



Medical Nutrition Therapy Service Standard

Health Resources & Services Administration (HRSA)

Description:

Medical Nutrition Therapy (MNT) 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 (OAHS).

Program Guidance:

In the State of Texas, the only allowable nutrition professional recognized for the MNT is a licensed Registered Dietitian.

Limitations:

Services must be provided by a Registered Dietitian (RD) or other licensed nutrition professional pursuant to a medical provider's written referral. Nutritional counseling not provided by an RD may be considered a support service under Psychosocial Support Services. Food provisions and nutritional supplements not provided pursuant to a physician's recommendation and a nutritional plan developed by an RD may be provided under Food Bank/Home-Delivered Meals.

Services:

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. Services also may include providing nutritional supplements and food provisions based on the medical care provider's recommendation(s).

Universal Standards:

Services providers for Medical Nutrition Therapy must follow [HRSA/DSHS Universal Standards](#) 1-46 and 98-103.

Services Standards:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p>Referral by Licensed Medical Provider: Activities performed under this service category must be pursuant to a medical provider’s referral.</p>	<p>1. Percentage of clients with documentation of the medical provider’s referral to MNT.</p>
<p>Medical Nutrition Therapy Assessment: An initial MNT assessment will be conducted by an RD pursuant to a medical provider’s referral.</p> <p>A comprehensive nutritional assessment includes the following components: clinical examination (history and physical examination), anthropometric measurements, diagnostic tests, and functional and dietary assessments.</p>	<p>2. Percentage of clients with documentation of a completed assessment conducted by an RD that includes the following components at a minimum: (Pilot Measure)</p> <p>2a: Clinical history 2b: Physical examination 2c: Anthropometric measurements 2d: Diagnostic tests as applicable 2e: Functional assessment 2f: Dietary assessment</p>
<p>Nutrition Plan: A nutritional plan will be developed that is appropriate for the client’s health status, financial status, and individual preference.</p> <p>A Nutritional Plan is completed within 10 business days of Nutrition Assessment and includes, but is not limited to:</p> <ul style="list-style-type: none"> • Nutritional diagnosis • Client-centered nutrition education • Measurable goal(s) • Date service is to be initiated • Recommended services and course of medical nutrition therapy to be provided to include the 	<p>3. Percentage of clients with a documented nutrition plan that includes the following components: (Pilot Measure)</p> <p>3a: Nutritional diagnosis 3b: Client-centered nutrition education 3c: Measurable goal(s) 3d: Date service is to be initiated 3e: Recommended services to be provided 3f: Planned number and frequency of sessions 3g: Type, frequency, and amount of food or nutritional supplements to be provided if this</p>

<p>planned number and frequency of sessions</p> <ul style="list-style-type: none"> • Types and amounts of nutritional supplements and food provisions • Signature of RD who developed the plan. <p>The Nutrition Plan will be updated as necessary, but no less than 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.</p>	<p>service is part of the plan 3h: RD signature</p> <p>4. 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.</p>
<p>Provision of Nutritional Supplements and Food Provisions: Nutritional supplements and food provisions deemed medically necessary may be provided per written orders from a prescribing provider.</p>	<p>5. Percentage of clients that are prescribed nutritional supplements and/or food provisions in accordance with the nutritional plan developed by the RD have documentation corresponding to written orders from the referring prescribing provider.</p>
<p>Discharge: An individual may be discharged from services for but not limited to the following:</p> <ul style="list-style-type: none"> • The clients’ medical condition changes and services are no longer necessary • Client no longer wishes to continue services • Client moves out of the service area <p>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.</p> <p>Note: Staff should not inactivate clients in Take Charge Texas (TCT) at the time of discharge, unless the case is being closed due to a deceased client.</p>	<p>6. Percentage of clients discharged from services during the measurement period with the following documentation components: (Pilot Measure)</p> <p>6a: Date of discharge 6b: Reason for discharge 6c: Recommendations for follow-up 6d: Prescribing provider notified of discharge 6e: Other multidisciplinary team members notified of the discharge, as applicable</p>

References:

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Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, June 2022.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2022.

Licensed Dietitian Act. September 2015. [OCCUPATIONS CODE CHAPTER 701. DIETITIANS \(texas.gov\)](#)

National Institute of Health, HIVinfo.gov, HIV and Nutrition, and Food Safety, August 2021. [HIV and Nutrition and Food Safety | NIH](#)

National Institute of Health, National Library of Medicine, National Center for Biotechnology Information, Nutritional Assessment, April 2022. [Nutritional Assessment - StatPearls - NCBI Bookshelf \(nih.gov\)](#)

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, 22 Oct. 2018.