

**Ryan White Standards of Care:  
Food Bank / Home Delivered Meals**

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**Introduction**

**HRSA Definition:**

*Food Bank / Home Delivered Meal Services* 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.

**Local Exceptions:**

1. Eligibility determination for Ryan White Food Bank/Home Delivered Meal Services is done through Ryan White Case Management Services.
2. Nutritional counseling/education and nutritional supplements can be provided by a licensed nutritionist/registered dietician (RD) under this category without requiring a letter from a medical provider. Clients receiving nutritional supplements from registered dietician must also be receiving medical case management services and must be closely monitored for impact of the supplements on the HIV disease.
3. Nutritional supplements such as Ensure, may only be used in addition to food and not as the only offering to a client
4. Unallowable products such as alcohol, tobacco, cannabis, clothing or cash payments to clients are not allowable costs under this service category.
5. Service funded under this category is the provision of calorically and nutritionally appropriate prepared food which may include, but is not limited to, prepared meals, congregate meals, home delivered food, and food banks.
6. Permanent water filtration systems for water entering the house is not included under this service.

Finances to purchase food or meals are not allowed unless it is part of the food voucher services

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**Goals:**

The Goal of Food Bank / Home Delivered Meal services is to reduce or eliminate food insecurity and prevent hunger and/or malnutrition among People Living with HIV.

**Food Bank/Home Delivered Meal service providers are expected to comply with the Universal Standards of Care, as well as these additional standards:**

**Key activities include**

- Planning for continuity of primary medical care for clients who are currently receiving medical care and other Ryan White services
- Coordination of services between registered dietician, non-medical case manager, medical case manager and medical provider to ensure goals identified in the service plan are appropriate to the client's HIV needs
- 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

**1. Standard of Care: Intake**

Intake, including eligibility for food bank/home delivered meals is done through non-medical or medical case management service provider. Clients requiring additional nutritional counseling/education or nutritional supplements must have an intake completed by the registered dietician.

- 1.1 SOC: Intake/Assessment:** Intake/assessment should be completed by a registered dietician for all clients having a referral for nutritional counseling/education or nutritional supplement. Referrals should be made from the clients' non-medical or medical case manager. Clients requiring nutritional supplements must be medically case managed and have a referral from the medical case manager. A letter from MD is not required for clients referred to an RD for nutritional supplements. For clients not requiring services of the registered dietician, the intake/assessment must be completed through case management services.

**Time requirement:** Intake process should begin within 5 days of referral to the registered dietician.

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**Criteria**

- 1.1.1. Intake tools must include at a minimum assessment for
  - 1.1.1.1. Access to calorically and nutritionally appropriate food
  - 1.1.1.2. Nutritional needs and prescribed nutritional requirement
  - 1.1.1.3. Clients dietary and cultural food needs
  - 1.1.1.4. Access to other non-Ryan White funded food resources
  - 1.1.1.5. Special dietary needs
  - 1.1.1.6. Food needs not covered by SNAP
- 1.1.2. Nutritional diagnosis based on nutrition assessment, diagnosis, and patient-focused expected outcomes/goals and will use evidence-based nutrition guides for practice and protocols
- 1.1.3. Nutrition intervention that will be determined based on the nutrition assessment, diagnosis, and patient-focused expected outcomes/goals and will use evidence-based nutrition guides for practice and protocols
  
- 1.1.4. Referrals for food services are provided as needed and documented
  - 1.1.4.1. Referral to regular food basket/home delivered meal services for those clients requiring nutritional supplements but are not accessing nutritionally and calorically appropriate food and if clients do not have any other payor source to access these food
  - 1.1.4.2. Referrals from food basket/home delivered meal services to other agencies for supplementing food needs must be documented in the client file
- 1.1.5. Clients newly enrolled to food bank/home-delivered meals must receive an orientation to the services
  - 1.1.5.1. Documentation of orientation in the client file
  - 1.1.5.2. Policy developed related to orientations of new clients

**2. Standard of Care: Nutrition/Food Plan:**

Nutrition/Food Plan is completed in conjunction with the intake/assessment and guides all nutritional counseling and education activities as well as HIV related health outcomes associated with prescription of nutritional supplements. The Food Plan is valid until it is updated following a reassessment or change in the client circumstances

**2.1 SOC: Nutrition/Food Plan:** Needs identified in the Intake/Assessment are prioritized and translated into a Nutrition/Food Plan.

**Time Requirement:** At completion of the Intake/Assessment

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<b>Criteria</b>
2.1.1 Nutrition/Food Plan is developed by and under the supervision of an RD
2.1.2 Nutrition/Food Plan include
2.1.2.1 Goal(s)
2.1.2.2 Activities (work plan, action to be taken, follow up tasks)
2.1.2.3 Individuals responsible for the activity (registered dietician, food bank/home delivered meals staff, client, family member, medical provider, and case manager)
2.1.2.4 Anticipated time frame for each activity
2.1.2.5 Client signature and date, signifying client involvement and agreement
2.1.2.6 Supervisor's signature and date, indicating review and approval of service plan
2.1.3 Documentation includes
2.1.3.1 Food Plan format developed by the program including the above information
2.1.3.2 Progress notes recording activities on behalf of the clients to implement the Food Plan
2.1.3.3 Tracking of goals/outcomes identified in the Food Plan, including tracking of referrals made and received
2.1.3.4 Non-compliance by client to follow activities identified in Food Plan
2.1.4 Agency has ongoing monitoring process to assess the client's ability and motivation to complete the Nutrition/Food Plan activities and address any barriers to achieving goals

**3. Standard of Care: Nutrition Counseling and Education Services**

Based on the intake/assessment a client might be assessed for need for nutritional counseling or education services. Nutrition/Food Plan must be developed in conjunction with intake/assessment and should guide the counseling or education services provided or supervised by a registered dietician.

**3.1 SOC: Nutrition Counseling and Education:** Needs identified in the Nutrition/Food Plan are used for developing appropriate nutritional counseling and educational activities for the clients

**Time Requirement:** As identified in the Nutrition/Food Plan

<b>Criteria</b>
3.1.1 Nutrition Counseling
3.1.1.1 Nutrition counseling must follow recommended guidelines provided by the Academy of Nutrition and Dietetics (US)

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<b>Criteria</b>	
3.1.1.2	RD will coordinate care with health professionals working with client including, but not limited to, other Primary Care Physicians, Infectious Disease Specialists, Pharmacists, medical and non-medical case managers, food assistance programs, other health care providers, and support systems including care givers, family members or friends
3.1.1.2.1	Documentation of nutrition consultation will be provided by the RD to promote coordination of care
3.1.2	Nutrition Education
3.1.2.1	Nutrition and food education will be provided via practical skill-building encounters, by or under supervision of a RD
3.1.2.2	Practical skill-building encounters will consist of one-on-one or group education sessions with focus of improving basic nutrition knowledge, food preparation techniques, cooking skills, or food safety competency in engaged clients
3.1.2.3	Printed and distributed education materials must adhere to Academy of Nutrition and Dietetics (AND) guidelines

**4. Standard of Care: Reassessment**

Reassessment provides an opportunity to review a client’s progress, consider success and barriers, and evaluate activities identified in the Food Plan. In conjunction with updating the Food Plan, reassessment is a useful time to determine if the current level of service is appropriate, or if the client should be offered a change or if the client is no longer in need of the service.

**4.1 SOC: Reassessment:** A reassessment is performed to re-evaluate client food and nutritional needs; identifies changes since the initial or most recent assessment; and determines new or ongoing needs.

**Time Requirement:** At least every six months after the initial Food Plan is developed or more frequently if determined necessary by the RD

<b>Criteria</b>	
4.1.1	Food Plan is reassessed every six months after the initial Food Plan is developed or more frequently if determined necessary by the RD every 90 days to assess progress and identify emerging needs
4.1.1.1	Monitor and document clients progress towards established goals of care
4.1.1.2	Documentation of review and update of the plan as appropriate signed and dated by patient and service manager or counselor
4.1.1.3	Documentation of any reassessment must be maintained in client files

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**5. Standard of Care: Case Closure**

Case closure is a systematic process for disenrolling patients from food bank/home delivered meal services. The process includes formally notifying patients of pending case closure and completing a case closure summary to be kept on file in the patient record. All attempts to contact the patient and notifications about case closure will be documented in the patient file, along with the reason for case closure.

**5.1 SOC: Case closure** is a formal process of discharging a client from food bank/home delivered meal services and must include a closure summary. A management review must be completed in situations where an agency intends to terminate any services related to a client who threatens, harasses or harms staff

<b>Criteria</b>
5.1.1 Cases may be closed when the patient
5.1.1.1 Attainment of goals in the nutrition/food plan
5.1.1.2 Relocates out of the service area
5.1.1.3 Has had no direct program contact in the past six months
5.1.1.4 Is ineligible for the service
5.1.1.5 No longer needs the service
5.1.1.6 Discontinues the service
5.1.1.7 Changes his or her primary care provider
5.1.1.8 Is incarcerated long term
5.1.1.9 Uses the services improperly
5.1.1.10 Has died
5.1.2 An agency may terminate a client from services as a result of monitoring, reassessment, or any form of client eligibility
5.1.2.1 Termination may be the result of conditions previously discussed during assessments or reassessments and directly relate to the nutrition/food plan.
5.1.2.2 Termination may be initiated by the client or service staff
5.1.3 Client files must include documentation for closure or termination along with a discharge summary
5.1.3.1 Supervisor signs off on the closure summary indicating approval
5.1.4 Policies and procedures that outline the criteria and protocol for case closures or terminations
5.1.5

NOTE: Agencies that have existing procedures to accomplish this step through case management that completes termination with the established Ryan White Standards of Care are not required to duplicate this process for involvement in this or other agency/program Ryan White funded services.

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**6. Standard of care: Food Vouchers**

Food vouchers are a flexible, cost effective solution to fill the nutritional gap and increase access to readily available and comprehensive food options. This is especially beneficial to clients who are extremely low income, or undocumented or on SDI and hence ineligible for the Supplemental Nutrition Assistance Program (SNAP).

**6.1 SOC: Food vouchers** are distributed to those clients who receive Ryan White food basket service but are unable to bridge the difference between monthly average per client cost of distributed food and USDA's liberal food plan cost estimate

<b>Criteria</b>	
6.1.1	Eligibility for food vouchers will be determined by the client's case manager in coordination with the RD or the food bank manager as appropriate
6.1.2	All eligible clients must be made aware of eligible food and non-food items for purchase. Clients must also be made aware of non-allowable purchases using food vouchers such as such as alcohol and/or tobacco products. An acknowledgement with client's signature must be maintained in the clients file.
6.1.3	Maintain food vouchers log with client's name, signature, date distributed, serial number, the voucher dollar amount and issuing staff initials. These data elements can be tracked on the ARIES Services screen if no other tracking system is available. Must maintain documentation for clients who are no longer eligible for food voucher because of change in eligibility criteria
6.1.4	Vouchers should be bought only in amounts that are reasonable for use in the contract year. In no case should use of vouchers lead to large amounts of Ryan White monies being held over to the new contract years.
6.1.5	Maintain policies and procedures which clearly outline at a minimum eligibility criterion, frequency of service, list of eligible food and non-food items, non-allowable items, and monitoring of voucher use. Policies and procedures must also cover desk audit of submitted budgets and invoices related to purchase of specific types of vouchers or gift cards, and site visit verification of the use of these products.

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**7. Standard of care: Food Safety & Nutritional Quality**

Food safety is important for people living with HIV. HIV attacks the immune system making it hard for the body to fight infections, including food borne illnesses. Following food safety guidelines reduces risk of food borne illnesses, which are likely to be more serious and last longer in people with HIV.

In people with HIV, good nutrition supports overall health and helps maintain the immune system. Good nutrition also helps people with HIV maintain a healthy weight and absorb HIV medicines.

**7.1 SOC: Food Safety** Service providers must adhere to industry standards pertaining to food safety.

<b>Criteria</b>
<p>7.1.1 General criteria:</p> <p>7.1.1.1 Food program meets recognized industry standards pertaining to food preparation, proper temperature, safety instruction for operating equipment, storage, menu development and transportation</p> <p>7.1.1.2 Food program must adhere to all federal, state, and local public health food safety requirements, 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.</p> <p style="padding-left: 40px;">7.1.1.2.1 A copy of the environmental health inspection, as well as any applicable licensure/certification must be submitted to recipient as soon as it is available.</p> <p style="padding-left: 40px;">7.1.1.2.2 Staff must receive training on safe food handling procedures and staff training documentation must be on personnel file, with a date of training prior to the start of service provision</p> <p>7.1.1.3 Food program ensure that all required inspections are current and resulted in acceptable findings</p> <p>7.1.1.4 The food program ensures that access to the food storage area is limited, and that it is locked outside of food handling or distribution hours</p> <p>7.1.1.5 Food program meal menus are reviewed by a RD or individual with comparable experience</p> <p>7.1.1.6 Special diet meals and food bags meet Academy of Nutrition and Dietetics (AND) standards</p>



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**Criteria**

- 7.1.1.7 Food distributed by food bank is fresh and not expired, Perishable food items must be stored and disposed of in accordance with applicable state or local guidelines. Nonperishable foods should be disposed of if there is evidence of spoilage or damage
- 7.1.2 Food Banks:
  - 7.1.2.1 Food banks distribute safe and nutritious food, groceries, and nutritional supplements including liquid supplements
  - 7.1.2.2 Food must be distributed to clients in pre-packaged boxes according to their written nutrition/food plans, developed under the supervision of a licensed nutritionist or registered dietician. Clients with meal plans can pick food up at the food bank or through home delivered meals
  - 7.1.2.3 Clients coming to the food bank to choose food from the pantry must have option to choose from a variety of staple food items such as but not limited to beans, bread, milk, cheese, juice, eggs, coffee, non-perishable items/canned food. Clients need not have a nutrition/food plan in order to access these food items.
  - 7.1.2.4 Policies and procedures must be developed to address limits and restrictions on food distributed through food bank
- 7.1.3 Home delivered meals
  - 7.1.3.1 Intake/assessment must be completed for clients requiring home delivered meals
  - 7.1.3.2 Nutrition/food plan must be developed for clients requiring home delivered meals
  - 7.1.3.3 Home delivered meals must be distributed to clients in pre-packaged boxes and meet the needs of the written nutrition/food plans, developed under the supervision of a registered dietician/nutritionist
  - 7.1.3.4 Home delivery must be consistent, reliable, and offered on a flexible schedule in order to meet the needs of the client
  - 7.1.3.5 Home delivered meals may be hot, cold or frozen meals. Clear instructions on how to reheat/cook the food and maintain food safety must be provided to the clients
  - 7.1.3.6 Policies and procedures must include, days/time when meals are delivered, personnel responsible for delivering the meals, types of food delivered and food safety and handling instructions

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**8. Standard of Care: Knowledge, Skill, and Experience**

Staff providing Food Bank/Home Delivered Meals Services must have the appropriate qualifications to address the nutrition needs of HIV clients. Registered Dietitians, Nutritionists, Certified Food Technicians, Coordinators or Volunteers must be trained and knowledgeable about food related issues effecting an HIV client. Certification and licensure must be up-to-date. All staff and volunteers must complete an agency-based orientation before providing services.

Dietitians must be registered and are experts in food and nutrition, promoting good health through proper eating. They supervise the preparation and service of food, develop modified diets and educate individuals and groups on good nutrition habits and skill management.

Registered dietitians must practice according to the code of ethics of the American Dietetic Association (found online at [http://www.eatright.org/Public/index\\_8915.cfm](http://www.eatright.org/Public/index_8915.cfm)).

In addition to registration requirements, registered dietitians working in agencies will have the following:

- ◆ Broad knowledge of principles and practices of nutrition and dietetics
- ◆ Advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV
- ◆ Advanced knowledge of current scientific information regarding nutrition assessment and therapy and the ability to distill and communicate this information to clients and other service providers

Agencies shall document in either employee/volunteer records or agency policies, regarding knowledge, skill and experience levels. Include job description for each position and staffing plan for delivery of services. Maintain description of ongoing supervision of staff and their activities. Include staff responsible for supervision, type and frequency of supervisory activities (including evaluations of staff job performance) and required documentation.

**8.1 SOC: Description of qualifications required for all staff positions\**

Criteria
8.1 Qualifications: RD/Licensed Nutritionist, Certified food technicians
8.1.1 Non-supervisory
8.1.1.1 Years of experience
8.1.1.2 Educational qualification
8.1.1.3 Waiver
8.1.2 Oversight/supervision
8.1.2.1 Years of experience
8.1.2.2 Educational qualification
8.1.2.3 Waiver

Additional Standards identified in Universal Standards of Care (USOC 2)

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**9. Standard of Care: Licensure or Assurance**

All agency staff and volunteers who provide food basket/home delivered meals services and require licensure, shall be properly licensed by the State of California.

Standards identified above and in Universal Standards of Care (USOC 1)

Criteria
9.1.1 RD Eligibility
9.1.2 Nutritionist
9.1.3 Food Basket
9.1.4 Food Basket Supervisor
9.1.5 Volunteers

**10. Standard of Care: Staff Training**

**10.1 SOC: Staff Training** Description of how staff will be trained including orientation, required training topics, and frequency of training. Describe the process for assessing staff training needs, monitoring and documenting all training, including where training records are located. Training must include annual confidentiality training, with an attestation by each staff person agreeing to abide by confidentiality requirements.

Criteria
10.1.1 Orientation/In-service: The agency shall provide initial in-service orientation and training for new staff and volunteers-to include Universal Precautions, food handling and safety, and periodic staff development training to ensure continued delivery of high-quality services. Training must be completed within 60 days of hire
10.1.2 The agency shall provide regular, ongoing, qualified supervision
10.1.3 Training: The agency shall provide appropriate training and updates, including cultural sensitivity
10.1.4 Continuing Education: The agency shall provide the opportunity for licensed/credentialed staff to take relevant outside courses to both improve their skills and earn CEUs sufficient to maintain licensure

Additional standards identified in Universal Standards of Care (USOC 8)

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**11. Standard of Care: Clients Rights, Responsibilities and Confidentiality**

Standards identified in Universal Standards of Care (USOC 3)

**12. Standard of Care: Access to Services**

Standards identified in Universal Standards of Care (USOC 4)

**13. Standard of Care: Outreach and Provider Continuity**

Standards identified in Universal Standards of Care (USOC 6)

**14. Standard of Care: Continuous Quality Improvement**

Standards identified in Universal Standards of Care (USOC 7)

**References:**

<https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/27/97/hiv-and-nutrition-and-food-safety>