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SERVICE STANDARDS FOR Medical Nutrition Therapy

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I. PURPOSE OF SERVICE STANDARDS

The purpose of these service 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)[1] such that the clients of this 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.

These standards are intended to assist People Living 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 Living 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 includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

IV. ELIGIBILITY FOR SERVICES

- HIV+ status
- Income must be less than or equal to 500% of FPL

V. 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

VI. 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 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.

VII. PROVIDER POLICIES AND PROCEDURES

- Agency must comply with the appropriate city/county/state/federal agencies regulating safe food handling Agency must have written policies and procedures in place that address confidentiality (HIPAA), grievance procedures, client's rights and the agency's rights and responsibilities
- The client must be notified of his/her rights, of the agency's rights and responsibilities and the agency's grievance policy/procedure
- Agency must have a private, confidential office space for seeing clients
- **Records Retention** – Agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years
- **Confidentiality Policy** – All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance with local, state and federal laws

- **Cultural Competence** – Agency will ensure that culturally and linguistically appropriate services are available to all clients and be able to provide services that are culturally sensitive and in the client's preferred language or arrange for a competent translator
- **Americans Disabilities Act Compliance** – Agency must demonstrate that the needs of disabled clients are met.
- **Client consent** – The agency must obtain written consent for services and a consent for the release/exchange of information from the client. 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
- **Grievance Policy** – The agency must review the policy with the client and provide a copy in a language and format the client can understand
- The Agency must be inspected by the Health Department to confirm food and safety measures
- The Agency will develop food lists and food choices in accordance with required nutritional needs
- The Agency will maintain and distribute food supply and adhere to "sell by", "best if used by", and "expiration dates", as per USDA regulations

VIII. ACCESSIBILITY/STANDARDS OF SERVICE

- There will be no barriers due to client disability. The agency must be compliant with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate.
- The agency must demonstrate input from clients with regard to service delivery through client satisfaction surveys.
- There will be no barriers due to language differences between the agency and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent translator.

IX. CLIENTS RIGHTS AND RESPONSIBILITIES

A. All written materials should be presented in a language that is understandable to the client 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 client 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

X. PROCESS - Medical nutrition therapy has six distinct components: screening, referral, assessment, intervention, communication, and outcomes evaluation.

A. Client Eligibility Determination
B. Annual Certification
C. Intake & Initial Assessment
D. Nutritional Assessment
E. Development and implementation of a Nutritional Care Plan
F. Monitor Plan
G. Bi-Annual Reassessment and Re-Certification of Service Plan

H. Case Transfer/Closure/Discharge

A. <u>Client Eligibility Determination</u>
- **a.** Proof of HIV+ status
- **b.** Income requirement

B. <u>Annual Certification</u> – the following documentation should be collected:
- **a.** HIV positive status
- **b.** Residency, including County of residence
- **c.** Income
- **d.** Household size
- **e.** Insurance

C. <u>Intake & Initial Assessment</u> – To determine eligibility and collect demographic information as a basis for initiating a comprehensive needs assessment. The client 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
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

D. <u>Nutritional Assessment</u> – 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/address barriers
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.

E. 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.

F. 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

G. Bi-Annual Re-certification and Reassessment of Service 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

H. **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

XI. DOCUMENTATION

Written documentation is kept for each client which includes:

- Client'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 client. 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.

XII. ENGAGEMENT AND RETENTION OF CLIENTS

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 client 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 client no less than 2 times during a one-week period
3. If the client cannot be reached by phone, a letter (certified) will be sent to the client stating that an appointment has been missed and requesting that the client 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

XIII. 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

XIV. Program Guidance [HIV/AIDS Bureau Policy 16-02]

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals