

SERVICE STANDARDS FOR FOOD BANK/HOME-DELIVERED MEALS

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The Ryan White HIV/AIDS Program (RWHAP) is funded by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and is administered by the U.S. Department of Health and Human Services (HHS) in the Health Resources and Services Administration (HRSA) within the HIV/AIDS Bureau (HAB).

I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC EMA such that clients of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all clients and will be used as contract requirements, in program monitoring, and in quality management.

II. GOAL

The goal of Food Bank/Home-delivered Meals (FB/HDM) is to provide nutritionally appropriate meals or groceries to HIV+ individuals who are nutritionally compromised in order to improve health outcomes and support the ability of these clients to remain in their homes and in medical care.

III. SERVICE DESCRIPTION

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

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

IV. TYPES OF ELIGIBLE SERVICES

Pantry Bags /Food Bank – Clients must be unable to purchase nutritious food due to limited financial resources.

- Grocery/Pantry Bags must contain a variety of foods and provide enough food for the number of individuals and meals intended. Each bag should contain, at a minimum, 5 meals, but no more than 21 per week.

Food Vouchers - Clients must be unable to purchase nutritious food due to limited financial resources, but be able to shop for and prepare their own meals.

Congregate Meal - Clients must be unable to purchase nutritious food due to limited financial resources and/or inadequate cooking facilities to prepare meals.

- Meals are maintained at a safe temperature during meal service. Programs must maintain a temperature log that shows that meals are maintained at a safe temperature during meal service: > 140°F for hot meals
- A staff/volunteer with a Health Department (county, city or state) food handlers or ServSafe certificate is present during the preparation of meals.

Home-delivered Meal - Clients must have a documented physical and/or mental challenge and/or significantly high nutritional risk from a medical provider.

- Programs that deliver frozen/chilled meals must ensure that there is 1) a person (e.g., care-giver or partner) available to heat up the client's meal or the client is able to do it themselves; 2) room in the client's freezer/refrigerator to accommodate the meals; and 3) a microwave or oven in the client's home where the meal can be heated.
- Home delivered meals should be prepared in-house or procured from a provider who has these facilities and capability. Programs subcontracting meal preparation through another provider must make certain that proper mechanisms are in place to ensure that quality food is provided and that the meals meet established nutrient and food safety standards.
- Home Delivered Meal Programs, at a minimum, must offer each client five meals per week, but not more than 21. If clients accept fewer than five meals per week agencies must document how their nutritional needs are being met.
- Home delivered meal programs must include an option for the delivery of a grocery/pantry bag to the clients whose health has improved since enrolling in the program and are ready to transition from receiving meals to preparing their own or for clients who have 24 hour live-in caregivers that can prepare the meals for them.
- All menus are to be reviewed and receive signed approval from a licensed/registered nutrition professional as legally required in the jurisdiction to ensure that they meet regulations for meal content stated below.

Collaterals are only eligible to receive home delivered meals, congregate meals, pantry bags, and food vouchers if the client is also receiving meals or food; and **MUST** meet the following criteria:

- be living with the client;
- have as their primary purpose the assistance with the direct care of someone with HIV; and
- have as their primary function to enable an infected individual to receive needed medical care or support services.

Documented dependent children under the age of 18 living in the household are eligible to receive home delivered meals, congregate meals, pantry bags, and food vouchers if the client is also receiving meals or food.

MEAL CONTENT FOR CONGREGATE OR HOME DELIVERED (HOT OR FROZEN) MEALS

It is required that each meal or the average of one week of meals follow the Dietary Guidelines of America or the Recommended Dietary Reference (RDI) and the health care provider's recommendation.

Each meal must be reasonably priced and culturally/ethnically appropriate.

ADDITIONAL CONSIDERATIONS

Meals and pantry bags must provide culturally acceptable foods based on knowledge of the food habits and preferences of the target populations.

- Foods served should be of appropriate portion sizes, and include fruits and vegetables, whole grain foods, low fat milk products, lean cuts of meat. Highly processed foods should not be served.
- Programs should develop a mechanism by which a Registered Dietician reviews, certifies, and performs nutrient analyses for all menus and pantry bags.
- Meals should be modified for diabetes, weight management, texture, and sodium content as appropriate

Meal programs must ensure proper food and water safety measures are in place.

- Staff must be certified, licensed, and trained
- Meal programs must be inspected and certified by the local or state Department of Health.
- Foods must be stored and meals prepared in accordance with local and/or state food sanitation codes and maintained at a safe temperature before consumption. Frozen meals must be maintained and transported at < 0-10°F, chilled meals must be maintained and transported at < 40°F, and hot meals should be served at > 140° F. Temperature logs documenting temperatures before and during delivery must be kept.
- Containers for meals and pantry bags must be disposable or sanitized.

V. HRSA NATIONAL MONITORING STANDARDS AND PERFORMANCE MEASURE/METHOD

The National Monitoring Standards are designed to ensure that Ryan White service providers meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Ryan White service providers will work with the recipient/administrative agent in their respective jurisdiction to further discuss the implementation of the National Monitoring Standards and the required performance measures. For this service category, the following performance measures are required:

Documentation that:

- Services supported are limited to food bank, home-delivered meals, and/or food voucher program
- Types of non-food items provided are allowable
- If water filtration/purification systems are provided, community has water purity issues
- Clearly describes services provided by type of service, number of clients served, and levels of service
- Clearly describes amount and use of funds for purchase of non-food items, including use of funds only for allowable non-food items

Assurance of:

- Compliance with federal, state and local regulations including any required licensure or certification for the provision of food banks and/or home-delivered meals
- Use of funds only for allowable essential non-food items
- Ryan White funds were used only for allowable purposes and Ryan White was the payer of last resort

VI. PROVIDER AGENCY POLICIES & PROCEDURES

- A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency, **if required.**
- B. Staff must meet minimum qualifications detailed in the job description and service standards.
- C. Services will be provided through the facility or through a written affiliation agreement.
- D. **Records Retention** – Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- E. **Confidentiality Policy** - All providers must assure the client that information provided by the client or information obtained on behalf of the client is confidential. All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance to HIPAA (Health Insurance Portability and Accountability Act) requirements.
- F. There will be a private confidential office space for seeing clients.
- G. **Cultural and Linguistic Appropriateness** – The agency will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Further information on the National CLAS Standards are located at www.thinkculturalhealth.hhs.gov . Agencies are to ensure that culturally sensitive and linguistically appropriate services are available in the client’s preferred language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- H. **Americans with Disabilities Act Compliance** – The agency must demonstrate that the needs of disabled clients are met.
- I. **Client Consent** – Signed consent must be obtained from client prior to initiating services.
- J. **Release of Information** - Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid.
- K. **Grievance Policy**- All providers must review the policy with the client and provide a copy in a language and format the client can understand.
- L. The Agency must have a written **Emergency Continuity of Operation Plan (COOP)** that includes procedures for service provision during a wide range of emergencies, including localized acts of nature, fire, bomb threat, evacuation, accidents, technological or attack-related emergencies and natural disasters.
- M. Service providers must receive training/education annually in relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as “Prevention with Positives”.
- N. A **Quality Management Plan** shall be developed for HIV-specific patient care. This plan must be updated annually.

- O. Agencies must maintain linkages via detailed Memoranda of Understanding/Agreement (MOUs/MOAs) among other agencies to enhance the coordination of service provision.
- P. The agency must demonstrate input from clients via a client satisfaction survey or similar method at least annually.
- Q. **Continuity of Care** - Agencies must ensure that service provision occurs regardless of staffing changes, shortages and closures. Clients must also be made fully aware of business operating hours and any changes, as needed.

VII. ACCESSIBILITY IN SERVICE DELIVERY

- A. There will be no barriers due to client disability. The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- B. The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate in accordance to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- C. There will be no barriers due to language differences between the provider and clients. Agencies must have the ability to provide native language speakers for services when twenty percent (20%) or more of their clients prefer another language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- D. Eighty percent (80%) of all persons initially seeking services will be established into the care system of the provider within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

VIII. RIGHTS AND RESPONSIBILITIES

AGENCY/PROVIDER

- A. Agencies funded for Ryan White services shall have the ability to provide service in non-English languages when twenty percent (20%) or more of the clients speak a specifically identified language and must provide information for clients in that language or arrange for a certified interpreter.
- B. All written materials must be printed in a language that is understandable to the client and must be written at no higher than a 5th grade reading level.
- C. The agency will have a Clients Rights Statement posted and available to the client upon request.
- D. The agency will have a Consent for Services Form, which is dated and signed by the client or person legally able to give consent. This form will be signed by the client upon initial intake, and at least annually thereafter.
- E. The agency will have a Release of Information Form that is specific to the type of information released/exchanged, the agency to which the information will be shared, and the length of time during which the consent is valid. This form is used as needed and is signed by the client or person legally able to give consent.
- F. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand as stated in A.
- G. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
- H. Agencies must provide clients with complete and accurate information about services provided.

CLIENT

- I. Clients have the right to be treated with dignity and respect. Clients have the responsibility to treat other clients and agency staff/volunteers with dignity and respect.
- J. Clients have the right to refuse services and receive a full explanation of the consequences of refusing services.
- K. Clients must be an active participant in the development, implementation, coordination and monitoring of their individual service plans. Clients must be provided with complete and accurate information about services received.
- L. Clients are responsible for providing complete and accurate insurance, medical, financial and other eligibility information.
- M. Clients are responsible for respecting the confidentiality of other clients receiving services.
- N. Clients have the right to file a grievance if they feel their rights are being violated. Clients are responsible for following the proper procedures as outlined for grievances against any services, organization, or employee of organization.
- O. Clients have the responsibility to keep illegal drugs, alcohol and weapons off agency property.

SERVICES MAY BE DISCONTINUED OR DENIED WHEN:

- P. The client refuses to sign a Consent for Services and Release of Information Form.
- Q. The client violates the rights of other clients or staff/volunteers
- R. The client is involved in illegal activities on agency property
- S. The client does not provide accurate insurance, medical, financial or benefits information
- T. The client is receiving duplicate services from multiple providers.
- U. The client is no longer eligible for Ryan White Services.

IX. SERVICE DELIVERY COMPONENTS AND ACTIVITIES

A. INITIAL ELIGIBILITY DETERMINATION & ANNUAL RECERTIFICATION REQUIREMENTS

1. Proof of HIV diagnosis (Confirmatory HIV test [multi-spot, P24antigen, western blot], Viral load within 6 months, or written statement from treating physician).
2. Proof of residence (Current lease mortgage statement or deed settlement agreement, current driver's license/government identification, current voter registration card, current notice of Decision from Medicaid, Fuel/utility bill (past 90 days), property tax bill or statement (past 60 days), rent receipt (past 90 days), pay stubs or bank statement with your name and address (past 30 days), letter from another government agency with your name and address, active (unexpired) homeowners or renters insurance policy, DC Healthcare Alliance Proof of DC Residency Form, if homeless; letter from service provider on agency letterhead or homeless verification form.
3. Verification of income/gross annual income (must be less than or equal to 500% of the Federal Poverty Level [FPL]) as required by the Recipient.
4. Insurance verification as proof of un-insured or under-insured status.
5. Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare. Providers are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.
6. For under-insured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare.
7. Proof of compliance with eligibility determination as defined by the jurisdiction.
8. Living arrangements/Household size
9. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White services

B. INTAKE

To collect demographic information and establish a care relationship. Intake may be done by an Intake specialist or non-medical case manager. The client intake must include the following:

1. Date of intake
2. Name and signature of person completing intake
3. Client name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (client self-report)
7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data.
13. Documented explanation about the services available within the provider agency and within the Ryan White Program.

C. NUTRITIONAL SCREENING

All clients must be screened to determine their level of nutritional risk and supportive needs. The nutritional screening is not a substitute for the intake process but may be conducted at the same time. Assessments must include the following areas:

1. Dietitian/Nutritionist, if available, and the approximate date of the client's most recent nutrition assessment
2. Client's body mass index (BMI)
3. Client's nutritional concerns
4. Dietary restrictions
5. Ability to complete Activities of Daily Living
6. Any HIV-related illnesses diagnosed in the last six months
7. Any chronic illness with date of diagnosis
8. Family members and caregivers (relationship to client/gender/date of birth/race/ethnic origin/primary language) and if they need HDM service as well
9. Current nutrition issues (ex. lack of appetite, nausea/vomiting, involuntary weight loss, diarrhea, inability to prepare or procure food due to health issues, etc.)
10. Medications and/or Treatments/Therapies

Nutrition Assessments and Re-assessments are required for all clients receiving home delivered meals, HIV-positive children, adolescents and pregnant women, and those found to be at nutritional risk through the screening process. Assessments are to be completed within two weeks of enrollment into the program and reassessments conducted approximately every six months thereafter. These are the minimum requirements; reassessments may be conducted more frequently if needed. The agency must determine if a client is eligible for home-delivered meals before a registered dietitian/nutritionist is assigned to perform the nutrition assessment.

Programs that offer congregate meals, grocery/pantry bags, and vouchers must provide assessments for those clients identified to be at nutritional risk through the screening process. It is preferred that assessments are conducted in person, but they may also be done over the telephone.

D. INDIVIDUALIZED MEAL PLAN (IMP)

The Individualized Meal Plan (IMP) should document the medically and nutritionally appropriate diet type for the client.

It should be reviewed and modified as part of the nutritional re-assessment, or sooner if the medical provider and/or registered dietitian/nutritionist recommends.

The IMP should include:

1. Client signature and date, signifying participation with development and agreement with IMP
2. Identification of appropriate medically tailored meal plan based on dietary restrictions and co-occurring illnesses
3. Client signature and date on Client Agreement acknowledging program requirements and participation

E. COORDINATION & MONITORING OF INDIVIDUALIZED MEAL PLAN (IMP)

The needs and status of each client receiving Food Bank/Home-Delivered Meals will be monitored. There must be at least one documented contact with active clients every 60 days or as dictated by client need/plan.

1. Case notes documenting each contact with or on behalf of the client to implement and continue FB/HDM service
2. Communication with referring agency if service is stopped for any reason
3. Referral to licensed/registered dietician/nutritionist if a nutritional need is identified
4. Documentation of follow-up to missed deliveries in accordance with provider policy

Clients can request changed to their service at any time. The provider must work with clients and dietitians/nutritionists to make sure the most appropriate services are provided.

F. RE-CERTIFICATION (six months) REQUIREMENTS

To maintain eligibility for Ryan White services, the client (while active), must complete the sixth-month recertification process to verify the following information:

- Proof of residence
- Low income documentation
- Un-insured or under-insured status (Insurance verification as proof)
- Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare

Note: At six month recertification one of the following is acceptable: full application and documentation, self-attestation of no change or self- attestation of change with documentation.

G. PROCEDURE FOR MISSED APPOINTMENTS

- The client must be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
- The provider must attempt to reach the client no less than 2 times during a one-week period using the client-identified preferred contact method.
- Documentation of attempts to contact client must be noted in case file.

H. PROCEDURE FOR MISSED DELIVERIES

1. Clients must receive contact information to address engagement and service issues. These calls must be returned within two (2) business days.
2. Clients must receive detailed information about their delivery schedules, delivery options, and the provider's missed delivery policy.
3. For each missed delivery, clients must receive a voicemail or written message of the time delivery was attempted with instructions for follow-up.
4. Multiple missed deliveries will result in time-limited suspension of services. In the event of a suspension, staff will outreach to client by phone or mail with the date deliveries will resume and instructions for follow-up. Staff must also re-educate clients on delivery schedule and policy, including alternate delivery options to accommodate client schedules.
5. When notification is received that a client is in the hospital, service is suspended and the client is contacted to resume service once the client is discharged from hospital.
6. All efforts must be made to accommodate clients' individual dietary needs and preferences.
7. All efforts must be made to accommodate clients' availability to receive deliveries.

I. TRANSITION & DISCHARGE/CASE CLOSURE

Case Closure/Discharge

1. Reasonable efforts must be made to retain the client in services by phone, letter and/or any communication method agreed upon by the client. These efforts must be documented in the client's record.
2. The provider will make appropriate referrals and provide contacts for follow-up.
3. The provider must document date and reasons for closure of case including but not limited to:
 - a. Attainment of goal(s)/service provided as planned
 - b. Non-compliance with stipulations of written plan and client compliance agreement
 - c. Change in status resulting in program ineligibility
 - d. Client termination request
 - e. No contact
 - f. Client moves out of service area
 - g. Client died
4. A summary of the services received by the client must be prepared for the client's record.

Case Transfer

1. If the client is being transitioned, the provider must facilitate the transfer of client records/information, when necessary.
2. The client must sign a consent to release of information form to transfer records which is specific and dated.

J. DOCUMENTATION

Documentation must be kept for each client, which includes:

1. Client's name and demographic information
2. Name and contact info of client's Medical Case Manager and Primary Care Provider, if they have one
3. Proof of HIV diagnosis.
4. Initial intake and needs assessment forms.
5. Signed, initial and updated Individualized Meal Plan (IMP).
6. Evidence of consent for services.
7. Progress notes detailing each contact with or on behalf of the client. These notes must include date of contact and names of person providing the service.
8. Documentation that the client received rights and responsibilities information.
9. Signed "Consent to release information" form. This form must be specific and time limited.
10. For Pantry Bags/Food Bank: detailed records of food distribution, including: dates and number of bags received, content of bags, and special requests.
11. For Vouchers: detailed records of voucher distribution, including: dates, type and amount of voucher, vendor for which the voucher is assigned, and special requests.
12. For Congregate Meals: detailed records of attendance, including: dates and menu with nutritional content, and any special meals prepared for client.
13. For Home-Delivered Meals: detailed records of meal delivery, including: past successful, unsuccessful, or cancelled deliveries and pending deliveries.
14. Discharge and/or case closure information including person completing discharge and/or case closure, date and reason for discharge and/or case closure.

X. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

1. Chefs involved in food production and menu design must have a high school diploma or GED and be professionally trained/certified with a current food protection and handling license/certification. Chefs must be familiar with the multi-cultural and dietetic needs of the population.
 - a. Experience in food preparation and cooking for bulk-meal services preferred
2. Dieticians/Nutritionists involved in meal planning and menu design must be registered and licensed, as required by the Jurisdiction
3. Food Service Workers/Volunteers must be professionally trained/certified with a current food protection and handling license/certification.
4. Food Delivery Drivers must have a valid driver's license, familiarity with the geographic region being served and possess good interpersonal communication and writing skills.
5. Intake and Recertification Coordinators should have a Bachelor's Degree in a health or human service related field and a minimum of 1 year experience working with persons with HIV preferred.
6. Providers will provide new hires with training regarding confidentiality, client rights and agency's grievance procedure.