

Medical Nutrition Therapy Standards of Care

Definition:

Support for Medical Nutrition Therapy (MNT) services including nutritional supplements provided outside of a primary care visit by a licensed Registered Dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed Registered Dietitian.

Limitations:

Nutritional services and nutritional supplements not provided by a licensed Registered Dietitian shall be considered a support service (psychosocial support).

Food provisions not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed Registered Dietitian also shall be considered a support service (food bank).

Services:

The application of Medical Nutrition Therapy (MNT) and lifestyle counseling as a part of the Nutrition Care Process is an integral component of the medical treatment for management of specific disease states and conditions and should be the initial step in the management of these situations. Efforts to optimize nutritional status through individualized medical nutrition therapy, assurance of food and nutrition security, and nutrition education are essential to the total system of health care available to people with human immunodeficiency virus (HIV) infection through the continuum of care.

Medical Nutrition Therapy includes:

- Performing a comprehensive nutrition assessment determining the nutrition diagnosis;
- Planning and implementing a nutrition intervention using evidence-based nutrition practice guidelines;
- Monitoring and evaluating an individual's progress over subsequent visits with the Registered Dietitian (RD).

A MNT is individualized dietary instruction that incorporates diet therapy counseling for a nutrition-related problem. This level of specialized instruction is above basic nutrition counseling and includes an individualized dietary assessment.

Services include providing nutritional supplements and food provisions based on the medical care provider's recommendation:

- Nutritional supplements include medical nutritional formula, vitamins, herbs.
- Food provisions consist of recommending significant change in daily food intake based on a deficiency, which may directly affect HIV/co-morbidities.

Personnel and Staff Training

Staff Qualification	Expected Practice
According to the National Monitoring Standards a licensed Registered Dietitian shall conform to the requirements of the Texas State Board of Examiners of Dietitians (TSBED).	All licensed Registered Dietitians shall be properly licensed by the State of Texas State board of Examiners of Dietitians.
Staff has the knowledge, skills and experience appropriate to providing food or nutritional counseling/education services.	Personnel records/resumes/applications for employment will reflect requisite education, skills and experience.
Licensed Registered Dietitians will maintain current professional education (CPE) units/hours, including HIV nutrition and other related medical topics approved by the Commission of Dietetic Registration.	Documentation in personnel records of professional education.

Policies and Procedures:

Policy and Procedure	Expected Practice
Agency will develop a policy and procedures for determining frequency of contact with the licensed Registered Dietitian based on the level of care needed.	Written policy and procedure.
Agency will develop a policy and procedures on obtaining, tracking inventory, storing, and administering supplemental nutrition products if applicable.	Written policy and procedure.
Agency has a policy and procedures on discharging a patient from medical nutrition therapy and the process for discharge/referral.	Written policy and procedure.

Standards of Care

Standard	Measure
<p>Patient Eligibility for Medical Nutrition Therapy</p>	<p>Eligibility information will be obtained from the referral source and will include at a minimum:</p> <ul style="list-style-type: none"> • Texas state residency • Proof of HIV positivity • Income if financial eligibility for this service has been set by the region • Pertinent releases of information (ROI) • Acknowledgement of Patient Rights • Nutritional risk assessment if completed <p>Patients may be referred for Medical Nutritional Therapy by their primary medical care provider, a medical case manager based on nutritional risk screening, at intake using trained staff, or self-referred.</p>
<p>Medical Nutrition Therapy Assessment An initial MNT assessment will be conducted by a Licensed Registered Dietitian to ensure appropriateness of service per HRSA National Monitoring Standards.</p>	<p>If patient self-refers, a nutritional risk screening must be performed to determine need for MNT.</p> <p>MNT provider will contact the patient for the initial nutritional assessment within two (2) business days of the referral.</p> <p>MNT provider obtains and documents HIV primary medical care provider contact information for each patient. Medical Nutrition Therapy must be provided in consultation with the medical care provider for medical coordination.</p> <p>MNT provider collects and documents assessment history information with updates as medically appropriate prior to providing care. This information should be based on the Academy of Nutrition & Dietetics (AND) Evidence Based Guidelines that include, but not be limited to, the following:</p> <p>-Anthropometrics</p> <ul style="list-style-type: none"> • Height and weight • Pre-illness usual weight and goal weight • Body muscle and fat

Standard	Measure
	<p>-Clinical data</p> <ul style="list-style-type: none"> • Medical history, including acute and chronic illness and diagnostic procedures, risk of co-morbidities including renal disease, hepatitis, pulmonary diseases and TB, diabetes, cardiovascular disease, neurologic disease, cancers, and osteoporosis, therapies, or treatments • Current medications both prescription drugs and over-the-counter drugs, such as laxatives or analgesics, Vitamins, minerals, and use of complementary and alternative therapies/herbal preparations • Side effects of prescription and nonprescription drugs • Physical signs of malnutrition <p>-Dietary data</p> <ul style="list-style-type: none"> • Individual's lifestyle—including the number of meals eaten daily, where they are eaten, and who prepared the meals. • Individual's food preferences including ethnic and cultural food preferences and practices • Information about allergies, food intolerances, and food avoidances, as well as caffeine and alcohol use • Smoking/social drug use patterns • Exercise frequency including weight-bearing exercise, and occupation • Food Security - economics of the individual or family to purchase food • Dental and oral health • Information about gastrointestinal health, such as problems with constipation, gas or diarrhea, vomiting, or frequent heartburn <p>-Biochemical</p> <ul style="list-style-type: none"> • Obtain laboratory data from the primary medical care provider to include viral load, CD4 and CD8, CBC, fasting blood sugar and lipid panel, liver function tests, BUN, creatinine, electrolytes, protein, albumin, prealbumin and transferrin • Hormone testing that is sex appropriate in

Standard	Measure
	anyone exhibiting symptoms of altered hormone levels should be requested
<p>Nutrition Plan A nutritional plan will be developed appropriate for the patient’s health status, financial status, and individual preference according to the National Monitoring Standards.</p>	<p>A Nutritional Plan is completed within seven (7) business days of Nutrition Assessment and includes but not limited to:</p> <ul style="list-style-type: none"> • Nutritional diagnosis • Measurable goal • Date service is to be initiated • Recommended services and course of medical nutrition therapy to be provided to include the planned number and frequency of sessions • Types and amounts of nutritional supplements and food provisions <p>Plan will be based on current Evidence-Based Nutrition Practice Guidelines, Toolkits and MNT Protocols for the identified nutritional diagnosis/problem.</p> <p>The plan will be signed by the Registered Dietitian who developed the plan.</p> <p>The Nutrition Plan will be updated as necessary, at least every six months, and will be shared with the patient, the patient's primary care provider and other personnel involved in patient's care.</p>
<p>Services Provided According to the American Dietetic Association’s HIV-related protocols in Medical Nutrition Therapy Across the Continuum of Care nutritional services will be provided.</p>	<p>The frequency of contact with the licensed Registered Dietitian should be based on the level of care needed, such as:</p> <ul style="list-style-type: none"> • Asymptomatic HIV Infection: at least one to two times per year. • HIV/AIDS Symptomatic but Stable: at least two to six times per year • HIV/AIDS Acute: at least two to six times per year • Palliative: at least two to six times per year <p>Nutritional intervention will focus on set standards of medical nutrition therapy that targets measurable goals, recommended services, and course of medical nutrition therapy as outlined in the Nutrition Plan.</p>

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	<p>Emerging problems such as lipodystrophy syndrome will be addressed and added to the nutrition plan as needed.</p> <p>Services will be documented in the patient's chart and signed by the licensed Registered Dietitian providing care at each visit.</p>
<p>Provision of Nutritional Supplements and Food Provisions Nutritional Supplements and food provisions may be provided per the HRSA National Monitoring Standards.</p>	<p>Patients must have a recommendation from the primary medical provider outlining the types and amounts of nutritional supplements and/or food provisions.</p> <ul style="list-style-type: none"> • A provisional two (2) week supply of nutritional supplements and/or food provisions may be given to the patient initially while obtaining the primary medical care provider's recommendation. <p>Nutritional supplements and food provisions must be outlined in the written Nutrition Plan by the licensed Registered Dietitian.</p> <p>After the medical care provider's recommendation has been received, patients may receive up to a 90 day supply of nutritional supplements at one time.</p> <p>If the agency keeps nutritional supplements in inventory, the inventory must be updated and rotated as appropriate (first-in, first out basis or earliest expiration date used first). Shelf-life standards and all applicable laws shall be observed.</p>
<p>Nutrition Education Nutritional health education should be offered.</p>	<p>Patient nutritional health education should be offered to each patient a minimum of once a year that includes but not limited to:</p> <ul style="list-style-type: none"> • Benefits of good nutrition • Special eating needs of people with HIV/AIDS • Supplementation • Coping with complications
<p>Referrals In accordance with National Monitoring Standards referrals will be documented.</p>	<p>When indicated, patients should receive referrals to specialized health care providers/services, including medical case managers, as needed to augment MNT to include but not limited to:</p> <ul style="list-style-type: none"> • Other medical professionals such as social

Standard	Measure
	<p>workers, mental health providers or case managers</p> <ul style="list-style-type: none"> • Community resources such as food pantries, food stamps, Women, Infants and Children Supplemental Food Program (WIC) • Nutrition classes • Exercise facilities • Other education and economic resource groups <p>MNT provider or medical case manager will document referral and outcome in the patient's record.</p>
Discharge	<p>An individual is deemed no longer to be in need of MNT if one or more of these criteria is met:</p> <ul style="list-style-type: none"> • Patient's medical condition improves and care is no longer necessary • Patient expires • Patient moves out of the service area • Patient is not making significant progress toward meeting measurable goals outlined in the Nutrition Plan <p>Date of termination, reason, and any recommendations for follow up shall be documented in the patient's record and the primary medical provider notified.</p>
Documentation	<p>At a minimum, MNT provider will document the following in the patients record:</p> <ul style="list-style-type: none"> • Eligibility • Nutritional assessment; updated annually • Nutritional Plan updated at least every six months signed by the RD that includes the planned number and frequency of sessions • Primary medical care providers recommendation for nutritional supplements/food provisions • Types, quantities and dates given of nutritional supplements and food provisions • Referrals and recommendations with outcomes • Refusal of any services offered

References:

Academy of Nutrition and Dietetics Nutrition Guides for Practice and Other Resources

Agency for Healthcare Research and Quality. HIV/AIDS evidence-based nutrition practice guideline

Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy Protocols, September, 1999

Los Angeles County Commission on HIV Health Services (PDF)

HRSA/HAB Division of Service Systems Program Monitoring Standards – Part A April, 2011, page 19-20.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013, page 19-20.

Living well with HIV/AIDS. A manual on nutritional care and support for people living with HIV/AIDS

The American Dietetic Association. Medical Nutrition Therapy Across the Continuum of Care, Second Edition, October, 1998.

The American Dietetic Association. HIV/AIDS evidence-based nutrition practice guideline. Chicago (IL): American Dietetic Association; December, 2010.

**Medical Nutrition Therapy Standards of Care
Austin TGA Ryan White Part A Modifications**

Patient Eligibility for Medical Nutrition Therapy, page 3

Revised referral options; addition is in italics:

Patients may be referred for Medical Nutritional Therapy by their primary medical care provider, a medical case manager based on nutritional risk screening, *at intake using trained staff*, or self-referred.

Nutrition Plan, page 5

Revised update interval; change is in italics:

The Nutrition Plan will be updated as necessary, *at least every six months*, and will be shared with the patient, the patient's primary care provider and other personnel involved in patient's care.

Referrals, pages 6-7

Revised first sentence; changes are in italics:

When indicated, patients should receive referrals to specialized health care providers/services, *including medical case managers*, as needed to augment MNT to include but not limited to:

Revised last sentence; addition is in italics:

MNT provider or *medical case manager* will document referral and outcome in the patient's record.

Documentation, page 7

Revised third documentation item; change is in italics:

-Nutritional Plan updated *at least every six months* signed by the RD that includes the planned number and frequency of sessions