

## TABLE OF CONTENTS

### NUTRITION SUPPORT SERVICES

---

<b>Executive Summary</b>	<b>2</b>
<b>Service Introduction</b>	<b>5</b>
<b>Service/Organizational Licensure Category</b>	<b>6</b>
<b>Definitions and Descriptions</b>	<b>7</b>
<b>How Service Relates to HIV</b>	<b>7</b>
<b>Service Components</b>	<b>8</b>
HIV/AIDS Home Delivered Meals	8
HIV/AIDS Food Bank/Pantry Services	11
Food Safety/Quality	14
Triage/Referral	15
Case Closure	16
<b>Staffing Requirements and Qualifications</b>	<b>17</b>
<b>Units of Service</b>	<b>19</b>
<b>References</b>	<b>19</b>
<b>Acronyms</b>	<b>20</b>





## NUTRITION SUPPORT SERVICES

### EXECUTIVE SUMMARY

---

#### SERVICE INTRODUCTION

Nutrition support services for people living with HIV attempt to improve and sustain a client's health, nutrition and food security and quality of life. Good nutrition has been shown to be a critical component of overall measures of health, especially among people living with HIV.

Nutrition support includes:

- ◆ Home delivered meals
- ◆ Food banks/pantry services

#### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All nutrition support will be provided in accordance with current United States Department of Agriculture (USDA) Dietary Guidelines for Americans, Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and Los Angeles County guidelines and procedures, as well as with federal, State and local laws and regulations. All programs will comply with City, County and/or State grocery and/or restaurant health code regulations. All programs will submit to voluntary health inspections annually (at minimum).

All programs providing food distribution services will operate in collaboration with a Registered Dietitian (RD) consistent with California state law. Such RD will also have current knowledge of nutrition issues for people living with HIV.

#### SERVICE CONSIDERATIONS

##### HIV/AIDS HOME DELIVERED MEALS

**General Considerations:** Home delivered meals are provided for clients experiencing physical or emotional difficulties related to HIV/AIDS that render them incapable of preparing nutritional meals for themselves. All programs will follow accepted standards and guidelines set forth by the Association of Nutrition Services Agencies, Dietitians in AIDS Care and the American Dietetic Association.

**Intake:** Programs providing home delivered meals will: develop and implement client eligibility requirements; conduct a client intake; coordinate with primary health care providers and case managers to assess a client's need and eligibility for nutrition support; provide an initial nutrition intake and annual screening; provide nutrition education; and develop and implement a client services agreement.

**Meal Production/Delivery:** Programs providing home delivered meals will: develop menus in conjunction with RDs; prepare and ensure the delivery of meals; distribute meals to

AIDS Service Organizations (ASOs) for delivery to eligible clients; deliver meals directly to eligible clients; and train volunteers in proper food handling techniques and HIV sensitivity, including volunteers of partner ASOs.

**Promotion/Linkages:** Programs providing home delivered meals will: promote the availability of home delivered meals among other service providers; network with ASOs to identify eligible persons living with HIV in need of home delivered meals; and develop Memoranda of Understanding (MOUs) with ASOs that provide food delivery services.

**Program Records:** Programs will maintain records with the following information within each client file: client intake; client services agreement; documentation of referrals to other HIV service providers; documentation of annual reassessment from client's primary health care provider confirming the need for home delivered meals; and initial nutrition intake and annual screening.

### HIV/AIDS FOOD BANK/PANTRY SERVICES

**General Considerations:** Food bank/pantry services are distribution centers that warehouse food and related grocery items including nutritional supplements and other miscellaneous items. All programs will follow accepted standards and guidelines set forth by the Association of Nutrition Services Agencies, Dietitians in AIDS Care and the American Dietetic Association.

**Intake:** Programs providing food bank/pantry services will: develop and implement client eligibility requirements; conduct an intake evaluation; coordinate with primary health care providers and/or case managers to assess a client's need and eligibility for nutrition support; provide an initial nutrition intake and annual screening; provide nutrition education; and develop and implement a client services agreement.

**Program Operations:** Programs providing food bank/pantry services will: develop food lists and food choices in collaboration with RDs; purchase and maintain a nutritional food supply; distribute groceries to ASOs; distribute food directly to clients including nutritional supplements and other miscellaneous items; and train volunteers in proper food handling techniques and HIV sensitivity, including volunteers of partner ASOs.

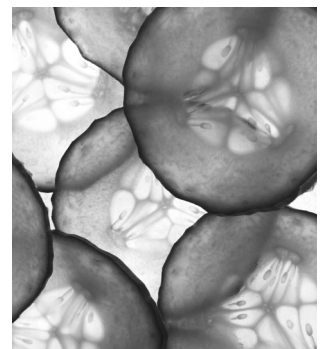
**Promotion/Linkages:** Programs providing food bank/pantry services will: promote the availability of food bank/pantry services; network with ASOs to identify eligible persons living with HIV in need of food bank/pantry services; and develop MOUs with ASOs to distribute food bank/pantry items

**Program Records:** Programs will maintain records with the following information within each client file: intake; client services agreement; documentation of referrals to other HIV service providers; and initial nutrition intake and annual screening.

### ALL FOOD DISTRIBUTION SERVICES

**Food Safety/Quality:** Food distribution services will follow local Los Angeles County Environmental Health Food Safety and will develop their own Hazard Analysis and Critical Control Point (HACCP) plan for food handling and preparations. In addition, each food distribution services program will be responsible to develop the following: infection control program; food quality control program; nutrition support manual; and client survey

**Triage/Referral:** If a registered nutrition support client is not connected to a case



*Adequate  
nutrition  
is vital  
to good  
health.*

---

management service, food distribution staff will refer the client to a case manager as indicated by client need. Additionally, referrals for other food sources will be made for those clients whose nutrition needs are not met through funded food distribution programs.

**Case Closure:** Food distribution programs will develop criteria and procedures for case closure. Whenever possible, all clients whose cases are being closed must be notified of such action.

## **STAFFING REQUIREMENTS AND QUALIFICATIONS**

At minimum, all food distribution service staff will be able to provide age and culturally appropriate care to people living with HIV, complete documentation as required by their positions and maintain appropriate licensure if applicable. Program staff will demonstrate the ability to handle food safely. All employees involved in the preparation of meals will undergo a health screening as a condition of employment. Any food service employee having direct contact with daily food preparation will hold a current certification in food handling. All food service employees and volunteers will be given an orientation and training before providing services. In-service trainings will be offered at a minimum of four times a year.

In addition to meeting registration requirements, RDs will have advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV.



## NUTRITION SUPPORT SERVICES

### SERVICE INTRODUCTION

Nutrition support services for people living with HIV attempt to improve and sustain a client's health, nutrition and food security and quality of life. Good nutrition has been shown to be a critical component of overall measures of health, especially among people living with HIV.

Nutrition support includes:

- ◆ Home delivered meals
- ◆ Food banks/pantry services

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

Recurring themes in this standard include:

- ◆ Adequate nutrition is vital to good health in people living with HIV.
- ◆ Nutrition support services should be coordinated with clients' primary medical care providers and case managers.
- ◆ The assessment and evaluation of nutrition need is an essential part of nutrition support services.
- ◆ Registered Dietitians (RDs) should be used in nutrition support services.
- ◆ Food and water safety regulations must be strictly enforced.
- ◆ Staff and volunteers need adequate training in food handling and safety.
- ◆ Continuous quality improvement efforts are vital.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:

- ◆ *Food Distribution Services Contract Exhibit*, Office of AIDS Programs and Policy



*Client intakes will include dietary restrictions.*

- ◆ *Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy*, Dietitians in AIDS Care and AIDS Project Los Angeles, Los Angeles County Commission on Health Services, 2002
- ◆ *Nutrition Intervention in the Care of Persons with Human Immunodeficiency virus infection Position of the American Dietetic Association and Dietitians of Canada*, Journal of the American Dietetic Association, 2004
- ◆ *Nutrition Guidelines for Agencies Providing Food to People Living with HIV Disease, 2nd Edition*, Association of Nutrition Services Agencies, 2002
- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were San Antonio, TX (2005); Chicago, IL, 2002; and Portland, OR (in development)

## **SERVICE/ORGANIZATIONAL LICENSURE CATEGORY**

All nutrition support services will be provided in accordance with current United States Department of Agriculture (USDA) Dietary Guidelines for Americans, Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) and Los Angeles County guidelines and procedures, as well as federal, State and local laws and regulations. All programs will comply with City, County and/or State grocery and/or restaurant health code regulations. All programs will submit to voluntary health inspections annually (at minimum).

All programs providing nutrition support services will operate in collaboration with an RD consistent with California state law. Such RD will also have current knowledge of nutrition issues for people living with HIV.

All volunteers and staff delivering food shall have a valid driver's license.

**Certified Food Handler (CFH):** Any food service employee having direct contact in daily food preparation will hold a current certification in food handling. CFHs have basic knowledge in food/water safety and sanitation, have passed a food handling exam and maintain a current certificate in food safety in Los Angeles County.

An employee may become a CFH in one of two ways:

- ◆ Completing a Certified Food Handlers Training Course and successfully passing the certification exam offered by a State-approved company; or
- ◆ Passing a challenge exam which assumes previous food handling experience and training.

Documented continuous education is required on a quarterly basis for all CFHs (see Staffing Requirements and Qualifications for a list of suggested topics).

**Registered Dietitian (RD):** An RD is an expert in food or nutrition who has completed the following:

- ◆ A Bachelor's, Master's or Doctorate degree in nutrition and related sciences;
- ◆ A supervised dietetic internship or equivalent; and
- ◆ A national exam which credentials her/him as an RD by the Commission on Dietetic Registration.

Continuing education is required to maintain a registered dietitian certification.

---

**Dietetic Technician Registered (DTR):** A DTR is a food or nutrition expert who has completed the following:

- ◆ An Associate's degree in nutrition and related sciences; and
- ◆ National credential as DTR by completing a national examination and continuing education in food and nutrition.

All DTRs must work under the supervision of an experienced RD.

## DEFINITIONS AND DESCRIPTIONS

---

**Certified Food Handler** is any food service employee who has basic knowledge of food safety and sanitation, and has passed a food-handling exam maintaining a current certificate in food safety.

**Client intake** is a process that determines a person's eligibility for nutrition support.

**Dietitians** are experts in food and nutrition, promoting good health through optimal nutrition and hydration. They supervise the preparation and service of food, develop modified diets and educate individuals and groups on good nutrition habits.

**Health care professionals** include Registered Nurses (RNs), Physician's Assistants (PAs), Nurse Practitioners (NPs), medical assistants, nursing assistants and medical doctors (in addition to RDs).

## HOW SERVICE RELATES TO HIV

---

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

Studies in this country have determined that moderate (<5%) and severe (5-10%) weight loss over a four-month period of time correlate with an increased risk of opportunistic infections and mortality in people living with HIV (Wheeler et al., 1998). People living with HIV have been observed to have deficiencies in vitamins and minerals (A, B-complex, C and E; selenium and zinc) needed by the immune system to fight infection. Deficiencies in antioxidant vitamins and minerals may accelerate immune cell death and increase the rate of HIV replication (World Health Organization, 2004).

Access to nutrition services affects health maintenance and prognosis (American Dietetic Association & Dietitians of Canada, 2000). Nutrition status has been shown to be strongly predictive of survival and functional status during the course of HIV infection. Optimal nutrition status helps prevent malnutrition and opportunistic infections, thereby helping maintain immune status, improving quality of life, and possibly decreasing mortality (Edelman & Mackrell, 2000). During critical stages of illness, nutrition and medical interventions working together can help manage disease and improve outcomes by preserving body cell mass stores (Rivera, et al., 1998). Nutrition maintenance strategies can reduce body metabolism problems, food/drug interactions and medication side effects that accompany long-term pharmacotherapy (American Dietetic Association & Dietitians of Canada, 2000).

## SERVICE COMPONENTS

HIV/AIDS nutrition support services in Los Angeles County are comprised of two distinct types of programs:

- ◆ Home delivered meals; and
- ◆ Food bank/pantry services.

All nutrition support services will be provided in accordance with current USDA Dietary Guidelines for Americans, FDA, CDC and Los Angeles County guidelines and procedures, as well as federal, State and local laws and regulations. All programs will comply with City, County and/or State grocery and/or restaurant health code regulations. Additionally, programs will follow accepted standards and guidelines set forth by the Association of Nutrition Services Agencies, Dietitians in AIDS Care, and the American Dietetic Association.

STANDARD	MEASURE
Nutrition support services will comply with current USDA Dietary Guidelines for Americans, FDA, CDC and Los Angeles County guidelines, federal, State and local laws and health codes.	Annual inspection to verify.
Nutrition support services will follow accepted standards of ANSA, Dietitians in AIDS Care and the American Dietetic Association.	Program review to confirm.

### HIV/AIDS HOME DELIVERED MEALS

Home delivered meals are provided for clients experiencing physical or emotional difficulties related to HIV/AIDS that render them incapable of preparing nutritional meals for themselves. These services are offered to medically indigent (uninsured and/or ineligible for health care coverage) persons with HIV/AIDS and their eligible family members residing within Los Angeles County. Family will be broadly defined to include any individual affected by HIV disease through their relationship and shared household with a person living with HIV.

### CLIENT INTAKE – HOME DELIVERED MEALS

Programs providing home delivered meals will:

- ◆ **Develop and implement client eligibility requirements** which give priority to clients living at or below 135% of poverty level and with the greatest nutrition need. However, clients who live above 135% of poverty level may also be eligible for services, but the threshold for eligibility may vary based upon the priorities and allocation decisions by the Commission. There are additional eligibility requirements, including documentation of a client’s HIV status, income level, proof of residency in Los Angeles County and screening for nutrition need by a case manager and/or primary care provider. For specific eligibility requirements, refer to the Commission on HIV’s most recent priority and allocation-setting decisions and directives.
- ◆ **Conduct a client intake**, to be updated annually, which gathers demographic information and determines client need and eligibility for services (as outlined above) in the intake process and throughout nutrition support service delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom



information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released).

- ◆ **Coordinate with primary health care providers and case managers** to assess a client’s need and eligibility for nutrition support and to ensure that the client’s nutrition needs are being addressed.
- ◆ **Provide an initial nutrition intake and annual screening** performed onsite by an RD or offsite by an RD, DTR or nutrition student under the supervision of an RD under conditions:
  - Set forth by the nutrition support provider agency and agreed to by both agencies
  - Followed by a subsequent, supplementary onsite intake and screening by the RD once the client has accessed services.

Additional nutrition intakes will be provided as required by a given client’s health status. Information gathered in the intake will help the RD advise the program on general meal menus and make recommendations for special meals as necessary. Nutrition intakes will be documented in client chart and shared with the client’s primary care physician whenever possible.

Such intakes (initial, or initial plus supplementary) will include, at minimum:

- Medical considerations (both HIV and others)
- Food allergies/intolerances
- Interactions between medicines, foods and complimentary therapies
- Dietary restrictions
- Assessment of nutrition intake vs. estimated need
- Food preferences and cultural components of food
- Macro nutritional supplements and micro nutritional supplements
- Food preparation capacity (appliances, abilities, utensils, etc.)
- Height, current (actual) weight, pre-illness usual weight, goal weight, ideal body weight (IBW) and %IBW current body weight (CBW/IBWx100%)
- ◆ **Provide nutrition education** that pertains specifically to nutrition needs identified in the annual nutrition intake. Individualized nutrition education will be provided annually, at minimum, by an RD, DTR or nutrition students under the supervision of a dietitian. When appropriate, clients will be referred for medical nutrition therapy.
- ◆ **Develop and implement a client services agreement** that includes client rights and responsibilities, grievance procedures and the conditions of home delivered meal services. This agreement will be signed and dated by both the client and an agency representative and will be kept in each client file.

STANDARD	MEASURE
Home delivered meal programs will develop eligibility criteria.	Eligibility criteria on file at provider agency to include: <ul style="list-style-type: none"> <li>● Proof of residency in LA County</li> <li>● Proof of income</li> <li>● Proof of HIV diagnosis</li> <li>● Proof of nutrition need</li> </ul>
Home delivered meal programs will conduct a client intake.	Client intake in client file updated annually.
Client confidentiality will be strictly maintained. As necessary, Release of Information will be signed to exchange information with other providers.	Signed, dated Release of Information in client chart.
Home delivered meal programs will coordinate with client’s primary care providers and case managers to assess need for service and to ensure nutrition needs are being addressed.	Records of communication with medical providers and case managers in client chart.

## MEAL PRODUCTION/DELIVERY – HOME DELIVERED MEALS

Programs providing home delivered meals will:

- ◆ **Develop menus in conjunction with RDs** that take into account the nutrition needs of the client, special diet restrictions, portion control and client preference. Community and cultural preferences will be reflected in the nutrition support provided. Menu plans will be changed periodically to promote variety based on client input, individual nutrition need and the availability of food. The nutrition breakdown for each meal will average 1,000 calories/day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000-calorie level.
- ◆ **Prepare and ensure the delivery of meals** that meet nutrition needs of persons living with HIV. Meal preparation will be overseen by a chef under the supervision or with the advice of an RD. Food temperature will be maintained at or above 140 degrees F for hot food and below 41 degrees F for cold foods. Frozen meals, if provided, must be maintained in a frozen state through the delivery process. Food will be packaged and delivered in such a manner to ensure protection from potential contamination (including dust, insect and rodents).
- ◆ **Distribute meals to ASOs** for delivery to eligible clients using proper food handling guidelines as outlined above.
- ◆ **Deliver meals directly to eligible clients** within an expected delivery time (If ASOs are not able to distribute meals).
- ◆ **Train volunteers** in proper food handling techniques and HIV sensitivity, including volunteers of partner ASOs.

STANDARD	MEASURE
Programs providing home delivered meals will develop menus with the help of RDs.	Menu cycle on file at provider agency that takes into account the nutrition needs of the client, special diet restrictions, portion control and client, community and cultural preference. Menu cycle will be changed as necessary. The nutritional breakdown for each meal will average 1,000 calories/day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000 calorie level.
Programs providing home delivered meals will prepare and ensure the delivery of meals to clients. Meals will be planned by a chef under the supervision of an RD. Food and water safety measures will be strictly enforced.	Plans on file at provider agency. Inspection will confirm food and water safety measures
Programs providing home delivered meals will distribute meals to ASOs for delivery to clients.	MOUs with ASOs on file at provider agency.
Programs will deliver meals directly to clients within an expected delivery time if ASOs are not able to distribute meals.	Delivery policy on file at provider agency. Daily delivery records on file at provider agency
Programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.

## PROMOTION/LINKAGES – HOME DELIVERED MEALS

Programs providing home delivered meals will:

- ◆ **Promote the availability of home delivered meals** for people living with HIV among other service providers.
- ◆ **Network with ASOs** within each SPA served to identify eligible persons living with HIV in need of home delivered meals.

- ◆ **Develop MOU** with ASOs that provide food delivery services. MOUs will include (but not be limited to):
  - Days and times food will be delivered and distributed to clients
  - Persons responsible for ensuring that food is delivered appropriately
  - Persons responsible for the actual delivery of food (i.e., staff, volunteers)
  - Geographic areas to be served

STANDARD	MEASURE
Programs providing home delivered meals will promote the availability of their services.	Promotion plan on file at provider agency
Programs will network with ASOs to identify appropriate clients.	Record of outreach and networking efforts on file at provider agency
Programs will develop MOUs with ASOs that provide food delivery services.	MOUs on file at provider agency that include: <ul style="list-style-type: none"> <li>• Days and times food will be delivered and distributed to clients</li> <li>• Persons responsible for ensuring that food is delivered appropriately</li> <li>• Persons responsible for the actual delivery of food (e.g., staff, volunteers)</li> <li>• Geographic areas to be served</li> </ul>

## PROGRAM RECORDS – HOME DELIVERED MEALS

Programs will maintain in each client file the following information (at minimum):

- ◆ **A client intake** which includes documentation of HIV status; income; Los Angeles County residence; name, address and phone number of client and emergency contact; certification by primary care provider and/or case manager of determination of need
- ◆ **Client services agreement**
- ◆ **Documentation of referrals** to other HIV service providers
- ◆ **Documentation of annual reassessment** from client’s primary health care provider confirming the need for home delivered meals
- ◆ **Initial nutrition intake and annual screening**

STANDARD	MEASURE
Programs providing home delivered meals will maintain client files.	Client chart on file at provider agency that includes: <ul style="list-style-type: none"> <li>• Client intake</li> <li>• Review and evaluation of updated determination of nutrition need and plan to meet nutrition needs</li> <li>• Client services agreement</li> <li>• Documentation of referrals</li> <li>• Documentation of annual reassessment of eligibility</li> <li>• Initial nutrition intake and annual screening</li> </ul> All entries in client chart will be signed and dated.

## HIV/AIDS FOOD BANK/PANTRY SERVICES

Food bank/pantry services are distribution centers that warehouse food and related grocery items including nutritional supplements and other miscellaneous items. Only medically indigent (uninsured and/or ineligible for health care coverage) persons with HIV/AIDS and their eligible family members residing within Los Angeles County qualify.

**CLIENT INTAKE – FOOD BANKS/PANTRIES**

Programs providing food bank/pantry services will:

- ◆ **Develop and implement client eligibility requirements** which give priority to clients living at or below 135% of poverty level and with the greatest nutrition need. Because clients who live above 135% of poverty level may also be eligible for services, the threshold for eligibility may vary based upon the priorities and allocation decisions by the Commission on HIV. There are additional eligibility requirements including documentation of a client’s HIV status, income level, proof of residency in Los Angeles County and screening for nutrition need by a case manager and/or primary care provider. For specific eligibility requirements, refer to the Commission on HIV’s most recent priority and allocation-setting decisions and directives.
- ◆ **Conduct an intake evaluation**, to be updated annually, which gathers demographic information and determines client need and eligibility for services (as outlined above). In the intake process and throughout food distribution service delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the must current Release of Information (specification should indicate the type of information that can be released).
- ◆ **Coordinate with primary health care providers and/or case managers** to assess a client’s need and eligibility for nutrition support and to ensure that the client’s nutrition needs are being addressed.
- ◆ **Provide an initial nutrition intake and annual screening** performed by a RD, dietetic technician or other health care provider trained by nutrition professional (for those clients who have not have had a previous nutrition screening. Additional screenings will be provided as required by client’s health status. Screenings will be documented in client chart and shared with the client’s primary care physician whenever possible.
- ◆ **Provide nutrition education that pertains specifically** to nutrition needs identified in the annual nutrition screening. Individualized nutrition education will be provided by an RD, dietetic technician, registered or nutrition students under the supervision of a dietitian. When appropriate, clients will be referred for medical nutrition therapy.
- ◆ **Develop and implement a client services agreement** that includes client rights and responsibilities, grievance procedures and conditions of food bank/pantry services. This agreement will be signed and dated by both the client and an agency representative and will be kept in each client file.

STANDARD	MEASURE
Food bank/pantry programs will develop eligibility criteria.	Eligibility criteria on file at provider agency to include: <ul style="list-style-type: none"> <li>• Proof of residency in LA County</li> <li>• Proof of income</li> <li>• Proof of HIV diagnosis</li> </ul>
Food bank/pantry programs will conduct a client intake.	Client intake in client file updated annually.
Client confidentiality will be strictly maintained. As necessary, Release of Information will be signed to exchange information with other providers.	Signed, dated Release of Information in client chart.
Food bank/pantry programs will coordinate with client’s primary care providers and case managers to assess need for service and to ensure nutrition needs are being addressed.	Records of communication with medical providers in client chart.

STANDARD	MEASURE
When indicated, an annual nutrition screening 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 care provider when possible.	Signed, dated nutrition screen on file in client chart.
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.	Documentation of education and referral on file in client chart.
Case conferences held by RN and social worker (at minimum) will review and revise service plans at least every 60 days. Client or representative feedback will be sought.	Documentation of case conferences on file in client record to include names and titles of those participating in the review and client or representative input.

## PROGRAM OPERATIONS – FOOD BANKS/PANTRIES

Programs providing food bank/pantry services will:

- ◆ **Develop food lists and food choices in collaboration with RDs** that take into account the nutrition needs of the client, special diet restrictions, portion control and client preference. Community and cultural preferences are reflected in the nutrition support provided.
- ◆ **Purchase and maintain a nutritional food supply**, including discarding food if dated on or past the products’ “sell by,” “best if used by,” “use by,” or “expiration” date.
- ◆ **Distribute groceries to ASOs** for distribution to eligible clients
- ◆ **Distribute food directly to clients** including nutritional supplements and other miscellaneous items (such as personal hygiene products) to medically indigent clients and their eligible family members. Grocery items will serve as a base to meet the nutrition needs of people living with HIV. Food items provided will represent an average of 1,000 calories/day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000-calorie level.
- ◆ **Train volunteers** in proper food handling techniques and HIV sensitivity, including volunteers of partner ASOs.

STANDARD	MEASURE
Programs providing food bank/pantry services will develop menus and food choices with the help of RDs.	Menu cycle on file at provider agency that takes into account the: <ul style="list-style-type: none"> <li>• Nutrition needs of the client</li> <li>• Special diet restrictions</li> <li>• Portion control</li> <li>• Client, community</li> <li>• Cultural preference</li> </ul>
Programs providing food bank/pantry services will purchase and maintain a nutritional food supply. Food/ water safety and handling measures will be strictly enforced.	Plans on file at provider agency. Inspection will confirm food and water safety measures.
Programs will distribute food to ASOs for delivery to clients.	MOUs with ASOs on file at provider agency.
Programs will distribute food directly to clients. Food items provided will represent an average of 1,000 calories/ day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000-calorie level.	Distribution policy and daily distribution records on file at provider agency.
Programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.

## PROMOTION/LINKAGES – FOOD BANKS/PANTRIES

Programs providing food bank/pantry services will:

- ◆ **Promote the availability of food bank/pantry services** for people living with HIV among other service providers, the Department of Public Social Services and the Social Security Administration
- ◆ **Network with ASOs** to identify eligible persons living with HIV in need of food bank/pantry services.
- ◆ **Develop MOUs** with ASOs to distribute food bank/pantry items.

STANDARD	MEASURE
Programs providing food bank/pantry services will promote the availability of their services.	Promotion plan on file at provider agency.
Programs will network with ASOs to identify appropriate clients.	Record of outreach and networking efforts on file at provider agency.
Programs will develop MOUs with ASOs that collaborate on food distribution.	MOUs on file at provider.

## PROGRAM RECORDS – FOOD BANKS/PANTRIES

Programs will maintain in each client file records with the following information (at minimum):

- ◆ **An intake** which includes documentation of HIV status, income and Los Angeles County residence, and name, address and phone number of client and emergency contact
- ◆ **Client services agreement**
- ◆ **Documentation of referrals** to other HIV service providers
- ◆ **Initial nutrition intake and annual screening**

STANDARD	MEASURE
Programs providing food bank/pantry services will maintain client files.	Client chart on file at provider agency that includes: Intake <ul style="list-style-type: none"> <li>• Client services agreement</li> <li>• Documentation of referrals</li> <li>• Initial nutrition intake and annual screening</li> </ul> All entries in client chart will be signed and dated.

## FOOD SAFETY/QUALITY

Nutrition support services will follow local Los Angeles County Environmental Health Food Safety Guidelines found online at <http://www.lapublichealth.org/eh/>. In so doing, all nutrition support services will develop their own Hazard Analysis and Critical Control Point (HACCP) plan for food handling and preparations. HACCP is a system that identifies and monitors specific food borne hazards biological, chemical, or physical properties that can adversely affect the safety of the food product. (HACCP guidelines can be found online at <http://www.cfsan.fda.gov/~dms/fc01-a5.html>).

In addition, each nutrition support services program will be responsible to develop the following:

- ◆ **Infection Control Program:** All nutrition support programs will develop an infection control program. This program, overseen by a food service manager or RD will include

education, promotion and inspection of proper hand-washing, personal hygiene and safe food handling practices by staff and volunteers. Infection control programs will meet all local health department requirements.

- ◆ **Food Quality Control Program:** All nutrition support programs will have an inspection program in place to assure quality of food products (including taste, texture, nutritional value, and temperature).

Nutrition support programs will comply with all local and State food production and handling requirements including (but not limited to):

- Proper food temperature is maintained at all times. Food inventory is updated and rotated as appropriate on a first-in, first-out basis.
- Facilities and equipment have capacity for proper food storage and handling.
- A procedure for discarding unsafe food is posted.
- Providers and vendors maintain proper licenses.
- Refrigerator/freezer temperature log.

In addition, each program will maintain quality control logs including, but not limited to:

- Hot holding temperature log
- Manual/mechanical dishwashing log
- Quality control log
- Equipment checklist log
- Food temperature log
- ◆ **Nutrition Support Manual:** Nutrition support programs will develop and maintain a Nutrition Support Manual which addresses nutrition support standards; sanitation; safety; food storage; food distribution; and volunteer training.
- ◆ **Client Survey:** Nutrition support programs will survey their clients at minimum once a year to ascertain their satisfaction level with the food distributed, and to help determine if the food meets client needs and is culturally appropriate. Such efforts will help maximize consumption and minimize food waste.

STANDARD	MEASURE
All nutrition support programs will follow HACCP Guidelines and local Los Angeles County Environmental Health Food Safety Guidelines.	Inspection to confirm.
Programs will be responsible to develop an Infection Control Program.	Infection Control Program on file at provider agency that includes education, promotion and inspection of proper hand washing, personal hygiene and safe food handling practices by staff and volunteers.
Programs will be responsible for developing a Food Quality Control Program.	Food Quality Control Program on file at provider agency that includes these requirements (at minimum): <ul style="list-style-type: none"> <li>• Proper food temperature is maintained at all times</li> <li>• Food inventory is updated and rotated as appropriate on a first-in, first-out basis</li> <li>• Facilities and equipment have capacity for proper food storage and handling</li> <li>• A procedure for discarding unsafe food is posted</li> <li>• Providers and vendors maintain proper licenses</li> <li>• Programs will also maintain quality control logs including, but not limited to:               <ul style="list-style-type: none"> <li>• Hot holding temperature log</li> <li>• Manual/mechanical dishwashing log</li> <li>• Quality control log</li> <li>• Equipment checklist log</li> <li>• Food temperature log</li> <li>• Freezer/refrigerator temperature logs</li> </ul> </li> </ul>

STANDARD	MEASURE
Programs will develop a nutrition support manual.	Food Service Manual on file at provider agency which addresses food service and preparation standards; sanitation; safety; food storage; distribution; and volunteer training.
Programs will conduct an annual client survey.	Client survey results on file at provider agency and agency plan of action to address concerns.

## TRIAGE/REFERRAL

In certain cases, clients who require additional HIV services will apply for nutrition support services. If a registered nutrition support client is not connected to a case management service, nutrition support staff will refer the client to a case manager as indicated by client need. Referrals to other services including treatment advocacy, peer support, medical treatment and dental treatment will also be made as indicated. Additionally, referrals for other food sources will be made for those clients whose nutrition needs are not met through funded nutrition support programs.

STANDARD	MEASURE
Clients applying for nutrition support services who do not have a case manager will be referred to a case manager.	Record of referral on file in client chart.
Clients will be referred to other psychosocial services as needed.	Referrals to treatment advocacy, peer support, medical treatment, dental treatment, etc., recorded in client chart.
Referrals will be made to other food sources as needed.	Record of referral on file in client chart.

## CASE CLOSURE

Nutrition support programs will develop criteria and procedures for case closure. Whenever possible, all clients whose cases are being closed must be notified of such action. All attempts to notify the client about case closure, along with the reason for case closure, will be documented in the client file.

Cases may be closed when the client:

- ◆ Relocates out of the service area
- ◆ Has had no direct program contact in the past six months
- ◆ Is ineligible for the service
- ◆ No longer needs the service
- ◆ Discontinues the service
- ◆ Is incarcerated long term
- ◆ Uses the service improperly or has not complied with the client services agreement
- ◆ Has died



STANDARD	MEASURE
Nutrition support programs will develop case closure criteria and procedures.	Program cases may be closed when the client: <ul style="list-style-type: none"> <li>• Relocates out of the service area</li> <li>• Has had no direct program contact in the past six months</li> <li>• Is ineligible for the service</li> <li>• No longer needs the service</li> <li>• Discontinues the service</li> <li>• Is incarcerated long term</li> <li>• Uses the service improperly or has not complied with the client services agreement</li> <li>• Has died</li> </ul>
Patients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record.

## STAFFING REQUIREMENTS AND QUALIFICATIONS

All staff hired by provider agencies will be able to provide age and culturally appropriate care to clients infected with and affected by HIV. At minimum, all nutrition support service staff will be able to provide appropriate care to people living with HIV, complete documentation as required by their positions and maintain appropriate licensure if applicable. Program staff will demonstrate ability to handle food safely (e.g., identify sanitation procedures for purchase, receipt, storing, issue, preparation, and service of safe food and beverages as required by State and/or local regulations).

All employees involved in the preparation of meals will undergo a health screening as a condition of employment which includes Tuberculosis (TB) test and stool screening. All nutrition support employees and volunteers will be given an orientation and training before providing services.

Orientation training will include, at minimum:

- ◆ Basic HIV/AIDS education
- ◆ Client confidentiality and HIPAA regulations
- ◆ Basic overview of food and water safety
- ◆ Food protection protocols—including hand washing, cross contamination, cooling/heating/cooling, hot and cold reheating, temperature danger zones
- ◆ Service provider personal hygiene
- ◆ Work safety
- ◆ Proper receiving and storing of food and supplies

In-service trainings will be offered at a minimum of four times a year (at a minimum of 30 minutes per training).

This training will be conducted by an RD or other qualified person and will emphasize food handling and safety concerns including:

- ◆ Food and water safety
- ◆ Proper storage and handling of food service disposables
- ◆ Reducing food borne illness in compromised individuals
- ◆ Prevention of food poisoning
- ◆ Proper hand washing and glove use
- ◆ Portion control
- ◆ Emergency procedures

Any nutrition support employee having direct contact with daily food preparation will hold a current certification in food handling.

All volunteers will be supervised by a staff person. Supervisors will ensure that staff and volunteers are following the Nutrition Support Manual. All staff will be reviewed by their supervisor annually (at minimum).

**RDs:** In addition to meeting registration requirements, an RD working with HIV nutrition support programs 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

It is highly recommended that RDs working with HIV nutrition support programs become members of the HIV/AIDS Dietetic Practice Group and Dietitians in AIDS Care. RDs will 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)).

Among the Code of Ethics principles, an RD will strive to:

- ◆ Practice dietetics based on scientific principles and current information
- ◆ Present substantiated information and interpret controversial information without personal bias; recognizing the legitimate differences of opinion exist
- ◆ Provide sufficient information to enable clients and others to make their own informed decisions
- ◆ Protect confidential information and make full disclosure about any limitations on his/her ability to guarantee full confidentiality
- ◆ Provide professional services with objectivity and with respect for the unique needs and values of individuals

STANDARD	MEASURE
At minimum, all nutrition support staff will be able to provide age and culturally appropriate care to clients infected with and affected by HIV.	Staff resume and qualifications on file at provider agency.
All employees involved in the preparation of meals will undergo a health screening as a condition of employment which includes TB test and stool screening.	Copy of health clearance in employee file.
All staff and volunteers will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes: <ul style="list-style-type: none"> <li>• Basic HIV/AIDS education</li> <li>• Client confidentiality and HIPAA regulations</li> <li>• Basic overview of food and water safety</li> <li>• Food protection protocols including hand washing, cross contamination, cooling/heating/cooling, hot and cold reheating, temperature danger zones</li> <li>• Service provider personal hygiene</li> <li>• Work safety</li> <li>• Proper receiving and storing of food and supplies</li> </ul>
In-service trainings will be provided quarterly by an RD or other qualified professional.	Record of quarterly training (including date, time, topic, presenter and attendees) on file at provider agency.

STANDARD	MEASURE
Any nutrition support employee having direct contact with daily food preparation will hold a current certification in food handling.	Certifications on file at provider agency.
Volunteers will be supervised by a staff person. All staff will be reviewed by their supervisor annually, at minimum.	Supervision plan and annual staff reviews on file at provider agency.
RDs working with HIV food distribution programs will have the following: <ul style="list-style-type: none"> <li>• Broad knowledge of principles and practices of nutrition and dietetics</li> <li>• Advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV</li> <li>• Advanced knowledge of current scientific information regarding nutrition assessment and therapy</li> </ul>	Resume and training verification on file at provider agency.
RDs will practice according to relevant ethical codes.	Performance review to confirm.

## UNITS OF SERVICE

**Unit of service:** Units of service defined as reimbursement for nutrition support services are based on number of meals or bags of groceries provided to eligible clients.

- ◆ **Prepared meal units:** calculated in number of meals provided
- ◆ **Food bank units:** calculated in number of bags provided (at a minimum assigned value)

**Number of clients:** Client numbers are documented using the figures for unduplicated clients within a given contract period.

## REFERENCES

- Association of Nutrition Services Agencies (2002). *Nutrition Guidelines for Agencies Providing Food to People Living with HIV Disease* (available online at <http://www.aidsnutrition.org>. ANSA, Washington, DC.
- American Dietetic Association & Dietitians of Canada (2000). Nutrition intervention in the care of persons with human immunodeficiency virus infection – Position of the American Dietetic Association and Dietitians of Canada. *Journal of the American Dietetic Association*, 100, 708-717.
- County of Los Angeles, HIV Epidemiology Program (2005). *HIV/AIDS Semi-Annual Surveillance Survey* (available online at [http://lapublichealth.org/wwwfiles/ph/hae/hiv/Semiannual\\_Surveillance\\_Summary\\_January\\_2005.pdf](http://lapublichealth.org/wwwfiles/ph/hae/hiv/Semiannual_Surveillance_Summary_January_2005.pdf)). Department of Health Public Health, Los Angeles.
- Dietitians in AIDS Care & AIDS Project Los Angeles (2002). *Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy Protocols*. Los Angeles County Commission on HIV Health Services.
- Edelman, D. & Mackrell, K. (2000). *Statement on the Importance of Nutritional Support Services: The Ryan White Planning Council*, HIV AIDS Dietetic Practice Group, Washington, DC.
- God’s Love We Deliver (1995). *Community-Based Nutrition Support for People Living with HIV and AIDS, A Technical Assistance Manual*, New York, NY.
- McCullum, C., Desjardins, E., Kraak, V.I., Lapidp, P., & Costello, H. (2005). Evidence-based strategies to build community food security. *Journal of the American Dietetic Association*, 105, 278-283.
- Rivera, S., Briggs, W., Qian, D. & Sattler, F.R. (1998). Levels of HIV RNA are quantitatively related to prior weight loss in HIV-associated wasting. *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology*, 17, 411-418.

---

Wheeler D.A., Gilbert, C.L., Launer, C.A., et al. (1998). Weight loss as a predictor of survival and disease progression in HIV infection. *Journal of Acquired Immune Deficiency Syndrome*, 18, 80-85.

World Health Organization (2004). *Nutrition Counseling, Care and Support for HIV-Infected Women*. Department of HIV/AIDS and Department of Nutrition for Health and Development, Washington, DC.

## ACRONYMS

---

AIDS	Acquired Immune Deficiency Syndrome
ASOs	AIDS Services Organizations
CBW	Current Body Weight
CDC	Centers for Disease Control and Prevention
CFH	Certified Food Handler
DHSP	Division of HIV
DTR	Dietetic Technician Registered
FDA	Food and Drug Administration
HACCP	Hazard Analysis and Critical Control Point
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
IBW	Ideal Body Weight
MOUs	Memoranda of Understanding
NP	Nurse Practitioner
PA	Physician's Assistant
RD	Registered Dietician
RN	Registered Nurse
STD	Sexually Transmitted Disease
TB	Tuberculosis
USDA	United States Department of Agriculture