**Medical Nutrition Therapy (MNT)**

**Service Standard**

**HRSA Definition:** Medical Nutrition Therapy includes:
- Nutrition assessment and screening;
- Dietary/nutritional evaluation;
- Food and/or nutritional supplements per medical provider’s recommendation; and
- Nutrition education and/or counseling.

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

**Limitations:** Services must be provided by a registered dietitian (RD) or other licensed nutrition professional pursuant to a medical provider’s written referral. Nutritional services and nutritional supplements not provided by an RD shall be considered a support service under Psychosocial Support Services under the RWHAP.

Food provisions and nutritional supplements not provided pursuant to a physician's recommendation and a nutritional plan developed by an RD also shall be considered a support service under Food Bank/Home-Delivered Meals.

**Services:** The application of MNT as a part of the Nutrition Care Process is an integral component of the medical treatment for management of specific disease states and conditions and should be the initial step in the management of these situations. Efforts to optimize nutritional status through individualized medical nutrition therapy, assurance of food and nutrition security, and nutrition education are essential to the total system of health care available to people living with HIV through the continuum of care.

MNT is individualized dietary instruction that incorporates diet therapy counseling for a nutrition-related problem. This level of specialized instruction is above basic nutrition counseling and includes an individualized dietary assessment performed by an RD. MNT services can be provided via telehealth and must follow applicable federal and State of Texas privacy laws, for more information see: January 2020 Texas Medicaid Provider Telecommunication Services Handbook, Volume 2. [http://www.tmhp.com-Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Telecommunication_Srvs.pdf](http://www.tmhp.com-Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Telecommunication_Srvs.pdf)

Medical Nutrition Therapy services that are provided via telehealth must be in accordance with State of Texas mental health provider practice requirements, see Texas Occupations Code, Title 3 Health Professions and chapter 111 for Telehealth & Telemedicine; see: [https://statutes.capitol.texas.gov/Docs/OC/htm/OC.111.htm](https://statutes.capitol.texas.gov/Docs/OC/htm/OC.111.htm)

Services include providing nutritional supplements and food provisions based on the medical care provider's recommendation:
- Nutritional supplements include medical nutritional formula, vitamins, and herbs;
Food provisions consist of recommending significant change in daily food intake based on a deficiency, which may directly affect HIV/co-morbidities.

**Program Guidance:** All services 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. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP. *Note: In the State of Texas, the only allowable nutrition professional recognized for this service category is a licensed Registered Dietitian (RD).*
**Service Standard and Performance Measure**

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH throughout the State of Texas within the Ryan White Part B and State Services Program.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure</th>
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<tr>
<td><strong>Medical Nutrition Therapy Assessment</strong>: An initial MNT assessment will be conducted by an RD pursuant to a medical provider’s referral.</td>
<td>Percentage of clients accessing MNT with documentation of the medical provider’s referral to MNT in the client’s primary record.</td>
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<td>MNT provider will contact the patient for the initial nutritional assessment within five (5) business days of the referral.</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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<tr>
<td>The initial MNT assessment must be completed within ten (10) business days of the initial appointment with the RD.</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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<td>MNT provider obtains and documents HIV primary medical care provider contact information for each patient. MNT services must be provided in consultation with the medical care provider for medical coordination.</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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<td>MNT provider collects and documents assessment history information with updates as medically appropriate prior to providing care. This information must be based on the Academy of Nutrition &amp; Dietetics (AND) Evidence Based Guidelines that include, but not be limited to:</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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<td>• <em>Anthropometrics</em>: height and weight; pre-illness usual weight and goal weight; and body muscle and fat.</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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<td>• <em>Clinical data</em>: medical history.</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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<td>• <em>Dietary data</em>: individual’s food preferences including ethnic and cultural food preferences and practices; information about allergies, food intolerances, and food avoidances; exercise frequency; food security.</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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<td>• <em>Biochemical</em>: lab data from the primary medical care provider.</td>
<td>Percentage of clients accessing MNT with a documented completed MNT assessment conducted by an RD in the client’s primary record.</td>
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**Nutrition Plan:** A nutritional plan will be developed appropriate for the client’s health status, financial status, and individual preference.

A Nutritional Plan is completed within ten (10) business days of Nutrition Assessment and includes, but is not limited to:
- Nutritional diagnosis
- Measurable goal
- Date service is to be initiated
- Recommended services and course of medical nutrition therapy to be provided to include the planned number and frequency of sessions
- Types and amounts of nutritional supplements and food provisions.

The plan will be signed by the RD developing the plan. The Nutrition Plan will be updated as necessary, but no less than at least twice per year, and will be shared with the client, the client's primary care provider, and other authorized personnel involved in the client's care.

**Services Provided:** According to the American Dietetic Association’s HIV-related protocols in Medical Nutrition Therapy Across the Continuum of Care nutritional services will be provided. The frequency of contact with the RD will be based on the level of care needed per the initial assessment.

Nutritional intervention will focus on set standards of medical nutrition therapy that targets measurable goals, recommended services, and course of medical nutrition therapy as outlined in the Nutrition Plan. Emerging problems such as lipodystrophy syndrome will be addressed and added to the nutrition plan as needed.

Services will be documented in the patient’s chart and signed by the RD providing care at each visit.

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<tr>
<th>Percentage of clients accessing MNT services that have a documented nutrition plan developed in the client’s primary record.</th>
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<td>Percentage of clients accessing MNT services that have an updated nutrition plan at least twice per year as documented in the client’s primary record.</td>
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<tr>
<td>Percentage of clients accessing MNT services that have documentation in the client’s primary record of frequency of contact with the RD to review the nutritional plan and goals as indicated in the initial assessment.</td>
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<tr>
<td>Percentage of clients accessing MNT services with RD notes documented in the client’s primary record of nutritional interventions and recommendations.</td>
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<tr>
<td>Percentage of clients accessing MNT services show improvement in issues identified in the initial assessment as documented by the RD in the client’s primary record.</td>
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**Provision of Nutritional Supplements and Food Provisions:** Nutritional supplements and food provisions deemed medically necessary may be provided per written orders from a prescribing physician.

Upon receipt of the written referral by the primary medical care provider to the RD, clients may receive up to a 90-day supply of nutritional supplements at one time in accordance with their MNT developed nutritional plan.

Nutritional supplements and food provisions must be outlined in the written nutrition plan by the RD. The written nutritional plan must be communicated with the primary HIV prescribing provider.

**Percentage of clients accessing MNT services that are prescribed nutritional supplements in accordance with the nutritional plan developed by the RD have documented evidence of supplements provided to the client in the client’s primary record.**

**Nutrition Education:** Patient nutritional health education will be offered to each patient a minimum of once a year that includes, but is not limited to:

- Benefits of good nutrition
- Special dietary needs of people with HIV/AIDS
- Supplementation
- Coping with complications

**Percentage of clients accessing MNT services with documented evidence of nutritional health education provided in the client’s primary record.**

**Referrals:** At a minimum, patients will receive referrals to specialized health care providers/services as needed to augment MNT that includes, but is not limited to:

- Other medical professionals such as social workers, mental health providers, or case managers
- Community resources such as food pantries; SNAP/food stamps; Women, Infants and Children Supplemental Food Program (WIC), etc.
- Nutrition classes
- Exercise facilities
- Other education and economic resource groups

MNT provider will document referral and outcome in the client’s record.

**Percentage of clients accessing MNT services that had documentation of referrals to other services as indicated in the client’s primary record.**

**Percentage of clients accessing MNT services have follow up documentation to the referral offered in the client’s primary record.**
**Discharge:** An individual is deemed no longer to be in need of MNT if one or more of these criteria is met:
- Patient’s medical condition improves and MNT services are no longer necessary
- Patient deceased
- Patient moves out of the service area

Date of discharge, reason, and any recommendations for follow up shall be documented in the patient’s record and the primary medical provider notified.

| Percentage of clients accessing MNT with documentation of discharge noted in the client’s primary record as applicable. |

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References


HRSA Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18). Located at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf