nutrition assessment, making the nutrition diagnosis, implement a nutrition care plan, monitor and evaluate the consumer's progress, and provide nutrition education face-to-face or in a group session.
2. Complete a minimum of a bachelor's degree 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, Virginia, West Virginia 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, consumer 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.

## IV. CLINICAL QUALITY MANAGEMENT

A continuous Clinical Quality Management Program for HIV patient care. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020).

## V. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on April 28, 2021. The next annual review is April 2022



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Clover Barnes  
Division Chief  
Care and Treatment Division  
DC Health/HAHSTA



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Sacia Adkins  
Community Co-Chair  
Washington DC Regional Planning Commission  
on Health and HIV (COHAH)