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|  | CHAPTER TITLE                             | EFFECTIVE DATE |               |
| <b>Rhode Island Nutrition Standards</b>  | <b>7/1/2023</b>                           |                |               |
|  | <b>Version 1.0</b>                        |                |               |

**DOCUMENT HISTORY**

| STATUS   | DOCUMENT REVISION | EFFECTIVE DATE | DESCRIPTION   |
|----------|-------------------|----------------|---|
| Baseline | 1.0               | 7/1/2023       | Initial version, EOHHS Medicaid Managed Care Manual Chapter 2.5, Rhode Island Nutrition Standards |
| Revision |                   |                |   |

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**I. Criteria for Referral to a Registered Dietitian (RD), Licensed Dietitian/Nutritionist (LDN) – for Adults**

- A. Referral to a Registered Dietitian (RD), Licensed Dietitian/Nutritionist (LDN) is required pursuant to screening routinely completed as part of periodic health exams as defined below:

| SCREENING   | STANDARD FOR REFERRAL TO RD, LDN   |
|---|--|
| <b>Weight Status*:</b><br>Underweight<br>Overweight<br>Obesity<br>Unintended, Clinically<br>Significant Weight Loss | BMI $\leq$ 18.5<br>BMI 25 – 29.9<br>BMI $\geq$ 30<br>Weight Loss $\geq$ 10% of Normal Body<br>Weight   |
| <b>Blood Pressure</b>   | Diastolic $\geq$ 80 mm Hg<br>Systolic $\geq$ 130 mm Hg   |
| <b>Fasting Blood Lipids</b>   | Cholesterol $>$ 200 mg/dl<br>LDL $>$ 130 mg/dl (for individuals with diabetes,<br>LDL $>$ 100 mg/dl)<br>HDL $<$ 40 mg/dl<br>TG $>$ 150 mg/dl |
| <b>Blood Glucose:</b><br>Diabetes<br>Pre-Diabetes   | Diagnosis of diabetes; A1C $\geq$ 6.5<br>Pre-diabetes; A1C between $\geq$ 5.8 and $<$ 6.5  |

\* Weight Status Assessed Using Body Mass Index (BMI)

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- B. Referral to a RD, LDN is required as a result of a diagnosis of chronic disease, which can be managed, controlled, or ameliorated through Medical Nutrition Therapy, such as:

| DISEASE/ CONDITION       |                               |
|--------------------------|-------------------------------|
| Cardiovascular Disease   | Eating Disorders              |
| Hypercholesterolemia     | Hypertension                  |
| Dyslipidemia             | Autoimmune Disease            |
| Chronic Renal Disease    | Anemia                        |
| Pulmonary Disease        | Liver Disease/Hepatitis       |
| Gastrointestinal Disease | HIV Positive/AIDS             |
| Diabetes                 | Severe Chronic Food Allergies |
| Pre-Diabetes             | Phenylketonuria               |
| Obesity                  | Muscular-Skeletal Disease     |

- C. Referral to a RD, LDN is also required under the following circumstances:
1. Prescription regimen that has proven impact on nutrient absorption utilization and metabolism, i.e. Dilantin, Phenobarbital, MAO inhibitors, Coumadin, etc.
  2. Other conditions as medically necessary.

**II. Criteria for Referral to a Registered Dietitian (RD), Licensed Dietitian/Nutritionist (LDN) - Pregnant Women**

- A. Referral to a RD, LDN is required pursuant to screening routinely completed as part of normal obstetric care as defined by ACOG and detailed below:

| RECOMMENDED SCREENING                     | STANDARD FOR REFERRAL TO A RD, LDN   |
|---|--|
| <b>Medical History:</b><br>Past Pregnancy | History of Low Birth Weight ( $\leq 2500$ grams), SGA, and/or premature infant ( $\leq 37$ weeks GA)<br>Macrosomia or LGA ( $\geq 4000$ grams)<br>Short Interpregnancy Interval  |
| Current Pregnancy                         | Cardiovascular Disease/Disorders<br>Renal Disease<br>Pulmonary Disease<br>Gastrointestinal Disease/Disorders<br>Endocrine Disorders: Diabetes Mellitus, Gestational Diabetes<br>Chronic/Gestational Hypertension<br>Hypertensive Disorders including Pre-eclampsia/<br>Eclampsia<br>Hypo/Hyperthyroidism |




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| RECOMMENDED SCREENING  | STANDARD FOR REFERRAL TO A RD, LDN   |
|--|--|
| <p><b>Weight and Height:</b><br/>           Preavid Underweight<br/>           Preavid Overweight<br/>           Preavid Obesity</p> | Autoimmune Disease<br>Anemia<br>Liver Disease including Hepatitis<br>Cancer<br>Seizure Disorders<br>Intrauterine Growth Retardation<br>Multiple Pregnancy<br>HIV Positive or AIDS<br><br>Metabolic Disease Including Maternal<br>Phenylketonuria<br>Hyperemesis Gravidarum<br><br>BMI* < 18.5<br>BMI 25.0-29.9<br>BMI > 30   |
| <p><b>Insufficient Weight Gain</b></p> <p><b>Excessive Weight Gain</b></p> <p><b>Blood Pressure</b></p> <p><b>Hemoglobin</b></p>     | First Trimester: Any weight loss during first trimester; Weight gain $\leq$ 3-5 lbs. /month for Preavid under /normal.<br><br>$\leq$ 2 lbs./month in second half of pregnancy<br><br>Third Trimester: Weight gain $\leq$ 3 lbs. /month (for Preavid underweight $\leq$ 4 lbs. /month; for Preavid overweight/obese $\leq$ 2 lbs. /month).<br><br>Weight Gain $\geq$ 6.5 lbs./month<br><br>Diastolic $\geq$ 90 mm Hg<br>Systolic $\geq$ 140 mm Hg<br><br>1st Trimester 2nd Trimester 3rd Trimester<br><11.0 <10.5 <11.0 |

\* Preavid Weight Status Assessed Using Body Mass Index (BMI) = Wt. in lbs. / (Hot in Inches)<sup>2</sup>

Note: GA- Gestational Age; SGA- Small for Gestational Age; LGA- Large for Gestational Age.

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B. Referral to a RD, LDN is required under the following circumstances:

1. Age:  $\leq 17$  years or  $\geq 35$  years
2. Chronic/ Acute Under nutrition: Eating disorders such as anorexia and/or bulimia; restrictive eating patterns cultural practices and/or unusual dietary practices; substance use.
3. Severe chronic food allergies.
4. Prescription drug regimen that has proven impact on nutrient absorption, utilization, and metabolism.
5. Other conditions as medically necessary.

**III. Criteria for Referral to a Registered Dietitian (RD), Licensed Dietitian/Nutritionist (LDN) - Children Ages 0-21 Years**

A. Referral to a RD, LDN is required pursuant to screening routinely completed as part of periodic health exams as defined by AAP and in the Guide to Clinical Preventive Services as detailed below:

| SCREENING   | STANDARD FOR REFERRAL TO A RD, LDN  |
|---|---|
| <b>Height and Weight:</b>                               |   |
| Infants 0-12 Months:                                    | Measure at all routine preventive visits.   |
| Underweight   | Weight for Length $<25^{\text{th}}$ percentile  |
| Overweight  | Weight for Length $>85^{\text{th}}$ percentile  |
| Stunting  | Length for Age $<5^{\text{th}}$ percentile or gross deviation from mid-parental height                            |
| Children 1-18 Years:                                    | Measure bi-annually for children 1-2 years of age and annually for children 2-18 years of age.                    |
| Underweight   | BMI $<10^{\text{th}}$ percentile  |
| Overweight  | BMI $>85-95^{\text{th}}$ percentile   |
| Obesity   | BMI $>95^{\text{th}}$   |
| Stunting  | Length/Height for Age $<5^{\text{th}}$ percentile   |
| Inappropriate Growth Pattern:<br>Children 0 to 18 Years | Increase or decrease of more than 2 standard deviations (channels on growth chart) in established growth pattern. |
| Children 19-21:   |   |
| Underweight   | BMI $<18.5$   |
| Overweight  | BMI $25 - 29.9$   |
| Obesity   | BMI $\geq 30$   |




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| SCREENING  | STANDARD FOR REFERRAL TO A RD, LDN   |            |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
|--|--|------------|-----------|-----------|------------|-------|------------|---|------|------------|--|------|------------|-------------|---------|------------|-------------|-------|------------|-------------|-------|------------|
| Hemoglobin:<br>Screen at 6-9 months, 24 months, 8 years, and 18 years. More frequently when indicated. | <table border="0"> <tr> <td>Age</td> <td>Sex</td> <td>Hgb Level</td> </tr> <tr> <td>6m-4 years</td> <td>both</td> <td>&lt;11.0 g/dl</td> </tr> <tr> <td>5-10 years</td> <td>both</td> <td>&lt;11.5 g/dl</td> </tr> <tr> <td>11-14 years</td> <td>both</td> <td>&lt;12.0 g/dl</td> </tr> <tr> <td>15-21 years</td> <td>females</td> <td>&lt;12.0 g/dl</td> </tr> <tr> <td>15-19 years</td> <td>males</td> <td>&lt;13.0 g/dl</td> </tr> <tr> <td>20-21 years</td> <td>males</td> <td>&lt;13.5 g/dl</td> </tr> </table> | Age        | Sex       | Hgb Level | 6m-4 years | both  | <11.0 g/dl | 5-10 years                              | both | <11.5 g/dl | 11-14 years                                      | both | <12.0 g/dl | 15-21 years | females | <12.0 g/dl | 15-19 years | males | <13.0 g/dl | 20-21 years | males | <13.5 g/dl |
| Age  | Sex  | Hgb Level  |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| 6m-4 years   | both   | <11.0 g/dl |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| 5-10 years   | both   | <11.5 g/dl |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| 11-14 years  | both   | <12.0 g/dl |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| 15-21 years  | females  | <12.0 g/dl |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| 15-19 years  | males  | <13.0 g/dl |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| 20-21 years  | males  | <13.5 g/dl |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| Lead Screening*  | ≥ 10 ug/dl   |            |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| Hereditary or Metabolic Screening mandated by State Law: PKU, Galactosemia, etc.                       | Positive Test Results  |            |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| Blood Pressure   | <table border="0"> <tr> <td>Age</td> <td>Diastolic</td> <td>Systolic</td> </tr> <tr> <td>Years</td> <td>MM Hg</td> <td>MM Hg</td> </tr> <tr> <td>Children 3-6 years old, screen annually</td> <td>3-5</td> <td>76 116</td> </tr> <tr> <td>Children 8-21 years old, screen every other year</td> <td>6-9</td> <td>78 122</td> </tr> <tr> <td></td> <td>10-12</td> <td>82 126</td> </tr> <tr> <td></td> <td>13-15</td> <td>86 136</td> </tr> </table>  | Age        | Diastolic | Systolic  | Years      | MM Hg | MM Hg      | Children 3-6 years old, screen annually | 3-5  | 76 116     | Children 8-21 years old, screen every other year | 6-9  | 78 122     |             | 10-12   | 82 126     |             | 13-15 | 86 136     |             |       |            |
| Age  | Diastolic  | Systolic   |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| Years  | MM Hg  | MM Hg      |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| Children 3-6 years old, screen annually  | 3-5  | 76 116     |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| Children 8-21 years old, screen every other year   | 6-9  | 78 122     |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
|  | 10-12  | 82 126     |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
|  | 13-15  | 86 136     |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |
| Serum Cholesterol**  | Total Serum Cholesterol ≥170 mg/dl<br>LDL ≥ 110 mg/dl  |            |           |           |            |       |            |   |      |            |  |      |            |             |         |            |             |       |            |             |       |            |

\* See Lead Screening & Referral Guidelines on [www.health.ri.gov](http://www.health.ri.gov) under Lead Screening.

\*\* Screen any child more than 2 years of age whose parent(s) or grandparent(s) have documented cardiovascular, peripheral vascular, cardiovascular disease before age 55 in males and before age 65 in females and/or a parent(s) have a total (fasting) serum cholesterol level ≥ 200 mg/dl

- B. Referral to a RD, LDN is required as a result of diagnosis of chronic disease or condition, which can be managed, controlled, or ameliorated through therapeutic diet and nutrition counseling as detailed below:

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| DISEASE/ CONDITION  |
|---|
| Cardiovascular Disease including Congenital Heart Disease |
| Cancer  |
| Renal Disease   |
| Pulmonary Disease, including Cystic Fibrosis              |
| Gastrointestinal Disease                                  |
| Diabetes  |
| Pre-Diabetes  |
| Overweight  |
| Obesity   |
| Hypertension  |
| Liver Disease   |
| HIV/AIDS  |
| Metabolic Disorders including PKU                         |

C. Referral to a RD, LDN is also required under the following circumstances:

1. Special health care needs carrying multiple nutrition risks including birth defects, neuromuscular disorders, developmental delays, and severe feeding problems.
2. Eating disorders such as anorexia and bulimia and cultural, unusual, or bizarre eating practices that place child at medical or nutritional risk, i.e. PICA, diuretic, or laxative use and/or self-induced vomiting to control weight, etc.
3. Severe chronic food allergies.
4. Prescription regimen that has proven impact on nutrient absorption, utilization, and metabolism.
5. Other conditions as medically necessary.

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