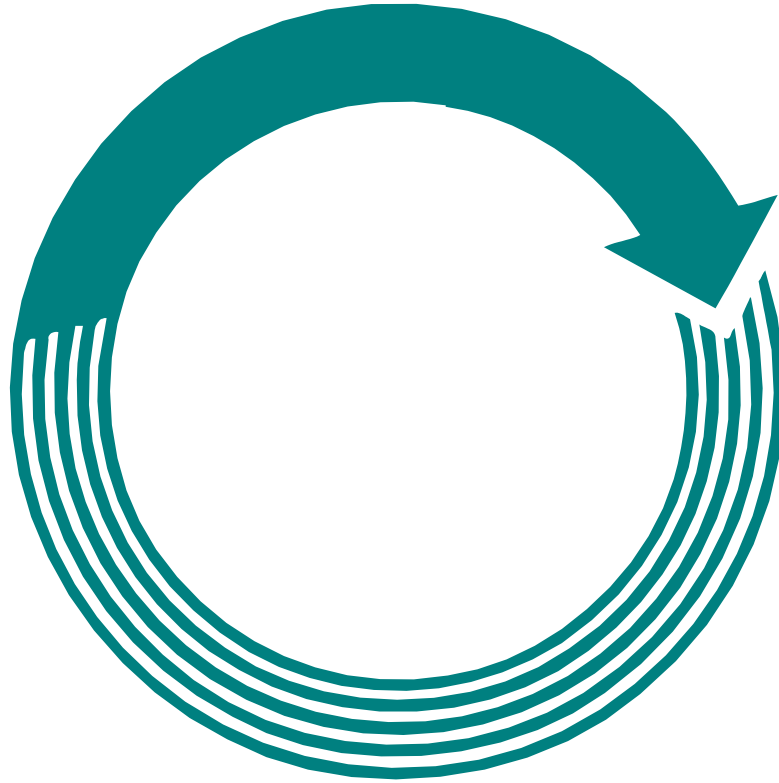


Ryan White Part A Quality Management



Food Services Service Delivery Model

Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)

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Ryan White Part A Quality Management

Food Services Service Delivery Model

Broward EMA Definition:

Food Services is provided to clients requiring supplemental nutritional assistance to enhance the efficacy and absorption of medication. The provision of Food Services must be provided in consultation with a nutritionist or other health professional which involves completion of a nutritional assessment and plan. The plan identifies nutritional and dietary factors which impact client HIV conditions and include nutritional strategies targeted at improving overall health. Food Services are included in the plan to provide a nutritious and well balanced food supplement to a client's diet.

Food Services must be provided with a philosophy that Part A Food Bank and/or Voucher Services supplement the total nutritional needs of eligible clients. Applicant agencies providing Food Services must ensure that service recipients are enrolled in community food and nutrition programs such as food stamps, WIC, to maximize program resources. These resources are to be considered in the distribution of Food Services to eligible clients when calculating annual food service benefits.

The provision of food services under this funding category is of two distinct types as defined below:

1. A **Food Bank** is a central distribution center that warehouse and provides nutritious groceries for indigent HIV+ clients. The food is distributed in cartons, bags or assorted products to eligible Ryan White Program clients.
2. **Food Vouchers** shall be in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients must be able to shop for and prepare their own meals. The vouchers are generally provided to indigent HIV+ clients and families on an occasional or ongoing basis, but may also be available to other specified populations; and may be issued in paper or electronic formats. The voucher clearly states that purchase of alcohol and tobacco products are not allowed. Clients must be unable to purchase nutritious food due to limited financial resources and be able to shop for and prepare their own meals. Provider must ensure that the majority of the food purchased is of nutritional value.

HRSA Definition:

Food bank/home-delivered meals involves the provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, should also be included in this item. The provision of food or nutritional supplements by someone other than a registered dietician should be included in this item as well. Food vouchers provided as an ongoing service to a client should be reported in this service category. Food vouchers provided on a one-time or intermittent basis should be reported in the emergency financial assistance category.

OUTCOMES, OUTCOME INDICATORS, STRATEGIES AND DATA SOURCES

Client Outcomes	Outcome Indicators	Inputs	Strategies	Data Source
1. Clients receiving food services increase and/or maintain retention in Primary Medical Care.	<p>1.1. 85% of clients are retained in Primary Medical Care.</p> <p>1.2. 100% of those clients not retained in Primary Medical Care will be referred to the appropriate provider for follow-up (i.e. case management, disease case management, physician, treatment adherence program, etc.).</p>	<p>Funding</p> <p>Clients</p> <p>Staff</p> <p>Facilities</p> <p>Supplies</p>	<p>1.1.1. Client is notified of need to access primary medical care to continue in food bank services.</p> <p>1.1.2. Distribution of the list of Ryan White Primary Care Providers.</p> <p>1.2.1. Discussion about the referral process to the appropriate provider to facilitate access to primary medical care.</p> <p>1.2.2. Referrals to appropriate providers for follow-up.</p>	<p>1.1.1.1. Client Record 1.1.1.2. Designated HIV MIS</p> <p>1.1.2.1. List of Ryan White Primary Medical Care Providers</p> <p>1.2.1.1. Client Record 1.2.1.2. Designated HIV MIS</p> <p>1.2.2.1. Client Record 1.2.2.2. Designated HIV MIS</p>

STANDARDS FOR SERVICE DELIVERY

Standard	Indicator	Data Sources
1. Food services will comply with current USDA Dietary Guidelines for Americans, FDA, CDC, Broward County guidelines, federal, State, and local laws and health codes.	1.1. Providers demonstrate 100% compliance with federal, State, and local guidelines, laws, and health codes.	1.1.1. Annual Inspections
2. Food services will follow accepted standards of Dietitians in AIDS Care and the American Dietetic Association.	2.1. Providers demonstrate 100% compliance with national standards.	2.1.1. Provider policies and procedures
3. Providers will conduct a client intake for new clients.	3.1. 100% of new clients receive a client intake.	3.1.1. Client Intake 3.1.2. Client Record
4. Providers coordinate with client's primary care providers and case managers to assess need for food services and to ensure nutrition needs are being addressed.	4.1. 100% of client records contain documentation of communication with medical providers.	4.1.1. Client Record 4.1.2. Referral Log
5. When indicated, an annual nutritional assessment will be conducted by or under the supervision of an RD to ensure appropriateness of service. Nutrition screenings will be shared with client's primary medical provider when possible.	5.1. 100% of clients receive annual nutritional assessment when indicated.	5.1.1. Nutritional Assessment 5.1.2. Client Record 5.1.3. Referral Log
6. Nutrition education will be provided by an RD or DTR or nutrition student under the supervision of RD to appropriate clients identified through screening process. When needed, clients will be referred for medical nutrition therapy.	6.1. 100% of clients receive nutrition education and referral for medical nutrition therapy when appropriate.	6.1.1. Client Record 6.1.2. Referral Log
7. Programs providing food services will develop menus and food choices with the help of RDs.	7.1. 100% of food menus on file at provider agency take into account the nutrition needs of the client, special diet restrictions, portion control, and cultural preference.	7.1.1. Food Menus 7.1.2. Client Record
8. Client receives two Food Service units per month. Only two units can be dispensed per visit. One unit must be a food box, and one unit may be a food voucher (only one voucher per month).	8.1. 100% of clients receive two Food Service units per month (one unit must be a food box, and one unit may be a food voucher) as documented in the Client Food Selection Form.	8.1.1. Client Food Selection Form 8.1.2. Client Log
9. Client has access to nutritious foods.	9.1. 100% of food received by the client are from the five basic food groups as documented in Client Food Selection Form.	9.1.1. Client Food Selection Form 9.1.2. Food Menus

Standard	Indicator	Data Sources
10. Client is assessed to determine if he/she currently receives primary medical care.	10.1. 100% of clients consenting to receive primary medical care, receive a referral to medical care. 10.1. 100% of clients consenting to receive primary medical care, receive a list of Ryan White Primary Medical Care Providers.	10.1.1. Medical appointment, Lab, or Pharmacy visit documentation 10.1.2. Referral Log
11. Viral load and CD4 count values for each client are collected.	11.1. 100% of client viral loads and CD4 counts will be requested at least semi-annually and recorded.	11.1.1. Client Record 11.1.2. Lab Reports

PROTOCOLS

The Food Services Protocol identifies the specific ways to implement the Food Services standards and processes inherent to Food Services. Culturally competent service providers shall conduct services. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., HAB HIV Performance Measures, etc.).

Eligibility Verification

Food Services staff shall verify client's eligibility is established by reviewing the certification in the designated HIV MIS. Staff shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated HIV MIS. Staff will review client's eligibility for all funding streams and services for which client may qualify. Staff will follow-up with referrals as appropriate. The purpose of the assessment is to ensure 1) client's access to all services client may be eligible for and 2) the status of Ryan White as payer of last resort.

Target Population

Individuals who are Broward County residents with HIV/AIDS who earn less than or equal to 250% of the Federal Poverty Guidelines, are un-insured and have barriers to economic stability and have no other means or funding source to receive services.

Client Intake

Food Services staff shall schedule a client intake within five (5) business days from the time the client is verified eligible to receive Ryan White Part A food bank services. Clients placed on a wait list shall be notified within five (5) business days from the time the client is cleared to receive services. Staff shall provide the client with an orientation to include:

- Other providers of the service
- Client grievance process
- Client confidentiality
- Client Rights and Responsibilities
- Client Food Selection Form
- Consent for an assigned designee to retrieve food for client in case of emergency
- Orientation shall be documented in client the file.

Client shall appoint, in writing, a designee (e.g. clients' case manager) to pick up the food box if the client has a sudden medical, verifiable situation/condition precluding the pick-up of food. Food Services staff shall ensure a copy of designee picture ID is in the client file. Staff shall request client to explain the food distribution procedure to the selected designee. Clients with on-going situations preventing the regular food pick up shall be referred to a home delivered meals program.

Delivery of Food Service

Food Services staff shall schedule client for a weekly standing appointment to pick up food from the food bank. Staff shall ensure the client signs in at the weekly appointment. Staff shall ensure client shows a picture ID at sign-in. If client did not bring the picture ID, Staff shall pull the copy from the client file.

Pantry manager or designated staff shall develop an agency daily list of available foods for client to select from. Pantry manager shall distribute this list to staff daily.

Client intake worker shall write the foods selected by the client on the Client Food Selection form. The choices made on the Client Food Selection form will reflect food that is on the daily food availability sheet that the pantry manager distributed to the intake workers. The intake worker shall give the completed Client Food Selection form to the pantry worker.

The pantry worker shall put together a weekly food box with the selections that the client made on the Client Food Selection form. Pantry staff shall call out the client number when the food box is ready for distribution. Pantry worker shall ensure the client selections written on the Client Food Selection form are in the food box. Pantry worker shall ensure the client signs the Client Food Selection form once the client accepted and picked up the food box.

Access to Primary Medical Care

Food services staff shall assess client participation in primary medical care. Staff shall ensure existing clients not in primary medical care, access primary medical care within six months from the beginning of the contract year for the client’s continued participation in food services. Staff shall discuss with client the benefits of primary medical care and the referral process to access primary medical care through the case manager. Staff shall ensure referral of consenting client to their case manager to access primary medical care. Staff shall distribute a list of Ryan White Primary Medical Care Providers to clients.

Retention in Primary Medical Care

Food Services staff shall assist the client to remain in primary medical care. Staff shall discuss with the client the need to remain in primary medical care as a condition to continue receiving food services. A referral to the case manager will be offered to assist client to remove any barriers to remain in primary medical care.

Documentation

All services provided to the client shall be documented in the client record. Documentation should be scanned into the appropriate fields within client records.

Continuous Quality Improvement

Chart reviews shall be completed quarterly to ensure documentation of service, referrals and follow-up.

Payer of last resort

An applicant may not be eligible for services from Ryan White Part A Program if the applicant is already receiving or is eligible for the same benefits/services from other programs. The services provided by Ryan White may be utilized for HIV related services only when no other source of payment exists.

An applicant cannot be receiving services or be eligible to participate in local, state, or federal programs where the same type service is provided or available. This requirement does not preclude an individual from receiving allowable services not provided or available by other local, state, or federal programs, or pending determination of eligibility from other local, state or federal programs. Ryan White Part A services is the payer of last resort. All community resources should be explored with clients prior to obtaining and receiving Ryan White Part A services

Professional Requirements

Nutritionist

Education:

- BS minimum (MS preferred) in Nutrition Science with an emphasis on Public Health
OR Registered Dietitian (RD) with an appropriate food handling certificate/s

Experience:

- Minimum of five years’ experience working as a Registered Dietician
- Community nutrition experience

- At least 2 years' experience HIV service field.
- Experience working with individuals in a culturally diverse environment

Intake Staff

Education:

- High School Diploma or General Education Development (GED)
- Documentation of HIV/AIDS Training from the Department of Health as appropriate OR One-year experience working with diverse populations

Experience:

- Two years of experience working in a social, economic, health, rehabilitative or medical setting

Knowledge and Abilities:

- Ability to document
- Ability to communicate effectively

Pantry Worker

Education:

- High School Diploma or General Education Development (GED) OR Documentation of HIV/AIDS Training from the Department of Health as appropriate OR One-year experience working with diverse populations
- Ability to read and write at a high school level

Pantry Manager

Education:

- High School Diploma or General Education Development (GED) OR Documentation of HIV/AIDS Training from the Department of Health as appropriate OR One-year experience working with diverse populations

Experience:

- Two years of experience working in a social, economic, health, rehabilitative or medical setting; OR
- One year working in a community based food bank or pantry

Knowledge and Abilities:

- Knowledge of food groups