

Ryan White Program Standards of Care – Food Bank/Home Delivered Meals

**County of Santa Clara Public Health Department
Sexual Health and Harm Reduction Program**



Santa Clara County HIV Commission



TABLE OF CONTENTS

Introduction

How This Document is Organized

Service Definition

Key Activities

Requirements

- 1.0 ARIES**
- 2.0 Intake/Eligibility**
- 3.0 Recertification**
- 4.0 Care and Treatment**
- 5.0 Service Access, Management, and Closure**
- 6.0 Grievances**
- 7.0 Client Rights, Responsibilities, and Confidentiality**
- 8.0 Staff Requirements and Qualifications**
- 9.0 Cultural and Linguistic Competency**
- 10.0 Fiscal Responsibility**
- 11.0 Licensure and Quality Assurance**
- 12.0 Continuous Quality Improvement**

References and Published Guidelines

Introduction

This document describes the “Food Bank/Home Delivered Meals” service category of supportive services under the Ryan White HIV/AIDS Program (RWHAP). It serves as a supplement to the Universal Standards of Care released by the Santa Clara County HIV Commission and County of Santa Clara Public Health Department. This document highlights each of the requirements and standards that apply to Food Bank/Home Delivered Meals services and must be followed by any provider receiving RWHAP funding for this service category. All service providers are responsible for understanding and maintaining compliance with the USOC, which apply to every RWHAP service category.

How This Document is Organized

Within this document, the Standards of Care are described in terms of (1) Service Definition and (2) Requirements.

Service Definition

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products,
- Household cleaning supplies,
- Water filtration/purification systems in communities where issues of water safety exist.


Household appliances, pet foods, and other non-essential products are unallowable costs under this service category.

Key Activities

Services funded under this category include the provision of calorically and nutritionally appropriate food, which includes the items listed in the Service Definition above.

- Assess and respond appropriately to the physical, nutritional, dietary, and therapeutic needs of clients.
- Help clients develop strategies to accomplish nutritional goals.
- Ensure that clients have adequate knowledge of nutritional needs and awareness of accessing appropriate nutritional food.
- Prepare meals in adherence with all safety, sanitation, and food handling/preparation.

Nutritional services and nutritional supplements provided by a Registered Dietitian (RD) with a medical provider’s referral are considered a core medical service, covered under the Medical



Nutrition Therapy standard, and therefore are not funded under this service category. Additionally, nutritional services provided by an RD without a medical provider's referral are considered support services and should be covered under Psychosocial Services.

Unallowable costs include:

- Household appliances
- Pet foods
- Alcohol, tobacco, or cannabis products
- Clothing
- Other non-essential products
- Cash payments to clients

The provision of food is essential to wellbeing and must be based on need. It should not be used as an incentive to motivate clients to attend on-going appointments or take medication. Any nutritional supplements must be provided in addition to food, not as the only offering.

Requirements

In addition to complying with **all** the standards, measures, and monitoring criteria identified in the USOC, service providers shall adhere to the specifications for providing Food Bank/Home Delivered Meals services as updated below. Food Bank/Home Delivered Meals is hereafter referred to as "Food Services".

1.0 ARIES: AIDS Regional Information & Evaluation System

Standards, Measures, and Monitoring criteria identified in USOC 1.0

2.0 Intake: Client/Eligibility

Standards, Measures, and Monitoring criteria identified in USOC 2.0

3.0 Recertification

Standards, Measures, and Monitoring criteria identified in USOC 3.0

4.0 Care and Treatment

4.1 Service Characteristics

Additional Standards, Measures, and Monitoring criteria identified in USOC 4.0

#	Standard	Measure
4.1.1	<p>Intake and Assessment: To access Food Services, clients must complete an intake through a Non-Medical or Medical Case Management service provider. The intake must be completed according to the Universal Standard of Care and the Non-Medical or Medical Case Management Standard of Care. All clients must be assessed to determine their level of nutritional risk and supportive needs, taking into consideration the following:</p> <ul style="list-style-type: none"> • Client’s nutritional concerns, • Dietary and cultural food needs, • Ability to complete Activities of Daily Living, • Any HIV-related illness or other chronic illnesses, • Medications and or treatments/therapies, • Food needs not covered by SNAP, • Access to calorically and nutritionally appropriate food, • Access to other non-Ryan White funded food resources. <p>Upon completion of intake and assessment, the appropriate case management service provider will refer the client to the Food Services provider, conducting a warm handoff whenever possible. Clients newly enrolled in Food Services must receive an orientation to the services offered and be provided with Food Services as soon as feasibly possible.</p>	<p>Documentation in client file.</p> <p>Monitored via discussion during site visit.</p>
4.1.2	<p>Food Bank: Most clients that are eligible for Food Services will receive services through a food bank. Food bank provider(s) must ensure seamless access to a variety of safe and nutritious food, taking into consideration the dietary needs of people living with HIV. This includes providing good protein sources (lean meats, poultry, fish, low-fat dairy foods, eggs, beans, and lentils) and a variety of vitamin and mineral rich foods (fruits, vegetables, whole grains, low-fat dairy, and lean protein).</p> <p>The food bank must also take into consideration food preferences, dietary needs, cultural preferences/needs, religious restrictions, and supportive needs of clients. This may include providing pre-cut fruits and vegetables, hot and frozen meals, multiple protein options, and gluten-free, Halal, Kosher, vegetarian, and vegan options.</p>	<p>Monitored via discussion during site visit.</p>



	<p>Providers must ensure access to the food bank based on client need and be able to accommodate for those with disabilities, travel restrictions or limited access to food refrigeration and storage, such as people experiencing homelessness. Clients who are unable to come to the food bank to pick up groceries should be accommodated, for example through grocery delivery. The service(s) provided to accommodate these clients must be consistent, reliable, and offered on a flexible schedule.</p>	
4.1.3	<p>Home-Delivered Meals: Home-delivered meals are pre-packaged meals that are delivered hot, cold, or frozen. To receive home-delivered meals, clients must have a documented comorbidity, compromised nutritional status, limited ability to prepare their own meals, or other supportive need. Home-delivered meals must be pre-packaged for clients and include a variety of staple food items. The meals provided must meet the nutritional requirements of the Older Americans Act (OAA) at a minimum. Home-delivered meals may be delivered with grocery delivery, pending client food needs. Home delivery must be consistent, reliable, and offered on a flexible schedule.</p>	<p>Documentation in client file.</p> <p>Monitored via discussion during site visit.</p>
4.1.4	<p>Food Vouchers: Food vouchers are a flexible, cost-effective solution to increase access to readily available and comprehensive food options. Food vouchers are provided to clients who receive food bank services but are unable to bridge the gap between monthly average per client cost of distributed food and the USDA’s liberal food plan cost estimate.</p> <ul style="list-style-type: none">• Using the Food Voucher Policy and Procedure document as a guide, client eligibility is determined by the client’s case manager in coordination with the RD or the food bank manager, as appropriate.• Clients must sign an acknowledgement of receipt of information about unallowable purchases.• Providers must adhere to the Recipient’s policies and procedures, which clearly outlines eligibility criterion, frequency of services, list of eligible food and non-food items, unallowable items, and requirements for monitoring voucher use.	<p>Documentation in client file.</p> <p>Food voucher policies and procedures.</p>
4.1.5	<p>Nutrition Education: With guidance from a Registered Dietitian (RD), Food Service providers must include elements of nutrition education in their services that are consistent with guidelines from the Academy of Nutrition and Dietetics. Examples of these are:</p>	<p>Monitored via discussion during site visit.</p>



	<ul style="list-style-type: none">• Providing materials such as produce guides, meal planning tips, quick and easy recipes, and healthy eating habits,• Sharing food safety basics, such as safe food storage and handling to prevent foodborne illnesses and extend shelf life,• Sharing culturally relevant recipes and cooking demonstrations,• Encouraging a positive relationship between food and clients in a trauma-sensitive way,• Providing in-person or virtual trainings on any of the above topics.	
4.1.6	Program Evaluation: Provider staff must annually assess and evaluate whether the services provided are meeting client needs. This evaluation must include an assessment of unaddressed food insecurity among clients. A Registered Dietitian must be involved in conducting a quarterly nutritional analysis and evaluation of groceries and other foods being provided. The recommendations from this grocery evaluation must also be informed by the client needs assessment and may be used to inform future quality improvement activities.	Monitored via discussion during site visit and submission of work plan.
4.1.7	Referrals: Clients with supplemental food needs must be referred to another community-based organization or safety net provider as appropriate.	Documentation of referrals in client charts.
4.1.8	Food Safety and Quality: Because HIV damages the immune system, foodborne illnesses are likely to be more serious and last longer in people with HIV than in people with a healthy immune system. Following food safety guidelines reduces the risk of foodborne illnesses. Food Services providers must comply with federal, state, and local regulations, including any required licensure or certification for the provision of food bank services and/or home-delivered meals. Where applicable, this also includes adherence to any necessary food handling standards or inspection requirements. Food that is distributed by the Food Services provider must be fresh (not expired). Perishable food items must be stored and disposed of in accordance with applicable state or local guidelines. Nonperishable food items must be disposed of if there is evidence of spoilage or damage.	Documentation of the most recent environmental health inspection, as well as any applicable licensure/certification. Policies on distribution of food through the Food Bank and Home-Delivered Meals services.

5.0 Service Access, Management, and Closure

Standards, Measures, and Monitoring criteria identified in USOC 5.0

6.0 Grievances

Standards, Measures, and Monitoring criteria identified in USOC 6.0

7.0 Client Rights, Responsibilities, and Confidentiality

Standards, Measures, and Monitoring criteria identified in USOC 7.0

8.0 Staff Requirements and Qualifications

Additional Standards, Measures, and Monitoring criteria identified in USOC 8.0

8.1 Education & License

#	Standard	Measure
8.1.1	<p>Education/Experience: There are no minimum educational standards for Food Services staff.</p> <p>Registered Dietitians, Nutritionists, Certified Food Technicians, coordinators, and volunteers must be trained and knowledgeable about food related issues affecting an HIV client. If applicable, certification and licensure must be up to date. Registered Dietitians must practice according to the Code of Ethics of the Academy of Nutrition and Dietetics.</p> <p>Staff preparing food must be familiar with safe food handling practices and meet any federal, state, or local requirements around food preparation.</p>	<p>Documentation of staff experience in personnel files.</p>

8.4 Orientation/In-Service

#	Standard	Measure
8.4.1	<p>Initial Training: All Food Services staff must complete an initial training session related to their job description. Training should be completed within 15 days of hire. Topics must include:</p> <ul style="list-style-type: none">• Safe food handling procedures• Knowledge of key points of entry for other Ryan White Services	<p>Documentation of initial training in personnel files.</p>



8.4.2	Ongoing training: Food Services staff must receive ongoing annual training as appropriate for their position. Training may be any combination of in-person, articles, home studies, or webinar, and must be clearly documented and tracked for monitoring purposes.	Documentation of ongoing training in personnel files and via quarterly reports.
--------------	--	---

9.0 Cultural and Linguistic Competency

Standards, Measures, and Monitoring criteria identified in USOC 9.0

10.0 Fiscal Responsibility

Additional Standards, Measures, and Monitoring criteria identified in USOC 9.0

10.3 Fiscal Management

#	Standard	Measure
10.3.1	<p>There are additional requirements when utilizing food vouchers. Food Voucher guidance is established by the Recipient and the Food Services provider is required to implement the program in line with that guidance. This includes:</p> <ul style="list-style-type: none"> Ensure that food vouchers cannot be exchanged for cash or used for anything other than the allowable goods or services. Maintain appropriate control and card tracking systems to account for disbursed vouchers. The system must track the client’s name, the staff person who distributed the voucher, the date of the disbursement, serial number, and the voucher dollar amount. 	<p>Monitored via documentation provided at each Voucher pick up.</p> <p>Monitored via discussion at site visit.</p>

11.0 Licensure and Quality Assurance

Standards, Measures, and Monitoring criteria identified in USOC 11.0

12.0 Continuous Quality Improvement

Standards, Measures, and Monitoring criteria identified in USOC 12.0

References and Published Guidelines

California Department of Public Health, Office of AIDS (2020). *HIV Care Program Standards of Care*, 1-179

Eat Right: Academy of Nutrition and Dietetics. (2023). *Code of Ethics for RDNs and NDTRs*.
<https://www.eatright.org/code-of-ethics-for-rdns-and-ndtrs>

Eat Right: Academy of Nutrition and Dietetics. (2021). *Nutrition Tips to Keep the Immune System Strong for People with HIV AIDS*. <https://www.eatright.org/health/health-conditions/hiv-aids/nutrition-tips-to-keep-the-immune-system-strong-for-people-with-hiv-aids>

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). (2018) *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). (2022). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients*.
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2022-rwhap-nms-part.pdf>

Nutrition and Aging Resource Center. (2020). *Nutrition Requirements of the Older Americans Act (OAA)*. <https://acl.gov/sites/default/files/nutrition/NutritionRequirementsOAA.pdf>