



Scott Harris, M.D., M.P.H.

STATE HEALTH OFFICER

## Alabama Ryan White Part B Service Standards

### Medical Nutrition Therapy

**Effective Date: January 1, 2025**

#### Purpose

This Service Standard was prepared by the Alabama Department of Public Health (ADPH) Office of HIV Prevention and Care (OHPC) and the United Way of Central Alabama (UWCA) in consultation with Organizational Ideas (a technical assistance provider), with stakeholder input to guide the delivery of high-quality services for people with HIV (PWH). This document contains the minimum requirements Ryan White Part B (RWPB) providers are expected to meet when delivering HIV care and support services funded by RWPB. Providers may exceed these standards. These standards will also provide a basis to evaluate the RWPB services. Please note that all RWPB Service Standards expectations also apply to Health Resources and Services Administration (HRSA) Ending the HIV Epidemic in the U.S. (EHE)-funded services unless exceptions are noted.

#### Definitions and Descriptions

The description under the “Standard” column outlines the required activities that must be provided to the client receiving the RWPB service. The “Documentation” column provides the documents that must be maintained by the provider delivering the service. The Service Standards contain the following major elements:

- **Agency & Personnel Requirements:** The minimum required education, certification, experience, and facility requirements that are needed to provide the

RWPB service.

- **Eligibility & Intake:** Eligibility refers to the current statewide criteria for receiving services through RWPB as outlined in the RWPB Universal Standard. The agency must determine or confirm RWPB eligibility for the client prior to provision of services. Eligibility may occur during intake or through a stand-alone process. Intake is the process of collecting information to determine the client's immediate service needs.
- **Assessment:** The Assessment is an evaluation of need conducted by qualified personnel to determine if there is a need for the RWPB service. The evaluation must render the determination for referral or provision of service. It must include the elements listed in the standard. The documentation of the evaluation of need is determined by the agency.
- **Provision of Services:** The provision of services are the activities or services that are provided to the client. Where appropriate, a Service Plan should address the client's assessed needs with a timeline to resolve the need(s).
- **Transition/Discharge:** Transition/Discharge refers to the release or cessation of the RWPB service. Transition or Discharge may occur in conjunction with the transition or discharge from the agency's program, when the client no longer needs or meets the criteria for the service, when the client is transitioned to another care provider, or when a client is deceased.
- **Case Closure:** When a client is discharged or transitioned to another care provider, the services will cease and the case is closed.

## I. HRSA Service Category Definition

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

## II. 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 (RD) or other licensed nutrition professional.

Nutritional counseling not provided by an RD or other licensed nutrition professional should be considered Psychosocial Support Services. Food, meals, and nutritional supplements not provided pursuant to a medical provider's referral and a nutritional plan developed by an RD or other licensed nutrition professional should be considered a support service under Food Bank/Home-Delivered Meals.

## III. Key Service Components and Activities

**Allowable activities include:**

- Assessment of nutritional needs
- Dietary/nutrition evaluation
- Development of a nutrition plan
- Coordination of nutritional services with medical provider
- Provision of nutritional supplements
- Nutritional counseling and/or education

**Not allowable:**

- Nutritional counseling not provided by a licensed nutrition professional (see Psychosocial Support Services.)
- Food, meals, and nutritional supplements not provided pursuant to a medical provider's referral and a nutritional plan developed by an RD or other licensed nutrition professional (see Food Bank/Home Delivered Meals).

For common components required for all RWPB services, please see the RWPB Universal Service Standard. Key service components and activities are noted in the Service Standards below:

## ADPH Service Standards:

<b>Standard</b>	<b>Documentation</b>
<b>1. Agency &amp; Personnel Requirements</b>	
1.1) Medical nutrition therapy (MNT) services must be provided by a licensed dietician (LD) or licensed nutritionist (LN) who meets the qualifications of the Alabama State Board of Examiners for Dietetics/Nutritionists.	1.1) Licensure through the Alabama State Board of Examiners for Dietetics/Nutritionist on file with agency. (This qualification is equivalent to registered dietician in the service category definition.)
1.2) Staff must continue to fulfill the requirements of their individual disciplines to maintain their license, if applicable.	1.2) Copies of continuing education and related licensure or certification renewals with license/certificate number.
<b>2. Eligibility &amp; Intake</b>	
2.1) Subrecipient must conduct or confirm eligibility consistent with statewide eligibility requirements. All clients must have an active eligibility at the time of service.	2.1) Active eligibility for RWPB in client's record during the service delivery period.
2.2) Medical provider referral is required for initiation of services.	2.2) Medical provider referral is filed in client's record.
2.3) Complete intake within 5 business days of referral.	2.3) Client's record shows intake completed within 5 business days of referral.
<b>3. Assessment</b>	
3.1) LD/LN will conduct an MNT assessment within 10 business days	3.1) Client's record includes MNT assessment completed within 10 business days of initial appointment with LD/LN.
3.2) LD/LN obtains and documents HIV primary medical care provider contact information for each client. MNT services must be provided in consultation with the medical care provider for medical coordination.	3.2) Client record includes HIV primary medical care provider contact information and progress notes reflecting coordination.
3.3) LD/LN collects and documents assessment history information with updates as medically appropriate prior to providing care. This information must be consistent with LD/LN standard of care and include the following: <ul style="list-style-type: none"> <li>• Anthropometrics-height and weight; pre-illness usual weight</li> </ul>	3.3) Client's record includes baseline data for client and any updates where medically necessary.

<p>and goal weight; and estimated body mass index</p> <ul style="list-style-type: none"> <li>• Clinical data-medical history</li> <li>• Dietary evaluation data-individual's food preferences including ethnic and cultural food preferences and practices; information about allergies, food intolerances, and food avoidances; exercise frequency; food security.</li> <li>• Biochemical lab data from the primary medical care provider.</li> </ul>	
<h4>4. Provision of Services</h4>	
<p>4.1) A nutrition plan will be developed appropriate for the client's health status, financial status, and individual preference. This plan will be completed and signed within 10 business days of the nutrition assessment and includes the following:</p> <ul style="list-style-type: none"> <li>• Nutritional diagnosis</li> <li>• Measurable goal</li> <li>• Date service is to be initiated</li> <li>• Recommended services and course of medical nutrition therapy to be provided to include the planned number and frequency of sessions</li> <li>• Types and amounts of nutritional supplements and food provisions</li> </ul>	<p>4.1) Client record shows nutrition plan signed by an LD or LN and sent to referring provider.</p>
<p>4.2) Nutritional supplements and food consistent with the plan may be provided. Clients may receive up to a 90-day supply of nutritional supplements.</p>	<p>4.2) Client's record includes date and quantity of supplements and food provided to client.</p>
<p>4.3) The Nutrition Plan will be updated at least every 6 months. Updates will be shared with the client, their HIV primary medical care provider, and other authorized personnel/providers involved in the client's care.</p>	<p>4.3) Client's record includes plan updates at least every 6 months with communication to client and HIV primary medical care provider.</p>
<h4>5. Transition/Discharge</h4>	
<p>5.1) See Universal Standard</p>	
<h4>6. Case Closure</h4>	

<p>6.1) In addition to following guidelines in the Universal Standard, the LD/LN will provide referrals for access to food and supplements if indicated and update HIV primary medical care provider on closure.</p>	<p>6.1) Client's record includes note showing referrals and update to provider.</p>
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**Resources**

1. Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds:  
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>
  
2. Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients:  
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>