

Memphis TGA Ryan White Part A & MAI Medical Nutrition Therapy Standards of Care

PURPOSE

The purpose of the Ryan White Part A and MAI Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

DEFINITION

Medical Nutrition Therapy is provided by a licensed registered dietician outside of a primary care visit and includes the provision of nutritional supplements. Medical Nutrition Therapy (MNT) is defined as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutritional professional” (source Medicare MNT legislation, 2000). MNT is a specific application of the Nutrition Care Process (developed by the American Dietetic Association) in clinical settings that are focused on the management of diseases. MNT involves in-depth and individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.

Medical nutrition therapy provided by someone other than a licensed/registered dietician should be recorded under psychosocial support services.

STANDARDS DEVELOPMENT PROCESS

These standards were developed through background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, input of primary care providers, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council, local providers of MNT, and meetings with the Ryan White Part A Grantee.

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APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide Medical Nutrition Therapy services. These funded agencies must screen for need for Medical Nutrition Therapy, and facilitate appropriate referrals, and provide Medical Nutrition Therapy according to DHHS guidelines for medical care and adhere to The American Dietetic Association’s (ADA) Standards of Professional Practice. Nutrition Education providers must adhere to education guidelines provided by The American Dietetic Association and/or any other credentialed professional organizations.

Standard	Measure/Method
I. Program Staff	
A. Medical Nutrition Therapy staff are trained and knowledgeable about primary care, HIV/AIDS disease and treatment, and available resources that promote the continuity of client care. They are trained and knowledgeable about multi-disciplinary medical care practice, DHHS guidelines for medical care, and The American Dietetic Association’s Standards of Professional Practice.	<ul style="list-style-type: none"> • Resume in personnel file • Credential verification in personnel file • Training records
B. Medical Nutrition Therapy staff are licensed/ certified to practice within their concentrated area consistent with city, county, state and federal law, and the American Dietetic Association’s Commission on Dietetic Registration.	<ul style="list-style-type: none"> • Personnel record verification
C. Medical Nutrition Therapy staff receive supervision, training and continuing education as required by the ADA’s Commission on Dietetic Registration.	<ul style="list-style-type: none"> • Documentation within personnel and training records

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Standard	Measure/Method
D. Medical Nutrition Therapy staff have a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> • Written job descriptions that include roles and responsibilities • Personnel records include signed statement from each staff member and supervisor confirming that the staff member has been informed of agency policies and procedures and commits to following them
E. All newly hired staff complete orientation training prior to providing client care.	<ul style="list-style-type: none"> • Documentation in personnel records
Standard	Measure/Method
II. Access to Services	
A. See Universal Standards of Care for detailed information.	
III. Eligibility Determination/ Screening	
A. See Universal Standards of Care for detailed information	
B. Agencies providing Medical Nutrition Therapy will have written guidelines to generate automatic referrals for this service in addition to direct consults from medical providers.	<ul style="list-style-type: none"> • Policy and Procedure on file • Documentation in client file
IV. Assessment/ Treatment	
<p>A. Clients will have a comprehensive initial intake and assessment by a qualified, licensed/registered dietician which will be completed within the first 2-3 primary care visits scheduled with the primary care provider. The initial assessment shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> ✓ Chief complaint ✓ Past medical and surgical history with detailed HIV/AIDS history ✓ Family and social history including substance abuse and mental health histories ✓ Weight status (changes and comparisons to national standards) ✓ Food and drug allergies 	<ul style="list-style-type: none"> • Client medical chart

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Standard	Measure/Method
<ul style="list-style-type: none"> ✓ Food restrictions, including religious-based ✓ Diet history and current nutritional status, including current intake ✓ Nutrition-related knowledge and practices ✓ Nutritional concerns ✓ Current medications and relevant laboratory data 	
B. Referrals to Nutritional Services should be provided as appropriate for both acute problems and for health maintenance. Consults should be completed the same day, if possible.	<ul style="list-style-type: none"> • Client medical chart
V. Treatment Plan	
A. Providers of Medical Nutrition Therapy shall, in conjunction with the client, develop goals and interventions strategies to determine progress made in desired outcomes or nutrition care that will be reviewed and updated as conditions warrant or at minimum of every six months.	<ul style="list-style-type: none"> • Client medical chart
VI. Service Coordination/ Referral	
A. See Universal Standards of Care for detailed information	<ul style="list-style-type: none"> • Policy on file
VII. Clients' Rights and Responsibilities	
A. See Universal Standards of Care for detailed information	<ul style="list-style-type: none"> • Policy on file

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