

**HIV Health Services Planning Council  
Sacramento TGA**

**Policy and Procedure Manual**

**Subject:** Medical Nutrition Therapy Service Standards for Persons Living with HIV/AIDS

**No.:** SSC 18

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**Policy:** The attached document represents the service standards to be utilized when providing Medical Nutrition Therapy to HIV Care Services (HCS) Program eligible clients in the Sacramento TGA. This standard is to be used in conjunction with other service standards for medical, psychosocial and support services as developed and approved by the HIV Health Services Planning Council (herein after referred to as the Council).

As directed by the Council priorities, when funded, the following service standards will apply to HCS contracted service providers.

**PURPOSE OF MEDICAL NUTRITION THERAPY**

The Health Resources Services Administration (HRSA) defines Medical Nutrition Therapy (MNT) as services provided by a Registered Dietitian Nutritionist (RD) to assess, diagnose, and treat nutritional conditions and support overall health outcomes. MNT services are delivered as part of comprehensive, patient-centered care and may be provided independently by a RD in coordination with the interdisciplinary care team, as appropriate.

MNT services not provided by a RD shall be considered a support service. Nutrition-related resources and interventions may be incorporated as part of a comprehensive nutrition care plan, as appropriate to needs.

Key activities include:

- Nutrition assessment and screening;
- Dietary/nutritional evaluation and development of an individualized nutrition care plan;

- Coordination of nutrition-related resources, as appropriate;
- Nutrition education and counseling.

MNT services can be provided through individual, group-based, and/or virtual formats to support client engagement, access to care, and practical, skills-based learning that promotes sustainable dietary behavior change.

The Sacramento Transitional Grant Area (TGA) views access to adequate and appropriate nutrition as fundamental, and is the foundation of any medical therapy program, which has numerous benefits. For people living with HIV/AIDS, a balanced and nutritionally adequate diet can help strengthen the immune system, prevent infections and reduce hospitalization. MNT is an on-going process to empower clients by encouraging their ability to function independently.

## **VALUES OF MEDICAL NUTRITION THERAPY:**

MNT services are guided by the following principles:

- **Client focused** – The client and the Nutritionist will reach a consensus as to the client's nutritional needs, and as to the prioritization of those needs, which will culminate in the creation of an individualized nutrition plan of care.
- **Promotes health and engagement in care** – MNT supports clients in developing sustainable nutrition practices that contribute to overall health, chronic disease management, and continued engagement in medical care.
- **Committed to empowering the client** – MNT is an ongoing process that empowers clients' knowledge, skills, and confidence to support long-term self-management and independence.
- **Goal-oriented** – Specific mutually agreed upon nutritional goals will be set in client care plans in order to assess progress and effectiveness of Medical Nutritional Therapy.
- **A flexible model** – RDs will periodically reevaluate and be responsive to client's immediate, emerging, or otherwise changing nutritional needs.
- **Culturally proficient** – RDs must be able to address clients in terms and contexts that are understandable and account for the client's personal situation/environment.
- **Efficient and resource-conscious** – Services are delivered based on client need and aim to support effective use of healthcare resources, including prevention of higher-cost interventions when possible.
- **Accessible** – Services are provided in a non-discriminatory manner

and are accessible to all clients, regardless of gender, age, sexual orientation, ethnicity, religion, educational level, language, criminal history, substance use history, or ability to pay for services.

- **Collaborative** – MNT is integrated within the interdisciplinary care team, with coordination and referrals to medical providers and supportive services as appropriate.
- **Enhances access to care** – Services may include individual, group-based, and virtual formats to improve accessibility, flexibility, and client engagement, particularly for individuals facing barriers to in-person care.

## **GOALS OF MEDICAL NUTRITION THERAPY**

The goal of medical nutritional therapy for PLWH/A is to:

- Optimize nutrition status and immunity;
- Prevent and address nutrient deficiencies;
- Promote the attainment and maintenance of optimal body weight and composition;
- Maximize the effectiveness of antiretroviral agents;
- Develop and implement individualized nutrition care plans in collaboration with the client;
- Promote communication and collaboration between the clients and all persons involved in the client's care;
- Support client access to nutrition education through various delivery methods;
- Educate the client on appropriate nutrition-related resources and assist them in accessing those resources.
- Improve client engagement, retention in care, and self-management through accessible and culturally relevant nutrition education approaches.

## **MEDICAL NUTRITION THERAPY EDUCATION REQUIREMENTS & TRAINING**

MNT services are provided by RD credentialed by the Commission on Dietetic Registration and qualified to practice in the State of California.

Providers should be trained and knowledgeable in HIV-related care and its impact on nutritional status. Individual supervision and guidance must be routinely provided to all staff.

### ***Staff Orientation and Training***

**Initial:** All HCS-funded staff providing MNT services must complete an initial training aligned with their job responsibilities and the needs of people living with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge such as transmission, treatment, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including ADAP
- Cultural responsiveness and awareness of social determinants of health impacting care

**Ongoing Training:** Staff must also receive ongoing annual HIV training as appropriate for their position, including any continuing education required to maintain professional credentials. Training must be clearly documented and tracked for monitoring purposes.

### **MEDICAL NUTRITION THERAPY PROCESSES**

MNT services are delivered using a structured, evidence-based approach consistent with the Nutrition Care Process, a nationally recognized framework established by the Academy of Nutrition and Dietetics, including assessment, diagnosis, intervention, and monitoring and evaluation.

Each new client enrolled in MNT must receive an orientation to the services at the initial visit, and this will be documented in the client record.

Core components of MNT include:

- Nutrition Assessment – Systematic collection and analysis of relevant nutrition-related data
- Nutrition Diagnosis – Identification of nutrition-related problems that can be addressed through intervention
- Nutrition Intervention – Development and implementation of individualized nutrition care plans, including education, counseling, and coordination of services
- Monitoring and Evaluation – Ongoing assessment of client progress, outcomes, and effectiveness of interventions

MNT services may include group-based nutrition education and skill-building activities to enhance client engagement, improve self-management, and address barriers to healthy eating.

## INITIAL ASSESSMENT

Each client receiving MNT services will complete an initial nutrition assessment conducted by a RD. The assessment may be conducted in-person or via telehealth (video or phone), as appropriate.

The purpose of the assessment is to collect, analyze, and prioritize information which identifies client needs, barriers, and strengths for purposes of developing an individualized Care Plan. Assessment of the client's nutritional status will be conducted using a structured approach consistent with the Nutrition Care Process, a nationally recognized framework established by the Academy of Nutrition and Dietetics (e.g., ADIME framework), supported by clinical judgment and validated screening tools as appropriate.

At minimum, the initial assessment will include:

- Anthropometric Data: Height (if available), weight history, BMI, and weight trends.
- Medical and Clinical History: Relevant diagnoses (including HIV status and comorbidities), medications, laboratory data (if available), and overall health status.
- Nutrition Intake and Eating Patterns: Dietary intake, meal patterns, food preferences, and cultural considerations.
- Food Access and Social Determinants of Health (SDOH): Assessment of food security, access to food, housing stability, and other factors impacting nutritional status.
- Nutrition-Related Knowledge and Behaviors: Understanding of nutrition concepts, readiness to change, and self-management capacity.
- Nutrition Diagnosis and Risk Identification: Identification of nutrition-related problems using clinical judgment and/or validated assessment tools, as appropriate.

Clients receiving MNT services will be informed of their rights and responsibilities in accordance with Ryan White program and organizational policies at their initial visits.

This includes:

- Informed consent for participation in MNT services, documented in the client record.
- The client will be informed of their right to confidentiality and information privacy procedures.

- The client will be informed of the Release of Information Form and will be asked to provide consent to the appropriate release of information to other pertinent entities. Additionally, the Release of Information Form must be updated annually.
- The client will be informed of and agree to the Client's Rights and Responsibilities form.
- The client will be informed of the agency's Grievance Procedure.
- The client will be informed of the role and purpose of Medical Nutrition Therapy.

**Documentation:** All required intake forms and program documentation must be completed and maintained in accordance with Ryan White program and organizational policies.

Documentation must be retained in the client record and be available for monitoring and audit purposes.

## **Eligibility**

Eligibility requirements for HCS can be found in SSC 05 – Eligibility and Fees for HCS.

## **CARE PLAN DEVELOPMENT**

Based on assessment findings, the RD will develop and implement an individualized nutrition care plan in collaboration with the client.

The care plan may include:

- Individualized nutrition recommendations
- Education and counseling
- Goal setting (client-centered and measurable)
- Referrals to additional services or resources, as appropriate

Nutrition interventions may be delivered through individual, group-based, and/or virtual formats.

The RD will document in the client's electronic medical record that the Care Plan has been mutually agreed to by the client and the Registered Dietitian.

1. The nutrition care plan will be reviewed and updated periodically based on client needs, clinical status, and program requirements. Updates must be documented in the client record.

2. MNT services are provided in coordination with HIV medical care. Documentation of medical visits and clinical indicators (e.g., viral load, CD4 count) may be included in the client record, as available.

3. Nutrition interventions will be delivered in accordance with the individualized nutrition care plan. All services provided, including education, counseling, and any nutrition-related resources, must be documented in the client record.

## **CARE PLAN IMPLEMENTATION**

The RD shall be available to assist the client in facilitating access to services when needed and/or provide advocacy assistance to help solve problems as necessary when barriers impede access.

The RD will always first attempt to encourage clients to resolve their challenges, and support clients in thinking through solutions before acting on behalf of the client to achieve nutritional care plan objectives.

Referral agencies shall be assessed for appropriateness to client situation and need. The referral process shall include timely follow-up of all referrals to ensure that services are being received. Agency eligibility requirements shall be considered as a part of the referral process. Any referral made shall be appropriately documented in the client record.

## **NUTRITIONAL CARE PLAN FOLLOW-UP AND MONITORING**

Periodic Care Plan follow up, and monitoring will be used to ensure that: 1) the care plan is adequate to meet client needs; 2) the client is actively pursuing Nutritional Care Plan objectives; 3) care is coordinated; and 4) changing or emerging needs are being addressed.

The RD will document all follow-up encounters and any updates to the nutrition care plan in the client record.

The RD will document in the client's electronic medical record that the Care Plan has been mutually agreed to by the client and the RD at the time of each update.

The nutrition care plan will be reviewed and updated periodically based on client needs, clinical status, and program requirements. If the care plan remains appropriate and no revisions are indicated, this will be documented

in the client record.

## **REASSESSMENT**

Clients receiving MNT services will undergo reassessment as needed to evaluate changes in nutritional status, clinical condition, and overall needs.

Reassessment will guide appropriate revisions in the Nutrition Care Plan and make informed decisions regarding discharge from medical nutritional therapy services and/or transition to other appropriate services.

Reassessment will be conducted utilizing the same process outlined for initial assessment.

## **TRANSFER AND DISCHARGE**

A systematic process shall be in place to guide the transfer or discharge of clients from MNT services. This process includes appropriate documentation, communication with the client, and coordination of care to support continuity of services when needed.

### **Conditions under which Transfer/Discharge is appropriate:**

- The client no longer requires MNT services or has met their nutrition-related goals
- Death of the client
- The client relocates or transfers care to another provider or service system
- The client and/or client's legal guardian requests that the case be closed
- The client is no longer eligible for services under program requirements
- Client is "lost to follow-up" (defined later)
- Client exhibits a pattern of abuse towards agency staff, property or improperly utilizing the service
- Client needs are more appropriately addressed in other programs
- Client provides false information or documentation.

### **Process for Transfer/Discharge**

1. The reason for discharge or transfer will be documented in the client record.

2. When feasible, the client will be informed and provided with appropriate referrals or resources to support ongoing care.
3. Coordination with other providers or programs will be conducted as appropriate to support continuity of care
4. A discharge summary will be completed and included in the client record, documenting the reason for discharge and any relevant transition planning.

## **Criteria**

A client may be considered "lost to follow-up" after reasonable efforts have been made to re-establish contact without success. Efforts to contact them should be documented in the medical record.

## **Grievance Process**

If the client disagrees with the termination of their medical nutritional therapy services, the case will be reviewed through the agency's specific grievance procedure.

Signed:  Date: 09/23/26  
Richard Benavidez, Chair