

Ryan White Part B

Food Bank/Home-Delivered Meals

Service Standard

Definition

Food Bank/Home-Delivered Meals involve the provision of actual food or meals. It does not include finances to purchase food or meals, but it may include vouchers to purchase food. Essential household supplies, including cleaning products, and personal hygiene items are also included. Nutritional supplements provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician should not be included in food bank expenditures. See HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) 16-02.

Purpose

This service category is intended to improve clients' health outcomes and increase the clients' ability to remain adherent to HIV treatment.

Services

This category includes the provision of actual food, prepared meals, or food vouchers to purchase prepared meals. This category also includes the provision of fruit, vegetables, dairy, canned meat, staples, and personal care products in a food bank setting.

- **Food Bank:** Food Bank services are the provision of actual food and personal care items in a food bank setting.
- **On-site/Home-Delivered Meals:** On-site/Home-Delivered Meals are the provision of prepared meals or food vouchers for prepared meals, in either a congregate dining setting or delivered to clients who are homebound and cannot shop for or prepare their own food. This service includes the provision of both frozen and hot meals.

Units of Service

"Service units" of Food Bank/Home-delivered meals are defined as instance of a client receiving food, a voucher for food, or other resources allowable under this service category. Each unit is documented per service provided as "food bank/home-delivered meal" in CAREWare, with corresponding dollar amount, as applicable.

Program Guidance

- This program includes the provision of essential non-food items that are limited to the following:
 - Personal hygiene products
 - Household cleaning supplies
 - Water filtration or purification systems in communities where issues of water

safety exist

- Unallowable costs include household appliances, pet foods, and other non-essential products.
- Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP (See Medical Nutrition Therapy National Monitoring Standard).
- Food vouchers/gift cards are to be restricted from the purchase of tobacco or alcohol products.
- No direct payments to clients are allowed.
- Provider must use food or meal disbursement as payor of last resort.

Key Activities

- Eligibility
- Provision of food/vouchers
- Food bank/home-delivered meals plan
- Assurance of food safety
- Coordination of volunteers
- Records management

1.0 Eligibility

Purpose

Providers of Food Bank/Home-Delivered Meal services will determine, follow, and disseminate eligibility criteria.

Standard	Measure	Documentation
1.1 Food Bank/Home-delivered meals are provided to HIV positive persons who need help with food services to reduce food insecurity, hunger, and improve health outcomes.	1.1.a. Provider assesses client need for Food Bank/Home-delivered meal services. 1.1.b. Part B and C providers will follow limitation on usage guidelines (HIV and AIDS Bureau's--HAB's— Policy Clarification 16-02).	1.1 Proof of client need for help with food services (e.g. FPL or other documentation) in client file.
1.2 Food Bank/Home-Delivered	1.2-Part B and C providers will follow limitation on	1.1 Provider has on file the policy and/or procedure

<p>Meal services are limited to the following:</p> <ul style="list-style-type: none"> • The provision of actual food items • The provision of nutritional supplements • The provision of hot meals • A voucher program to purchase food 	<p>usage guidelines (HIV and AIDS Bureau's--HAB's— Policy Clarification 16-02).</p>	<p>regarding the limitations of this category.</p>
<p>1.2 Services may also include the provision of non-food items that are limited to:</p> <ul style="list-style-type: none"> • Personal hygiene products • Household cleaning supplies • Water filtration/purification systems in communities where issues of water safety exist 		
<p>1.3 Providers will follow and disseminate policy and procedure for the use of vouchers.</p>	<p>1.3.a. Staff is made aware of and provided a copy of policies and procedures related to distribution of vouchers.</p> <p>1.3.b. Clients will be made aware of and provided a copy of policies and procedures related to receiving vouchers:</p> <ul style="list-style-type: none"> • Purchase of alcohol, tobacco, illegal drugs or firearms is prohibited 	<p>1.3.a. Policies and procedures related to the distribution of food vouchers on file.</p> <p>1.3.b. Client record includes a signed and dated acknowledgement of the use of the voucher policy.</p>

	<ul style="list-style-type: none"> Vouchers may not be redeemed for cash 	
1.4 Provider must assess needs and status of each client receiving Food Bank/Home-delivered meals at least once a year to assure compliance with care plan and service requirements.	1.4 Client needs assessment and status completed at least once a year	1.4 Provider tracks assessments in the client's individual Care Plan

2.0 Food Bank/Home-Delivered Meals Plan

Purpose

The provider evaluates the client's nutritional needs and preferred method(s) of access. The Food Bank/Home-delivered Meals Plan may be a sub-component of the client's Case Management Care Plan.

Standard	Measure	Documentation
2.1 Provider will work collaboratively with the client to assess client's nutritional needs.	2.1 Provider assesses client's food needs at the client's intake, service plan reassessment, or request.	2.1 Dated assessment demonstrating client need in client file
2.2 Providers develop an individualized service plan with each client served.	2.2 Provider assists clients in developing a long-term plan that includes: <ul style="list-style-type: none"> Goal Expected outcomes Actions taken to achieve goal Persons responsible for offering such action Target date for completion of each action Results of each action 	2.2 Individual Care Plan containing all requirement in client file.
2.3 Provider reassesses client need for service on a regular basis.	2.3 Provider will track assessment of client need.	2.3 Provider tracks additional assessments within the Individual Care Plan, located in client file.

2.4 Provider will work collaboratively with the client to maximize Client's access to this service.	2.4 Provider's assessment includes the client's preferred way to access this service.	2.4 Written schedule for food distribution for on-site and home-delivered meals in client Care Plan/file
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3.0 Food Safety

Purpose

The agency shall adhere to all federal, state, and local public health food safety regulations to ensure the health and safety of clients.

Standard	Measure	Documentation
3.1 Providers will obtain appropriate licensure/certification for Food Bank/Home-Delivered Meals, where required under State or local regulations.	3.1.a. Providers maintain any always required licensure/certifications while providing services. 3.1.b. Providers have a procedure to ensure all required licensure/certifications are up to date.	3.1 Licensure(s) and/or certification(s) on file with the agency.
3.2. Providers shall adhere to all federal, state, and local public health food safety regulations.	3.2. The program meets all requirements of the local health department for food handling and storage.	3.2 Providers maintain current records of local health department food handling/food safety inspections.

4.0 Use of Volunteers

Purpose

Providers may use volunteers to expand program capacity to provide Food Bank/Home-Delivered Meals.

Standard	Measure	Documentation
4.1 Volunteers will receive appropriate orientation, training and supervision.	4.1.a. All volunteers with client contact will be oriented prior to providing services.	4.1.a. Orientation curriculum on file at provider agency. 4.1.b. Evidence of: <ul style="list-style-type: none"> • Volunteer application • Training

	4.1.b. All volunteers will be supervised by qualified program staff.	<ul style="list-style-type: none"> Supervision <p>4.1.c. Signed and dated form on file that outlines responsibilities, obligations, and liabilities of each volunteer.</p>
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5.0 Records Management

Purpose

Services link clients with access to nutritional needs. Documentation includes written proof or evidence that client received Food Bank/Home-Delivered Meal services. Vouchers must be securely stored and securely transferred with limited staff access. Providers will keep these vouchers in locked and secured storage until they are given to clients.

Standard	Measure	Documentation
5.1 Records will reflect compliance with the Food Bank/Home Delivered Meals Standards outline above. They should be complete, accurate, confidential, and secure.	5.1. Providers will maintain records for each client served.	<p>5.1.a. Client records must include:</p> <ul style="list-style-type: none"> Date(s) client received assistance Proof of eligibility Copy of check or voucher <p>5.1.b. Food Bank/Home-Delivered Meal services will be documented as a Case Note with corresponding service unit and in Care Plan.</p>
5.2 Provider will develop policy and procedure(s) to ensure security of vouchers.	<p>5.2.a. Providers have policies and procedures regarding voucher security.</p> <p>5.2.b. Staff is aware of policy and procedures.</p>	<p>5.2.a. Policy and procedure are on file at the agency.</p> <p>5.2.b Signed acknowledgement of policy and procedure in personnel files.</p>

6.0 Staff Qualifications

Standard	Measure	Documentation
6.1.a. Staff must have a minimum of a high school diploma, but a college degree is preferred.	6.1.a. High school diploma or college degree(s)	6.1.a. Resume's and/or curriculum vitae in personnel file.
6.1.b. Staff must have HIV-related and/or HUD experience.	6.1.b. Previous job and/or job-related duties that dealt with HIV-clients or housing assistance administration.	6.1.b. Resume's and/or curriculum vitae in personnel file.
6.1.c. Staff have completed Counseling, Testing, Referral Services (CTRS training).	6.1.c. Certificate of course completion	6.1.c. CTRS certificate in personnel file.

7.0 Grievance Policy

Purpose

To ensure that consumers may voice a complaint or grievance

Procedures

All Ryan White providers must have a grievance policy that is posted in the facility. Additionally, all clients will receive a copy of the grievance procedure. The first step in filing a grievance is with the *agency providing the service*. Consumers may voice a complaint or grievance to their Case Manager. Clients are expected to attempt resolution at the local level. If, however, clients are unable to resolve the issue, they may pursue a second step—filing a grievance with the State Health Department. Within 30 days of the local determination, consumers may file the complaint or grievance in writing (See Appendix A for sample form) to:

Montana DPHHS
HIV/STD Program, Ryan White Part B
Attn: HIV Treatment Coordinator
1400 E. Broadway
Room C-211
Helena MT 59601

An applicant may submit a complaint on the following grounds:

- The client believes the sub-recipient is not treating them fairly.
- The client believes the sub-recipient is not providing quality services.
- The client was denied services.

The applicant (client) must state all the facts and arguments for the appeal in the form provided (Appendix A), to include detailed descriptions of the action the client is appealing and the relief or correction the applicant is requesting. The form *must* be signed by the client. The Ryan White Part B Program Manager will respond in writing within 14 days of receipt of the grievance or complaint informing the client of the time and place of a meeting with the Ryan White Part B Program Manager and other appointed HIV/STD state staff.

Standard	Measure	Documentation
7.1.a. The Grievance Policy has been explained to each client. Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received. 7.1.b. Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.	7.1.a. and b. Each client is given a copy of the Grievance Policy to sign, indicating understanding of the reasons for filing a grievance, as well as the process for doing so.	7.1.a Signed and dated Grievance Policy in client file. 7.1.b. Written Grievance Policy on file.
7.2 Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.	7.2 Various formats available	7.2 Policy and various formats on file at the agency.

8.0 Cultural and Linguistic Competency

The National Standards on Culturally and Linguistically Appropriate Services (CLAS) require agencies to make available easily understood patient-related materials. Providers must post signage in the languages of the commonly encountered group(s) represented in the service area.

Purpose

Providers will reduce barriers to care or increase access to care through the provision of culturally and linguistically appropriate services.

Standard	Measure	Documentation
8.1 Health services are culturally and linguistically	8.1.a. Experience with providing services to the diverse ethnic, linguistic,	8.1.a. and b. Notes regarding staff cultural and linguistic experience/competence

competent, client-guided and community based.	sexual or cultural populations targeted; 8.1.b. Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; 8.1.c. List of cultural competency trainings completed by staff.	8.1.c. Completed trainings documentation in personnel files.
8.2 Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language	8.2 Interpreter(s) is/are available.	8.2 A list of interpreters on file.

9.0 Client Rights and Responsibilities

(National Monitoring Standards: Provision of Part B-funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.)

Standard	Measure	Documentation
9.1.a. Services are available and accessible to any individual who meets program eligibility requirements.	9.1 Providers are aware of eligibility requirements and non-discrimination policies.	9.1 Written eligibility requirements and non-discrimination policy on file.
9.1.b. All providers shall comply with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with Disabilities Act.		

<p>9.1.c. All providers shall adopt a non-discrimination policy prohibiting based on the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or AIDS/HIV.</p>		
<p>9.2.a. Client's Rights and Responsibilities policy is explained to client.</p> <p>9.2.b. A copy of Client's Rights and Responsibilities is provided to each client. Client rights include:</p> <ul style="list-style-type: none"> • Be treated with respect, dignity, consideration, and compassion; • Receive services free of discrimination; • Be informed about services and options available. • Participate in creating a plan of services; • Reach an agreement about the frequency of contact the client will have either in person or over the phone. • File a grievance about services received or denied; • Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; • Voluntary withdraw from the program; 	<p>9.2.a. Clients sign and date a copy of the policy.</p> <p>9.2.b. Current Client's Rights and Responsibilities form signed and dated by client, indicating the client's understanding of her/his rights and responsibilities.</p>	<p>9.2a. Written policy on file.</p> <p>9.2.b. Signed copy located in client's record.</p>

<ul style="list-style-type: none"> • All records treated confidentially • Have information released only when: • A written release of information is signed; • A medical emergency exists; • There is an immediate danger to the client or others; • There is possible child or elder abuse 		
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10.0 Secure Client Records, Privacy, and Confidentiality

Standard	Measure	Documentation
10.1 Client confidentiality is ensured	10.1.a. Client confidentiality policy that includes a Release of Information (ROI) 10.1.b. Health Insurance Portability and Accountability Act (HIPPA) compliance	10.1.a. Written client confidentiality policy on file at provider agency 10.1.a.HIPPA documentation is on file and posted where clients can view it.
10.2 Client's consent for release of information is determined.	10.2 Current Release of Information Form signed and dated by client and provider representative	10.2 Signed and dated ROI located in client file. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months.
10.3 Electronic patient records are protected from unauthorized use.	10.3 Each client file is stored in a secure location.	10.3.a. Files stored in locked file or cabinet with access limited to appropriate personnel. 10.3.b. Electronic files are password protected with

		access limited to appropriate personnel.
10.4 Annual submission of Verification of Receipt of Assurance of Key Requirements	10.4. All staff that handle client-identifying information document	10.4 Signed Verification of Receipt of Assurance of Key Requirement forms on file

11.0 Quality Management

- Number of clients who receive meals/vouchers
- Total number of clients served
- Percentage of clients with undetectable viral loads (VLs)
- Percentage of clients who receive food/voucher assistance who attend two or more medical appointments in a 12-month period
- Percentage of clients with documentation in the client's primary record of other food resources accessed prior to clients accessing food bank.
- Percentage of clients with documentation in the client's primary record of the assessment of need for food resources.

CAREWare Data Reporting

Service providers are responsible for documenting and keeping accurate records of Ryan White program data/client information, units of service, and client health outcomes.