

**Nebraska Ryan White Part B Program
Policy
Medical Nutrition Therapy Services**
Revised 06/2013

Federal Policy References: -Ryan White CARE Act (PL 104-146) Sect. 2612, 2613-2612(a)2(B)
-HRSA Program Policy Notice No. 10-02 (4/8/2010), 97-01 & 97-02
“Medical Nutrition Therapy Services for Eligible Individuals”
-Ryan White Part B Manual

The Nebraska Ryan White Program has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to Section 2617(c)(4)(A) of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Grantees (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS.
<https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of the Ryan White Part B policy on medical nutritional therapy services is to ensure compliance with applicable Federal policies for the appropriate use of Part B funding for medical nutrition therapy for eligible clients. This policy identifies client eligibility, appropriate uses for Ryan White Part B funded medical nutrition therapy assistance, and limitations.

1. Nebraska Ryan White Part B funds may be utilized to provide limited medical nutritional therapy to eligible clients.
2. Clients eligible for medical nutritional therapy must meet eligibility criteria per the Nebraska Ryan White Part B Policy “Client Eligibility” and per the HRSA National Monitoring Standards (see link above).
3. Medical nutritional therapy services are defined as services directly necessitated by an individual's HIV status. Examples include nutritional counseling outside of a primary medical care visit by a licensed registered dietician (described as core medical services) or by a person not a registered, licensed dietician (described as support services).
4. To the extent that funding is available, medical nutritional therapy services may include the provision of nutritional supplements provided as described in Item #3.
5. Organizations providing medical nutritional therapy services must maintain documentation to be submitted to the State to include; client name, date of

service, reason for medical nutrition therapy service, and cost for service, or as described in any agreement, contract, or sub grant with the Department of Health and Human Services.

6. Provider agencies are required to utilize the Provide® case management software system to document medical nutritional therapy services provided to clients unless other arrangements have been made between the provider agency and the Ryan White Part B Program.
7. Financial limits for medical nutritional therapy services are described in the Ryan White Part B Policy “Direct Emergency Assistance Limits/Emergency Financial Assistance Limits” for the current grant period. Medical nutritional therapy is addressed under “Other Assistance” and subject to the financial limits.
8. In no case may CARE Act funds be used to make direct payments of cash to recipients of medical nutrition therapy services.