

Medical Nutrition Therapy

SERVICE CATEGORY DEFINITION

Medical Nutrition Therapy:

Medical Nutrition Therapy includes:

- Nutritional assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider’s recommendation
- Nutritional education and/or counseling

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

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- ◇ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- ◇ Have an HIV/AIDS diagnosis
- ◇ Have a household income that is at or below 500% of the federal poverty level
- ◇ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

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PERSONNEL QUALIFICATIONS

Depending on the scope of practice, an individual providing medical nutrition therapy must be licensed and qualified within the laws of the State of Ohio by one of the following licensing boards:

- ◆ Ohio Board of Dietetics
- ◆ American Dietetic Association

Each agency providing medical nutrition therapy must have and implement a plan for supervision of all medical nutrition staff consistent with licensure status and scope of practice. Staff must be evaluated at least annually by their supervisor according to written agency policy on performance appraisals.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of medical nutrition therapy within the Cleveland TGA is to provide high quality treatment and counseling services to address the nutritional needs of individuals living with HIV/AIDS.

Clinical Quality Improvement outcome goals for medical nutrition therapy include:

- ◆ 80% of all medical nutrition therapy clients have a nutrition plan in place.
- ◆ 80% of medical nutrition therapy clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year.

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SERVICE STANDARDS

	Standard	Measure	Goal
1	Medical nutrition therapy services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	100%
2	* Staff providing services have been trained to work within the population.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.	80%
3	Client file includes date service was initiated and the planned number and frequency of sessions.	Documentation of initiation date and frequency plan evident in client chart.	80%
4	Client file includes a nutrition plan with recommended services and course of medical nutrition therapy provided with signature of assigned medical nutrition therapist.	Documentation of nutrition plan and professional signatures evident in client chart.	80%
5	* Nutrition Plan is updated as necessary and signed by RD annually.	Documentation of nutrition plan updates evident in client chart.	80%
6	Where food prescription is indicated, client file includes physician's recommendation for services.	Documentation of physician's recommendation evident in file.	80%
7	Client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart (can be client reported).	80%
8	Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Cleveland TGA CAREWare Performance Measure.	80%

* Indicates Local TGA Standard of Care
 All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

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CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies must provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. (Pulled from the National Standards on Culturally and Linguistically Appropriate Services).

CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another provider the agency must honor the request from the client.