



**HIV Planning and Coordination**  
Health Care Agency

**NUTRITION SERVICES  
STANDARDS OF CARE**

**FOR**

**RYAN WHITE ACT-FUNDED SERVICES IN  
ORANGE COUNTY**

**Effective July 8, 2015**

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## INTRODUCTION

Nutrition is a critical component of overall measures of health, especially among people living with HIV. Good nutrition may delay disease progression and a well-nourished person living with HIV disease (PLWHD) with an undetectable viral load is more likely to withstand the effects of HIV infection. Optimal nutrition status helps prevent malnutrition and opportunistic infections, thereby helping to maintain immune status, improve quality of life, and possibly decrease mortality. Nutritional aid including Food Banks, Home Delivered Meals, and Nutritional Supplements are to be provided in collaboration with other health care providers and social service organizations. These services attempt to improve and maintain health, nutrient intake, food security, and quality of life.

## GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County’s Ryan White-funded nutrition services:

- Are accessible to all persons infected with HIV who meet eligibility requirements
- Are provided by licensed practitioners or otherwise qualified staff and volunteers
- Appropriately address issues of consent and confidentiality for a patient enrolled in services

- Assess and respond appropriately to the physical, nutritional, dietary, and therapeutic needs of clients
- Prepare meals in adherence with safety, sanitation, and food handling/preparation standards for PLWHD
- Ensure clients have adequate knowledge of nutritional needs and awareness of strategies to accomplish nutritional goals
- Maintain the highest standard of care for patients

The standards are divided based on funding source. If Nutritional Services are funded as a Core Medical Service pages two (2) to 12 apply. If the Nutritional Services are funded as a Non-Core Support Service page 12 to 20 apply.

## **Core Medical Services:**

### **SECTION 1: DEFINITION OF NUTRITION SERVICES**

Nutrition Services as defined by the Health Resources and Services Administration (HRSA) Ryan White Program Service Definitions states that Medical Nutrition Therapy (including nutritional supplements) is provided by a licensed, registered dietitian outside of an outpatient/ambulatory medical care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian. Nutritional counseling services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service and be reported under psychosocial support services and food bank/home-delivered meals, respectively. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian should also be considered a support service and is reported under food bank/home-delivered meals.

These services are provided in accordance with United States Department of Agriculture Dietary Guidelines for Americans, Food and Drug Administration, Centers for Disease Control and Prevention, and Orange County guidelines and procedures, as well as federal, state and local laws and regulations. All programs will comply with health code regulations.

Services funded as a Core Medical Service are to be provided by:

- Registered Dietitians (RD) and expert in food or nutrition, Dietetic Technician Registered (DTR), as well as other Health Care Professionals and qualified individuals.

### **SECTION 2: STAFFING REQUIREMENTS AND QUALIFICATIONS**

Proper nutrition services require well equipped and trained staff and providers. This includes:

- **HIV/AIDS Knowledge.** Practitioners shall have training and experience with HIV/AIDS related issues and concerns. At a minimum, practitioners providing nutritional services to people with HIV shall possess knowledge about the following:

- HIV disease process and current medical treatments
- Psychosocial issues related to HIV/AIDS
- Cultural issues related to communities affected by HIV/AIDS
- Adherence to medication regimens
- Diagnosis and assessment of HIV-related nutritional issues
- **Licensure.** Staff that are Registered Dietitians, DTR or Certified Food Handlers must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities. They will continue education as needed and to maintain certification as required
  - Registered Dietitian (RD) will have completed one of the following: a Bachelors, Masters, or Doctorate degree in nutrition and related sciences; a supervised dietetic internship or equivalent; a national exam which credentials her/him as a RD by the Commission on Dietetic Registration.
  - Dietetic Technician Registered will work under a RD and have completed an associate's degree in nutrition and related sciences, as well as national credentials as DTR by completing a national examination.
  - Certified Food Handlers include anyone having direct contact in daily food preparation will hold a current certification in food handling. They have passed a food handling exam and maintain a current certificate in food safety.
  - Drivers will hold a valid California driver's license, proper vehicle documentation in compliance with state vehicle license and must participate in the Employer Pull Notice (EPN) program.
- **Legal and Ethical Obligations.** Practitioners must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
  - Duty to treat: Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
  - Confidentiality: Maintenance of confidentiality is a primary legal and ethical responsibility of the RD and DTR. Limits of confidentiality include danger to self or others, child/elder abuse and, in some cases, domestic violence.
  - Practitioners are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.
- **Culturally Appropriate.** Practitioners shall possess the ability to provide developmentally and culturally appropriate care to clients living with and affected by HIV.
- **Training.** Practitioners shall have access to, and avail themselves of training, including:
  - County-coordinated training programs for frontline staff to keep them abreast of the latest information regarding HIV prevention, treatment, and resources.
  - Trainings to increase cultural competency. Such trainings shall be provided to enhance the staff's understanding of various culturally important issues such as different communication styles, different help-seeking behaviors, implications of legal status, different concepts of illness, cultural barriers in disclosure, somatization of mental conditions, different cultural views of medicine (western vs. Folk), etc.
  - Trainings on prevention issues and strategies specific to HIV-positive individuals ("prevention with positives").

<b>Standard</b>	<b>Measure</b>
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file signed by staff and supervisor
Appropriate staff receive initial education regarding HIV/AIDS	Training/education documentation on file including: <ul style="list-style-type: none"> <li>• Date, time, location, and provider of education</li> <li>• Education type</li> <li>• Name of staff receiving education</li> <li>• Certificate of training completion or education outline, meeting agenda and/or minutes</li> </ul>
Provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County or municipal authorities	Documentation of degrees, certifications, licenses, permits, or other documentation on file
Provider and staff shall take steps to build cultural and linguistic competence and maintain an environment that is accessible and welcoming to the community served regardless of race, gender, sexual identity, gender identity, or gender expression	Written policy and documentation of training on file including: <ul style="list-style-type: none"> <li>• Date, time, location, and provider of education</li> <li>• Education type</li> <li>• Name of staff receiving education</li> <li>• Certificate of training completion or education outline, meeting agenda and/or minutes</li> </ul>
Annual continuing education and training in HIV/AIDS and clinically related issues	<ul style="list-style-type: none"> <li>• Materials for staff training and continuing education are on file</li> <li>• Documentation of continuing education in personal file (see list above)</li> </ul>

### **SECTION 3: PATIENT INTAKE**

Patient intake is required for all nutritional services. It is a time to gather registration information and provide basic information about nutrition and health as appropriate. It is a pivotal moment for establishment of trust and confidence in the care system. Practitioners shall be careful to provide an appropriate level of information that is helpful and responsive to patient need, but not overwhelming.

These are the components of intake:

- 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 nutritional needs are addressed.
- The provider shall verify mandated information to the patient described below in the Standards. Information should include county-wide HIV Patient Handbook, patient’s Rights and Responsibilities, Grievance Procedure, Notice of Privacy Practices (NPP), Consent for Treatment, Rights and Responsibilities and Release of Information.
- Provide an initial nutrition intake and annual screening performed on-site by a registered dietitian or offsite by a RD, DTR or nutrition student under supervision of a RD. Additional nutrition intakes will be provided as required by a given clients health. Information gathered in the intake will help the RD advise the program on general meal menus and make recommendations for special meals if needed. Nutrition intakes will be shared with the client’s primary care physician whenever possible. Such intakes will include the information listed below in the Standard.
- Provide nutrition education specifically geared to nutrition needs identified in the annual nutrition intake. Individualized education will be provided at minimum annually by a registered dietitian, dietetic technician, or registered or nutrition students under supervision. When appropriate, clients will be referred for medical nutrition therapy.
- The provider shall conduct the intake session with cultural sensitivity and, when possible, in the native language of the patient. When language is a barrier, providers shall utilize appropriate interpretation resources. Providers shall not rely on children to interpret for family members.

<b>Standard</b>	<b>Measure</b>
Programs will develop service qualification criteria	This includes proof of residency in the county, proof of income, HIV diagnosis, and proof of nutritional need
Client is informed of Rights and Responsibilities	Signed and dated by client and in client file as appropriate
Client is informed of Grievance Procedures	Signed and dated by client and in client file as appropriate
Client is informed of Notice of Privacy Act	Signed and dated by client and in client file as appropriate
Consent for Treatment completed as needed	Signed and dated by client and in client file as appropriate
Release of Information is discussed and completed as needed	Signed and dated by client and in client service record as needed

<p>Agency collects and documents health history information for each client prior to providing care. This information shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li>○ Medical Considerations</li> <li>○ Food allergies/intolerances</li> <li>○ Interactions between medicines, foods and complimentary therapies</li> <li>○ Dietary restrictions</li> <li>○ Assessment of nutrition intake vs. estimated need</li> <li>○ Food preferences and cultural components of food</li> <li>○ Macro nutritional supplements and micro nutritional supplements</li> <li>○ Food preparation capacity</li> <li>○ Height, current weight, pre-illness usual weight, goal weight, ideal body weight (IBW) and percentage of IBW</li> </ul>	<p>Documentation of health history information in the client record. Reasons for missing health history information are documented.</p>
<p>Provide nutrition education specifically geared to nutrition needs at minimum annually, by a RD, dietetic technician, or registered or nutrition students under supervision</p>	<p>Signed, dated nutrition intake on clients file</p>

## SECTION 4: COORDINATION OF CARE

It is recommended that the provider consult with the client’s primary care physician and/or case manager when additional information or coordination is needed to assist in providing safe and appropriate care. Providers shall obtain and document HIV primary contact information for each client and shall consult with client’s medical care providers when indicated.

- Conditions under which consultation with the client’s primary care physician is required are included below in the Standard.

<b>Standard</b>	<b>Measure</b>
<p>Provider shall obtain and document HIV primary contact information from client</p>	<p>Documentation in client file</p>
<p>It is recommended that primary care physicians will be consulted</p>	<p>Signed, dated progress note to detail consultations</p>
<p>Consultation with medical providers is required when:</p> <ul style="list-style-type: none"> <li>• More complete medical information</li> </ul>	<p>Signed, dated progress note to detail consultations</p>

<p>is needed</p> <ul style="list-style-type: none"> <li>• A patient reports a heart murmur but is unsure of what kind</li> <li>• Inconsistent or illogical information leads the provider to doubt the accuracy of the medical information given by the client</li> <li>• A patient’s symptoms have changed and it is necessary to determine if nutrition modifications are needed</li> <li>• Prior to prescribing any new supplements to ensure medication safety and prevent drug interactions</li> </ul>	
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## SECTION 5: FOOD QUALITY/SAFETY

All nutrition support services will develop their own HACCP (**Hazard Analysis and Critical Control Point**) plan for food handling and preparation. This system 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 at <http://www.cfsan.fda.gov/~dms/fc01-a5.html>).

In addition, each nutrition Medical Core service will develop these programs which meet local health department requirements:

- Infection Control Program: will be overseen by a food service manager and include education, promotion and inspection of proper hand-washing, personal hygiene and safe food handling practices by staff and volunteers.
- Food quality control program will comply with all local and state food production and handling requirements including (but not limited to):
  - Proper food temperature is maintained
  - Food inventory is updated and rotated as appropriate on a first-in, first-out basis (FIFO)
  - Facilities and equipment have capacity for proper food storage and handling
  - A procedure for discarding for unsafe food is posted
  - Providers and vendors maintain proper licenses
  - Refrigerator/freezer temperature log
- Nutrition Support Manual: a manual for staff or volunteers which addresses nutrition support standards, sanitation, safety, food storage, food distribution, and training.
- Client Survey: Support programs will survey their clients at minimum once a year to obtain satisfaction level with the food, and to help determine if the food meets client need

and is culturally appropriate. These efforts will maximize consumption and minimize waste.

<b>Standard</b>	<b>Measure</b>
Services will develop a HACCP plan for food handling and preparation	Plan on file
Services will develop an Infection Control Program	On file
Services will develop a Food Quality Control Program	On file
Services will develop a Nutrition Support Manual	On file

## **SECTION 6: FOOD BANK**

These distribution centers warehouse food and related grocery items including nutritional supplements and vitamins. Individuals receiving food stamps or other food subsidized program will qualify based on individual cases. Individuals must be screened by and referred to the food bank by an RD or DTR and dispensed food must be aligned with nutritional plan of client.

### **Operations:**

- Programs will maintain client information in file. Items are listed below in the Standard section.
- Develop food lists and food choices in collaboration with registered dietitians that take into account the nutrition needs of the client, special diet restrictions, portion control and client preference.
- Purchase and maintain a nutritional food supply including discarding food if dated on or past products “sell-by,” “best if used-by,” “use-by,” or “expiration” date.
- Distribute groceries to ASOs or distribute food directly to clients, to the medically indigent clients and eligible family members. Grocery items will serve as a base to meet the nutrition needs of people living with HIV. Items on average will have 1,000 calories/day or 7,000 a week and meet at least 50% of USDA Dietary Guidelines at the 2,000-calorie level.
- Train volunteers in food handling techniques and HIV sensitivity.

<b>Standard</b>	<b>Measure</b>
Programs will maintain client information including but not limited to: <ul style="list-style-type: none"> <li>• Client intake</li> <li>• RD or DTR referral and nutritional plan</li> <li>• Services agreement</li> <li>• Documentation of referrals to community food banks or food stamps assistance</li> </ul>	Client information on file

<ul style="list-style-type: none"> <li>• Bi-annual screening intake</li> </ul>	
Pantries will develop food lists and choices in collaboration with RDs which take into account populations served	Menu variety to cater to individual client's needs such as dietary and cultural restrictions
Distribute groceries to AIDS Service Organizations, community based organizations, or directly to clients as needed	Information on file
Train volunteers in food handling techniques and HIV sensitivity	Volunteer training on file
Food Bank provider will conduct client surveys at minimum once a year	Survey results on file and used to further develop and better the program

## SECTION 7: HOME DELIVERED MEALS

Home delivered meal programs are provided as needed to clients experiencing difficulties related to HIV/AIDS that make them incapable of preparing meals for themselves. Individuals must be screened by and referred to home delivered meals by an RD or DTR and dispensed food must be aligned with nutritional plan of client.

Home Delivered Meal Programs will:

- Maintain client records, including the items listed below in the Standard.
- Home delivered meal programs require appropriate staff, all of which shall meet qualification listed earlier in the standards and maintain HIV sensitivity
- Meals and menus will be developed in conjunction with registered dietitians referring to nutrition needs of the client, special restrictions, portion control and client preference including culturally acceptable foods. Menu plans will be changed periodically based on client input, individual nutrition needs and the availability of food. Nutrition breakdown for each meal is listed below in the Standard.
- Meals are to be maintained at a safe temperature during meal delivery, and clients receiving frozen meals must be able to store and reheat meals.
  - Safe temperatures are 0 degrees Fahrenheit or below for frozen meals, and 140 degrees Fahrenheit or above for hot meals
- Food containers must be disposable.
- Meals will be prepared in house or by a provider who has the facilities and capability.

Standard	Measure
Programs will maintain client information	Client information on file

including but not limited to: <ul style="list-style-type: none"> <li>• Client intake</li> <li>• RD or DTR referral and nutritional plan</li> <li>• Services agreement</li> <li>• Documentation of referrals</li> <li>• Quarterly Assessment/Reassessment screening intake</li> </ul>	
Meals and menus will be developed in conjunction with registered dietitians referring to nutrition needs of clients. 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. The number of meals will not exceed 14 per week.	Menu created with variety that takes into account nutritional needs and concerns of client
Meals maintain safe temperatures, and frozen meals must be provided to clients who are able to store and reheat meals	Assurance of clients abilities to store and reheat meals
Meals prepared in house or by a provider who has the facilities and capability	Proof based on site visits and/or documentation

## SECTION 8: NUTRITIONAL SUPPLEMENTS

Nutritional supplements may provide long term benefits in conjunction with good nutrition to persons living with HIV disease. They are provided for clients requiring additional nutritional aid as recommended by a licensed registered dietitian or DTR. They are individualized for based on individual status and need. Clients must have a written referral and nutritional plan from a licensed registered dietitian or DTR.

The following are further guidelines for clients receiving nutritional supplements:

- All clients receiving supplements shall receive appropriate education/counseling. Counseling shall include the Standards listed below in box.
- Education counseling follow-up based on Standards listed below in box.
- Provision of nutritional supplements may not exceed a 90 day supply.

Standard	Measure
Education/Counseling for all clients receiving supplements. This must include: <ul style="list-style-type: none"> <li>• Information regarding benefits</li> <li>• Side effects</li> <li>• Recommended dosage</li> <li>• Materials in a client's primary language</li> </ul>	Signed and dated in client file

Education counseling follow up at: <ul style="list-style-type: none"> <li>• Follow up</li> <li>• When there is a change in supplements</li> <li>• At the discretion of the registered dietician</li> </ul>	Client file indicates follow up
Provision of nutritional supplements may not exceed a 90 day supply	Client must obtain reauthorization for supplements

## SECTION 9: NUTRITIONAL SERVICE CLOSURE

Nutrition services are considered critical to a client’s health. Discharge from nutrition services may affect the client’s overall health. As such, discharge or termination of nutrition services must be carefully considered and reasonable steps must be taken to assure clients who need nutrition services are maintained in services.

**A client may be suspended or terminated from nutritional services due to the following conditions:**

- The client has died.
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client chooses to terminate services.
- The client no longer needs services
- The client’s needs would be better served by another agency.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities.

The following describes components of discharge planning:

- If the client has missed appointments and is at risk of suspension or termination of services, the provider shall provide follow-up including telephone calls, written correspondence and/or direct contact, to strive to maintain a patient’s participation in care. Provider *within the constraints of previously signed releases of information* may work with the case manager to locate the client.
- The provider shall contact the client or the caregiver, in person, by phone, or with a formal letter, to explain why he/she is being discharged. If the client does not agree with the reason for discharge, he/she shall be informed of the provider’s grievance procedure.
- A discharge summary shall be documented in the client’s record. The discharge summary shall include the following items listed below in the Standard box.
- The provider shall close out the client in data collection system as soon as possible within thirty (30) days of case termination.
- A client may be discharged if his/her needs would be better served by another agency and is transferred to that agency. If the client is transferring to another health provider, case closure shall be preceded by a transition plan. To ensure a smooth transition, relevant intake documents may be forwarded to the new service provider. Providers from the two

agencies shall work together to provide a smooth transition for the client and ensure that all critical services are maintained.

Standard	Measure
Follow up will be provided to clients who have dropped out of treatment without notice	Signed and dated note to document attempt to contact in client service record
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client service record. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client service record
A service closure summary shall be completed for each client who has terminated treatment	Client service record will include signed and dated mental health service closure summary to include: <ul style="list-style-type: none"> <li>• Circumstances and reasons for discharge</li> <li>• Summary of service provided</li> <li>• Goals completed during treatment</li> <li>• Diagnosis at discharge</li> <li>• Referrals and linkages provided at discharge as appropriate</li> </ul>
Transition plans created for clients who transfer to other providers which shall be forwarded to the new service provider	Signed and dated note documented in client service record

**Non-Core Medical Services:**

**SECTION 10: DEFINITION OF NUTRITION SERVICES**

HRSA Ryan White Program Service Definitions considers food bank, home delivered meals, and nutritional supplements including the provision of actual food or meals a supportive service when not done by registered dietician. It does not include direct finances to the client 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. 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.

These services are provided in accordance with USDA Dietary Guidelines for Americans, FDA, CDC and Orange County guidelines and procedures, as well as federal, state and local laws and regulations. All programs will comply with health code regulations and submit to voluntary health inspections annually (at minimum).

## SECTION 11: STAFFING REQUIREMENTS AND QUALIFICATIONS

Proper nutrition services require well equipped and trained staff and providers. This includes:

- **HIV/AIDS Knowledge.** Practitioners shall have training and experience with HIV/AIDS related issues and concerns. At a minimum, practitioners providing nutritional services to people with HIV shall possess knowledge about the following:
  - HIV disease process and current medical treatments
  - Psychosocial issues related to HIV/AIDS
  - Cultural issues related to communities affected by HIV/AIDS
  - Adherence to medication regimens
  - Diagnosis and assessment of HIV-related nutritional issues
- **Licensure.** Certified Food Handlers and sub-contractors must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities. They will continue education as needed and to maintain certification as required.
  - Certified Food Handlers include anyone having direct contact in daily food preparation will hold a current certification in food handling. They have passed a food handling exam and maintain a current certificate in food safety.
  - Drivers will hold a valid California driver's license, proper vehicle documentation in compliance with state vehicle license, and participate in the Employer Pull Notice (EPN) program.
- **Legal and Ethical Obligations.** Practitioners must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
  - Duty to treat: Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
  - Confidentiality: Maintenance of confidentiality is a primary legal and ethical responsibility of the therapist. Limits of confidentiality include danger to self or others, child/elder abuse and, in some cases, domestic violence.
  - Practitioners are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.
- **Culturally Appropriate.** Practitioners shall possess the ability to provide developmentally and culturally appropriate care to clients living with and affected by HIV.
- **Training.** Practitioners shall have access to, and avail themselves of training, including:
  - County-coordinated training programs for frontline staff to keep them abreast of the latest information regarding HIV prevention, treatment, and resources.
  - Trainings to increase cultural competency. Such trainings shall be provided to enhance the staff's understanding of various culturally important issues such as different communication styles, different help-seeking behaviors, implications of legal status, different concepts of illness, cultural barriers in disclosure, somatization of mental conditions, different cultural views of medicine (western vs. Folk), etc.
  - Trainings on prevention issues and strategies specific to HIV-positive individuals ("prevention with positives").

<b>Standard</b>	<b>Measure</b>
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file signed by staff and supervisor
Appropriate staff receive initial and annual education regarding HIV/AIDS	Training/education documentation on file including: <ul style="list-style-type: none"> <li>• Date, time, location, and provider of education</li> <li>• Education type</li> <li>• Name of staff receiving education</li> <li>• Certificate of training completion or education outline, meeting agenda and/or minutes</li> </ul>
Provider and staff shall take steps to build cultural and linguistic competence and maintain an environment that is accessible and welcoming to the community served regardless of race, gender, or sexual identity, gender identity and gender expression	Written policy and documentation of training on file including: <ul style="list-style-type: none"> <li>• Date, time, location, and provider of education</li> <li>• Education type</li> <li>• Name of staff receiving education</li> <li>• Certificate of training completion or education outline, meeting agenda and/or minutes</li> </ul>

## **SECTION 12: PATIENT INTAKE**

Patient intake is required for all nutritional services. It is a time to gather registration information and provide basic information about nutrition and health as appropriate. It is a pivotal moment for establishment of trust and confidence in the care system. Practitioners shall be careful to provide an appropriate level of information that is helpful and responsive to patient need, but not overwhelming.

These are the components of intake:

- 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 nutritional needs are addressed.
- The provider shall verify mandated information to the patient described below in the Standards. Information should include county-wide HIV Patient Handbook, patient's Rights and Responsibilities, Grievance Procedure, Notice of Privacy Practices (NPP), Consent for Treatment, Rights and Responsibilities and Release of Information.

- Provide an initial nutrition intake and annual screening depending on service category. Home Delivered Meals to include screening for allergies and dietary restrictions. Food Bank screening to include assessment of need and insufficient food resources.
- The provider shall conduct the intake session with cultural sensitivity and, when possible, in the native language of the patient. When language is a barrier, providers shall utilize appropriate interpretation resources. Providers shall not rely on children to interpret for family members.

<b>Standard</b>	<b>Measure</b>
Programs will develop eligibility criteria	This includes proof of residency in the county, proof of income, HIV diagnosis and proof of nutrition need
Client is informed of Rights and Responsibilities	Signed and dated by client and in client file as appropriate
Client is informed of Grievance Procedures	Signed and dated by client and in client file as appropriate
Client is informed of Notice of Privacy Act	Signed and dated by client and in client file as appropriate
Consent for Treatment completed as needed	Signed and dated by client and in client file as appropriate
Release of Information is discussed and completed as needed	Signed and dated by client and in client service record as needed
Agency collects the following information in each client file if applicable: <ul style="list-style-type: none"> <li>○ Food allergies/intolerances</li> <li>○ Dietary restrictions</li> <li>○ Food preparation capacity</li> </ul>	Documentation of screening for food allergies, dietary restrictions, and food preparation capacity.

### **SECTION 13: COORDINATION OF CARE**

It is recommended that the provider consult with the client’s primary care physician and/or case manager when additional information or coordination is needed to assist in providing safe and appropriate care. Providers shall obtain and document HIV primary contact information for each client and shall consult with client’s medical care providers when indicated.

- Conditions under which consultation with the client’s primary care physician is required are included below in the Standard.

<b>Standard</b>	<b>Measure</b>
Provider shall obtain and document HIV primary contact information from client	Documentation in client file

It is recommended that primary care physicians will be consulted	Signed, dated progress note to detail consultations
<p>Consultation with medical providers is required when:</p> <ul style="list-style-type: none"> <li>• More complete medical information is needed</li> <li>• A patient reports a heart murmur but is unsure of what kind</li> <li>• Inconsistent or illogical information leads the provider to doubt the accuracy of the medical information given by the client</li> <li>• A patient's symptoms have changed and it is necessary to determine if nutrition modifications are needed</li> <li>• Prior to prescribing any new supplements to ensure medication safety and prevent drug interactions</li> </ul>	Signed, dated progress note to detail consultations

## SECTION 14: FOOD QUALITY/SAFETY

All nutrition support services will develop their own HACCP (**Hazard Analysis and Critical Control Point**) plan for food handling and preparation. Providers that sub-contract entities to provide the food will ensure that sub-contractors adhere to these requirements. This system 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 at <http://www.cfsan.fda.gov/~dms/fc01-a5.html>).

In addition each nutrition support service will develop these programs which meet local health department requirements:

- Infection Control Program: will be overseen by a food service manager or registered dietitian and include education, promotion and inspection of proper hand-washing, personal hygiene and safe food handling practices by staff and volunteers for items that are repackaged.
- Food quality control program will comply with all local and state food production and handling requirements including (but not limited to):
  - Proper food temperature is maintained
  - Food inventory is updated and rotated as appropriate on a first-in, first-out basis (FIFO)
  - Facilities and equipment have capacity for proper food storage and handling
  - A procedure for discarding for unsafe food is posted

- Providers and vendors maintain proper licenses
- Refrigerator/freezer temperature log
- Nutrition Support Manual: which addresses nutrition support standards; sanitation; safety; food storage; food distribution; and volunteer training
- Client Survey: Support programs will survey their clients at minimum once a year to obtain satisfaction level with the food, and to help determine if the food meets client need and is culturally appropriate. These efforts will maximize consumption and minimize waste.

<b>Standard</b>	<b>Measure</b>
Services will develop a HACCP plan for food handling and preparation	Plan on file
Services will develop an Infection Control Program	On file
Services will develop a food quality control program	On file
Services will develop a nutrition support manual	On file
Services will conduct client survey at minimum once a year.	Survey results on file and used to further develop and better the program

## **SECTION 15: FOOD BANK**

These distribution centers warehouse food and related grocery items including nutritional supplements and vitamins. Individuals receiving food stamps or other food subsidized program will qualify based on individual cases.

### **Operations:**

- Programs will maintain client information in file. Items are listed below in the Standard section.
- Develop food lists and food choices in collaboration with registered dietitians that take into account the nutrition needs of the client, special diet restrictions, portion control and client preference.
- Purchase and maintain a nutritional food supply including discarding food if dated on or past products “sell-by,” “best if used-by,” “use-by,” or “expiration” date.
- Distribute groceries to ASOs or distribute food directly to clients, to the medically indigent clients and eligible family members. Grocery items will serve as a base to meet the nutrition needs of people living with HIV. Items on average will have 1,000 calories/day or 7,000 a week and meet at least 50% of USDA Dietary Guidelines at the 2,000-calorie level.
- Train volunteers in food handling techniques and HIV sensitivity

<b>Standard</b>	<b>Measure</b>
Programs will maintain client information including but not limited to: <ul style="list-style-type: none"> <li>• Client intake</li> <li>• Services agreement</li> <li>• Documentation of referrals</li> <li>• Bi-annual screening intake</li> </ul>	Client information on file
Pantries will develop food lists and choices in collaboration with RDs which take into account populations served	Menu variety to cater to individual client's needs such as dietary and cultural restrictions
Distribute groceries to AIDS Service Organizations, community based organizations, or directly to clients as needed	Information on file
Train volunteers in food handling techniques and HIV sensitivity	Volunteer training on file

## **SECTION 16: HOME DELIVERED MEALS**

Home delivered meal programs are provided as needed to clients experiencing difficulties related to HIV/AIDS that make them incapable of preparing meals for themselves.

Home Delivered Meal Programs will:

- Maintain client records, including the items listed below in the Standard. .
- Home delivered meal programs require appropriate staff, all of which shall meet qualification listed earlier in the standards and maintain HIV sensitivity
- Meals and menus will be developed in conjunction with registered dietitians. Nutrition breakdown for each meal is listed below in the Standard.
- Meals are to be maintained at a safe temperature during meal delivery, and clients receiving frozen meals must be able to store and reheat meals
  - Safe temperatures are 0 degrees Fahrenheit or below for frozen meals, and 140 degrees Fahrenheit or above for hot meals
- Food containers must be disposable
- Meals will be prepared in house or by a provider who has the facilities and capability

<b>Standard</b>	<b>Measure</b>
Programs will maintain client information including but not limited to: <ul style="list-style-type: none"> <li>• Client intake</li> <li>• Services agreement</li> <li>• Documentation of referrals</li> <li>• Quarterly Assessment/Reassessment screening intake</li> </ul>	Client information on file

Meals and menus will be developed in conjunction with registered dietitians referring to nutrition needs of clients. 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. The number of meals will not exceed 14 per week.	Menu created with variety that takes into account nutritional needs and concerns of client
Meals maintain safe temperatures, and frozen meals must be provided to clients who are able to store and reheat meals.	Assurance of clients abilities to store and reheat meals.
Meals prepared in house or by a provider who has the facilities and capability	Proof based on site visits and/or documentation

## SECTION 17: NUTRITIONAL SUPPLEMENTS

Nutritional supplements may provide long term benefits in conjunction with good nutrition to persons living with HIV/AIDS. They are provided for clients requiring additional nutritional aid as recommended by a licensed registered dietitian and based on physician's recommendations. They are individualized for based on individual status and need. Clients must have a written referral from a physician, nurse practitioners, registered dietitian, or physician assistant.

The following are further guidelines for clients receiving nutritional supplements:

- Provision of nutritional supplements may not exceed a 90 day supply.

Standard	Measure
Provision of nutritional supplements may not exceed a 90 day supply	Client must obtain reauthorization for supplements

## SECTION 18: NUTRITIONAL SERVICE CLOSURE

Nutrition services are considered critical to a client's health. Discharge from nutrition services may affect the client's overall health. As such, discharge or termination of nutrition services must be carefully considered and reasonable steps must be taken to assure clients who need nutrition services are maintained in services.

**A client may be suspended or terminated from nutritional services due to the following conditions:**

- The client has died.
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client chooses to terminate services.
- The client’s needs would be better served by another agency.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities.

The following describe components of discharge planning:

- If the client has missed appointments, or lack of contact, and is at risk of suspension or termination of services, the provider shall provide follow-up including telephone calls, written correspondence and/or direct contact, to strive to maintain a patient’s participation in care.
- A discharge summary shall be documented in the client’s record. The discharge summary shall include the following items listed below in the Measure box.
- The provider shall close out the client in data collection system as soon as possible within thirty (30) days of case termination, unless the client is seen at the same agency under a separate service.
- A client may be discharged if his/her needs would be better served by another agency and is transferred to that agency. If the client is transferring to another health provider, case closure shall be preceded by a transition plan. To ensure a smooth transition, relevant intake documents may be forwarded to the new service provider. Providers from the two agencies shall work together to provide a smooth transition for the client and ensure that all critical services are maintained.

<b>Standard</b>	<b>Measure</b>
Attempt to reach clients who have dropped out of services without notice	Signed and dated note to document attempt to contact in client service record
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client service record. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client service record
A service closure summary shall be completed for each client who has terminated services	Client service closure summary to include: <ul style="list-style-type: none"> <li>• Circumstances and reasons for discharge</li> <li>• Date and staff initials</li> </ul>

## **Glossary:**

**Centers for Disease Control and Prevention (CDC)** - is a federal agency under the Department of Health and Human Services. Its main goal is to protect public health and safety through the control and prevention of disease, injury, and disability. It especially focuses its attention on infectious disease, food borne pathogens, environmental health, occupational safety and health, health promotion, injury prevention and educational activities designed to improve the health of United States citizens.

**Certified Food Handler** – certified employee or manager in the basic food safety practices for preparing and serving food.

**Dietetic Technician Registered (DTR)** - are educated and trained at the technical level of nutrition and dietetics practice for the delivery of safe, culturally competent, quality food and nutrition services. DTRs are an integral part of healthcare and food service management teams and work under the supervision of a Registered Dietitian in direct patient/client nutrition care.

**Hazard Analysis and Critical Control Point (HAACP)** - is a management system in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards from raw material production, procurement and handling, to manufacturing, distribution and consumption of the finished product.

**Registered Dietitians (RD)** – is a certified food and nutrition expert that holds a bachelor’s degree in nutrition and dietetics, has passed the national examination, and has completed a supervised practice program. Registered Dietitians can translate the science of nutrition into practical solutions for healthy living. RDs use their nutrition expertise to help individuals make unique, positive lifestyle changes.

**United States Department of Agriculture Dietary Guidelines** - The *Dietary Guidelines for Americans* are jointly issued and updated every 5 years by the Department of Agriculture (USDA) and the Department of Health and Human Services (HHS). They provide authoritative advice about consuming fewer calories, making informed food choices, and being physically active to attain and maintain a healthy weight, reduce risk of chronic disease, and promote overall health.

**US Food and Drug Administration (FDA)** - is a federal agency of the United States under the Department of Health and Human Services. The FDA is responsible for protecting and promoting public health through the regulation and supervision of food safety, tobacco products, dietary supplements, prescription and over-the-counter pharmaceutical drugs (medications), vaccines, biopharmaceuticals, blood transfusions, medical devices, electromagnetic radiation emitting devices (ERED), cosmetics, animal foods and feeds, and veterinary products.