



Maricopa County
Ryan White Part A Program
Policies and Procedures
for Medical Nutritional Therapy Services

PURPOSE:

To guide the administration of Ryan White Part A (RWPA) Program's **Medical Nutrition Therapy** (a core medical service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

DEFINITIONS:

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.

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 must provide licensure and registration required by state guidelines.
- Works in collaboration with the Food Voucher program to maintain dietitian recommendation and nutritional plan. See client charting for required content of the nutritional plan.
- 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.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units.

ALLOWABLE SERVICES

PERSONNEL QUALIFICATIONS AND TRAINING REQUIREMENTS



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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).

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 CAREW are 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	Entered into CAREW are under	Date service was delivered	2 units = 60 minutes	\$0



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		conducting comprehensive assessments or reassessments of eligible clients.	actual client name.			
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 = 30 minutes	\$0

CLIENT RIGHTS AND RESPONSIBILITIES

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY AND CONFIDENTIALITY

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's CAREWare record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored CAREWare Database managed by the RWPA Program.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years following the completion of the grant year.



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CULTURAL AND LINGUISTIC COMPETENCY

Subrecipients must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Subrecipients must have a written grievance procedure policy in place that allows for objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be kept in the client's record