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# SERVICE STANDARDS FOR Medical Nutrition Therapy

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*In addition to the Universal Standards, you are also expected to follow the following guidelines.*

## I. GOAL

The goals of medical nutrition therapy for People Living with HIV are:

1) To optimize nutritional status, immunity and overall well being
2) To prevent and stabilize the development of specific nutrient deficiencies
3) To increase results of medical and pharmacological treatments
4) To maintain or achieve an appropriate weight and/or normal BMI
5) To decrease morbidity and mortality associated with metabolic causes

## II. DESCRIPTION (*Modified for the Newark EMA, based on HIV/AIDS BUREAU POLICY 16-02 10/22/18*)

Medical Nutrition Therapy includes:

- Nutrition screening, assessment and plan
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling related to metabolic syndrome/lifestyle

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

All activities 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. Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals. **PROGRAM GUIDANCE: [HIV/AIDS BUREAU POLICY 16-02 Rev 10/22/18]**

## III. KEY SERVICE COMPONENTS AND ACTIVITIES

Support for Medical Nutrition Therapy services includes nutritional supplements provided outside of a primary care visit by a licensed registered dietician. Services may include food provided pursuant to a medical provider's recommendation and based on a nutritional plan developed by a licensed registered dietician.

The key service components of this service standard are:

- Nutritional Assessment (in-office or telehealth)
- Nutritional Counseling(in-office or telehealth)
- Nutritional Supplements

**LEVELS OF CARE**

A. HIV Asymptomatic – The client is diagnosed with HIV infection. The asymptomatic client may or may not experience complications affecting medical, nutritional or functional health status. The primary goal is preservation of lean body mass, prevention of weight loss and optimization of nutritional health

B. HIV/AIDS Symptomatic but Stable – The client has symptoms attributed to HIV infection or a clinical condition that is complicated by HIV infection. Disease activity is managed and symptoms are controlled. The primary goal is maintenance of weight, preservation of lean body mass, minimization of symptoms as well as side effects associated with medical treatment and optimization of nutritional health status.

C. HIV/AIDS Acute – The client has acute signs and symptoms of an AIDS-defining condition as a result of disease progression. Medical, nutritional and functional health status is affected. The client may be hospitalized or the frequency of outpatient visits may increase. The primary goal is preventing nutritional deficiencies, the maintenance of weight, achieving ideal body weight, preservation of lean body mass, prevention of opportunistic infections, minimization of symptoms and side effects associated with opportunistic infections, and medical treatment and the optimization of nutritional health status.

D. Palliative – The client has acute disease progression, with emphasis of care for the last stages of life. In some instances, hospitalization may be required. The primary goal is comfort care, support and alleviation of symptoms of the client through the dying process. Nutrition, hydration and feeding recommendations should be provided on individual cases respecting values and personal decision of the patient.

## IV. SERVICE LIMITATIONS/ REQUIREMENTS

Parameters for service category spending are determined by the recipient's office and communicated directly to funded organizations by the recipient.

## V. ASSESSMENT AND SERVICE PLAN

A. **Nutritional Assessment** – in consultation with the client's Primary Medical Care Provider. The nutrition assessment includes the evaluation of current information, changes in status, and goals of therapy based on the following:

1. Medical history, including non-HIV conditions, current medications and their side effects, and oral health
2. Dietary history/barriers
3. Regular food intake
4. Nutritional and supplement intake (calorie supplements, as well as vitamins, minerals, and herbal supplements)
5. Cultural or religious food constraints
6. Client-initiated vitamin/mineral supplementation; vegetarianism; complementary or alternative diet-related therapies

7. Lifestyle, financial, educational, and other psycho-social data, including exercise/activity and smoking/alcohol/cigarette/social drug use patterns
8. Activity/exercise (frequency, length of activity and type of activity done)
9. Psychosocial (functional capacity, chemical dependency, and mental illness)
10. Focused physical exam
11. Body mass index: Height; Weight (current, usual, percent changes, pre-illness usual, and goal)
12. Lean body mass and fat
13. Laboratory tests as indicated

B. **Development and implementation of a nutritional care plan**
   1. Discuss plan and establish goals with the client
   2. Provide self-management training and nutritional education
   3. Establish a schedule for ongoing HIV/AIDS medical nutritional therapy
   4. Explain plan to the client's Primary Case Manager
   5. Consult with the client's Primary Medical Care Provider.

C. **Monitoring of Plan** – Follow-up medical nutrition therapy services should target clients with specific nutritional issues (e.g. wasting or significant weight changes)
   1. Frequency of contacts should be as follows:
      - **b.** Asymptomatic HIV infection – 1-2 times per year
      - **c.** HIV/AIDS Symptomatic but stable – 1-2 times per year
      - **d.** HIV/AIDS acute – 4 times per year
      - **e.** Palliative – as necessary and/or on Provider's request
   2. A written report should be provided to the referring primary health care provider and other members of the interdisciplinary team
   3. If the patient is in a long term care facility, follow facility guidelines for reporting

**DOCUMENTATION**

In addition to documentation in the Universal Standards, the following are needed for this service category:

1. Initial nutritional assessment
2. Nutritional Plan
3. Signed initial and updated individualized care plan
4. Documentation of physician's recommendation if food is provided
5. Evidence of consent for services
6. Progress notes detailing each contact with or on behalf of the client. These notes should include date of contact and names of person providing the service
7. Signed "Consent to release information" form. This form must be specific and time limited

## VI. ENGAGEMENT AND RETENTION OF CLIENTS

Refer to Universal Service Standard

## VII. STAFF QUALIFICATIONS AND TRAINING

Each funded agency is responsible for establishing job descriptions and qualifications for each position; however, licensure and registration of the dietician is required by the State in which the service is provided.