

**Ryan White Program**  
**Service Area Standards: Medical Nutrition Therapy**

**HRSA 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 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.

*All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.*

Standard	Measure	Data Source
<p><b><u>1. Client Record, Nutritional Plan, and Annual Assessment/Reassessment:</u></b>  A client record is maintained that includes:</p> <ol style="list-style-type: none"> <li>a. A medical provider's recommendation</li> <li>b. A nutritional evaluation/assessment and an annual review/reassessment (if applicable)</li> <li>c. A nutritional plan containing: <ol style="list-style-type: none"> <li>i. Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food</li> <li>ii. Date that service is to be initiated</li> <li>iii. Planned number and frequency of sessions</li> <li>iv. The signature of the Registered Dietician who developed the plan</li> <li>v. Documentation that plan is reviewed and updated as conditions warrant</li> </ol> </li> <li>d. Dates of services and quantity of supplements and food provided</li> <li>e. Any follow up including annual follow-up for those receiving nutritional supplements</li> <li>f. Documentation of contact and coordinated services with consumer's medical provider</li> <li>g. Termination date of MNT (if applicable)</li> </ol>	<ol style="list-style-type: none"> <li>1. Program will meet requirements for client record keeping and a nutritional plan</li> </ol>	<ol style="list-style-type: none"> <li>1. Client file/site visit</li> </ol>
<p><b><u>2. MNT Services:</u></b></p> <ol style="list-style-type: none"> <li>a. Must use evidence-based guides, protocols, best practices, and research in the field of HIV/AIDS including the <i>American Dietetic Association's HIV-related protocols in Medical Nutrition Therapy Across the Continuum of Care</i></li> <li>b. Can include the following: <ol style="list-style-type: none"> <li>i. Nutrition assessment and screening</li> <li>ii. Dietary/nutritional evaluation</li> <li>iii. Food and/or nutritional supplements per medical provider's recommendation</li> <li>iv. Nutrition education and/or counseling</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>2. Services will be evidence-based and include counseling, educational materials, and nutritional supplements as needed</li> </ol>	<ol style="list-style-type: none"> <li>2. Documentation of services provided including quantity and number of recipients of nutritional supplements and clients linked to food programs</li> </ol>

Standard	Measure	Data Source
<p>c. Referral and coordination</p> <p>i. Based on assessment of nutritional needs, client will be linked to appropriate food resources including food bank, food vouchers, congregate and home delivered meals</p> <p>ii. The nutritional plan is coordinated with food resources</p>		
<p><b>3. Nutritional Supplements:</b></p> <p>a. Ryan White-funded nutritional supplement disbursement for program eligible clients shall be based on the current MN DHS Program HH Formulary. Ryan White funds may not be used for nutritional supplements not on the approved formulary. Agency policies and procedures must ensure that medical providers comply with the Federally approved HIV/AIDS medical practice guidelines. (<a href="https://aidsinfo.nih.gov/guidelines">https://aidsinfo.nih.gov/guidelines</a>).</p> <p>b. All clients receiving a supplement for the first time since their HIV/AIDS diagnosis will receive appropriate education/counseling. This must include written information regarding supplement benefits, side effects and recommended dosage in client's primary language. Clients receive education/counseling regarding supplement(s) again at: • follow-up • when there is a change in supplements • at the discretion of the registered dietician if clinically indicated.</p>	<p>3a. Disbursement of supplements will follow the MN DHS Program HH formulary</p> <p>3b. Clients will receive appropriate education and counseling about supplement use</p>	<p>3. Client file/site visit</p>
<p><b>4. Staff Qualification and Training:</b></p> <p>4.1 Direct service providers:</p> <p>a. Are licensed/ certified to practice and registered as a dietician (RD) or other licensed nutritional professional as required by city, county, state or federal law, and The American Dietetic Association's Commission on Dietetic Registration.</p> <p>b. Are trained and knowledgeable about: primary care, HIV/AIDS disease and treatment, available resources that promote the continuity of client care, multi-disciplinary medical care practice, federally approved HIV/AIDS medical practice guidelines (<a href="https://aidsinfo.nih.gov/guidelines">https://aidsinfo.nih.gov/guidelines</a>) and <i>The American Dietetic Association's Standards of Professional Practice</i>.</p>	<p>4. Position description, job postings, resumes and documentation of staff training</p>	<p>4. File Review/Site Visits</p>

<b>Standard</b>	<b>Measure</b>	<b>Data Source</b>
4.2 Culture and Cultural Competency <ul style="list-style-type: none"> <li>a. Has experience working with populations impacted by HIV/AIDS.</li> <li>b. Has experience working with disproportionately impacted populations.</li> </ul>		