

Ryan White Part A Quality Management

Medical Nutrition Therapy
Service Delivery Model

Palm Beach County

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Palm Beach County Care Council
Quality Management & Evaluation Committee

Ryan White Part A Quality Management

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Statement of Intent

All Ryan White Part A funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (HHS) Guidelines.

Service Definition

Medical Nutrition Therapy services include nutritional 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.

All services performed under this service category must be pursuant to a medical provider's referral and based upon a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

Standards of Care

Standard	Indicator	Data Source
<p style="text-align: center;">1. Staff Requirements</p>	<p>1.1 The Dietician is licensed and registered as required by the State of Florida.</p>	<p>1.1 Documentation of current licensing.</p>
<p style="text-align: center;">2. Determination of Services and Services to be Provided</p>	<p>2.1 All consumers receiving Medical Nutrition Therapy will be referred by a primary care physician, nurse practitioners, physician’s assistants or dentist to a dietitian.</p> <p>2.2 Consumers will have a comprehensive initial intake and assessment by a qualified dietitian. The assessment shall include:</p> <ul style="list-style-type: none"> • medical considerations; • food/dietary restrictions, including religions based, allergies, intolerances, interactions between medications, food and complimentary therapies; • diet history and current nutritional status, including current intake; • assessment of nutrition intake and estimated need; • macro- and micro-nutritional supplements; • actual height and weight, pre-illness body weight, weight trends, goal weight, ideal body weight and % ideal body weight; • lean body mass and fat; • waist and hip circumferences; • food preparation capacity; and • food preferences and cultural components of food. <p>2.3 Ongoing nutritional services will match appropriate level of care as delineated below:</p> <ul style="list-style-type: none"> • Asymptomatic HIV infection (level 1) – 1-2 times per year; 	<p>2.1 Evidence of referral to dietitian by medical provider in consumer record.</p> <p>2.2 Signed and dated assessment in consumer record.</p> <p>2.3 Level of care documented in consumer record.</p>

	<ul style="list-style-type: none"> • HIV/AIDS Symptomatic but stable (level 2) – 1-2 times per year; • HIV/AIDS acute (level 3) – 4 times per year; and • Palliative (level 4) – as necessary and/or on physician’s request. <p>In children and adolescents:</p> <ul style="list-style-type: none"> • CDC Category N & A – one to four times per year; • CDC Category B – four to twelve times per year; and • CDC Category C – six to twelve times per year. • <p>2.4 A care plan developed and implemented based on the initial assessment includes:</p> <ul style="list-style-type: none"> • • providing nutrition counseling and nutrition therapy; • distributing nutritional supplements, when appropriate; • recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutrition supplements and food; date service is to be initiated; planned number and frequency of sessions; the signature of the registered dietician who developed the plan; • providing nutrition and HIV education to consumers. <p>2.5 Nutrition monitoring and evaluation by the dietitian shall be conducted to determine the degree to which progress is made toward achieving the goals of the care plan.</p> <p>2.6 Dietician follow up should include at a minimum:</p> <ul style="list-style-type: none"> • relevant laboratory data; • nutrition prescription or desired outcome; • diagnosis and medical history; • medications; • alternative and complementary therapies; • Karnofsky score; • living situation; and • any other relevant information that may impact a consumer’s ability to care for him or herself. 	<p>2.4 Signed and dated care plan in consumer record.</p> <p>2.5 Monitoring and evaluation results documented in the consumer record.</p> <p>2.6 Required information provided to distributor and documented in consumer record.</p>
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<p>3. Case Closure</p>	<p>3.1 Provider shall develop case closure criteria and procedures. Cases may be closed when the consumer:</p> <ul style="list-style-type: none"> • is relocating out of the service area; • no longer needs the service/completes care plan; or • decides to discontinue the service. <p>3.2 All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure.</p>	<p>3.1 Case closure criteria and procedures on file at provider agency.</p> <p>3.2 Client chart will include attempts at notification and reason for case closure.</p>
<p>4. As needed, routinely coordinate all necessary services along the continuum of care, including institutional and community-based, medical and non-medical, social and support services.</p>	<p>4.1 Coordination activities include frequent contacts with other service providers and case managers and are documented in the progress notes.</p> <p>4.2 Evidence of timely case conferencing with key providers is found in the client's records through case note documentation.</p> <p>4.3 The client's right to privacy and confidentiality in contacts with other providers is maintained.</p>	<p>4.1 Documentation in client file progress notes.</p> <p>4.2 Documentation in client file progress notes.</p> <p>4.3 Documentation in client file progress notes.</p>

*Standards of Care are guidelines or flexible directions to be used in the treatment of HIV/AIDS. Departures from these standards may arise due to a client's unique situation and/or based on an experienced professional's judgment.