



**MEDICAL NUTRITION THERAPY
INCLUDING NUTRITIONAL SUPPLEMENTS
STANDARDS OF CARE**

FOR

HIV SERVICES IN ORANGE COUNTY

Reviewed by Planning Council 08/12/26

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SECTION 1: INTRODUCTION

Nutrition is a critical component of overall measures of health, especially among people living with HIV (PLWH). Good nutrition may delay disease progression and well-nourished PLWH with an undetectable viral load are more likely to withstand the effects of HIV infection. Optimal nutrition status helps prevent malnutrition and opportunistic infections, thereby helping to maintain immune status, improve quality of life, and possibly decrease mortality. Medical Nutrition Therapy is to be provided in collaboration with other health care providers and social service organizations. These services attempt to improve and maintain health, nutrient intake, food security, and quality of life.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's Medical Nutrition Therapy services:

- Are accessible to all PLWH who reside in Orange County
- Are provided by licensed practitioners or otherwise qualified staff and volunteers
- Appropriately address issues of consent and confidentiality for a client enrolled in services
- Assess and respond appropriately to the physical, nutritional, dietary, and therapeutic needs of clients
- Prepare meals in adherence with safety, sanitation, and food handling/preparation standards for PLWH
- Ensure clients have adequate knowledge of nutritional needs and awareness of strategies to accomplish nutritional goals
- Maintain the highest standard of care for clients

SECTION 2: DEFINITION OF MEDICAL NUTRITION THERAPY

The Health Resource and Service Administration (HRSA) categorizes Medical Nutrition Therapy as a core medical service and includes nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. Medical Nutrition Therapy may be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. Additionally, services under this category must be pursuant to a medical provider's referral and based on a nutritional plan developed by a registered dietitian or other licensed nutritional professional.

These services are provided in accordance with United States Department of Agriculture (USDA) Dietary Guidelines for Americans, Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) and Orange County guidelines and procedures, as well as federal, state and local laws and regulations.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Proper medical nutrition therapy services require appropriately qualified and trained staff. This includes:

- **HIV Knowledge and Training.** Staff shall have training and experience with general HIV-related issues and concerns. At a minimum, staff will have completed an initial and annual educational session in one (1) of the topics listed below. Education can include round table discussion, training, one-on-one educational sessions, in-service, or literature review.
 - HIV disease process and current medical treatments
 - Privacy requirements and Health Insurance Portability and Accountability Act (HIPAA) regulations
 - Psychosocial issues related to HIV
 - Cultural issues related to communities affected by HIV
 - Human sexuality, gender, and sexual orientation affirming care
 - Transmission of HIV and other communicable diseases
 - Adherence to medication regimens
 - Diagnosis and assessment of HIV-related nutritional issues
- **Licensure.** Staff that are Registered Dietitian (RD) and Dietetic Technician Registered (DTR) must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities. They will continue education as needed and to maintain certification as required.
 - RD will have completed one of the following: a Bachelors, Masters, or Doctorate degree in nutrition and related sciences; a supervised dietetic internship or

- equivalent; a national exam which credentials them as a RD by the Commission on Dietetic Registration.
- DTR will work under a RD and have completed an associate's degree in nutrition and related sciences, as well as national credentials as DTR by completing a national examination.
 - **Legal and Ethical Obligations.** Staff must be aware and able to practice under the legal and ethical obligations set forth by California state law and their respective professional organizations. Obligations include the following:
 - **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the service providers. Limits to maintaining confidentiality include danger to self or others, grave disability, and child/elder/dependent adult abuse. Domestic violence must be reported according to California mandated reporting laws.
 - **Duty to warn:** Serious threats of violence (including physical violence, serious bodily harm, death, and terrorist threats) against a reasonably identifiable victim must be reported to authorities. However, at present, in California, a PLWH engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Staff should follow their agency's policies and procedures in relation to duty to warn.

Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file
Appropriate staff will receive initial trainings within 60 days of hire and annual education regarding HIV related issues/concerns (as listed above under training)	Documentation of training/education on file.
Providers shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, for the functions they perform	Documentation of degrees, certifications, licenses, permits, or other documentation on file

SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all PLWH. Although an individual's ethnicity is generally central to their identity, it is not the only factor that makes up a person's culture. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture. If a service provider determines that they are not able to provide culturally or linguistically appropriate services, they must refer the client to another service provider that can meet the client's needs in accordance with the agency's referral policy and procedure (P&P).

Based on the Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The ability to respect, relate, and respond to a client's culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to all clients.
- Recognizing the significant power differential between provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regards to people's sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Standard	Measure
Service providers shall recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service providers shall have a written strategy on file
All staff (including administrative staff) shall receive initial training within 60 days of hire and annual training to build cultural and linguistic awareness	Documentation of training/education documentation on file.
Service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Service provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Service provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: CLIENT REGISTRATION

Client registration is required for all Medical Nutrition Therapy services. It is a time to gather registration information and provide basic information about service availability. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall be careful to provide an appropriate level of information that is helpful and responsive to client need.

If a client is receiving multiple Ryan White services with the same provider, registration only needs to be conducted one time. It is acceptable to note that eligibility, registration, and required documents discussed in this section were verified and exist in another client record at the same provider agency.

Provision of information regarding *Client Rights and Responsibilities*, *Client Grievance Process*, and *Notice of Privacy Practices (NPP)* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring provider may send the emergency financial assistance for medications provider a signed document indicating that they have provided this information to the client.

The following describe components of registration:

- Staff shall respond to phone calls within two (2) business days upon receipt of phone call from a client and/or case manager.
- Medical Nutrition Therapy staff shall schedule an initial appointment within five (5) business days of client contact.
- Registration shall take place as soon as possible. If there is an indication that the client may be facing a medical crisis, the registration process shall be expedited, and appropriate intervention may take place prior to formal registration.
- The service provider shall obtain the appropriate and necessary demographic information to complete registration as required for the Ryan White Services Report (RSR). This may include, but is not limited to, information regarding demographics, risk factors, HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.
- Staff shall clearly explain what services entail the availability of various services.
- Staff shall communicate information to clients described below:
 - Written information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.
 - Information about filing a **Grievance** if the client feels their rights have been violated.
 - A copy of the client's **Rights and Responsibilities** (included in the HIV Handbook or Provider's Rights and Responsibilities).
 - Clients shall also be given the **NPP** form. Clients shall be informed of their right to confidentiality. It is important not to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality shall include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.).
- The provider shall also obtain the following required documents:
 - A **Consent for Services** form, signed by the client, agreeing to receive services.
 - Clients shall be informed of HIV Care Connect (HCC) and obtain an **HCC consent**. The HCC consent must be signed at intake prior to entry into the HCC database and every three (3) years thereafter. The signed consent form shall authorize the Office of AIDS (OA) to record and track their demographic, eligibility, and service information and share this information with other agencies in the Ryan White system of care.

- A signed document indicating receipt of **Rights and Responsibilities**. Client rights and responsibilities incorporate a client's input; and provide a fair process for review if a client believes they has been mistreated, poorly served, or wrongly discharged from services.
- If there is a need to disclose information about a client to a third party, including family members, client shall be asked to sign an **Authorization to Disclose (ATD)/Release of Information (ROI)** form, authorizing such disclosure. This form may be signed at registration prior to the actual need for disclosure. Information disclosed will be limited to the narrowest scope of information that meets the immediate need of disclosure. Releases of information may be cancelled or modified by the client at any time.

Standard	Measure
Client shall be contacted within two (2) business days of client contact	Registration tool is completed and in client record
HCC Consent signed and completed prior to entry into HCC	Signed and dated based on HCC consent form guidelines by client and in client record
Client is informed of Rights and Responsibilities	Signed and dated by client and in client record
Client is informed of Grievance Procedures	Signed and dated by client and in client record
Client is informed of Notice of Privacy Practices	Signed and dated by client and in client record
Consent for services completed as needed	Signed and dated by client and in client file as appropriate
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client record as needed

SECTION 6: SCREENING

Service providers shall conduct a screening of the client's needs and eligibility/ qualification for services.

Medical Nutrition Therapy:

- **Eligibility:** The client must meet eligibility screening and payer of last resort criteria (assessing lack of health insurance or coverage for medical nutrition therapy).
 - Individuals must be re-screened for eligibility including assessing payer of last resort annually or when a change has occurred that impacts a client's eligibility for services.
- **Qualification:** To qualify for medical nutrition therapy, the client **must** receive medical provider authorization with concurrence of RD or DTR recommendation
 - Individuals must be re-assessed for service qualification every six (6) months.

Standard	Measure
Eligibility screening including assessing payer of last resort conducted annually or when a change has occurred that impacts a client's eligibility for services	Documentation in client record
Medical provider authorization with concurrence of a RD or DTR recommendation renewed every six (6) months	Documentation in client record

Nutritional Supplements:

- **Eligibility:** The client must meet eligibility screening and payer of last resort criteria (assessing lack of health insurance or coverage for nutritional supplements).
 - Individuals must be re-screened for eligibility including assessing payer of last resort annually or when a change has occurred that impacts a client's eligibility for services.
 - **Qualification:** To qualify for nutritional supplements, the client **must** receive medical provider authorization with concurrence of RD or DTR recommendation. Individuals must be re-screened for service qualification every six (6) months.

Standard	Measure
Eligibility screening including assessing payer of last resort conducted annually or when a change has occurred that impacts a client's eligibility for services	Documentation in client record
Medical provider authorization with concurrence of a RD or DTR recommendation renewed every six (6) months	Documentation in client record

SECTION 7: SERVICE MANAGEMENT

Once client registration and screening have been conducted, the provider may provide services for Medical Nutrition Therapy. Service management shall be consistent with the following principles:

- **Medical Nutrition Therapy Service Delivery**
 - Conduct initial nutrition assessment
 - Develop nutritional plan
 - Provide education based on nutritional needs identified in plan
 - Reassess client's nutritional needs as needed, but no less than every 12 months for clients requiring on going medical nutritional therapy
 - Assess nutrition intake vs estimated needs
 - Assess interactions between medicines, food, and complimentary therapies
 - Assess food allergies/intolerances and dietary restrictions
 - Coordinating with primary medical provider and/or case manager for continuity of care

Standard	Measure
Service provider shall have a procedure to ensure clients are assessed and nutrition plan is developed	<ul style="list-style-type: none">• Written procedure in place• Site visit will ensure
Service provider shall conduct an initial nutrition assessment	Site visit will ensure
Service provider shall develop a nutritional plan	Site visit will ensure
Service providers shall provide education based on nutritional needs identified in nutrition plan	Site visit will ensure
Service provider shall reassess client's nutritional needs as needed, but no less than every twelve (12) months for clients that require on going medical nutrition therapy	Site visit will ensure
Service provider shall document nutrition intake and compare to estimated needs	Site visit will ensure
Service provider shall document interactions between medicines, food, and complimentary therapies	Site visit will ensure
Service provider shall document food allergies/intolerances and dietary restrictions	Site visit will ensure

Service provider shall document coordinating with primary medical provider and/or case manager for continuity of care	Site visit will ensure
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- **Nutritional Supplements Service Delivery**

- Document the type of supplement/multi-vitamin being taken and date issued
- Document nutritional plan
- Assess client's nutritional needs and needs for services to include informing the client of benefits, side effects, and recommended dosage, as needed, or at a minimum of every three (3) months
- Provision of nutritional supplements may not exceed a ninety (90) day supply

Standard	Measure
Service provider shall document the type of supplement/multi-vitamin and date provided	Site visit will ensure
Service provider shall document nutritional plan	Site visit will ensure
Service provider shall assess the client's nutritional needs to include informing the client of benefits, side effects, and recommended dosage, as needed, or at a minimum of every three (3) months	Site visit will ensure
Provision of nutritional supplements may not exceed a ninety (90) day supply	Nutrition assessment every three (3) months

- **Confidentiality**

- Service provider agencies shall have a policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), providers shall comply with HIPAA guidelines and regulations for confidentiality.

- **Service Planning**

- Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.
- Services shall be planned, managed, and monitored to avoid the need for urgent or emergency services.

- **Documentation and Data Collection**

- Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes.
- Program data shall be entered into HCC within five (5) business days as specified in contract or scope of work.

- Service providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning.
- Service providers shall gather and document data (e.g., demographic, eligibility, and risk factor information) for the RSR.
- **Compliance with Standards and Laws**
 - Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
 - Medical Nutrition Therapy services shall be consistent with standards set forth in this document.

Standard	Measure
Service provider shall have procedure to address walk-ins, telephone triage, emergencies, and after-hour care	Written procedure in place
Service provider shall have procedure for making referrals to offsite services	Written procedure in place
Service provider shall have policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices; for covered agencies and information, policy shall be consistent with HIPAA regulations	Written policy on file
Staff shall be aware of provider confidentiality policy via training upon employment and annually thereafter	Documentation of education or training on file
Service provider shall ensure client information is in a secured location	Site visit will ensure
Service provider shall screen clients to ensure the least costly service is used as appropriate to client needs	<ul style="list-style-type: none"> ● Written procedure in place ● Site visit will ensure
Service provider shall regularly review client records to ensure proper documentation	Written procedure in place
Service providers shall document and keep accurate records of units of services	Site visit will ensure
Required client data and services shall be entered in HCC	Required data fields will be validated by the RSR
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit will ensure

SECTION 8: SERVICE CLOSURE

Services provided under Medical Nutrition Therapy are based on the need of the clients and their attempt to access services. As such, discharge or termination of services may be independent from other services.

A client may be closed from medical nutrition therapy services due to the following conditions:

- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client shows no demonstrated need for these services.
- The client chooses to terminate services.
- The client's needs would be better served by another agency.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities.
- The client cannot be located.
- The client has died.

The following describes components of discharge planning:

- **Missed Appointments.** If the client has missed appointments and is at risk of suspension or termination of services, the provider will provide follow-up including telephone calls, written correspondence and/or direct contact, to strive to maintain a client's participation in care.
- **Transfer.** A client may be discharged if his/her needs would be better served by another agency and is transferred to that agency. If the client is transferring to another provider, and the other provider will participate in the process, case closure should be preceded by a transition plan. To ensure a smooth transition, relevant intake documents may be forwarded to the new service provider. Providers from the two agencies should work together to provide a smooth transition for the client and ensure that all critical services are maintained, with appropriate Release of Information.
- **Closure Due to Unacceptable Behavior.** If closure is due to unacceptable behavior that violates client rights and responsibilities, the provider shall notify the client that their services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be documented. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, they shall be informed of the provider's grievance procedure.

- **Documented Discharge Summary.** A discharge summary shall be documented in the client's record. The discharge summary shall include the following items listed below in the Measure box.
- **Data Collection Closeout.** The provider shall close out the client in the data collection system (HCC) as soon as possible, but no later than thirty (30) days of service closure. For clients receiving services other than Medical Nutrition Therapy services at the same provider agency, the provider shall coordinate efforts between services to ensure that data collection closeout occurs no later than thirty (30) days of closure from all Ryan White services at that provider agency.

The Medical Nutrition therapy provider will inform the referring agency of the client's closure with accordance to their organizations P&P.

Standard	Measure
Attempt to reach clients who have dropped out of services without notice	Signed and dated note to document attempt to contact in client service record
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client service record. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client service record
A service closure summary shall be completed for each client who has terminated services	Client service closure summary to include: <ul style="list-style-type: none"> • Circumstances and reasons for discharge • Date and staff initials
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that provider agency	Data collection system (HCC) will indicate client's closure no later than thirty (30) days of service closure

SECTION 9: QUALITY MANAGEMENT

Providers shall have at least one (1) member on the Ryan White Quality Management (QM) Committee. The QM Committee oversees quality management activities for all providers under Ryan White Part A. Providers may continue to have their own QM committee if they desire and/or are required to do so under other funding streams. The intent of a centralized QM committee with representation from all providers is to ensure information between agencies is consistent, quality initiatives are undertaken by the entire Ryan White system, and service delivery issues can be addressed system wide.

As providers participate in the centralized QM committee, the intent is for all providers to actively participate in and provide feedback on the following items:

- Providers shall participate in community-wide Quality Improvement initiatives as developed by the QM committee.
- Providers will implement strategies that may lead to improvements in health outcomes as outlined in annual Outcome Measures.
- Providers will implement quality assurance strategies that improve the delivery of services.

Standard	Measure
Providers shall participate in annual quality initiatives	Documentation of efforts to participate in quality initiatives

Appendix A: Glossary of Terms

The terms defined in the appendix are general terms used throughout all of the standards of care and may not appear in each individual standard.

Americans with Disabilities Act of 1990 (ADA): The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

HCC: HIV Care Connect (HCC) is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care, treatment and support providers and provides comprehensive data for program reporting and monitoring. HCC is used by Ryan White-funded service providers to automate, plan, manage, and report on client data.

Authorization to Disclose (ATD): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Case Manager or Jail Case Manager: The assigned staff member responsible for providing services to individuals that are incarcerated or within 180 days of release. The staff member is responsible for adhering to the Ryan White Jail Case Management Standards of Care.

Client: Is a person receiving services from an Orange County Ryan White funded program who has been incarcerated or has been recently released from incarceration.

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) requirements, including proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Eligibility workers are responsible for verifying this information.

Eligibility Verification Form (EVF): Form used to document a client's eligibility for Ryan White services. Information includes but is not limited to contact, income, household, and insurance information.

Grant Recipient: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grant Recipient for Ryan White Part A funds.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information. More information can be found through US Department of Health & Human Services at <https://www.hhs.gov/hipaa/for-professionals/index.html>.

HIV Planning Council (Council): Provides advice and makes recommendations to the County regarding HIV policy issues, service needs of the community, and allocates funds to each service funded under the Ryan White Act and advises the County on Housing Opportunities for People with AIDS (HOPWA) funds.

Notice of Privacy Practice (NPP): A notice to clients that provides a clear, user friendly explanation of client's rights with respect to their personal health information and the privacy practices of health plans and health care providers as required by HIPAA.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance.

Protected Health Information (PHI): Under US law, any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity such as a health plans, health care clearinghouses, and health care providers as defined by HIPAA rules that can be linked to a specific individual.

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provide Ryan White services and the agency at which services are provided.

Qualifying for a Service: Based on HRSA eligibility and Planning Council determined requirements (for example, proof of disability for Food Bank, income less than 300% of Federal Poverty Level for Mental Health Services), providers are responsible for ensuring that services provided adhere to qualifying requirements.

Release of Information (ROI): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Ryan White Act: Federal legislation first authorized in 1990 that created Ryan White HIV/AIDS Program which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns