

## **Indiana Department of Health HIV Services Program Medical Nutrition Therapy Service Standard**

### **HRSA Service Definition:**

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

### *Program Guidance:*

- 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 dietitian should be considered Psychosocial Support Services under the HRSA RWHAP.
- Provision of nutritional supplements not ordered by a physician or resulting from a registered dietitian’s assessment should be considered Food Bank/Home Delivered Meals.

### **Key Service Components and Activities:**

Key services components and activities are noted in the Service Standards below.

### **HIV Services Program Service Standard:**

<b>Standard</b>	<b>Documentation</b>
<b>1. Personnel Qualifications</b>	
1. Staff must be managed according to personnel policies and procedures of sub-recipient agency. <ul style="list-style-type: none"> <li>a. Staff must be a registered dietitian or other licensed nutrition professional.</li> </ul>	1. Personnel file for all employed staff. <ul style="list-style-type: none"> <li>a. Documentation of license/credentialing on file.</li> </ul> 2. Sub-recipient agency personnel policies and procedures.
<b>2. Eligibility Criteria</b>	
1. Sub-recipients must have established criteria for the provision of Medical Nutrition Therapy that includes, at minimum: <ul style="list-style-type: none"> <li>a. Eligibility verification consistent with recipient requirements.</li> </ul>	1. Non-medical case managers must maintain up to date eligibility records for clients according to agency protocol and in any data system required by IDOH. 2. Service providers and sub-recipients must maintain documentation of

<p>b. Medical provider’s referral.</p>	<p>current eligibility if providing HIV services reimbursable under the RWHAP Part B Program.</p> <p>3. Documentation must be made available for review by IDOH upon request.</p>
<p><b>3. Licensing and Regulations (if applicable)</b></p>	
<p>1. Sub-recipients must maintain all licenses and permits required by State and/or Local law to operate the food service programs.</p>	<p>1. Copy of current license and/or permit on display at site.</p>
<p><b>4. Assessment</b></p>	
<p>1. An assessment must be performed to assess nutritional needs of client accessing services. In situations where only nutritional supplements are being provided under Medical Nutrition Therapy, no assessment is required, only documentation of the required prescription in the client file. At minimum, the assessment will include:</p> <ul style="list-style-type: none"> <li>a. Client height and weight, ideal weight, pre-illness usual weight, weight trends, goal weight</li> <li>b. Body mass index (BMI)</li> <li>c. Food allergies and/or intolerances</li> <li>d. Interactions between foods and medications or complementary therapies</li> <li>e. Assessment of nutrition intake vs. estimated need</li> <li>f. Food preferences and cultural needs</li> </ul> <p>2. Assessment must be reviewed by a registered dietitian or other licensed nutrition professional.</p> <p>3. Reassessment must occur at a minimum of every twelve (12) months.</p>	<p>1. A completed assessment documenting service and nutritional needs (as indicated in minimum requirements) in client record.</p>
<p><b>5. Service Delivery/Treatment</b></p>	
<p>1. A nutrition care plan will be developed in collaboration with the</p>	<p>1. A completed nutritional plan in client record including indicated minimum</p>

<p>client. At minimum, the plan will include:</p> <ol style="list-style-type: none"><li>a. Types of services to be provided (i.e., nutritional counseling, meals, food preparation education, etc.)</li><li>b. Frequency of services</li><li>c. Types and amounts of nutritional supplements (if applicable)</li></ol> <ol style="list-style-type: none"><li>2. Plan will be signed by a registered dietitian or other licensed/credentialed nutrition professional, and the client.</li><li>3. The nutrition care plan will be re-evaluated for progress or changing needs every six (6) months.</li><li>4. Sub-recipient shall adhere to all Federal, State, and Local food safety regulations (food handling, storage, etc.).</li></ol>	<p>requirements, signed by the registered dietitian or other licensed nutrition professional, and the client.</p> <ol style="list-style-type: none"><li>2. Documentation of re-evaluation of care plan at least every six (6) months.</li><li>3. Policies and procedures addressing safety regulations and practices (if applicable).</li><li>4. Services provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided.</li></ol>
--	--

**Subservices:**

- MNT – Assessment or education
- MNT – Prescribed home delivered meal
- MNT – Nutritional supplements

**Service Unit Definition:**

- Assessment or education = 1 visit
- Prescribed meal unit = 1 meal
- Nutritional supplement = 1 case