BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Medical Nutritional Therapy
Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

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I. Service Definitions

Medical Nutrition Therapy (MNT) is an evidence-based, individualized nutrition process meant to help treat certain medical conditions. This program includes, but is not limited to, nutritional assessment, one-on-one counseling, and/or group counseling services provided by a registered dietitian or qualified nutrition professional. MNT includes setting goals for the participant's treatment and developing a specialized nutrition plan that includes participant education and self-management training. The purpose of MNT is to identify participants who are at risk for major nutrition-related health problems and recommend dietary adjustments leading to better health outcomes and improved quality of life.

HRSA Definition[1]

MNT services must be pursuant to a medical provider's prescription and based on a nutritional plan developed by a registered dietitian or other licensed nutrition professional. A prescription and plan of care or chart note from the medical provider can be substituted in cases where a dietician or nutrition professional is not reasonably accessible.

Medical nutrition therapy includes:

- Nutrition assessment and screening.
- Dietary/nutritional evaluation.
- Food per medical provider's recommendation.
- Nutrition education and/or counseling.
- Nutritional supplements are **not** supported under Ryan White Part A in this jurisdiction.

Nutrition education and/or counseling services can be provided in individual and/or group settings. All activities performed under this service category must be pursuant to a medical provider's prescription and based on a medically tailored nutrition plan developed by a licensed registered dietitian or other licensed nutrition professional. Food aid not provided by a registered/licensed dietitian should be considered under "Food Services" under the HRSA Ryan White Part A program.

Local Definition

The goal of MNT is to provide medically tailored food items and meals that are approved by a licensed registered dietitian or other licensed nutrition professional and reflect appropriate dietary therapy based on evidence-based practice guidelines. Diets and meals recommended by a licensed registered dietician or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes for clients. Clients are required to report to the clinician at a minimum quarterly to discuss their progress and nutritional treatment plan goals.

- ***Medically Tailored Prepared Meals****—meals designed and approved by a Registered Dietitian Nutritionist (RDN). These meals reflect appropriate medical nutrition*

therapy based on the latest evidence-based practice guidelines for specific chronic diseases and conditions.

- ***Medically Tailored Groceries*** *- grocery food items selected by a Registered Dietitian Nutritionist as part of a treatment plan for certain medical diseases.*

II. Key Service Components and Activities

In addition to the MNT Service Delivery Model (SDM), all providers must adhere to the minimum requirements outlined in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements outlined in the Broward County Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments. Providers must refer to their individual contracts for service-specific client eligibility requirements. Providers of MNT are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category, including state and local health codes. Additionally, providers must provide services in accordance with the USDA Dietary Guidelines for Americans and the Academy of Nutrition and Dietetics.

Provision of Medical Nutrition Therapy Services

Providers of medical nutrition therapy services may outsource services using a third-party agency within Broward County that offers medical nutrition therapy food assistance. Medically tailored menu and food choice development must occur under the direction of a licensed registered dietitian or other licensed nutrition professional to ensure personalized food provisions address the medical condition(s) for which the client was referred, contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.

MNT may be in the form of medically tailored prepared meals and/or medically tailored grocery food items that would allow participants to prepare the meals in their own homes. MNT may be provided up to seven (7) days per week. Provisions should be made for weekend delivery as necessary. MNT services must not include food vouchers or restaurant-prepared food. Providers must ensure the participant's food selections are in a secure pick-up/delivery package. Participants must confirm receipt of all food distributions as evidenced by the participant's signature and pick up/delivery date scanned or otherwise recorded in the designated Human Services Software System (HSSS).

III. Client Protocol and Intake Procedures

Intake

After receipt of a medical provider's prescription, provider staff, a registered dietitian, or other licensed nutrition professional shall schedule a client intake from the time the client is either verified or determined eligible to receive Ryan White Part A Medical Nutrition Therapy services.

Provider staff shall orient the client about:

- Other providers of nutritional services
- Client grievance process
- Client confidentiality
- Client Rights and Responsibilities

The provider shall have a client grievance process that shall be discussed with the client during intake. Provider shall explain that if the client is dissatisfied after completing the agency grievance process, the client has a right to present a grievance to the Broward County HIV Planning Council. The provider shall briefly discuss the council Grievance Report Form with the client. The Council Grievance Report Form shall be available to clients requesting it.

The provider intake staff shall ensure that the client signs and dates the client's rights and responsibilities. The clinician shall ensure that this document is placed in the client chart.

A registered dietitian or other licensed nutrition professional must then orient the client regarding the parameters of MNT, the specific benefits of the service, and the related methods, policies, and procedures for continuing the service. The registered dietitian or other licensed nutrition professional will document all discussions with the client about orientation topics in the progress notes within the client chart in the HSSS.

Eligibility Verification or Determination

MNT services are eligible for one calendar year starting from the intake date. This eligibility process will follow the Federal Poverty Level (FPL) requirements that are stated within the Ryan White Part A Universal Service Delivery Model.

Participants are eligible to receive MNT if they have a documented prescription from their medical provider outlining the medical necessity for the service. A prescribing medical provider shall document the client’s condition for MNT with corresponding labs that show evidence of how their condition(s) may affect their ability to be sustainably virally suppressed/undetectable.

Conditions necessitating an MNT prescription may include, but not be limited to, a medical diagnosis of diabetes, chronic kidney disease, chronic hypertension, heart disease, or other HIV-related comorbidity for which MNT may be beneficial. An MNT prescription may also be made when a client reports any of the following concerns and agrees to an MNT prescription:

- Medically significant Physical changes, including weight concerns
- Oral or gastrointestinal symptoms
- Changes in diagnosis requiring nutrition intervention

This list is not exhaustive; conditions may be evaluated on a case-by-case basis.

Access to Service

Access to MNT services requires a prescription from a medical provider. The provider shall ensure that the client meets all eligibility criteria for Ryan White Part A and that all documentation is in the client chart.

Client Involvement

Clients shall participate in developing their own treatment plans and consult with a registered dietitian or other licensed nutrition professional to develop strategies for meeting the goals of the treatment plan.

IV. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Improvement in client's nutritional wellbeing	1.1 85% of clients achieve at least two Nutrition Care plan goals by the designated target date.	1.1.1. Nutrition Care plan documented in the designated HIV HSSS.
2. Improved progress toward sustained viral suppression.	2.1. 80% of clients on ART for more than six months will have a viral load of less than 200 copies/mL.	2.1.1. Measuring viral load and monitoring medication adherence.

V. Assessment and Treatment Plan

Nutritional Assessment

Participants receiving MNT must complete a nutritional assessment during the initial encounter with the provider and every six months thereafter. The nutritional assessment must be completed by a registered dietitian or other licensed nutrition professional, be signed by the provider and client, and documented in the HSSS. The prescribing medical provider shall be updated on the client's progress at every reassessment. The nutritional assessment must include, at minimum:

- Food/Nutrition-Related History (food intake, knowledge and belief about food, food availability, lifestyle habits)
- Medical issues that require a therapeutic or modified diet due to diabetes, renal (kidney) disease, high blood pressure, food allergies or intolerances, metabolic complications, or other medical conditions that impact nutritional need
- Current weight and history of significant weight loss or gain in the past six months
- Medical History (current medical conditions and medication, allergies)
- List of current medications (HIV-related and other, including vitamins and minerals and herbal and complementary/alternative therapies)

- Daily physical activity level
- Interest in or need for nutritional education
- Access to adequate and safe food storage and meal preparation
- Anthropometric Measurements (Height, Weight, Total Body Fat, Skinfold Thickness, Ideal Body Weight, etc.)

Nutrition Care Plan

Participants receiving MNT must receive a medically individualized nutrition care plan after undergoing a nutritional assessment with a registered dietitian or other licensed nutrition professional. A Nutrition Care Plan (NCP) will serve as a detailed treatment plan or road map created by the clinician. The nutrition care plan must include the following:

- Nutritional goal(s)
- Interventions (planned actions that will help the client reach their nutritional goal(s)
- Recommended foods and meal plans
- A list of the services to be provided to the client (NCP development and review, and evaluation/assessment services provided to establish a diagnosis; however, information gathered by the provider for the development of the NCP need not be listed)
- The amount, frequency, and duration of each service to be provided to the patient as part of the six-month in duration treatment plan (e.g., four units of therapeutic nutritional on-site services two days per week for six months). It is not permissible to use the terms "as needed," "p.r.n.," or to state that the client will receive a service "x to y times per week."

A registered dietitian or other licensed nutrition professional must help the client define goals and document the progress and assistance provided. Nutrition care plans become effective on the date the plan is signed and dated by the licensed professional and the client.

Nutrition Care Plan Review

A formal review of the NCP must be conducted every six months, at a minimum. When significant changes occur, the NCP may be reviewed more than once every six months. The NCP review requires the participation of the client and the treatment team members identified in the client's individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the treatment plan review. Any modifications or additions to the NCP made during the review must be documented. The NCP must be signed and dated by a registered dietitian or other licensed nutrition professional and the client.

The formal nutrition care plan review must contain, at minimum, the following components:

- Participant progress toward meeting individualized goals and objectives

- Participant progress toward meeting individualized discharge criteria
- Updates to the aftercare plan
- Findings/interpretive summary
- Recommendations
- Dated signature of the client or client's parent, guardian, or legal custodian (if the client is under 18 years of age)
- Dated signature of a licensed professional who participated in the review of the plan
- A signed and dated statement by a registered dietitian or other licensed nutrition professional stating services are medically necessary and appropriate to the client's diagnosis and needs

VI. Standards for Service Delivery[Error! Bookmark not defined.]

Table 2. Medical Nutritional Therapy (MNT) Standards for Service Delivery[2]

Standard	Measure
Prescription by Medical Provider: Activities performed under this service category must be pursuant to a medical provider's referral. Referral for MNT should include justification. At a minimum, justification must include: • Relevant laboratory data • Diagnosis and medical history • Medications Additional justification may include but is not limited to: • Nutrition prescription and desired outcome • Alternative and complementary therapies • Other relevant information that impacts the client's ability to care for self[2]	1. Percentage of clients with documentation of medical provider's referral to MNT. 2. Referral documented and required client information in the designated HIV HSSS if the need for MNT is identified.
Medical Nutrition Therapy Assessment: An RD or licensed nutrition professional will conduct an initial MNT assessment pursuant	3. Percentage of clients with documentation of a completed assessment conducted by an RD or license nutrition professional that includes the following components at

Standard	Measure
to a medical provider's prescription. A comprehensive nutritional assessment includes the following components: clinical examination (history and physical examination), anthropometric measurements, diagnostic tests, and functional and dietary assessments.	a minimum: a. Clinical history b. Physical examination c. Anthropometric measurements d. Diagnostic tests as applicable e. Functional assessment f. Dietary assessment 4. Nutritional assessment signed and dated by the provider and client in the designated HIV HSSS.
Nutrition Plan: A nutritional plan appropriate for the client's health status, financial status, and individual preferences will be developed. When needed, clients receive nutritional education by or under the supervision of a registered dietitian or other licensed nutrition professional. A Nutritional Plan is completed within 10 business days of Nutrition Assessment and includes, but is not limited to: • Nutritional diagnosis • Client-centered nutrition education • Measurable goal(s) • Date service is to be initiated • Recommended services and course of MNT to be provided to include the planned number and frequency of sessions • Types and amount of food provisions • Signature of RD who developed the plan The NCP will be updated as necessary, but no less than twice per year, and will be shared with the client, the clients primary care provider, and other authorized personnel involved in the client's care.	5. Percentage of clients with a documented nutrition plan that includes the following components: a. Nutritional diagnosis b. Client-centered nutrition education c. Measurable goal(s) d. Date service is to be initiated e. Recommended services to be provided f. Planned number and frequency of sessions g. Type, frequency, and amount of food h. RD signature 6. Percentage of clients with documentation of a nutrition plan updated at least twice per year if the client has been receiving services for over 12 months. 7. Documentation for need of nutritional education and education provided in the designated HSSS. 8. Client viral load test result in designated HSSS. 9. Client prescription of ART documented in designated HSSS.

Standard	Measure
Provision of Medically Tailored Food Assistance: Food provisions deemed medically necessary may be provided per written orders from a prescribing provider. Clients' selected foods align with the needs identified in the nutritional assessment and are culturally/ethnically appropriate when possible. Clients confirm receipt of all food distributions as evidenced by the client's signature and date of pick up.	10. Percentage of clients that are prescribed food provisions in accordance with the nutritional plan developed by the RD have documentation corresponding to written orders from the referring prescribing provider. 11. Receipt of food distribution with client signature and date in the designated HIV HSSS.
Discharge: An individual may be discharged from services for, but not limited to, the following: • The client's medical condition changes, and services are no longer necessary • Client no longer wishes to continue services • Client moves out of the service area The date of discharge, reason, and any recommendations for follow-up shall be documented in the client's record and provided to the prescribing provider and other multidisciplinary team members as applicable.	12. Percentage of clients discharged from services during the measurement period with the following documentation components: a. Date of discharge b. Reason for discharge c. Recommendation for follow-up d. Prescribing provider notified of discharge e. Other multidisciplinary team members notified of the discharge, as applicable

[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02*. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

[2] New Orleans Regional AIDS Planning Council & Office of Health Policy and AIDS Funding. Ryan White HIV/AIDS Treatment Extension Act of 2009 Service Standards, 2017. https://nola.gov/getattachment/b6a1d00e-5e41-4b0e-ba69-f53f80c898b0/Service-Standards/#:~:text=The%20Service%20Standards%2C%20also%20known%20as%20the%20Standards,Standing%20Committees%20and%20Support%20Staff%2C%20in%20October%202001.