

Medical Nutrition Therapy Standards

Description from the Health Resources and Services Administration (HRSA) Policy Clarification Notice 16-02:

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 or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

Virginia Ryan White Part B Service Unit Definition:

One visit with a registered dietician (**or**) one pick-up of a prescribed case of a medical nutritional supplement.

(In accordance with HAB PCN #16-02, the provision of Medical Nutritional Therapy must be conducted by a registered dietitian. Issuing nutritional supplements without a dietician falls under Food Bank and Home Delivered Meals.)

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health Service Standards for people with HIV, including the following:

1.0 Intake and Eligibility

As outlined in HRSA HAB Policy Clarification Notice 21-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements, people are eligible to receive RWHAP services when they meet each of the following factors:

1. **HIV Status:** A documented diagnosis of HIV. (Note: People who do not have an HIV diagnosis are eligible to receive certain services as outlined in HRSA HAB PCN 16-02.)

2. Low- Income: The RWHAP recipient defines low-income. Low-income may be determined based on percent of Federal Poverty Level (FPL), which can be measured in several ways (e.g., Modified Adjusted Gross Income, Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).

3. Residency: The RWHAP recipient defines its residency criteria, within its service area. Note: Immigration status is irrelevant for the purposes of eligibility for RWHAP services. RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.

Standard	Measure
Referral	
1.1) Document referrals for Medical Nutrition Therapy Services by a Ryan White Part B providers prior to initiation of the service.	1.1) Documentation of the referral for Medical Nutrition Therapy Services is present in the client’s record, signed and dated.
Eligibility	
<p>1.2) The client’s eligibility for Ryan White Part B services is determined. To be eligible for this service applicants must:</p> <ul style="list-style-type: none"> a) Be diagnosed with HIV (one time only) b) Live in Virginia c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL) d) Be ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid, all other forms of insurance or third party payers such as private and commercial insurance plans, and other payers that provide the service they are seeking. <ul style="list-style-type: none"> • Client Access Reviews (CARs) - refer to periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility. • Provide continuation of eligibility every 24 months with proof of income, changes in insurance coverage, or any changes in residency • Client eligibility ensures Part B services are used as the payer of last resort and other funding sources must be 	<p>1.2) Documentation of the client’s eligibility is present in the client’s record that verifies:</p> <ul style="list-style-type: none"> a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines d) Client Medicaid status verified (gap of services) <ul style="list-style-type: none"> • Ongoing CARS and complete Continuation Eligibility Determination every 24 months • Client agrees to participate in insurance option that best meets their medical needs and for which the client is eligible.

<p>vigorously pursued. Client must agree to participate in the insurance option that the client is eligible for and that best meets the client’s medical needs regardless of preference.</p> <p>Eligibility assessments should be submitted through the Provide Enterprise® data system.</p>	
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Intake

1.3) Complete eligibility screening and intake within 15 days of initial contact with client.	1.3) Documentation of intake and eligibility screening in record signed and dated.
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Client Access Reviews/Continuation of Eligibility

1.4) Client Access Reviews (CARs) refer to periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility and continuation of eligibility conducted every 24 months to continue to receive Ryan White services. There is no grace period.	1.4) Documentation of CARS and continuation of eligibility is present in the client’s record.
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2.0 Key Services Components and Activities (including assessment and service plan)

Standard	Measure
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Documentation

<p>2.1) Provision of all medical nutrition therapy (MNT) services is documented by:</p> <ul style="list-style-type: none"> a) Services provided b) Number of clients served c) Quantity of nutritional supplements and food provided. 	2.1) Documentation of MNT services provided by services, number of clients and quantity.
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<p>2.2) When a third-party payer provides service, the sub-recipient must maintain a client record. At a minimum, the payer’s record must contain:</p> <ul style="list-style-type: none"> a) Services provided & dates b) Nutritional Plan c) Physician’s recommendation for provision of food. 	2.2) Signed, dated reports located in the client’s record.
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All reports must be signed and dated by the third party.	
Assessment/Service Plan/Provision of Services	
2.3) Clients self-referring for services will be screened to determine need for MNT prior to an initial MNT assessment.	2.3) Documentation of screening in client's record signed and dated.
2.4) An initial MNT assessment of client's needs to be completed by a Dietitian or Nutritionist to include, at a minimum, anthropometrics, clinical, dietary and laboratory data.	2.4) Documentation of MNT assessment in client's record signed and dated.
2.5) Within seven (7) business days after the initial assessment a MNT plan will be developed and agreed upon by the client and provider to include, at a minimum: <ul style="list-style-type: none"> • Nutritional diagnosis, • Provide recommended services and course of MNT, including types and amounts of nutritional supplements • Date service is to be initiated • Planned number and frequency of sessions. 	2.5) Documentation of MNT plan in client's record signed and dated.
2.6) Provide clients with nutritional supplements and food according to the MNT plan and provider's recommendation. <i>Note: A provisional two (2) week supply of nutritional supplements and/or food may be given to eligible clients while obtaining the provider's recommendation.</i>	2.6) Documentation of MNT services provided in client's record signed and dated.
2.7) Provide nutritional counseling, health education and educational materials to increase client's knowledge of healthy food choices, benefits of good nutrition, etc.	2.7) Documentation of nutritional counseling and health education in client's record signed and dated.
2.8) MNT plan is reassessed each quarter to assess progress and identify emerging needs.	2.8) Documentation of review and update of the plan as appropriate signed and dated.

<p>Revised MNT plan is to be shared with the primary care provider.</p>	
<p>2.9) Refer client to other services as appropriate, e.g., mental health, community resources, exercise facilities.</p>	<p>2.9) Documentation of referrals made and status of outcome in client’s record.</p>
<p>Transition and Discharge</p>	
<p>2.10) Client discharged when Medical Nutrition Therapy services are no longer needed, goals have been met, upon death or due to safety issues. (see 2.11)</p> <p><u>Prior to discharge:</u> Reasons for discharge and options for other service provision should be discussed with client. Whenever possible, discussion should occur face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter* must be sent to client’s last known address. If client is not present to sign for the letter, it must be returned to the provider.</p> <p><i>*Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.</i></p> <p><u>Documentation:</u> Client’s record must include:</p> <ul style="list-style-type: none"> a) Date services start; b) Special client needs; c) Services needed/actions taken, if applicable d) Date of discharge e) Reason(s) for discharge f) Referrals made at time of discharge, if applicable. <p><u>Transfer:</u> If client transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If client moves to another area,</p>	<p>2.10) Documentation of discharge plan and summary in client’s record with clear rationale for discharge within 30 days of discharge, including certified letter*, if applicable.</p> <p><i>*Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.</i></p> <p>Discharge summary and other records send with the patient</p>

transferring agency will make referral for needed services in the new location.

Unable to Locate: If client cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. The three attempts should start no later than three months prior to the due date. A certified letter* must be mailed to the client's last known mailing address within five business days after the last attempt to notify the client. The letter will state case closure within 30 days from the date on the letter if no appointment is schedule with the provider.

**Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.*

Withdrawal from Service: If client reports that services are no longer needed or decides to no longer participate in the Service Plan, client may withdraw from services. Because clients may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the client's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.

Administrative Discharge: Clients who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a client for this reason, the case must be reviewed by agency leadership according to that agency's policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge, and must be notified

Document attempts made

<p>of possible alternative resources. A certified letter* that notes the reason for discharge and includes alternative resources must be mailed to the client’s last known mailing address within five business days after the date of discharge, and a copy must be filed in the client’s chart.</p> <p><i>*Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.</i></p>	
<p>Case Closure</p>	
<p>2.11) Case will be closed if client:</p> <ul style="list-style-type: none"> a) Has met the service goals; b) Decides to transfer to another agency; c) Needs are more appropriately addressed in other programs; d) Moves out of state; e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services; f) Fails to maintain contact with the medical nutrition assistance staff for a period of three months despite three (3) documented attempts to contact client; g) Can no longer be located; h) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan; i) Exhibits pattern of abuse as defined by agency’s policy. j) Becomes housed in an “institutional” program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program; or k) Is deceased. 	<p>2.11) Documentation of case closure in client’s record with clear rationale for closure.</p>

3.0 Client Rights and Responsibilities

Standard	Measure
<p>3.1) Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>Each provider shall assist clients with conducting Ryan White Part B eligibility, regardless of whether they receive other Part B services at your agency.</p> <p>All providers shall be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering service on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV/AIDS diagnosis.</p> <p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</p>	<p>3.1) Written eligibility requirements and non-discrimination policy on file.</p>
<p>3.2) Each agency should have a Client's Rights and Responsibilities policy, which requires each client to sign & date a form indicating they has been offered:</p> <p style="padding-left: 40px;">a) explanation of the policy, and b) copy of '<i>Client's Rights and Responsibilities</i> and to communicate client's understanding of the policy.</p>	<p>3.2) Written policy on file.</p>
<p>3.3) Explanation of <i>Client's Rights and Responsibilities</i> is provided to each client.</p> <p>Client rights include:</p> <ul style="list-style-type: none"> • Be treated with respect, dignity, consideration, and compassion; • Receive services free of discrimination; 	<p>3.3) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the rights and responsibilities.</p>

<ul style="list-style-type: none"> • Be informed about services and options available. • Participate in creating a plan of services; • Reach an agreement about the frequency of contact the client will have either in person or over the phone. • File a grievance about services received or denied; • Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; • Voluntary withdraw from the program; • Have all records be treated confidentially; <p>Have information released only when:</p> <ul style="list-style-type: none"> • A written release of information is signed; • A medical emergency exists; • There is an immediate danger to the client or others; • There is possible child or elder abuse; or • Ordered by a court of law. <p>Client responsibilities include:</p> <ul style="list-style-type: none"> • Treat other clients and staff with respect and courtesy; • Protect the confidentiality of other clients; • Participate in creating a plan of service; • Let the agency know any concerns or changes in needs; • Make and keep appointments, or when possible, phone to cancel or change an appointment time; • Stay in contact with the agency by informing the agency of change in address and phone number, respond to phone calls and mail • Avoid subjecting the agency’s staff to physical, sexual, verbal and/or emotional abuse or threats. 	
<u>4.0 Grievance Process</u>	
Standard	Measure

<p>4.1) Grievance policy requires each client to sign & date indicating they have been offered:</p> <ul style="list-style-type: none"> a) explanation of the policy, b) copy of <i>Grievance Procedure</i> and c) communication of client's understanding of the policy. <p>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p> <p>Policy shall be available in languages and formats (e.g., for persons with disabilities) appropriate to populations served.</p>	<p>4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.</p>
<p>4.2) Provide explanation of <i>Grievance Procedure</i> to each client.</p> <p>Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received.</p>	<p>4.2) Current <i>Grievance Procedure</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the grievance procedure.</p>
<p>4.3) Grievance process shall be fair and expeditious for resolution of client grievances.</p>	<p>4.3) Documentation of client grievances, status and resolution.</p>
<p>4.4) Review the grievance policy yearly with client signature.</p>	<p>4.4) Current <i>Grievance Procedure</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the grievance procedure.</p>

5.0 Personnel Qualifications (including licensure)

Standard	Measure
<p>5.1) Dietitians and Nutritionists must have appropriate and current licensure as required by the Commonwealth of Virginia.</p> <p><i>Note:</i> There is currently no licensing law in Virginia for nutritionists and dieticians. Nutritionists and Dieticians must meet the education/training and experience requirements specified in the Code of Virginia.</p>	<p>5.1) Documentation of qualifications and current licensure in personnel file.</p>

5.2) Dietitians and Nutritionists must complete 2 hours of continuing education in HIV/AIDS treatment or care annually.	5.2) Documentation of required continuing education in personnel file.
5.3) Staff has the knowledge, skills, and experience appropriate to providing food or nutritional counseling/education services.	5.3) Personnel records, resumes, employment applications, document requisite education, skills, and experience.

6.0 Cultural and Linguistic Competency

Standard	Measure
6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider’s documentation should include: a) Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted; b) Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; c) List of cultural competency trainings completed by staff.	6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report.
6.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available.	6.2) Culturally and linguistically appropriate materials and signage accessible.

7.0 Privacy and Confidentiality (including securing records)

Standard	Measure
7.1) Client confidentiality policy exists which include: a) Release of information requirements, and b) Health Insurance Portability and Accountability Act.	7.1) Written client confidentiality policy on file at provider agency.
7.2) Client’s consent for release of information is determined.	7.2) Current <i>Release of Information Form</i> signed and dated by client and provider representative and located in client’s record. Each release form indicates who may receive

	the client’s information and has an expiration of not more than 12 months from date of signature.
7.3) Each client file is stored in a secure location. Electronic client records are protected from unauthorized use.	7.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password protection and access is limited to appropriate personnel.
7.4) Annual submission of <i>Verification of Receipt of Assurance of Key Requirements</i> document by all staff that handle client identifying information.	7.4) Documentation of signed <i>Verification of Receipt of Assurance of Key Requirement</i> forms.

8.0 Quality Management

Standard	Measure
8.1) Measure and report client health outcomes using Medical Nutrition Therapy services measures approved by VDH.	<p>8.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of people with HIV and receiving Medical Nutrition Therapy services, regardless of age, who will have at least two care markers in a 12-month period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program with HIV and receiving Medical Nutrition Therapy services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

References

- HRSA HAB Policy Clarification Notice 16–02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.* (2018, October 22). HRSA Ryan White HIV/AIDS Program. Retrieved August 18, 2022, from https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
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- National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B.* (2013, April). HRSA Ryan White HIV/AIDS Program. Retrieved August 19, 2022, from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/universal-monitoring-partab.pdf>
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National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (n.d.). Think Cultural Health. Retrieved August 19, 2022, from <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>