



Maricopa County
Ryan White Part A Program
Policy and Procedures

Medical Nutritional Therapy

Effective Date: 03/01/2011

Revised Date: 03/01/2016

Reviewed Date: 03/01/2016

PURPOSE:

To guide the administration of Ryan White Part A Program's Medical Nutrition Therapy Services (a core service under the Act). The administration of funds must be consistent with Part A client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

POLICIES:

- The funds are intended to provide medical nutrition therapy services to eligible clients for the development of nutritional care plans which supplement primary medical care to insure continuity of care and increase the likelihood of desired health outcomes.
- Medical nutrition therapy is required to be performed by a licensed registered dietician (RD) and is considered a core service. This service involves clinical review and two-way communication with medical and mental health providers from a comprehensive assessment based on clinical and non-clinical factors that increase the likelihood of desired health outcomes.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units.

DEFINITIONS:

Medical Nutrition Therapy:

Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a licensed registered dietician; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietician



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Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans, and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

CLIENT ELIGIBILITY CRITERIA:

To be eligible for medical nutrition therapy services, a client must meet all of the standard eligibility criteria as defined in Section 3 Client Eligibility.



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ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	Supplements/ Nutritional Services	Approved RDA Supplements for eligible clients.	Entered into CAREWare under actual client name.	Date supplement was provided to client	1 unit = 1 supplement	Approved Ryan White Cost
Service Unit	MNCA Assessment/Nutritional Services	Medical Nutrition Assessment units include time spent conducting comprehensive assessments or reassessments of eligible clients.	Entered into CAREWare under actual client name.	Date service was delivered	1 unit = 15 minutes	\$0
Service Unit	MNC/Nutritional Services	Time spent providing Nutrition counseling to eligible clients.	Entered into CAREWare under actual client name.	Date service was delivered	1 unit = 15 minutes	\$0