



**Committee Meeting Agenda: ad-Hoc Food Services Eligibility Committee**

**Date/Time:** Tuesday, April 14, 2015, 12:30 p.m.-2:30 p.m. **Location:** Gov't Center Annex, A-335

**Chair:** Mario DeSantis

1. **CALL TO ORDER:** *Welcome, Review Meeting Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 4/14/15 Agenda and 3/10/15 Meeting Minutes
3. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Agenda Items for next Meeting</i>	<i>Action to be taken, presentation, discussion, etc.</i>
<b>Review PSRA Discussion</b> (Handout A)	ACTION ITEM: Review March PSRA discussion regarding the direction of the committee.
<b>Review Draft Models</b> (Handout B)	ACTION ITEM: Review and discuss draft models of eligibility.
<b>Review other EMA Eligibility Models</b> (Handouts C & D)	ACTION ITEM: Review and discuss models based on EMAs of similar size and grant award.

4. **GRANTEE REPORTS**
5. **PUBLIC COMMENT**
6. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** Tuesday, May 12, 2015 **VENUE:** A-335
7. **ANNOUNCEMENTS**
8. **ADJOURNMENT**

**PLEASE COMPLETE YOUR MEETING EVALUATIONS**

**THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL**

- Linkage to Care • Retention in Care • Viral Load Suppression •

**VISION:** To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

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**MEETING MINUTES**

**COMMITTEE: ad-Hoc Food Services Eligibility Committee**

**Date/Time:** Tuesday, March 10, 2015, 12:30 p.m.-2:30 p.m. **Location:** Governmental Center, A-335

**Chair:** Mario DeSantis

Attendance				
#	Members	Present	Absent	Guests
1	DeSantis, M., <i>Chair</i>	X		Taylor-Bennett, C. (via phone)
2	Katz, H. B.	X		Creary, K.
3	Runkle, D.	X		
4	Shamer, D.		A	<b>Grantee Staff</b>
5	Starkey, J.	X		Copa, R.
				Degraffenreidt, S.
				<b>HIVPC Staff</b>
				Sandler, C.
				Bente, A.
	<b>Quorum = 4</b>	<b>4</b>		

**1. CALL TO ORDER**

The Chair called the meeting to order at 12:34 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

**2. PUBLIC COMMENT**

A guest had public comment about the food services that are available in the community, based on the list provided by staff (Handout C-2). The guest noted that she had personally gone to or called each service provider on the list, and there was some misinformation on Handout C-2. The guest noted the changes that needed to be made to the handout; staff noted the changes and promised to update the handout.

After the public comment, the following motion was made:

<b>Motion #3</b>	To add Karen Creary to the ad-Hoc Food Services Eligibility Committee	
<b>Proposed by:</b>	Runkle, D.	<b>Seconded by:</b> Katz, H.B.
<b>Action:</b>	Passed unanimously.	

**3. APPROVALS:**

<b>Motion #1</b>	To approve today's meeting agenda	
<b>Proposed by:</b>	Runkle, D.	<b>Seconded by:</b> Katz, H.B.
<b>Action:</b>	Passed Unanimously	

<b>Motion #2</b>	To approve the 12/9/14 meeting minutes	
<b>Proposed by:</b>	Runkle, D.	<b>Seconded by:</b> Katz, H.B.
<b>Action:</b>	Passed Unanimously	

**4. MEETING ACTIVITIES/NEW BUSINESS**

a. Committee Charter (Handouts A-1 & A-2)

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The Chair noted that he had been working with HIVPC and Grantee staff to develop a power point (*copy on file*) that shows the process the committee had been taking and the thought process behind making changes to the food services eligibility. Grantee staff reviewed the data that was presented in the power point. Between 2011 and 2014, the number of clients utilizing food bank services has increased; however there is not currently a way to tell if these are returning clients or new clients. The number of clients served, broken down by food voucher and food box, was also shown. Food vouchers were introduced in 2012, and eligibility for the vouchers changed over the time period. The number of units dispensed over time has also increased dramatically over the period of time, which may be in part to the number of units allowed per client being changed over time. Grantee staff noted that there were a number of new clients that took advantage of being able to receive a food voucher, rather than a food box. Grantee staff explained that there is a limited number of people who only receive food boxes; most clients choose to receive a box and a voucher. Changes in Federal Poverty Level (FPL), units allowed, and new clients all played a role in the changes to the food service category. The factor that may have played the biggest role in the changes, however, was the bulk purchases that have taken place at the end of the last few fiscal years. When the Eligible Metropolitan Area (EMA) made bulk purchases, the Priority Setting and Resource Allocation (PSRA) Committee made changes to ensure the bulk purchase was used up.

Grantee staff noted that a majority of the Ryan White Part A clients fall under 250% FPL. The committee discussed FPL levels; for 2015, \$11,770 is the 100% FPL. The committee noted that FPL may not be the only important factor in assessing whether someone needs food services; a client at 250% FPL may not necessarily need food services, but a client at 250% FPL who also is dealing with malnutrition and diabetes, for example, may really need those services. Additionally, having a nutritional need for services would allow the EMA to track health outcomes for those clients, and have evidence that the food services program is contributing to the overall health of clients. The Chair noted that it is very important to have measurable outcomes, as well as making sure that those that are the most vulnerable have access to services.

A guest noted that the thinking about food services has to change. The program is supposed to be a supplement to the client, and should enhance the food that clients already have access to. She noted that the challenge is to improve outcomes in a meaningful way, but also to recognize that the Part A program only is responsible for a small portion of what the clients are eating. The guest ask if we try to impact fewer people in a more substantial way, or do we try to impact more people in a less substantial way? The guest noted that those that are most vulnerable are likely those that do not have access to transportation, and likely do not have easy access to grocery stores where they can purchase nutritionally sound food. The guest noted that food services have been made a priority, and they should be, but food services also need to be sustainable. The question is how to best use the funds available to be most effective and make the biggest improvement to health outcomes.

Another guest asked what it means to be the most vulnerable, and how that is determined. It was noted that when Centralized Intake and Eligibility Determination (CIED) certifies clients, files from other service providers are reviewed. These files contain information about other services that clients are receiving, and their medical diagnoses.

The committee also reviewed Handout A-2, which detailed the eligibility model of other EMAs, including percentage of clients served and percentage of total grant award allocated towards food services. Grantee staff asked that HIVPC staff map out what Broward would look like based on similar EMAs.

## 5. GRANTEE REPORTS

None

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Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments  
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment



**6. PUBLIC COMMENT**

None.

**7. AGENDA ITEMS / TASKS FOR NEXT MEETING: April 14, 2015 VENUE: Gov't Center: A-335**

<i>Agenda Items for next Meeting</i>	<i>Action to be taken, presentation, discussion, etc.</i>
<b>Provide scenarios and models</b>	<b>ACTION ITEM: Review and discuss models based on EMAs of similar size and grant award.</b>

**8. ANNOUNCEMENTS**

None.

**9. ADJOURNMENT**

Without objection the meeting was adjourned at 2:21 p.m.

**Ad-Hoc Food Services Committee Attendance**

Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Atten. Letters
<b>Meeting Date:</b>	13	10	10										
	C	C											
DeSantis, M., <i>Chair</i>	NQX	NQX	X										
Katz, H.B.	E	NQX	X										
Runkle, D.	NQX	NQX	X										
Shamer, D.	NQA	NQA	A	R - 3/12								W - 2/13	
Starkey, J.	NQX	NQA	X										
<b>Quorum = 4</b>	3	3	4										

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March PSRA Discussion regarding Food Services

Goals for ad-Hoc Food Services Eligibility Committee

- The Grantee stated that the goal is to discontinue pre-bulk purchases.
- Reduction of expenditures.
- The Chair stated that there needs to be measurable health outcomes for clients utilizing this service category.
- A member stated that the needs of clients that desperately need one box of food a month should not be discounted.
- Difficult to measure health outcomes when assessing a supplemental service.
- Discussion regarding an emergency service only.
- This will not be a quick fix
- Service category does not significantly impact clients as this is a supplemental service category
- Creation of a sustainable eligibility model

## DRAFT Food Services Eligibility Models

### Model – Part 1

- **Federal Poverty Level (FPL):** 0-150%
- **Additional Eligibility:** Application status for food stamps and/or WIC (undocumented residents exempt).
- **Service Units:** A service unit is either a food box or a food voucher
- **Utilization:** 2 food service units per month (24 food service units per year). Only 2 can be dispensed per visit. One unit must be a food box, and one unit may be a food voucher (only 1 voucher per month).
- **Medical Nutritional Need Provision:** If more than 2 food service unit allotments per month are required, client is screened for medical nutritional need. Maximum of 4 food bank allotments per month (48 food service units per year, food box or food voucher). Certified Referral must be generated by the medical case manager. Registered Dietitians (RD), Certified Dietitian-Nutritionists (CDN), Registered Dietitian-Eligible (RDE), or nutrition students supervised by a RD or CDN must assess client based on medical nutritional need. Reassessment is completed every 6 months.

Medical Nutritional Need may include any of the following elements:

- Poor appetite: Client has little or no desire to eat, often skips or does not finish meals
- Significant weight loss Significant weight loss has occurred if the client has unintentionally lost more than 2% of his/her UBW weight in the past week, 5% in the last month, greater than 7.5% in the past 3 months, or more than 10% in the past 10 months. Use the following formula to calculate the % change in UBW:  $UBW - actual\ weight \times 100\% \div UBW$
- Underweight: BMI of 18.5 or lower
- Obese: BMI of 30 or above
- Diabetic
- Renal (kidney) disease
- Liver disease
- Follows a vegetarian diet (no eggs, dairy, fish, or meat)
- Nausea or vomiting
- Diarrhea (six or more loose or watery stools per day)
- Constipation
- Gas/Bloating
- Thrush, or painful or difficulty chewing or swallowing
- Food allergies
- Pregnant
- Heart disease
- High blood lipids (cholesterol, triglycerides)

NOTE: Any other conditions not listed above may constitute as medical nutritional need as deemed by Registered Dietitian (RD), Certified Dietitian-Nutritionist (CDN), Registered Dietitian-Eligible (RDE), or nutrition student supervised by a RD or CDN.

**Model – Part 2 (Emergency Provision ONLY)**

- **Federal Poverty Level (FPL):** 151%-250%
- **Additional Eligibility:** Application status for food stamps and/or WIC (undocumented residents exempt)
- **Service Units:** A service unit is either a food box or a food voucher
- **Utilization:** Maximum of 2 food bank allotments per month (food box or food voucher). Only 2 can be dispensed per visit. One unit must be a food box, and one unit may be a food voucher (only 1 voucher per month).
- **Emergency Provision:** Must demonstrate an emergency need and a plan to meet their need. “Emergency” defined as a verified loss of, or reduction in income due to unexpected or unbudgeted expense or event beyond client’s control. Emergency must be documented in Progress Log and Plan of Care. Client is reassessed every 6 months.

## HANDOUT C

EMA/TGA	# of Clients Served	% of Clients Served	Total Expenditures (\$)	% of Total Funding	FPL Criteria	Nutritional Need Criteria	Service Units	Service Unit Cost	Scope of Service	Service Limitations?	Comments	Medicaid Expansion?
<b>Broward (FL)</b>	2496	34%	\$ 988,890	7%	<250%	None	2 boxes per month, or 1 box and 1 voucher	1 Food Box=\$35 1 Voucher=\$45	Food Box = 21 Meals, 7 Days food 1 Voucher = \$45 at local supermarket	None	Food Voucher Utilization is higher than Food Box Utilization	No
<b>Baltimore (MD)</b>	2454	24%	\$ 293,793	2.5%	< 200%	Must be authorized by Registered and/or licensed dietitian. Registered and/or licensed dietitian must assess client based on nutritional need. Food vouchers utilized as supplement for clients with food allergies.	1 food bag weekly, consisting of ingredients to cook approximately 12 meals; 1 bag a week.	Food bag (weekly)=\$20; Food voucher=\$25	Food bag=12 meals Food Voucher=\$25 at grocery store	Recertification required every 6 months	Food bag utilization is higher than food voucher utilization.	Yes
<b>Dallas (TX)</b>	2653	21%	\$ 165,527	2.3%	< 300%	Food Bank utilization must be authorized by nutritionist and ONLY used as a supplement to SNAP and other government food programs.	Food box=10 meals; 2 bags a months	Food bag (weekly)=\$15	Food bag=10 meals	Annual reassessment required	Food bag contents are to be used only as a supplement to other resources.	No
<b>Newark (NJ)</b>	263	19%	\$ 177,518	2.3%	<300%	Food Bank/Home Delivered Meals eligibility is determined by a licensed registered dietitian	1 voucher per week, 1 pantry visits per week, 2 home delivered meals daily	1 Voucher=\$25, 1 week of Home Delievered Meals=\$20 Food Pantry Visit=\$15	Voucher=\$25 at supermarket, 1 Pantry Visit=21 meals, 1 week of Home Delivered Meals=\$20	Recertification required every 6 months	Vouchers are distributed on RW Voucher Cards which enables only allowable food items to be purchased.	Yes
<b>San Francisco (CA)</b>	2698	17%	\$ 287,655	3%	<400%	Must be authorized by nutritionist	1 weekly selection of groceries OR hot or frozen meals, home-delivered or picked-up, daily or weekly.	Groceries (weekly)=\$24 Home Delievered Meals (weekly)=\$30	Groceries=21 Meals, 7 days of food. Home Delivered Meals=21 Meals, 7 Days of food or 3 meals, 1 Day of food.	None	Food Pantry utilization is higher than Home Delivered Meals utilization. Food pantry & home delivered meals must meet one-third of the weekly nutritional requirements for PLWHA.	Yes

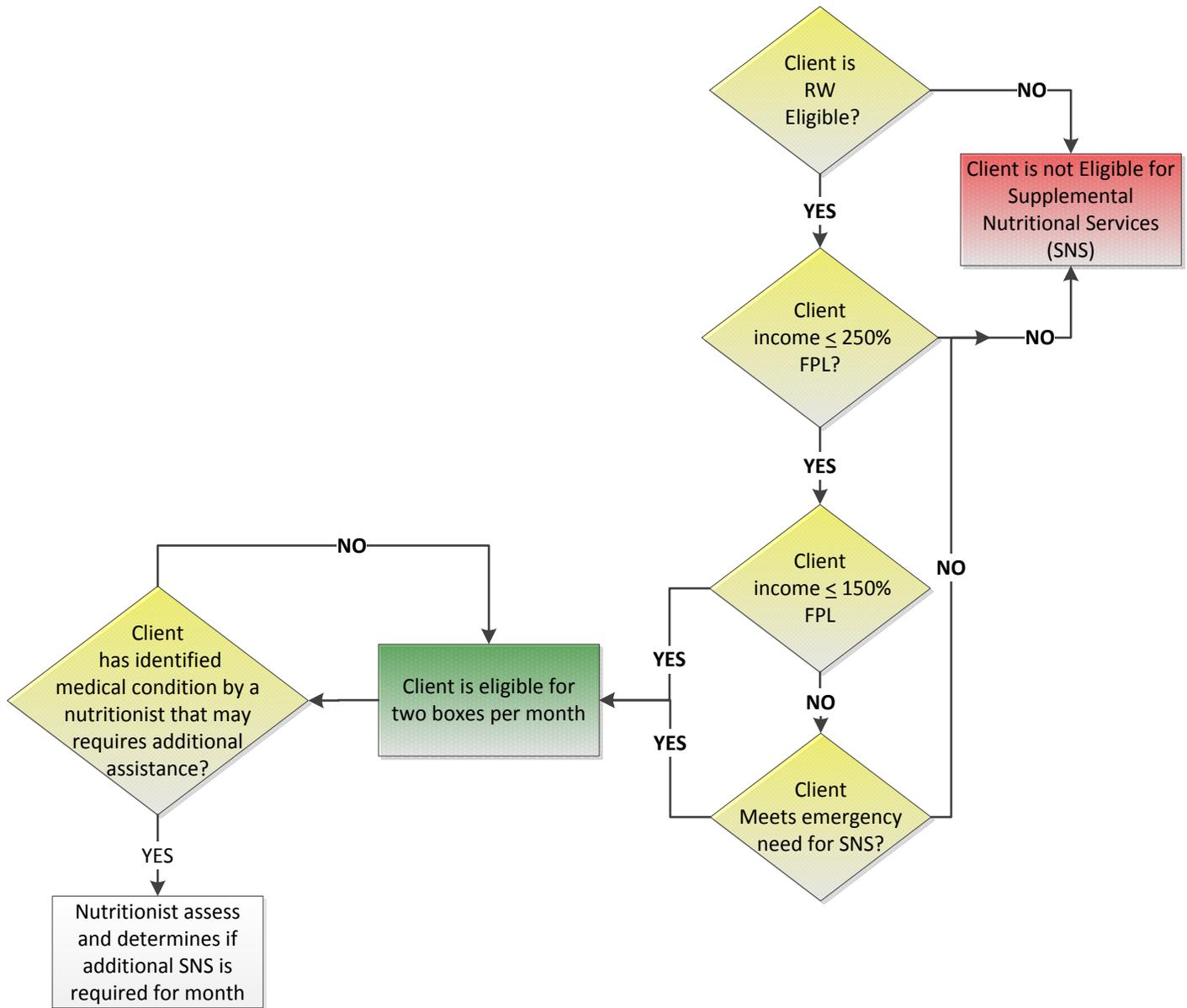
**Broward and Other EMA/TGAs**

The Broward EMA's

- Average client utilization is 64% higher than other EMA/TGAs of similar grant award
- Average food box/bag units are 5 units higher than other EMA/TGAs of similar grant award
- Average service unit cost is \$18.87 than other EMA/TGAs of similar grant award

	<b>Broward (FL)</b>	<b>Other EMA/TGA</b>
<b>Average Client Utilization</b>	\$396.19	\$240.93
<b>Average Food Box/Bag Units</b>	21 Meals	16 Meals
<b>Average Service Unit Cost</b>	\$40	\$21.13

## DRAFT SUPPLEMENTAL NUTRITIONAL SERVICES (SNS) FLOW CHART



- Development of the SNS flow chart took all the comments for community , PSRA committee and research of other EMA's who receive similar funding as Broward County.
- Review SNS Flow Chart with Ad-Hoc group and finalize
- Need to determine the role food stamps may play in the implementation of SNS model.