



**Food and Nutrition Services (FNS): Program Guidance**  
*Approved by the HIV Planning Council on July 26, 2018*

Service Category	Integrated HIV Prevention and Care Plan Goals, Objectives & Recommendations:	Service Model	Client and Agency Eligibility
<p><b>HRSA Service Category: Food Bank/Home-Delivered Meals Services (Non-Core)</b></p> <p><b>NY EMA-Specific Service Category: Food and Nutrition Services (Non-Core)</b></p> <p><b>Goals:</b></p> <p>To reduce the proportion of HIV-infected persons who are food insecure by providing nutritious food.</p> <p>To provide Medical Nutrition Therapy (MNT) to those who are in need.</p> <p>To promote access</p>	<p><b>Integrated HIV Prevention and Care Plan Goal 2:</b>            Increasing Access to Care and Improving Health Outcomes for People with HIV</p> <p>A. By 2021, increase the percentage of individuals living with HIV infection with continuous care to 90%            B. By 2021, increase the percentage of individuals living with HIV infection with suppressed viral load to 80%.</p> <p><b>Integrated HIV Prevention and Care Plan Goal 3:</b>            Reducing HIV-related Disparities and Health Inequities</p> <p>A. By 2021, reduce HIV-related disparities in communities and specific populations at high risk for HIV infection.            2. Expand availability of services to reduce HIV-related disparities among specific</p>	<p>The purpose of this food program is to address the nutritional needs and food insecurity among Ryan White Part A clients in the NY EMA by providing Food and Nutrition services that are nutritionally and culturally appropriate and meet their dietary and preparatory needs and ability to safely consume.</p> <p>Services must be client-centered, non-judgmental, guided by harm reduction principles, trauma informed, culturally and age-appropriate, sensitive to physical and sensory impairments, and tailored to the population served. To maximize access and promote total health, a variety of engagement strategies must be employed. Services must be provided in a user-friendly manner maximizing access and promoting total health, (i.e., taking into consideration hours of operation, such as evenings and weekends) and must be appropriate to the population served. The facility must be accessible by public transportation and to the physically impaired and/or provide reasonable accommodations. The agency must provide transportation support to and from programming, as needed. Agencies unable to comply must describe the barriers to compliance and develop a plan with a timeline to deliver client centered services.</p> <p>Agencies must deliver services in accordance with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.<sup>1</sup></p> <p>Grantee will provide technical assistance and capacity building support to facilitate high quality service provision. The Grantee must assist FNS programs in leveraging supplemental public/private FNS funding sources and in building partnerships to utilize economies of scale among FNS programs across the EMA.</p> <p>FNS programs <u>must</u> provide Medical Nutrition Therapy directly to all clients (on-site,</p>	<p>PLWH who meet Ryan White Part A eligibility criteria with demonstrated food-insecurity, limited access to food that is nutritious and appropriate for their dietary needs, or a need for medical nutrition therapy. For home delivered meals clients' medical provider must document need of their inability to shop or prepare meals for themselves due to physical and/or mental challenges. Active substance use and/or criminal conviction history does not preclude client eligibility for and maintenance in services. These services may also be provided to dependent children.</p> <p><b>Agency Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Non-profit licensed community-based clinics/hospitals, governmental health organization, and non-profit community based HIV/AIDS service organization (CBO)</li> <li>• Agencies must have the capacity</li> </ul>

<sup>1</sup> The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.<sup>1</sup> Please refer to the full standards here: <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

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<p>to and maintenance in HIV-specific medical care.</p> <p>To increase the proportion of clients with an undetectable viral load and to improve overall immunological health.</p> <p>To increase the proportion of diagnosed individuals who are engaged in primary care and have an optimal level of ART adherence.</p> <p>To reduce preventable morbidity and mortality.</p> <p>To reduce (and then maintain below significance) socio-demographic differences in: linkage to and</p>	<p>populations disproportionately infected with HIV.</p> <p>3. Promote self-management skills development among people with HIV.</p> <p><b>ETE Blueprint Recommendation #8:</b> Enhance and streamline services to support the non-medical needs of all persons with HIV.</p>	<p>telephonically, or through video chat) and <u>must</u> offer on-site, or by delivery, at <u>least one</u> of the following Food/Meals Services (either directly or through a subcontract): groceries/pantry bags, congregate meals, food vouchers or home-delivered meals. Additional food services are strongly encouraged but not required. Clients must be guided to supplemental resources for additional meal support, if needed.</p> <p><b><u>INTAKE</u></b></p> <p>All FNS programs must complete a brief intake and baseline screening at first possible client encounter. Intake includes screening for food security, food preparation capabilities, and eligibility for other non-Ryan White FNS programs, and other essential social support services and entitlements, with referrals provided as appropriate. Reassessment per HRSA requirements. Paperwork and data entry requirements should not cause an undue burden to clients or agencies.</p> <p><b>Note:</b> Agencies are allowed to provide services to eligible clients without completing a full intake for a grace period of up to 45 days. Agencies are allowed to charge for services retroactively once a full intake has been completed.</p> <p>All FNS providers must assess clients' connection to care upon intake and during subsequent reassessments. Providers are required to establish an MOU with a Medical Case Management Program and ensure a "warm hand off"/active referral if clients are not connected to care. Providers are encouraged to educate clients about viral load suppression, CD4, antiretroviral therapy adherence, and engagement in primary care.</p> <p><b><u>1. MEDICAL NUTRITION THERAPY</u></b><sup>2</sup></p> <p>Medical Nutrition Therapy, as determined necessary by nutritional screening, must be delivered by a Registered Dietitian (RD) or equivalent* (can be part-time or a consultant) and must include:</p> <ul style="list-style-type: none"> <li>Nutritional risk, co-morbid conditions, oral health, viral load suppression,</li> </ul>	<p>to bill 3<sup>rd</sup> party payers for billable services.</p> <ul style="list-style-type: none"> <li>Agencies must be able to address the needs of clients with physical, behavioral, psychosocial, or sensory impairments. Agencies unable to comply must provide timely and appropriate referrals for services in addition to submitting a plan for compliance with a timeline for delivering services that meet the needs of clients with physical, behavioral, psychosocial, or sensory impairments.</li> <li>Agencies must have established linkages with programs providing early intervention services, medical care, mental health, alcohol and substance use services, housing programs, medical case management, legal services, supportive counseling services, health education and risk reduction, employment related services and other unmet needs and make referrals as appropriate.</li> </ul>

<sup>2</sup> Assess, Diagnose, Intervention and Evaluation

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<p>retention in primary medical care, viral suppression, and HIV-related morbidity and mortality.</p>		<p>CD4, ART adherence and engagement in care</p> <ul style="list-style-type: none"> <li>• Nutritional assessment, intervention, monitoring and evaluation, and reassessment as needed and/or requested by client;</li> <li>• Nutritional counseling, and education<sup>3</sup>, food preparation instruction, with individuals or group, if indicated;</li> <li>• Diet and nutrition planning, as needed; and</li> <li>• Nutritional supplements, as medically necessary.</li> </ul> <p>*Registered Dietitian (RD) or equivalent is defined as: RD, Certified Dietitian Nutritionist (CDN), or, with RD supervision: Registered Dietitian Eligible (RDE), or a Dietetic Intern, or an individual with an appropriate degree and clinical experience.</p> <p><b><u>2. FOOD/MEAL SERVICES</u></b></p> <p>FNS Food/M meal Services include groceries/pantry bags, home delivered meals, congregate meals, and food vouchers. The RD or equivalent is responsible for providing client-centered, culturally-sensitive and nutritionally-appropriate food or meals in accordance with FIMC<sup>SM</sup> Nutritional Guidelines</p> <p>FNS providers are encouraged to implement client-choice strategies and provide medically-tailored groceries and meals, when possible. Medically-Tailored meals<sup>4</sup> are meals designed to meet the specific medical conditions, medications, side effects, allergies and other needs (i.e. oral health) of a person with HIV and other chronic illness. Food meals/services should be available on weekends and during evening hours on a system wide basis.</p> <p>Emergency provisions can also be provided to clients who are enrolled in the FNS program but have extenuating circumstances that have led to emergent food insecurity.</p> <p>Personal hygiene items and dietary supplements (as allowable by HRSA) should be</p>	<ul style="list-style-type: none"> <li>• Agencies must ensure that staff members are fully trained and in compliance with DOHMH requirements as well as culturally and linguistically competent for the populations served, and have knowledge and skills related to the needs of the populations served, including the use of people-first language. Agencies must have the capacity to provide services in the languages spoken by the populations served.</li> <li>• Agencies must implement a plan or policy that ensures that staff across the program, including clinical and nonclinical partners, affirms and respects gender identity and expression. Programs must ensure that staff can engage all persons, and especially vulnerable populations, such as trans/gender non-binary persons, persons who use drugs, and young MSM of color, in evaluations of and satisfaction with program services.</li> <li>• Programs should be distributed</li> </ul>

<sup>3</sup> RD or equivalent not required for delivery of nutritional group education services; however, at a minimum, curriculum used by program must be developed by RD and program staff delivering nutritional group education services must be supervised by RD or equivalent

<sup>4</sup> Medically-tailored meals are meals designed to meet the specific medical conditions, medications, side effects, allergies and other needs (i.e. oral health) of a person living with severe or chronic illness, including HIV.

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		<p>included in all programs, and provided on a regular basis to clients in need. Providers are encouraged to tailor a program comprised of the following food/meal services to best meet each client's needs.</p> <p><b>Groceries/Pantry Bags</b></p> <p>Pantry bags are a source of supplemental food for clients with food insecurity. All FNS pantry bags should include ingredients that assist FNS clients in the preparation of nutritionally balanced, whole meals, per FIMC<sup>SM</sup> Nutritional Guidelines nutritional recommendations. Fresh/frozen produce and whole grain foods should be used when available and appropriate. Size and frequency of pantry bag provision should be provided in accordance with demonstrated level of need.</p> <p>Pantry bag ingredients should be tailored to client's ability to prepare meals as well as their means of food preparation/storage, i.e. microwave, refrigerator and freezer access, hotplate, stove, etc.; and should also contain, at reasonable intervals, staples that promote meal preparation, i.e. oil, seasoning, etc.</p> <p><u>Client-choice Pantry Bags:</u> When possible, FNS programs should provide clients the opportunity to choose the items in their pantry bag. Under the guidance of an RD* or equivalent, FNS clients should fill their pantry bag with ingredients that support the preparation of nutritionally balanced, whole meals, per FIMC<sup>SM</sup> Nutritional Guidelines.</p> <p><u>Medically-tailored Pantry Bags:</u> When possible, FNS clients should receive groceries in a pantry bag that has been reviewed by the RD* or equivalent to ensure the client can prepare medically-tailored meals.</p> <p><u>Emergency Food Pantry Bags</u> Agencies should be prepared to provide an emergency pantry bag for 1) clients who may not, at the time of intake, have the necessary documentation to complete FNS intake or 2) clients who are enrolled in the FNS program but have extenuating circumstances that have led to emergent food insecurity.</p>	<p>throughout NYC to ensure that the areas and populations of highest need have appropriate access to care.</p> <ul style="list-style-type: none"> <li>• Agencies must demonstrate ability to provide food/meals and Medical Nutrition Therapy to PLWH.</li> <li>• Agencies must demonstrate ability to provide services in and/or to locations with high concentrations of persons at risk for poor health outcomes and food insecurity.</li> <li>• Agencies must demonstrate ability to leverage funding sources other than Ryan White Part A Program funding to ensure program sustainability.</li> <li>• Agencies must demonstrate compliance with federal, state, and local regulations regarding the provision of food/meal services and/or home-delivered meals including required licensure and/or certification to operate the particular food service program involved.</li> <li>• Agencies should engage in outreach, recruitment and</li> </ul>

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		<p><b>Home-delivered Meals</b>            Home-delivered meals are pre-prepared meals provided to clients who are unable to shop and prepare meals for themselves. Agencies providing home-delivered meals must ensure that all meals meet at least 1/3 of the daily nutritional guidelines as defined by FIMC<sup>SM</sup> Nutritional Guidelines.</p> <p>FNS providers are encouraged to offer FNS clients medically-tailored<sup>5</sup> meals.</p> <p><b>Congregate Meals</b>            Congregate meals are opportunities for clients to eat a meal together that meets at least 1/3 of the daily nutritional guidelines as defined by FIMC<sup>SM</sup>. At a minimum, FNS congregare meals must meet heart-healthy dietary recommendations as defined by FIMC<sup>SM</sup> Nutritional Guidelines.</p> <p>FNS providers are encouraged to offer FNS clients medically-tailored, congregare meals when possible.</p> <p><b>Food Vouchers</b>            Food vouchers are gift cards or coupons that FNS clients can use to purchase food. The monetary value of voucher should adequately cover the cost of ingredients that can be used to assist in the preparation of at least 7 complete, well-balanced meals per FIMC<sup>SM</sup> Nutritional Guidelines. These may also be used for personal hygiene items.</p> <p><u>Additional Voucher</u>            Additional vouchers are gift cards or coupons that FNS clients can use for items allowable by HRSA, including groceries, personal hygiene items, cooking and cleaning supplies.</p>	<p>employment practices that attract staff with life experience and expertise that is shared by the agency's target population in order to improve access to and ensure appropriate utilization of health care services. Value should not be placed solely on level of education. This includes but is not limited to: age, socio-economic status, sexual orientation, gender identity and expression, race/ethnicity, substance use history, history of incarceration, immigration status, and HIV status.</p>