Food Bank/Home-Delivered Meals
Standards of Care

HRSA Definition: 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.

Program Guidance: 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 RWHAP and if offered, should be funded under Medical Nutritional Therapy.

Limitations: Food vouchers/gift cards are to be restricted from the purchase of tobacco or alcohol products. No direct payment to clients is allowed.

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.
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> ***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.

Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH.

Standard	Measure
Provision of Services: ***1. Food Distribution*:** Clients referred to, or otherwise accessing food bank without a referral, must be screened for other eligible resources such as SNAP as evidence in their primary record. Clients accessing food bank have documentation in the client primary record of reason/need assessed. Assessment of client's immediate or ongoing need for food bank services is documented in the client's primary record.	Percentage of clients with documentation in the client's primary record of other food resources assessed prior to clients accessing food bank. Percentage of clients with documentation in the client's primary record of a completed SNAP application and/or denial letter. Percentage of clients with documentation in the client's primary record of the assessment of need for food resources.
Dietary Guidance: A Registered Dietician (RD) must be consulted in the development of a dietary/nutritional policy that lists specific food items that may be offered in the food bank/pantry or prepared for home-delivered meals. There is an agency plan to address the needs of clients' special diets. *As applicable, clients are referred to an RD for specific dietary issues.* *Clients are offered counseling, if requested, to help with meal planning and food appropriateness.* Program must ensure that available foods are selected taking into account special nutritional needs (incorporating generally accepted nutritional standards), religious requirements, and ethnic food preferences, as appropriate. Attempts must be made on a regular basis to provide choices on food items that meet individual dietary needs of persons with HIV infection, including the foods that fall into the recognized food categories for good diet identified in the Food and Drug Administration or American Dietetic Association standards.	Percentage of clients accessing food bank are referred, as applicable, to a RD for specific dietary issues as documentation in the client primary record. Percentage of clients accessing food bank that are offered counseling for meal planning and food appropriateness.

Home-Cooked/Hot Meals: Clients assessed for food security and offered home-cooked meals/hot meal programs have evidence of the need documented in the client's primary record. Clients provided vouchers for hot meal programs have an increase in food security.	Percentage of clients accessing hot meal programs, have documented evidence of assessment of need in the client's primary record. *PILOT: Percentage of clients accessing hot meal programs have increase in food security as documented in the client's primary record.*
Discharge/Termination: Agency will develop discharge/termination for cause criteria and procedures.	Percentage of clients discharged from food bank/home-delivered meals have documentation of reason of discharge in the client's primary record.

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 30-32.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 36-37.

Texas Department of Health HIV Food Services Standards located within the Program Operating Policies, Chapter 13. Located at: http://www.dshs.texas.gov/hivstd/pops/chap13.shtm.

HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Change Notice 16-02, https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.