STANDARDS OF CARE

Los Angeles County Commission on HIV

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Los Angeles County Commission on HIV

MEDICAL NUTRITION THERAPY SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Medical nutrition therapy services involve assessment and appropriate interventions and treatments to maintain and optimize nutrition status and self-management skills to help treat HIV disease. Medical nutrition therapy includes: conducting nutrition needs evaluation and plan; developing and implementing a nutrition care plan; providing nutrition counseling and medical nutrition therapy; distributing nutrition supplements when appropriate; providing trainings to clients and their providers; and distributing educational materials to clients.

The goals of medical nutrition therapy for people living with HIV include: optimizing nutrition status and immunity; preventing the development of nutrient deficiencies; promoting the attainment and maintenance of optimal body weight and composition; and maximizing the effectiveness of antiretroviral agents.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All programs providing medical nutrition therapy counseling services will operate under the direct supervision of a Registered Dietitian (RD) or nutritionist consistent with California Business and Professions Code section 2585-2586.8. RDs providing medical nutrition therapy services will have advanced knowledge of nutrition issues for people living with HIV, maintain membership in the HIV/AIDS Dietetic Practice Group, and maintain professional education (CPE) units/hours, primarily in HIV nutrition and other related medical topics as administered by the Commission on Dietetic Registration.

SERVICE CONSIDERATIONS

General Considerations: All medical nutrition therapy services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

Referral: Referral to an RD for medical nutrition therapy can be made by physicians and surgeons, osteopaths, Physician's Assistants (PAs) or dentists for any of the following reasons: physical changes and weight concerns; oral/Gastro-Intestinal (GI); metabolic complications and other medical conditions; barriers to nutrition, living environment, functional status; behavioral concerns or unusual eating behaviors; and/or changes in diagnosis requiring nutrition intervention.

Intake: Programs providing medical nutrition therapy services will: develop and implement client eligibility requirements; conduct an intake evaluation; and coordinate with primary health care providers and case managers to assess a client's need and eligibility for medical nutrition therapy and to ensure that the client's nutrition needs are being addressed.

Nutrition Assessment: A nutrition assessment is necessary for a dietitian to determine and prioritize nutrition interventions and to integrate them into a multi-disciplinary plan. Nutrition assessments performed by or under the supervision of an RD include evaluation of current information, changes in health status and goals of medical nutrition therapy.

Nutrition Care Plan: After a thorough nutrition assessment has been completed, a nutrition care plan is developed which comprises planned nutrition interventions and strategies, including nutrition counseling sessions, recommendation of supplements when appropriate, etc.

Nutrition Intervention: Nutrition intervention is based on the nutrition assessment and care plan and provides training in self-management and appropriate referrals.

Promotion/Linkages: Programs providing medical nutrition therapy will: promote the availability of medical nutrition therapy services; network with AIDS service organizations to identify eligible persons in need of services; provide nutrition and HIV trainings to clients and their providers; and distribute nutrition education materials to clients and agencies.

Program Records: Programs will maintain appropriate records for all services within each client file. Providers of medical nutrition therapy will share assessments, care plans and documentation progress and status with the client's primary health care provider.

Triage/Referral: Clients receiving medical nutrition therapy services may require referral to other medical professionals. If a registered medical nutrition therapy client is not connected to a case management service, staff will refer the client to a case manager and to other appropriate community resources.

Case Closure: Case closure is a systematic process for disenrolling clients from medical nutrition therapy services. The process includes formally notifying patients of pending case closure and completing a case closure summary to be kept on file in the patient record.

A thorough nutrition assessment is important to early intervention.

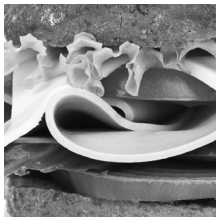
STAFFING REQUIREMENTS AND QUALIFICATIONS

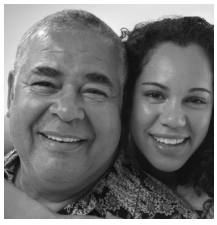
At minimum, all medical nutrition therapy staff will be able to provide age and culturally appropriate care to people living with HIV, complete documentation as required by their positions and maintain appropriate licensure if applicable. RDs will have the following: broad knowledge of principles and practices of nutrition and dietetics; advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV; and advanced knowledge of current scientific information regarding nutrition assessment and therapy and the ability to distill and communication this information to clients and other service providers.

STANDARDS OF CARE

Los Angeles County Commission on HIV







MEDICAL NUTRITION THERAPY SERVICES

SERVICE INTRODUCTION

Nutrition therapy services involve assessment and appropriate interventions and treatments to maintain and optimize nutrition status and self-management skills for the purpose of treating HIV disease. Good nutrition has been shown to be a critical component of overall measures of health, especially among people living with HIV.

Nutrition therapy includes:

- Conducting nutrition needs evaluation and plan
- Developing and implementing a nutrition care plan
- Providing nutrition counseling and nutrition therapy
- Distributing nutrition supplements when appropriate
- Providing nutrition and HIV trainings to clients and their providers
- Distributing nutrition-related educational materials to clients

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

The goals of medical nutrition therapy for people living with HIV include:

- Optimizing nutrition status and immunity
- Preventing the development of nutrient deficiencies
- Promoting the attainment and maintenance of optimal body weight and composition
- Maximizing the effectiveness of antiretroviral agents

Recurring themes in this standard include:

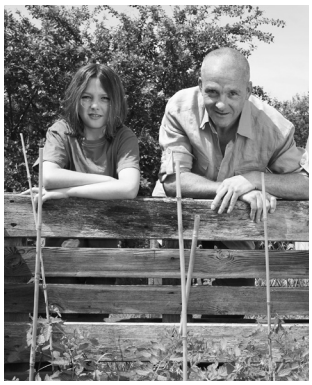
- Nutrition therapy can improve health outcomes for people living with HIV.
- Services should be provided by a Registered Dietician (RD) who is an expert in HIV nutrition issues.
- Nutrition therapy services will use evidence-based guides, protocols, best practices and research in the field of HIV/AIDS including the American Dietetic Association's HIV-related protocols in *Medical Nutrition Therapy Across the Continuum of Care* and the Los Angeles County Commission on HIV Health Services' *Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy* Protocols, 2002 as guidelines for treatment provision.

- Nutrition therapy services should be performed in collaboration with clients' primary medical care providers.
- Detailed nutrition assessments, care plans and ongoing nutrition screening are critical to nutrition therapy and dictate levels of continued treatment.
- Access to laboratory data and anthropometric measures are necessary to the successful completion of nutrition assessments and care plans.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:

- *Food Distribution and Nutritional Counseling Services Contract Exhibit,* Office of AIDS Programs and Policy
- *Ambulatory/Outpatient Medical Services Exhibit,* Office of AIDS Programs and Policy
- *Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy,* Dietitians in AIDS Care and AIDS Project Los Angeles, Los Angeles County Commission on Health Services, 2002
- *Medical Nutrition Therapy Across the Continuum of Care, 2nd Edition,* The American Dietetic Association, 1998
- *Nutrition Intervention in the Care of Persons with Human Immunodeficiency Virus Infection – Position of the American Dietetic Association and Dietitians of Canada,* Journal of the American Dietetic Association, 2004
- *Nutrition Guidelines for Agencies Proving Food to People Living with HIV Disease, 2nd Edition,* Association of Nutrition Services Agencies, 2002
- Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were San Antonio, TX, 2005; Baltimore, MD, 2004 and Las Vegas, NV



Nutrition counseling can positively affect health outcomes.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All nutrition therapy services will be provided in accordance with published standards of care, Commission on HIV guidelines and procedures, the California Business and Professions Code section 2585-2586.8, and local laws and regulations.

All programs providing nutrition therapy counseling services will operate under the direct supervision of an RD or nutritionist consistent with California Business and Professions Code section 2585-2586.8. Registered dietitians providing nutrition therapy services will have advanced knowledge of nutrition issues for people living with HIV, maintain membership in the HIV/AIDS Dietetic Practice Group and maintain professional education (CPE) units/hours, primarily in HIV nutrition and other related medical topics as administered by the Commission on Dietetic Registration.

Registered Dietitian (RD): An RD is an expert in food or nutrition who has completed the following:

- A Bachelor's, Master's and/or Doctorate degree in nutrition and related science
- A supervised dietetic internship or equivalent
- A national exam which credentials her/him as an RD by the Commission on Dietetic Registration

Continuing education is required to maintain an RD certification.

Dietetic Technician Registered (DTR): A DTR is a food or nutrition expert who has:

- Completed an Associate's degree in nutrition and related sciences
- Earned a national credential as DTR by completing a national examination and continuing education in food and nutrition

All DTRs must work under the supervision of an experienced RD.

DEFINITIONS AND DESCRIPTIONS

Dietitians are experts in food and nutrition, promoting good health through proper eating. They supervise the preparation and service of food, develop modified diets and educate individuals and groups on good nutrition habits and self-management skills.

Nutrition therapy is a provision of specific nutrition counseling and interventions to help treat HIV disease, including screening, referral, assessment, intervention and communication. Nutrition therapy involves both assessment and appropriate treatments to maintain and optimize nutrition status.

HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

Studies in this country have determined that moderate (<5%) and severe (5-10%) weight loss over a four-month period of time correlate with an increased risk of opportunistic infections and mortality in people living with HIV (Wheeler et al, 1998). People living with HIV have been observed to have deficiencies in vitamins and minerals (A, B-complex, C and E; selenium and zinc) needed by the immune system to fight infection. Deficiencies in antioxidant vitamins and minerals may accelerate immune cell death and increase the rate of HIV replication (World Health Organization, 2004).

Early identification of nutrition problems is critical to successful prevention and/or treatment. A thorough nutrition assessment is an important component of early intervention efforts to prevent the loss of body tissue (Fields-Gardner, Thomson & Rhodes, 1997). Such assessment is necessary to prioritize appropriate nutrition interventions and to develop a multidisciplinary nutrition plan (American Dietetic Association & Dietitians of Canada, 2004). Nutrition counseling and supplements have been shown to have a positive influence on health outcomes in people living with HIV (Nerad, et al., 2003; Rabeneck, et al., 1998; Berneis, et al., 2000).

Access to nutrition services affects health maintenance and prognosis (American Dietetic Association & Dietitians of Canada, 2004). Nutrition status has been shown to be strongly predictive of survival and functional status during the course of HIV infection. Optimal nutrition status helps prevent malnutrition and opportunistic infections, thereby helping maintain immune status, improving quality of life, and possibly decreasing mortality (Edelman & Mackrell, 2000). During critical stages of illness, nutrition and medical interventions working together can help manage disease and improve outcomes by

preserving body cell mass stores (Rivera, et al., 1998). Nutrition maintenance strategies can reduce body metabolism problems, food/drug interactions and medication side effects that accompany long-term pharmacotherapy (American Dietetic Association & Dietitians of Canada, 2004).

SERVICE COMPONENTS

Nutrition therapy services provided under contract with the DHSP include:

- Conducting a nutrition assessment
- Developing and implementing a nutrition care plan
- Providing nutrition counseling and nutrition therapy
- Distributing nutritional supplements when appropriate
- Providing nutrition and HIV trainings to clients and their providers
- Distributing nutrition-related educational materials to clients

All nutrition therapy services will be provided in accordance with the Commission on HIV guidelines and procedures, and local laws and regulations. Additionally, services will use current HIV nutrition protocols and evidence-based guidelines such as the American Dietetic Association's HIV-related protocols in *Medication Nutrition Therapy Across the Continuum of Care* (for ordering information, please see the "Other Resources" section in this standard of care*)*, *Nutrition Intervention in the Care of Persons with Human Immunodeficiency Virus Infection – Position of the American Dietetic Association and Dietitians of Canada,* 2004, and the Los Angeles County Commission on HIV Health Services' *Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy Protocols, 2002*, developed by Dietitians in AIDS Care and AIDS Project Los Angeles.

Other useful guidelines include:

- *Health Care and HIV: Nutritional Guide for Providers and Clients,* Health Resources and Services Administration, HIV/AIDS Bureau, June, 2002
- *Integrating Nutrition Therapy into Medical Management of HIV,* Clinical Infectious Diseases, 2003
- *Nutrition in Clinical Practice,* August, 2004

Nutrition therapy services will be offered to medically indigent (uninsured and/or ineligible for health care coverage) persons with HIV/AIDS and family members or other persons involved in their care. All nutrition education and counseling services will be provided as they relate to the HIV-positive client's nutrition care. RDs will use their professional discretion when providing these services to persons involved in the care of the HIV-positive client.

DEFINED LEVELS OF HIV/AIDS NUTRITION CARE

Standards for nutrition therapy are dependent upon levels of care in adults and children. In adults age 18 and over, levels of care are defined as:

- **Level of Care 1** – HIV/AIDS asymptomatic
- **Level of Care 2** – HIV/AIDS symptomatic but stable
- **Level of Care 3** – HIV/AIDS acute
- **Level of Care 4** – Palliative

In children and adolescents, levels of care are defined as follows:

- **Centers for Disease Control and Prevention (CDC) Category N and A** – No signs/

symptoms or mild signs/symptoms
- **CDC Category B** – Moderate signs/symptoms
- **CDC Category C** – Severe signs/symptoms

GUIDELINES FOR IMPLEMENTATION – NUTRITION THERAPY

Nutrition therapy services should be determined by the needs of each specific client, taking into consideration gender, ethnicity and race, co-occurring disorders, and any other psychosocial or economic situations that could impact nutrition status. *Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy Protocols* (Dietitians in AIDS Care and AIDS Project Los Angeles, 2002) sets forth specific principles for implementing nutrition therapy for people living with HIV.

Included among these guidelines are:

- **Initiating baseline nutrition therapy**
  A client should be referred to an RD for medical nutrition assessment between one and six months after an HIV-positive diagnosis. Appropriate biochemical lab results and body measurements (see Referral and Nutrition Assessment) are necessary components of this baseline assessment.
- **Referring for ongoing nutrition therapy**
  After assessment, clients should receive ongoing nutrition therapy.
  In adults (at minimum) such interventions should occur:
  - **Level of Care 1** – one to two times per year
  - **Level of Care 2** – two to six times per year
  - **Level of Care 3** – two to six times per year
  - **Level of Care 4** – two to six times per year

  In children and adolescents (at minimum):
  - **CDC Category N and A –** one to four times per year
  - **CDC Category B –** four to 12 times per year
  - **CDC Category C –** six to 12 times per year
- **Increasing adherence to antiretroviral drugs**
  Clients should be referred to nutrition therapy to support medication adherence, to increase efficacy of medications and to minimize adverse side effects
- **Serving pregnant women**
  HIV-positive women should be referred for nutrition therapy upon receiving a positive pregnancy test to ensure appropriate nutrition intake, manage symptoms, reduce transmission to the infant and increase favorable outcomes. Follow-up care should be provided at least once in the second trimester and monthly thereafter.
- **Serving infants and children**
  Infants and children living with HIV should be referred to nutrition therapy following diagnosis to ensure adequate nutrition intake and to promote normal growth and development.

STANDARD	MEASURE
Programs will use *HIV-related Medication Nutrition Therapy Across the Continuum of Care* and *Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy Protocols* as standards for nutrition therapy services.	Chart review to confirm the provision of nutrition therapy and that these standards have been upheld.
Clients should be referred to an RD for medical nutrition assessment between one and six months after an HIV-positive diagnosis.	Referral documented in client chart.

STANDARD	MEASURE
Ongoing nutrition therapy will match appropriate level of care.	Level of care documented in client chart.
Clients will be referred for nutrition therapy in the following other cases: • To help increase adherence • When clients are pregnant (pregnant women should receive follow-up at least once in the second trimester and monthly thereafter) • When clients are infants or children	Client chart to document reason for referral.

REFERRAL – NUTRITION THERAPY

Referral to an RD for nutrition therapy can be made by physicians and surgeons, osteopaths, PAs or dentists for any of the following reasons:

- Physical changes and weight concerns
- Oral/GI symptoms
- Metabolic complications and other medical conditions including diabetes, hyperlipidemia, hypertension, etc.
- Barriers to nutrition, living environment, functional status
- Behavioral concerns or unusual eating behaviors
- Changes in diagnosis requiring nutrition intervention

All referrals from medical providers must provide or make available all of the information included in the Nutrition Therapy Referral Form developed the HIV/AIDS Dietetic Practice Group of the American Dietetic Association.

Under California law, the health care provider must provide a signed and dated written prescription for nutrition therapy that includes diagnosis and desired outcome to an RD.

Referral data should include (at minimum):

- Laboratory data, including a basic metabolic panel, CBC and CD4. Laboratory data will be provided as clinically appropriate and necessary to nutrition therapy, and may include albumin, prealbumin, electrolytes, viral load, lymphocyte subset, blood sugar, cholesterol, triglycerides and other lipids, liver function tests, BUN, creatinine and transferrin
- Nutrition prescription and/or desired outcomes
- Diagnosis and medical history
- Medications
- Alternative and complementary therapies
- Karnofsky score
- Living situation
- Any other relevant information that may impact a client's ability to care for him or herself

STANDARD	MEASURE
Referral for nutrition therapy will be made by physicians and surgeons, osteopaths, PAs or dentists.	Signed and dated referral source documented in client chart.

STANDARD	MEASURE
Clients should be referred by medical professionals for any of the following reasons: • Physical changes/weight concerns • Oral/GI symptoms • Metabolic complications and other medical conditions • Barriers to nutrition, living environment, functional status • Behavioral concerns or unusual eating behaviors • Changes in diagnosis requiring nutrition intervention	Client chart to document reason for referral.
Referrals to nutrition therapy should include (at minimum): • Relevant laboratory data • Nutrition prescription or desired outcomes • Diagnosis and medical history • Medications • Alternative and complementary therapies • Karnofsky score • Living situation • Any other relevant information that may impact a client's ability to care for him or herself	Referral with required information included in client file.

CLIENT INTAKE – NUTRITION THERAPY

Programs providing nutrition therapy services will:

- **Develop and implement client eligibility requirements** which include documentation of client's HIV status, income level and proof of residency in Los Angeles County.
- **Conduct an intake evaluation**, to be updated annually, which gathers demographic information and determines client need and eligibility for services (as outlined above). In the intake process and throughout nutrition therapy service delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, HIPAA-compliant Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released).
- **Coordinate with primary health care providers and case managers** to assess a client's need and eligibility for nutrition therapy and to ensure that the client's nutrition needs are being addressed.

STANDARD	MEASURE
Nutrition therapy programs will develop eligibility criteria.	Eligibility criteria on file at provider agency to include: • Proof of residency in LA County • Proof of income • Proof of HIV diagnosis
Nutrition therapy programs will conduct a client intake.	Client intake in client file updated annually.
Client confidentiality will be strictly maintained. As necessary, HIPAA- compliant Release of Information will be signed to exchange information with other providers.	Signed, dated HIPAA-compliant Release of Information in client chart.
With a signed, dated HIPAA-compliant release of information, nutrition therapy programs will coordinate with client's primary care providers and case managers to assess need for service and to ensure nutrition needs are being addressed.	Records of communication with medical providers in client chart.

NUTRITION ASSESSMENT – NUTRITION THERAPY

A nutrition assessment is necessary for a dietitian to determine and prioritize nutrition interventions and to integrate them into a multidisciplinary plan. Nutrition assessments performed by or under the supervision of a registered dietitian include evaluation of current information, changes in health status and goals of nutrition therapy. Additional assessments will be provided as required by a given client's health status.

Such assessments will include (at minimum):

- Medical considerations (both HIV and others)
- Food allergies/intolerances
- Interactions between medicines, foods and complementary therapies
- Dietary restrictions
- Physician's order for nutrition therapy
- Assessment of nutrition intake vs. estimated need
- Food preferences and cultural components of food
- Macro nutritional, micro nutritional and dietary supplements
- Food preparation capacity (appliances, abilities, utensils, etc.)
- Actual height and weight, pre-illness usual weight, weight trends, goal weight, ideal weight and percent ideal weight
- Body mass index (BMI)
- Lean body mass and fat
- Waist and hip circumferences

Nutrition assessments will be shared with the client's primary health care provider.

STANDARD	MEASURE
An annual nutrition assessment will be conducted by or under the supervision of a registered dietitian to ensure appropriateness of service. With a signed, dated HIPAA-compliant release of information, nutrition assessments will be shared with client's primary medical care provider.	Signed, dated nutrition assessment on file in client chart that includes (at minimum): • Medical considerations (both HIV and others) • Food allergies/intolerances • Interactions between medicines, foods and complementary therapies • Dietary restrictions • Physician's order for nutrition therapy • Assessment of nutrition intake vs. estimated need • Food preferences and cultural components of food • Macro nutritional supplements and micro-nutritional supplements • Food preparation capacity (appliances, abilities, utensils, etc.) • Actual height and weight, pre-illness usual weight, weight trends, goal weight, ideal weight and % ideal weight • BMI Lean body mass and fat • Waist and hip circumferences Client file will contain signed, dated HIPAA-compliant release and document date that assessment was shared with medical provider.

NUTRITION CARE PLAN – NUTRITION THERAPY

After a thorough nutrition assessment has been completed, a nutrition care plan is developed, based upon (at minimum):

- Medical information

- Laboratory and biochemical data
- Current diet
- Calculated intake compared to nutrient needs
- Weight and anthropometric measurements (utilizing the National Health and Nutrition Examination Survey (NHANES) methodology)
- Psychosocial data, including exercise, activity level, smoking, alcohol and drug use patterns, learning disabilities, etc.
- Any other relevant information that may impact a client's ability to care for him or herself

The nutrition care plan comprises planned nutrition interventions and strategies, including nutrition counseling sessions, recommendation of supplements when appropriate, etc. This plan will be developed, shared and mutually agreed upon with the client. Nutrition care plans will be signed and dated and kept in the client paper or electronic file. Nutrition care plans will be updated as necessary and will be shared with the client's primary health care provider.

STANDARD	MEASURE
After nutrition assessment is completed, a nutrition care plan will be developed, shared and mutually agreed upon with the client.	Signed, dated care plan on file in client paper or electronic file which includes (at minimum): • Medical information • Laboratory and biochemical data • Current diet • Calculated intake compared to nutrient needs • Weight and anthropometric measurements and history (NHANES methodology) • Relevant psychosocial data • Planned interventions and strategies
Nutrition care plan will be updated as necessary and, with a signed and dated HIPAA-compliant release, shared with client's primary care provider.	Updated, signed plans on file in client chart. Signed, dated HIPAA-compliant release of information and record of date that care plans were shared with primary care provider also in client chart.

NUTRITION INTERVENTION – NUTRITION THERAPY

Nutrition intervention is based on the nutrition assessment and care plan and provides training in self-management and appropriate referrals.

Ongoing nutrition counseling sessions will address, as appropriate, the following areas:

- Healthy eating principles that ensure adequate nutrition
- Food and water safety issues
- Perinatal nutrition and breast-feeding issues for HIV-infected mothers of newborns
- Nutrition strategies for symptom management (e.g., anorexia, early satiety, swallowing problems, dysphasia, thrush, nausea and vomiting, diarrhea, food intolerances)
- Food/medication interactions and strategies to ensure optimal medication efficacy
- Psychosocial issues that may influence appropriate nutrition, including referral to appropriate resources
- Alternative feeding methods (e.g., supplementation, tube feeding, parenteral nutrition)
- Strategies for treatment of body fat changes and altered metabolism (in collaboration with the primary medical care provider), including exercise, lipid-lowering medications, dietary modifications, glycemic control, hormonal normalization, anabolic medications)
- Evaluation of nutrition information, special diets, vitamin or mineral or other dietary supplementation and other nutrition practices
- Additional activities and therapies that support good nutrition (e.g., physical exercise,

medications for symptom management, chronic disease management, etc.)
- Nutrition supplements distributed to those clients whose nutrition assessments deem them appropriate.

Progress notes detailing a client's nutrition intervention will be kept in the client file and shared with his/her primary care provider.

STANDARD	MEASURE
Nutrition intervention will be based on the nutrition assessment and care plan.	Progress notes detailing interventions to include self-management training and appropriate referrals.
As appropriate, ongoing nutrition counseling sessions will include: • Healthy eating principles • Food and water safety issues • Perinatal nutrition and breast-feeding issues • Nutrition strategies for symptom management • Food/medication interactions and strategies to ensure optimal medication efficacy • Psychosocial issues that may influence appropriate nutrition (including referral to appropriate resources) • Alternative feeding methods • Strategies for treatment of body fat changes and altered metabolism • Dietary supplementation and other nutrition practices • Additional activities and therapies that support good nutrition • Nutritional supplements	Progress notes to detail content of ongoing nutrition counseling sessions. With a signed, dated HIPAA-compliant release, notes will be shared with client's primary care provider. Release of Information and documentation of date that notes were shared on file in client chart.

PROMOTION/LINKAGES – NUTRITION THERAPY

Programs providing nutrition therapy will:
- **Promote the availability of nutrition therapy services** for people living with HIV among other service providers
- **Network with AIDS service organizations (ASOs)** to identify eligible persons living with HIV in need of nutrition therapy services
- **Provide nutrition and HIV trainings** to clients and their providers in local HIV community based organizations and residential facilities
- **Distribute nutrition education materials** to clients and agencies to promote proper nutrition and food safety for people living with HIV

STANDARD	MEASURE
Programs providing nutrition therapy will promote the availability of their services.	Promotion plan on file at provider agency.
Programs will network with ASOs to identify appropriate clients.	Record of outreach and networking efforts on file at provider agency.
Programs will provide nutrition and HIV trainings to clients and their providers in local HIV organizations and facilities.	Documentation of trainings and curricula on file at provider agency.
Programs will distribute nutrition education materials to clients and agencies.	Materials that promote proper nutrition and food safety on file at provider agency, along with distribution plan.

PROGRAM RECORDS – NUTRITION THERAPY

Programs will maintain in each client's file the following information (at minimum):

- **An intake** which includes documentation of HIV status, income and Los Angeles County residence, and name, address and phone number of client and emergency contact
- **Nutrition assessment** to be updated as necessary, but at least yearly
- **Current food and nutrition care plan** signed and dated both by client and provider
- **Documentation of client's nutrition progress/status** including serial weights at each office based visit and height at least once a year
- **Documentation of referrals** to other HIV service providers
- **Progress notes** detailing nutrition interventions and ongoing reassessments.

As earlier noted, providers of nutrition therapy will share assessments, care plans and documentation progress and status with the client's primary health care provider.

STANDARD	MEASURE
Programs will maintain client records.	Client records on file at provider agency to include: • Intake • Nutrition assessment • Current food and nutrition care plan • Documentation of nutrition progress • Documentation of referrals • Progress notes
With a signed, dated HIPAA-compliant release, all relevant information will be shared with client's primary medical care provider.	Signed HIPAA-compliant release and documentation of date information was shared on file in client chart.

TRIAGE/REFERRAL – NUTRITION THERAPY

Clients receiving medical nutrition therapy services may require referral to other medical professionals including:

- Physicians
- Dentists
- Social workers
- Mental health providers

If a registered nutrition therapy client is not connected to a case management service, staff will refer the client to a case manager.

Additionally, referrals to community resources may be appropriate, including (but not limited to):

- Food pantries
- Food stamps
- Women, Infants and Children Supplemental Food Program (WIC)
- Nutrition classes
- Gyms

STANDARD	MEASURE
Clients receiving nutrition therapy will be referred to other medical professionals as needed.	Referrals to physicians, dentists, social workers and mental health providers recorded in client chart.
Clients receiving nutrition therapy who do not have a case manager will be referred to a case manager.	Record of referral on file in client chart.
Clients will be referred to other community resources as needed.	Referrals to food pantries, food stamps, WIC, nutrition classes and gyms recorded in client chart.

CASE CLOSURE – NUTRITION THERAPY

Programs that offer nutrition therapy services will develop criteria and procedures for case closure. Whenever possible, all clients whose cases are being closed must be notified of such action. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure.

Cases may be closed when the client:

- Relocates out of the service area
- Has had no direct program contact in the past six months
- Is ineligible for the service
- No longer needs the service
- Discontinues the service
- Is incarcerated long term
- Uses the service improperly or has not complied with the client services agreement
- Has died

STANDARD	MEASURE
Nutrition therapy programs will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the client: • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died
Programs will attempt to notify clients about case closure.	Client chart will include attempts at notification and reason for case closure.

STAFFING REQUIREMENTS AND QUALIFICATIONS

All staff hired by provider agencies will be able to provide age and culturally appropriate care to clients infected with and affected by HIV. At minimum, all nutrition therapy staff will be able to provide appropriate care to people living with HIV, complete documentation as required by their positions and maintain appropriate licensure if applicable.

RDs: In addition to meeting registration requirements, RDs working in agencies or clinics that provide nutrition therapy will have the following:

- Broad knowledge of principles and practices of nutrition and dietetics
- Advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV
- Advanced knowledge of current scientific information regarding nutrition assessment and therapy and the ability to distill and communication this information to clients and other service providers

RDs will practice according to the Code of Ethics of the American Dietetic Association (found online at http://www.eatright.org/Public/index_8915.cfm).

Among the principles included in this Code of Ethics, an RD will:

- Practice dietetics based on scientific principles and current information
- Present substantiated information and interpret controversial information without personal bias; recognizing that legitimate differences of opinion exist
- Provide sufficient information to enable clients and others to make their own informed decisions
- Protect confidential information and make full disclosure about any limitations on his/her ability to guarantee full confidentiality
- Provide professional services with objectivity and with respect for the unique needs and values of individuals

RDs will participate in Dietitians in AIDS Care, maintain membership in the HIV/AIDS Dietetic Practice Group of the American Dietitian Association and complete current professional education (CPE) units/hours, primarily in HIV nutrition and other related medical topics as administered by the Commission on Dietetic Registration.

STANDARD	MEASURE
At minimum, all nutrition therapy staff will be able to provide appropriate care to people living with HIV, complete documentation as required by their positions and maintain appropriate licensure if applicable.	Staff resumes and qualifications on file at provider agency.
RDs will have the following: • Broad knowledge of principles and practices of nutrition and dietetics • Advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV • Advanced knowledge of current scientific information regarding nutrition assessment and therapy	Staff resumes, qualifications and records of training on file at provider agency.
RDs will practice according to their Code of Ethics.	Performance review to confirm.
RDs will maintain membership in the HIV/AIDS Dietetic Practice Group.	Record of membership in employee file.
RDs will maintain current professional education (CPE) units/hours, primarily in HIV nutrition and other related medical topics as administered by the Commission on Dietetic Registration.	Training record in employee file.

UNITS OF SERVICE

Unit of service: Units of service defined as reimbursement for nutrition therapy services are based on number of nutrition sessions or seminars provided to eligible clients.

- Nutrition therapy assessment units: calculated in number of sessions provided
- Nutrition therapy ongoing counseling units: calculated in number of sessions provided
- Nutrition therapy seminar units: calculated in number of seminars provided

Number of clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASOs	AIDS Services Organizations
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
CPE	Continuing Professional Education
DHSP	Division of HIV and STD Programs
DTR	Dietetic Technician Registered
GI	Gastro-Intestinal
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
NHANES	National Health and Nutrition Examination Survey
PA	Physician's Assistant
RD	Registered Dietician
STD	Sexually Transmitted Disease
WIC	Women, Infants and Children