

Medical Nutrition Therapy Standards

Definition: Medical nutrition therapy (MNT), including nutritional supplements, provided by a licensed, registered dietitian outside of an outpatient/ambulatory medical 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. Nutritional counseling services and nutritional supplements not provided by a licensed, registered dietitian should be considered a support service and reported under psychosocial support services and food bank/home-delivered meals, repetitively.

Objectives:

- Provide medical nutrition to meet the individual needs of a person living with HIV/AIDS.
- Provide nutrition education to increase patient's knowledge of healthy food choices and enhance awareness of strategies to accomplish nutritional goals.
- Provide licensed/registered dietitian oversight of nutritional needs.

Performance Measures:

- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one care marker in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
 - Percentage of MNT patients, regardless of age, with a diagnosis of HIV who had at least one care marker in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visit.
- Percentage of patients, regardless of age, with a diagnosis of HIV with A HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
 - Percentage of MNT patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

1.0 Agency Policies & Procedures

National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency. Determination and documentation of patient eligibility every six months.¹

Standard	Measure
1.1 Patient eligibility for RW Part B services is determined.	1.1 Patient eligibility criteria verified every six months and documented in patient's record.
1.2 If food is to be provided, a physician's recommendation is documented prior to initiation of service.	1.2 Signed, dated recommendation from physician located in patient's record.

2.0 Service Provision

National Monitoring Standards: 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 physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian.²

Standard	Measure
2.1 An initial nutrition assessment must be completed prior to the initiation of the nutritional plan.	2.1 Documentation of assessment in patient's record signed and dated licensed, registered dietitian.
2.2 Within 30 days of the initial assessment, a nutritional plan is developed for each eligible patient and signed by the licensed, registered dietitian rendering the services. The plan should address: a) recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food; b) date service to be initiated; c) planned number and frequency of sessions; and d) education regarding nutritionally appropriate and safe food.	2.2 Nutritional plan is signed and dated by the patient and licensed, registered dietitian.
2.3 Nutritional plan is updated at least every 6 months.	2.3 Documentation of review and update of nutritional plan as appropriate signed and dated by patient and licensed, registered dietitian.

¹ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 6.

² HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 18.

2.4 As appropriate, recommend medical evaluation by the medical provider to address nutrition-specific issues, i.e. loss of muscle, loss of appetite.	2.4 Documentation of recommendation for medical evaluation in patient’s record.

3.0 Personnel

National Monitoring Standards: Licensure and registration of the dietitian as required by the State in which the service is provided.^{3,4}

Standard	Measure
3.1 All dietitians must be currently registered dietician in conformity with the Commonwealth of Virginia Commission on Dietetic Registration.	3.1 Copy of current registration and/or licensure (if applicable) in personnel file.
3.2 All registered dietitians must complete 2 hours of continuing education in HIV/AIDS treatment or care annually.	3.2 Documentation of continuing education credits in personnel file.

4.0 Quality Management

National Monitoring Standard: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program’s approved Standards of Care.^{5,6}

Standard	Measure
4.1 Measure and report patient outcomes using medical nutrition therapy measures approved by VDH.	4.1 Performance measurement data on the following indicators: <ul style="list-style-type: none"> • Percentage of RW patients receiving a nutrition evaluation at least one time within the measurement year. • Percentage of RW medical nutrition therapy patients with a nutritional plan developed or updated at least once within the measurement year. • Percentage of RW medical nutrition therapy patients, regardless of age, with a diagnosis of HIV who had at least a care marker within 3 months of HIV diagnosis for the last 12 months.

³ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 18.

⁴ PHS Act 2612(b)(3)(H)

⁵ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

⁶ PHS Act 2618(b)(3)(C&E)

	<ul style="list-style-type: none">• Percentage of MNT patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
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