



BROWARD COUNTY RYAN WHITE PART A PROGRAM

Food Services
Service Delivery Model

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I. Service Definitions

HRSA Definition¹

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

Local Definition

Food Services are provided to clients requiring supplemental nutrition. Food Services must be provided in consultation with a nutritionist or other qualified health professional (an identified licensed professional) and must include a nutritional assessment and plan. The plan identifies dietary factors that impact client health and is individualized and tailored to each client's needs. Food Services provide a nutritious and well-balanced food supplement to a client's nutritional intake and offer the client choice in selecting menu options that support health needs (e.g. nutritional deficiencies, metabolic conditions).

The provision of food services may be in the form of food bank or food vouchers. **Food Bank** services are provided at a central distribution center that warehouses and provides nutritious groceries for clients. **Food Voucher** services are provided in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients receiving food vouchers must be able to shop for and prepare their meals. Alcohol and tobacco products cannot be purchased with food vouchers.

II. Key Service Components and Activities

In addition to the Food Services Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the [Broward County Ryan White Part A Universal SDM](#). Providers must also adhere to standards and requirements set forth in the [Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers](#), individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of Food Services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category, including state and local health codes. Additionally, providers must provide services in accordance with the USDA Dietary Guidelines and standards of Dietitians in AIDS Care and the American Dietetic Association.

Provision of Food Bank Services

Providers of Food Bank services must maintain a list of available foods for clients to select their weekly food provisions and document the foods selected by the client at each distribution. Menu and food choice development must occur under the direction of a licensed health professional to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the

¹ Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

client, and are culturally/ethnically appropriate, when possible. Providers must ensure that the client's food selections are in the food pick-up/delivery package. Clients must confirm receipt of all food distributions as evidenced by the client signature and date of pick up.

Provision of Food Voucher Services

Providers of Food Voucher services must develop and implement policies and procedures for receiving, distributing, and tracking the food voucher inventory. Policies and procedures must ensure that no prohibited items are purchased, purchases support the client's nutritional needs, and no cash is exchanged between the vendor and the client. Food vouchers must clearly state that the use of food vouchers to purchase alcohol, tobacco, lottery, and non-food products is prohibited. Providers must document client acceptance and understanding of the Food Voucher Policy, as evidenced by client signature, in the designated HIV Management Information System (MIS).

Food vouchers must be tracked using a voucher identification number. Clients must return receipts showing purchases made with the numbered food voucher distributed to them. Providers must confirm the purchases made meet food voucher guidelines before another voucher is issued. The provider must implement a corrective action for clients who purchase ineligible items. Corrective actions may include warnings and suspension from the Food Voucher Program. Providers must document food vouchers distributed to each client by identification number and returned receipts in the designated HIV MIS.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

| Outcomes | Indicators | Measure |
|--|---|--|
| 1. Increased access, retention, and adherence to primary medical care. | 1.1. 85% of clients are retained in primary medical care. | 1.1.1. Client appointment record in designated HIV MIS. |
| 2. Increased viral suppression. | 2.1. 80% of clients on ART for more than six months will have a viral load less than 200 copies/mL. | 2.1.1. Client viral load test result in designated HIV MIS. 2.1.2. Client prescription of ART documented in designated HIV MIS. |

IV. Assessment

Nutritional Assessment

Clients receiving Food Services must complete a nutritional assessment within 90 calendar days of initial encounter with the provider, and annually thereafter. The nutritional assessment must be completed by a licensed health professional, be signed by the provider and client, and documents in the HIV MIS. The nutritional assessment must include, at minimum:

- Type of food or meal services being requested, i.e., grocery/pantry bags or food vouchers
- Medical issues that require a therapeutic or modified diet due to diabetes, renal (kidney) disease, high blood pressure, food allergies or intolerances, metabolic complications, and other medical conditions that impacts nutritional need
- Current weight and history of significant weight loss or gain in the past six months

- List of current medications (HIV-related and other, including vitamins and minerals, and herbal and complementary/alternative therapies)
- Daily physical activity level
- Interest in or need for nutritional education
- Access to adequate and safe food storage and meal preparation

V. Standards for Service Delivery

Table 2. Food Services Standards for Service Delivery

| Standard | Measure |
|---|---|
| 1. Clients complete a nutritional assessment, by or under the supervision of a licensed health professional within 90 calendar days of initial encounter. | 1.1. Nutritional assessment signed and dated by the provider and client in the designated HIV MIS. |
| 2. Foods selected by clients align with the needs identified in the nutritional assessment and are culturally/ethnically appropriate, when possible. | 2.1. Receipt of food distribution with client signature and date in the designated HIV MIS. 2.2. Nutritional assessment signed and dated by the provider and client in the designated HIV MIS. |
| 3. Clients confirm receipt of all food distributions as evidenced by the client signature and date of pick up. | 3.1. Receipt of food distribution with client signature and date in the designated HIV MIS. |
| 4. Clients receive nutritional education by or under the supervision of a licensed health professional when needed. | 4.1. Documentation of need for nutritional education and education provided in the designated HIV MIS. 4.2. Referral documented in the designated HIV MIS if the need for Medical Nutrition Therapy is identified. |
| 5. Clients demonstrate acceptance and understanding of the Food Voucher Policy prior to receiving Food Voucher services. | 5.1. Food Voucher Policy signed and dated by the client in the designated HIV MIS. |
| 6. Clients utilize food vouchers to purchase foods that support the client's nutritional needs. | 6.1. Receipt showing purchases made with the numbered food voucher in the designated HIV MIS. |
| 7. Providers confirm purchases made with food vouchers meet set guidelines before another voucher is issued. | 7.1. Receipt showing purchases made with the numbered food voucher in the designated HIV MIS. |