



DEFENSE HEALTH AGENCY
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DHA-Policy Memorandum 23-009
October 5, 2023

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Nutritional Medicine Subsistence and Meal Accounting

- Reference:
- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
 - (b) DoD Directive 5136.13, "Defense Health Agency," September 30, 2013, as amended
 - (c) DoD Manual, 1338.10, "DoD Food Service Program," August 26, 2022
 - (d) DoD 7000.14-R, Volume 12, Chapter 19 "Food Service Program," December 2021
 - (e) DHA Procedures Manual, 6015.01, "Military Medical Treatment Facility (MTF) Uniform Business Office (UBO) Operations," October 24, 2017
 - (f) DHA Procedures Manual, 6010.13 Volume 1 "Medical Expenses and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities: Business Rules", September 27, 2018
 - (g) DHA Procedures Manual, 6010.13 Volume 2 "Medical Expenses and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities: Uniform Chart of Accounts," September 27, 2018
 - (h) DoD Instruction 6025.24, "Provision of Food and Beverages to Certain Uniformed Service Members, Former Members, and Dependents Not Receiving Inpatient Care in Medical Treatment Facilities (MTFs)," March 7, 2014, as amended

This Defense Health Agency (DHA) Policy Memorandum, based on the authorities of References (a) and (b), and in accordance with the guidance of Reference (c) through (h) provides guidance on the management of patient, staff and guest feeding, subsistence and meal service accounting to enhance stewardship and support excellent patient care. This guidance does not apply to non-appropriated funds foodservice operations, which may operate within the military Medical Treatment Facilities (MTF).

All DHA MTFs with an inpatient feeding mission will track subsistence accounting, meals served, and financial status in accordance with the guidance in Attachment 1. Sites will use DHA Form 368, Nutritional Medicine Accounting. The form will not be locally modified.

MTF Directors will ensure policies are established regarding who is allowed to eat in the MTF dining facility (essential station messing, *i.e.*, meal card holders, staff, outpatients, other guests), with consideration for departmental staffing and prioritization of the inpatient feeding mission.

- a. It is recommended that MTF dining facilities use a la carte pricing.
- b. Pricing for paying customers will continue in accordance with Reference (d).
- c. Monies collected (cash and credit card transactions), to include surcharge will be tracked using DHA Form 368, Nutritional Medicine Accounting, which can be found at DHA Forms Library. Cash control procedures will be in accordance with Reference (e). Total meals served for patients and non-patients will continue to be reported per local guidance and in accordance with References (f) and (g), for inclusion in Functional Cost Code and Medical Expense and Performance Reporting System functions.

MTF Directors may establish policy supporting the provision of meals without reimbursement to certain individuals receiving outpatient care and caregivers of admitted infants, as permitted by Reference (h). All such meals will be tracked on the DHA Form 368 as Non-Admitted Meals. Budgetary discretion is advised. Such policies, if established, will meet these conditions:

- a. The patient is a uniformed Service member, former member, or dependent and is receiving outpatient medical care at the MTF; or is a Service member, former member, or dependent, family member of an infant admitted to the MTF. An infant is here defined as 12 months or younger.
- b. Individuals must be considered unable to purchase food and beverages while receiving care at the MTF. The outpatient is confined to a treatment, recovery, and/or procedure room for greater than or equal to four hours. Examples include but are not limited to emergency room patients confined to a treatment room for a prolonged period, those with extended outpatient chemotherapy treatment, and renal patients undergoing dialysis.
- c. The patient is unaccompanied, or the adult escort of an accompanied patient is prevented by medical necessity from leaving the treatment area to purchase food for the patient. For admitted infants, the family member caregiver is prevented by medical necessity from leaving the patient's room. One caregiver may be afforded this benefit (*e.g.*, not both parents) for a given meal period.
- d. This will not include the provision of food or beverages for individuals electively giving blood or plasma nor for other medically-required outpatient wait times, which are fewer than four hours (*e.g.*, patients waiting after receiving a vaccine). It will not include caregivers/family members of an outpatient. The four-hour threshold will not include time spent in a waiting room, at which time the patient was at liberty to obtain food.
- e. Instances of poverty or indigence will not be used to justify provision of free meals, absent other requisite criteria as outlined above.

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f. Provision of such meals does not create a requirement for extended hours, new therapeutic diets, or additional manpower; meal service will fit into existing operational resources and, to the extent practicable, existing workflow.

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Please address questions regarding this DHA-Policy Memorandum to the DHA Nutritional Medicine Clinical Support Service, dha.ncr.j-3.mbx.mhs-nutritional-medicine@health.mil.

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Attachments:
As stated

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