MEDICAL NUTRITION THERAPY
STANDARDS OF CARE

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I. PURPOSE OF STANDARDS
The purpose of these standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA). These standards are intended to assist providers and people with HIV/AIDS to have good eating habits and, thus good nutrition as a part of their total healthcare. They are based on two major premises:
1. Good nutritional health status, caloric maintenance and disorder prevention.
2. Adherence to medical treatment to prevent opportunistic infections and malignancies.

II. GOAL
The goals of medical nutrition therapy for people with HIV/AIDS are:
1. To optimize nutritional status, immunity and overall well being.
2. To prevent and stabilize the development of specific nutrient deficiencies.
3. To increase results of medical and pharmacological treatments
4. To reduce and prevent weight loss and reduction in lean body mass.
5. To reduce health care costs.

III. DEFINITION
Medical Nutrition Therapy including nutritional supplements is provided by a licensed/registered dietitian outside of a primary care visit. The food may be provided pursuant to a physician’s recommendation and a nutritional plan developed by a licensed, registered dietitian.

IV. OUTCOMES
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. Decrease or delay of invasive and expensive treatments by providing early appropriate nutrition interventions
G. Improved tolerance and adherence to medications

V. 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, preservation of lean body mass, prevention of opportunistic infections, minimization of

*To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren.*
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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 and supports the client through the dying process.

VI. PROVIDER POLICIES AND PROCEDURES
A. Staff must meet minimum qualifications detailed in the job description and standards of care.
B. Providers will ensure the development of an Infectious Disease Prevention & Control Program.
C. Services will be provided through the facility or through a written affiliation agreement.
D. Record Retention - Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
E. Confidentiality Policy – The agency will have a written Confidentiality Policy in conformance with State and Federal Laws. All written and verbal communications regarding clients must meet HIPAA requirements.
F. There will be a private confidential office space for seeing clients
G. Cultural Competence – The Agency will ensure that culturally and linguistically appropriate services are available and be able to provide services in the clients’ preferred language or arrange for a competent translator. Funded agencies shall have the ability to provide service in the client’s native language when twenty (20%) or more of their clients prefer another language.
H. Consumer Consent – The agency will have a Consent for Services and Release of Records Form, which is signed and time limited, signed by the client or person legally able to give consent. This form will be signed by the client after reviewing the initial “Service Plan” and when the client is reassessed and/or when the plan is updated or changed.
I. Client Grievance Procedure - The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand.
J. Emergency Plan - The Agency must have a written plan which includes procedures for fire, bomb threat, evacuation, accidents and natural disasters.
K. Service providers should receive continuing education in the relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as “Prevention for Positives”.
L. Quality assurance – A plan specific to medical nutritional therapy should be in place. This plan should be reviewed annually to evaluate the effectiveness of medical nutritional therapy interventions and identify barriers nutritionists face in meeting the client’s goals. Procedures should be implemented to ensure that corrective actions take place in a timely manner.
M. Agencies must maintain linkages among other agencies to better coordinate service provision
N. The agency must demonstrate input from clients via a client satisfaction survey or similar method.

VII. ACCESSIBILITY/STANDARDS OF SERVICE
A. There will be no barriers due to client disability. The Agency must comply with American Disabilities Act requirements for the provision of reasonable accommodations to address clients with special needs.
B. There will be no barriers due to hours of service. There will be twenty-four (24) hour accessibility for emergency services and crisis counseling where applicable.
C. There will be no barriers due to lag time. Eighty per cent (80%) of all persons seeking services will be seen within five (5) working days of the initial contact. If this is not possible, the reason must be documented in the client’s file.

VIII. CLIENTS RIGHTS AND RESPONSIBILITIES
A. All written materials should be presented in a language that is understandable to the consumer and should be written at no higher than a 5th grade reading level.
B. The agency will have a Clients Rights Statement posted and available to the client upon request. This will be in the client’s language or explained to the client in the client’s preferred language.
C. Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid. The consumer must be notified of the release of information.
D. The agency must explain the grievance policy to the client in a language and format that the client can understand and provide a copy to the client.
E. All new clients will receive HIV/AIDS orientation and be provided with educational materials in their native language, when possible, and in a culturally appropriate manner.
F. Clients have the right to refuse services

IX. PROCESS - Medical nutrition therapy has six distinct components: screening, referral, assessment, intervention, communication, and outcomes evaluation.
A. Intake  
B. Nutritional Assessment  
C. Development and implementation of a Nutritional Care Plan  
D. Monitor Plan  
E. Reassessment of Plan  
F. Case Transfer/Closure/Discharge  

A. Intake - To determine eligibility and collect demographic information as a basis for initiating a comprehensive needs assessment. The consumer intake must be completed during a face-to-face visit and should include the following:

1. Date of intake
2. Name of person completing intake
3. Client name, address, phone number and unique identifier
4. Referral source if appropriate
5. Proof of HIV + status to determine eligibility for Ryan White Part A funding.
6. Summary of medical benefits/insurance
7. Preferred language of communication
8. Emergency contact
9. Communication method to be used for follow-up
10. Employment status
11. Verification of income/Gross annual income
12. Living arrangements
13. Gender/date of birth/race/ethnic origin
14. County of residence
15. Any other data required for the CHAMP system

B. Nutritional Assessment - in consultation with the client’s 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 conditions, medication side effects and oral health
2. Review current medications
3. Analysis of dietary history
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. Laboratory data and biochemical parameters
9. Lifestyle, financial, education and other psycho-social data, including exercise/activity and smoking/alcohol/cigarette/social drug use patterns
10. Activity/exercise (frequency, length of activity and type of activity done)
11. Psychosocial (functional capacity, chemical dependency and mental illness)
12. A BIA (bioelectric impedance analysis), to monitor muscle mass (as available
13. Height
14. Weight (current, usual, and percent changes)
15. Pre-illness usual weight
16. Goal weight
17. Body mass index
18. Lean body mass and fat
19. Review and/or order, in consultation with the client’s physician, appropriate laboratory tests to establish a baseline. The following tests should be considered:
   a. Albumin, total iron binding capacity (TIBC), pre-albumin
   b. Fasting blood lipids, testosterone, fasting blood sugar
   c. Liver enzymes, renal panel
   d. Hemoglobin, serum iron, magnesium, folate
   e. Vitamin B-12, serum retinol (vitamin A)
   f. Viral Load
   g. CD4 and CD8
   h. CBC
   i. Fasting Blood sugar
j. Lipid panel
k. BUN
l. Creatinine
m. Electrolytes
n. Protein
o. Prealbumin
p. Transferrin
q. Tests for anemia, vitamin depletion, insulin resistance, diabetes mellitus, hyperlipidemias, hypertension and any other indicated medical condition.

C. Development and implementation of a nutritional care plan
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. The nutrition care plan should be signed and dated by registered dietitian/Nutritionist
6. Explain plan to the client’s Primary Case Manager
7. Consult with the client’s Primary Medical Care Provider.

D. Monitoring of Plan - 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:
   a. Asymptomatic HIV infection – 1-2 times per year
   b. HIV/AIDS Symptomatic but stable – 1-2 times per year
   c. HIV/AIDS acute – 4 times per year
   d. Palliative – as necessary and/or on physician’s request
2. Written report to the referring primary health care provider and other members of the interdisciplinary team

E. Reassessment of Plan
1. Review of most recent laboratory tests
2. Discuss previously identified problems including medication side effects
3. Review record of weight and appropriate measurements
4. Evaluate and document progress toward goals
5. Notate and/or adjust care plan

F. Case Closure/Discharge - Reasonable efforts must be made to retain the client in care by phone and letter
   Case Closure
   • The Nutritionist provider must document date and reasons for closure of case including but not limited to; goals met, no contact, client request, client moves out of service area, client died, client ineligible for services.
   • The Nutritionist should provide referrals and contacts for follow-up
   • A summary of the services received by the client must be prepared for the client’s record.
   Case Transfer
   • The Nutritionist should facilitate the transfer of client records/information.
   • The client must sign a consent form to transfer records which is specific and dated

X. DOCUMENTATION
Written documentation is kept for each consumer which includes:
• Consumer’s name and unique identifier number
• Proof of HIV+ status
• Initial nutritional assessment
• Barriers to communication due to language or special needs.
• Nutritional Plan
• Signed initial and updated individualized care plan
• Documentation of physician’s recommendation if food is provided
• Evidence of consent for services
• Progress notes detailing each contact with or on behalf of the consumer. These notes should include date of contact and names of person providing the service
• Evidence of the client’s understanding of his/her rights and responsibilities
• Signed “Consent to release information” form. This form must be specific and time limited.

XI. ENGAGEMENT AND RETENTION OF CONSUMERS
The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

Procedure to be followed for missed appointments
1. The consumer should be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
2. The nutritionist will attempt to reach the consumer no less than 2 times during a one-week period.
3. If the consumer cannot be reached by phone, a letter (certified) will be sent to the consumer stating that an appointment has been missed and requesting that the consumer contact the agency to set up another appointment.
4. The nutritionist should check with other agencies which are providing services to the client.
5. If appropriate and with prior approval of the client, contact the emergency contact

XII. STAFF/TRAINING
Each funded agency is responsible for establishing job descriptions and qualifications for each position.

Qualifications/Training
1. Nutritionist must meet requirements for New Jersey licensed Dieticians
2. HIV experience/training.
3. Ongoing education/training in related subjects including “prevention with positives.”
4. Agency will provide new hires with training regarding confidentiality, client rights and the agency’s grievance procedure.
5. Annual staff evaluation/review.