Office of Planning Council Support
United Way of Greater Union County
33 West Grand Street Elizabeth, NJ 07202
Phone Number: 908-353-7171 Fax: 908-353-6310
www.nemaplanningcouncil.org

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 maximize 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 PCN 16:02*)

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.

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.

Good nutrition is important in building and sustaining the immune system. Achieving nutritional health and preventing malnutrition is essential in maintaining positive health outcomes for people living with HIV/AIDS.

A. Prevention of malnutrition and opportunistic infections
B. Promotion of normal growth and development
C. Improvement of the quality of life
D. Increased nutritional self-management skills for people living with HIV/AIDS and/or their caregivers.
E. Decreased hospitalizations, emergency room visits, morbidity and mortality and therefore reduction in the cost of care

F. Defer or delay invasive and expensive treatments by providing early appropriate nutrition interventions
G. Improved tolerance and adherence to medications
H. Improve nutritional markers such as pre albumin, albumin, iron etc

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 alleviation of symptoms while providing nutritional care that maintains hydration status remove hydration status and add(comfort care and supports the client through the dying process.

IV. SERVICE LIMITATIONS/ REQUIREMENTS

Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a licensed registered dietician may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietician. The dietician must be licensed and registered by the state in which service is provided. Where food is provided to a client under this service category, the client file should include a physician's recommendation and a nutritional plan. Required content of the nutritional plan should include:

- Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food.
- Date service is to be initiated.
- Planned number and frequency of sessions.
- Services provided including nutritional supplements, food provided, quantity, and dates.
- The signature of each registered dietician who rendered service along with the date of service.
- Date of reassessment
- Termination date of medical nutrition therapy
- Any recommendations for follow up.

V. ASSESSMENT AND SERVICE PLAN

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

1. Medical Records, including non-HIV related conditions, medication side effects, and oral health
2. Review of current medications
3. Analysis of dietary history/barriers

4. Regular food intake
5. Nutritional and supplement intake (calorie supplements, as well as vitamins, minerals, and herbal supplements)
6. Cultural or religious food constraints
7. Client-initiated vitamin/mineral supplementation; vegetarianism; complementary or alternative diet-related therapies
8. Lifestyle, financial, educational, and other psycho-social data, including exercise/activity and smoking/alcohol/cigarette/social drug use patterns.
9. Activity/exercise (frequency, length of activity and type of activity done)
10. Psychosocial (functional capacity, chemical dependency, and mental illness)
11. Focused physical exam
12. Height
13. Weight (current, usual, percent changes, pre-illness usual, and goal)
14. Body mass index
15. Lean body mass and fat
16. In consultation with the client's Medical provider, review of appropriate laboratory tests to establish a baseline. The following tests should be considered and ordered if not currently available:
    - **a.** Albumin, total iron binding capacity (TIBC), pre-albumin
    - **b.** Fasting blood lipids, testosterone, fasting blood sugar
    - **c.** Liver enzymes, renal panel
    - **d.** Serum iron, magnesium, folate
    - **e.** Vitamin B-12, serum retinol (vitamin A), and vitamin D
    - **f.** A1c
    - **g.** Viral Load
    - **h.** CD4 and CD8
    - **i.** CBC
    - **j.** Electrolytes
    - **k.** Protein
    - **l.** Transferrin
    - **m.** Tests for anemia, vitamin depletion, insulin resistance, diabetes mellitus, hyperlipidemias, hypertension and any other indicated medical condition.

B. <u>Development and implementation of a nutritional care plan</u>

1. Discuss plan with client. Suggest that the client keep a food intake record.
2. Establish goals and outcomes.
3. Provide self-management training and nutritional education.
4. Establish a schedule for ongoing HIV/AIDS medical nutritional therapy.
5. Explain plan to the client's Primary Case Manager
6. Consult with the client's Primary Medical Care Provider.

C. <u>Monitoring of Plan</u> – 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

Written documentation is kept for each client which includes:

1. Consumer's name and unique identifier number
2. Proof of HIV+ status
3. Initial nutritional assessment
4. Barriers to communication due to language or special needs
5. Nutritional Plan
6. Signed initial and updated individualized care plan
7. Documentation of physician's recommendation if food is provided
8. Evidence of consent for services
9. 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
10. Evidence of the client's understanding of his/her rights and responsibilities
11. Signed "Consent to release information" form. This form must be specific and time limited
12. **This shall comply with all required documentation from NEMA Universal Standards of Care**

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.

VIII. ADDITIONAL PROGRAM GUIDANCE: [HIV/AIDS BUREAU POLICY 16-02]

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