

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
HIV PLANNING GROUP**

**MEDICAL NUTRITION THERAPY
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**

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Medical Nutrition Therapy

Service Category Definition

Medical Nutrition Therapy refers to the provision of services that includes nutritional supplements provided outside of primary care visit by a licensed dietitian.

Purpose and Goals

The goal of medical nutrition therapy is to enhance the nutritional status of clients by preventing dietary deficiencies and promoting the maintenance of healthy weight and body composition ensuring the maximum effectiveness of antiretroviral treatment and that clients stay in care.

Intake

Clients must be referred by a medical provider to receive medical nutrition therapy services. All services are based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Dietitians will do initial assessment to determine the dietary needs of the clients.

Key Service Components and Activities

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.

Standard	Measure
Staff maintains records of eligibility, intake and assessments for each client	Documentation of eligibility, intake, comprehensive assessments and individual nutritional needs
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients Completion of the Client Transition Plan for clients deemed ineligible for medical nutrition therapy or deemed ready to be transitioned out of these services

Personnel Qualifications

Medical nutrition therapy services are provided by registered dietitians or other appropriate licensed nutrition professionals. All registered dietitians and other licensed nutrition staff will practice according to the Code of Ethics of the American Dietetic Association (<http://www.eatrightpro.org/resources/career/code-of-ethics>).

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate licensure and/or degrees

Standard	Measure
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Assessment for medical nutrition therapy services is made the client's primary care provider who will make referrals to the registered dietitian or other appropriate licensed nutrition professionals. Nutritional plans are developed by the registered dietitian or other licensed nutrition professionals who create individualized plans, schedules and follow-up sessions with clients to monitor progress.

Standard	Measure
Staff will create a nutritional plan	A written nutrition plan that outlines each client's needs and progress. Plan will have the signature of registered dietitian or other licensed nutrition professional who developed the plan
Staff assesses clients' needs and provides appropriate services	Documentation of all services provided including nutritional supplements and food provided with quantity and dates (with signature of registered dietitian)
Staff ensures appropriate and routine follow-up with clients	Documentation of planned number and frequency of sessions and any recommendations for follow-up with signature of registered dietitian or other licensed nutrition professional

Transition and Discharge

Clients will be disenrolled from medical nutrition therapy when all items on the nutrition plan are completed and medical care is stabilized with all of the following criteria met:

- Enrolled in HIV medical care
- Following her/his medical plan since the previous assessment
- The medical plan may include other health-related issues (for example, mental health, substance abuse, smoking, hypertension, gynecological, etc.)
- Keeping medical appointments
- Taking medication as prescribed
- Nutritional services are deemed no longer medically necessary

Other criteria for disenrollment include:

- Client has died
- Client requests to be disenrolled
- Client cannot be located within 120 days after repeated efforts including attempted written, oral and personal contact
- Client relocates outside of San Diego County
- Client demonstrates repeated non-compliance or inappropriate behavior in violation of specific written policies of the provider especially with regard to violation of confidentiality of other client information.

- Client is incarcerated longer than 30 days
- Client does not qualify for medical nutrition therapy based on eligibility requirements

Standard	Measure
Staff will document reasons for disenrollment in the client record	Documentation of reason for disenrollment
Staff will determine client eligibility for other programs and re-instatement in Ryan White medical nutrition therapy	Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

Case Closure

Case closure is a systematic process for discharging clients from medical nutrition therapy. The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive medical nutrition therapy at least once within each sixty-day period. Case closure may occur for the following reasons:

- Successful attainment of medical nutrition therapy goals
- Client relocation outside San Diego County
- Continued client non-adherence to nutritional/dietary plan
- An inability to contact a client for 120 days
- Client-initiated termination of service
- Unacceptable client behavior or client’s health needs cannot be adequately addressed by the service

A Case Closure Summary will be completed for each client who has terminated treatment. The summary includes the following documentation:

- Course of treatment
- Discharge diagnosis
- Referrals
- Reason for termination
- Documentation of attempts to contact client, including written correspondence and results of these attempts (For those clients who drop out of treatment without notice)

Standard	Measure
Client's case is terminated when medical care is stabilized and client no longer needs services or is determined to be non-compliant	Completed Case Closure Summary

Client Rights and Responsibilities

All providers will have written policies and procedures for a complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Medical nutrition therapy providers will use relevant Federal, State and County regulations for investigating and resolving complaints. A copy of the complaint policy will be conspicuously displayed. Complaints and investigation results will be forwarded to the County within 24 hours of both the receipt and resolution of the complaint.

Standard	Measure
Providers have policies regarding the rights and responsibilities of medical nutrition therapy clients	Documentation of policies and procedures for a complaint process

Grievance Process

All medical nutrition therapy providers will maintain written grievance policies. The grievance policy will be posted in a prominent location with information on how clients may also contact the County of San Diego's HIV, STD and Hepatitis Branch (HSHB) as an alternative to completing the form. Forms inadvertently collected by providers will immediately be forwarded to the address on the form.

Medical nutrition therapy providers will also post a copy of the HSHB Client Service Evaluation form ("goldenrod") in a prominent place. Copies of the form will be available for clients upon request with a mechanism for the clients to mail the form to HSHB for review.

Standard	Measure
Clients' rights are protected and clients have access to a grievance/complaint resolution process and are made aware	Documentation of a grievance policy
Clients have the ability to file a grievance or complaint	Verification of visible goldenrod (English and Spanish) placement in client sites

Cultural and Linguistic Competency

Cultural competency as defined by the HIV Planning Group is: "Recognizing the differences in physical and emotional life challenges, including disabilities of all kinds, culture and ethnicity, religion and spirituality, and in histories, traditions and languages. More specifically, all providers must have the ability to provide appropriate and acceptable services to all potential and current clients, including people of color, gay men, lesbians, transsexuals, transgender individuals, former and active substance abusers, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions."

All providers must include a requirement in their policies that all staff, board members and volunteers possess knowledge of the Ryan White Part A program and the Americans with Disabilities Act. Program policies and procedures regarding cultural competency will address cultural sensitivity, diversity, and inclusiveness. Policies on cultural competency are given to clients at admission and posted in a prominent place. Provider's admission procedures will assess client access issues, including cultural needs, physical accessibility, and service location.

Providers must assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff and volunteers transcend language barriers and avoid misunderstanding and omission of vital information. Staff and volunteers working directly with clients must receive a minimum of four hours of cultural sensitivity training each year.

Providers will also identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in Spanish. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available. Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

Standard	Measure
Agency policies will address cultural and linguistic competency	Documentation on policies on cultural competency
Staff will comply with American Disabilities Act (ADA)	Completed form/certification on file

Standard	Measure
Staff and volunteers will receive annual training on cultural competency	Documentation of all staff/volunteer trainings on cultural competency
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual people on staff, a plan is in place to ensure language needs are met	Copy of written plan to address
Provider will have written and posted materials in the appropriate languages for the communities being served are available and visible to clients	Posted documentation inspected and noted during routine site visits

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality, access and operations. In addition providers must ensure that:

- All physical case files are stored in a locked cabinet or room and electronic files are secured.
- All activities that relate to client data will have appropriate safeguards and controls in place to ensure information security.
- Case files not left unattended.
- Case files and records are not removed from the service site without a supervisor's written agreement.
- Case files and records are locked at night and not left on desks or in unlocked desk drawers.
- When a case file is removed from the central filing area, it will be booked out via a clear administrative procedure that can be traced to its temporary location.

In addition, providers will also ensure that:

- All employees and volunteers working under this agreement have signed a confidentiality agreement.
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers.
- All training logs and personnel files demonstrate that staff and volunteers have received adequate training on privacy and confidentiality, upon initial hire and annually thereafter. Training will address HIPAA, security measures and other topics related to client confidentiality.

All providers must ensure that written policies regarding confidentiality are presented to and signed by clients and maintained in clients' case files. A release of Information form will also be signed by clients as needed. Prior to releasing any client information, providers must obtain written consent which includes:

- The name of the program or person permitted to make the disclosure;
- The name of the client;
- The purpose and content (kind of information to be disclosed) of the disclosure;
- Client's signature or legal representative's signature.

All providers will make available a private, confidential environment for clients to discuss their cases, especially when addressing fear and concern about their diagnosis and disclosure of their HIV status. Providers will inform clients that they will maintain confidentiality of other persons with HIV infection.

Standard	Measure
Staff will develop written policies and procedures that address security, confidentiality, access and operations	Copies of policies and procedures
All files are secured	Inspected and noted during routine site visits
All staff and volunteers have undergone a thorough background check	Documentation of background checks
Staff and volunteers will receive training on privacy and confidentiality	Documentation of all staff/volunteer trainings on privacy and confidentiality
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)

