

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE

Nutrition Initiative Food and Nutrition Services for Persons Living with HIV/AIDS

Standards For Client Eligibility, Food, Meals, and Nutrition Services

CLIENT ELIGIBILITY

Eligible clients are persons living with HIV/AIDS who can provide proof of their HIV status as established by the Ryan White CARE Act Guidance for Contractors, and meet the criteria for the respective service as outlined below. Dependent children may also receive these services.

1. *Home Delivered Meals* – Clients must be unable to shop or prepare meals for themselves due to physical and/or mental challenges, and must lack a network of family or friends to provide such support. Programs must document the criteria and process used to determine the need for home delivered meals. Questions regarding the client's ability to perform activities of daily living, as part of the intake process, could be used to determine need or the program could ask for a letter verifying need from the client's physician or another health care provider.

Programs that deliver frozen meals must ensure that there is 1) a person (e.g., caregiver or partner) available to heat up the client's meal or the client is able to do it him/herself; 2) room in the client's freezer to accommodate the meals; and 3) a microwave or oven in the client's home where the meal can be heated.

2. *Congregate meal* – Clients must be unable to purchase nutritious food due to limited financial resources and/or inadequate cooking facilities to prepare meals.
3. *Groceries/Pantry bags* - Clients must be unable to purchase nutritious food due to limited financial resources.
4. *Food Vouchers* - Clients must be unable to purchase nutritious food due to limited financial resources, but be able to shop for and prepare their own meals.

MEAL CONTENT¹ FOR CONGREGATE OR HOME DELIVERED (HOT OR FROZEN) MEALS

It is recommended that each meal or the average of one week of meals contain the following:

Calories	Approximately 800 per meal
Protein	15 - 20% of calories (30 - 40 grams)
Carbohydrates	50 - 55% of calories (100 – 110 grams)
Fat	up to 30% of calories (26 grams)
Sodium	≤ 800 milligrams per meal
Cholesterol	≤ 100 milligrams per meal
Dietary Fiber	9 grams

Each meal should contain three servings of fruits and vegetables (preferably fresh)², be reasonably priced and culturally/ethnically appropriate. An outline of a sample meal is included at the end of this document. Children's meals should contain fewer calories and protein.

FOOD AND MEAL SERVICES

1. *Home Delivered Meal Programs*, at a minimum, must offer each client five meals per week, but not more than 14. If clients accept fewer than five meals per week agencies must document how their nutritional needs are being met. Home delivered meal programs must include an option for the delivery of a grocery/pantry bag each week to the clients whose health has improved since enrolling in the program and are ready to transition from receiving meals to preparing their own. See number 3 below for guidelines for grocery/pantry bags.

All menus are to be reviewed by a nutrition professional (see Nutrition Services section for qualifications) to ensure that they meet the above stated recommendations for meal content. Meals must be prepared in accordance with local and/or state food sanitation codes and maintained at the proper temperature from the time of packaging to delivery.

2. *Congregate Meal Programs*, at a minimum, must offer each client five hot meals per week at the congregate site or one hot meal and a grocery/pantry bag that provides four additional meals. Programs cannot offer any individual client more than 14 meals per week. (See number 3 below for guidelines for grocery/pantry bags.) Each of the eligible client's dependent children may also receive up to 14 meals per week.

Congregate meal sites must have a nutrition professional (see Nutrition Services section for qualifications) on-site during the meal service to answer clients' nutrition questions and provide basic nutrition education. In addition, to ensure that recommendations for meal content are met, all menus need to be reviewed by a nutrition professional. Meals must be prepared in accordance with

¹ The recommendations for Meal Content were adapted from the Association of Nutrition Services Agencies' *Nutrition Guidelines for Agencies Providing Food to People Living with HIV Disease*, Second Edition, September 2002, Model II – General Nutrient Recommendations for HIV/AIDS, Energy Expenditure and Macronutrient Breakdown. The amounts of fat, cholesterol and sodium were based on the American Heart Association *Healthy Heart Guidelines*.

² Refer to the United States Department of Agriculture (USDA) Food Guide Pyramid for serving sizes for fruits and vegetables.

local and/or state food sanitation codes and maintained at the proper temperature during the meal service.

3. *Grocery/Pantry Bags* must contain a variety of foods and provide enough food for the number of individuals and meals intended. Each bag should contain, at a minimum, 5 meals, but no more than 14 per week.

The food distributed in the grocery/pantry bags must comply with the nutrient standards listed under the meal content section of this document. All bags must be reviewed by a nutrition professional (see Nutrition Services section for qualifications) to ensure that they meet these nutrient standards. A sample plan of a grocery/pantry bag is included at the end of this document. It is recommended that clients be able to choose some of the foods that go into their bags. Frozen meals may be substituted for some of the meals, and fruits and vegetables (preferably fresh) must be included in the bags. If grocery/pantry bags are to be offered to PLWH/As who either do not have cooking facilities or have inadequate ones, they must contain food that requires no or limited preparation or refrigeration. Grocery/pantry bags may be delivered to or picked-up by clients. Food for these bags must be stored and packaged in accordance with local and/or state food sanitation codes.

4. *Food Voucher* amounts should allow the client to purchase enough food for an minimum of five, but no more than 14 meals per client. Voucher amounts may be increased to include funds to provide the same number of meals to clients' dependents. A nutrition professional (see Nutrition Services section for qualifications) or a trained staff person, must review the grocery store receipt before another voucher can be issued. This is to ensure that the majority of the food purchased has a high-nutrient value. See Guidelines for Food Voucher Programs.

NUTRITION SERVICES

1. *Initial Nutritional Screening*: All clients must be screened to determine their level of nutritional risk. The nutritional screening is not a substitute for the intake process (including the Uniform Reporting System Intake), but may be conducted at the same time. Before the screening is conducted, the program must determine if the client is eligible for services. See Required Information for Initial Nutritional Screening of Clients.

The following services (#s 2 – 5) are to be provided by nutrition professionals which include: Registered Dietitians (RD), New York State Certified Dietitian-Nutritionists (CDN), Registered Dietitian-Eligible (RDE), or nutrition students supervised by a RD or CDN.

2. *Nutrition Assessments and Reassessments* are required for all clients receiving home delivered meals, HIV-positive children, adolescents and pregnant women, and those found to be at nutritional risk through the screening process. Assessments are to be completed within two weeks of enrollment into the program and reassessments conducted approximately every six months thereafter. These are the minimum requirements; reassessments may be conducted more frequently if needed. The agency must determine if a client is eligible for home delivered meals before a dietitian/nutritionist is assigned to perform the nutrition assessment. See Required Information for Nutrition Assessments.

Programs that offer congregate meals, grocery/pantry bags, and vouchers must provide assessments for those clients identified to be at nutritional risk through the screening process. It is preferred that assessments are conducted in person, but they may also be done over the telephone.

3. *Nutritional Counseling* occurs between assessments and reassessments to follow-up on the care plan, reinforce nutrition and food safety education and answer clients' general nutrition questions. Nutrition counseling sessions need only be provided as necessary, but there must be a nutritionist/dietitian available to speak to clients between assessments.

Nutrition Group Education: Congregate meal programs must offer a nutrition education activity at least once a month. Clients enrolled in programs that only distribute grocery/pantry bags or vouchers must attend two workshops sponsored by the funded agency per contract year. Clients who have grocery/pantry bags delivered may receive nutrition assessments two times per year instead of attending workshops if the program determines a client is physically unable to attend or lacks transportation.

Programs that offer grocery/pantry bags must include nutrition education materials and recipes relevant to the foods contained in the bags; and voucher programs must have nutrition education materials, including simple recipes that can be made on a limited budget, available for their clients.

5. *Bioelectrical Impedance Analysis (BIA)* may be included in a workshop or offered during assessments, reassessments, or counseling sessions to measure body composition. BIA is not required, but highly recommended as a means of monitoring clients' nutrition status.
6. *Meal Orientation* must be conducted once the client is enrolled in the program and the food and meal services to be offered confirmed. Meal orientation includes clients' rights and responsibilities, and the funded agency's responsibilities to the client. The hours of meal and food distribution, and the nutrition service requirements must be discussed with the client. It is recommended that at the end of the orientation session the client sign and date a contract outlining the above.

Food and meal services may be provided to the dependent children. Nutrition assessments, reassessments and counseling (including BIAs) are only available for PLWH/A.

Sample Meal

One 3 ounce beef patty with 3 ounces onion gravy
 Baked potato
 ½ cup Italian style squash (zucchini, tomatoes and onions)
 1 slice whole wheat bread with 1 pat butter
 Brownie
 1 cup sliced peaches

This sample meal contains approximately 800 calories, 33 grams protein, 129 grams carbohydrate, 25 grams fat, 99 milligrams cholesterol, 327 milligrams of sodium, 15 grams dietary fiber.

Sample Grocery/Pantry Bag for Three Days, Three Meals per Day

Type of Food	Food Item	Amount for 1 person
100% Fruit juice	Grape	1 quart
Milk	1% Low-fat milk	1 pint
Meat or Meat Substitute	Tuna Peanut butter Cheese – American Beans – Great Northern	3 ounces (water pack) 8 ounces 4 ounces One 15 ounce can
Vegetables	Kale (fresh) Green beans (canned) Carrots (fresh) Sweet potatoes (fresh)	Equivalent to 4 cups, cooked One 15 ounce can 4 2
Fruit	Apples (fresh) Peaches (canned) Bananas	2 One 15 ounce can 2
Cereal	Dry cereal (no sugar)	8 ounces
Bread	Whole wheat	1 loaf
Pasta	Spaghetti	8 ounces

This sample bag contains approximately 7425 calories; 320 grams protein; 1309 grams carbohydrates; 231 grams fat; 8949 milligrams sodium*, 205 milligrams cholesterol; and 320 grams fiber. Condiments such as oil or spices have not been included in the bag.

* Sodium content can be reduced by advising clients to wash canned beans and vegetables with cold water.

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Guidelines for Food Voucher Programs

In addition to ensuring that clients meet program eligibility requirements and the voucher amount is sufficient to meet the AIDS Institute Food and Meal Content Standards, voucher programs must develop a system that ensures that only authorized clients redeem vouchers and purchase allowable food items (see list below).

The supermarkets and grocery stores from which vouchers are purchased must be inspected at least yearly to ensure that quality food items are available at competitive prices. The food must also be culturally/ethnically appropriate for the targeted population. The facilities should be inspected for safety, cleanliness and accessibility as well. Sample criteria for an inspection are listed below.

No cash can be exchanged between the vendor and the client. Client's receipts must be returned and reviewed by program staff before another voucher is issued.

Allowable Items	Non-Allowable Items
Milk and Milk Products (cheese, yogurt, butter); 100% Fruit or Vegetable Juice; Fresh or Canned Fruit and Vegetables; Cereals; Bread; Pasta; Grain Products; Poultry; Meat; Fish; Eggs; Nuts; Peanut Butter; Tomato Sauce; Beans (canned or dry); Margarine; Mayonnaise; Mustard; Ketchup; Salad Dressings; Flour; Sugar; Baking Powder; Baking Soda; Salt; Oils; Cooking Herbs and Spices.	Carbonated Beverages including Soda or Flavored Beverages such as Kool-Aid; Alcoholic Beverages; Coffee; Tea; Cigarettes; Paper Goods; Gum or Candy; Cakes including Doughnuts, Pies and Brownies; Laundry detergent; Soap; Disposable Diapers; Baby Food or Formula; Pickles; Pretzels; Popcorn or Chips; Nutritional Supplements (e.g. vitamin/mineral pills and or liquid nutritional supplements such as Ensure); Frozen sweets such as Ice Cream and Popsicles; Dessert Sauces; Syrups and Toppings; or Any Non-Food Item

Sample Inspection Criteria

- (1) Quality of the food: Verify that it is fresh and that the products are sold within their "sell by" or "use by" dates.
- (2) Check that there are a variety of foods and that they stock products that are appropriate for the ethnic/cultural needs of targeted population
- (3) Price: Verify that the prices are comparable to other food markets in the area(s) the targeted population live
- (4) Facility: Store is clean and safe (you may want to ask the store's management for the most recent copy of their inspection report)
- (5) Accessibility: Verify that the store is accessible to the physically challenged

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Required Information for Nutrition Assessments/Reassessments

Initial Assessment:

- Date
- Client's name or identifying code
- Client's ideal body weight (IBW) and %IBW calculated
- 24-Hour Diet Recall
- Client's nutritional concerns
- Assessment of client's nutritional status
- Type of diet recommended
- Goals and plan
- Education materials distributed
- Name and signature of the RD, RDE or CDN conducting the assessment

Reassessments:

- All information from the initial assessment must be updated. New goals and a plan for the next six months must be included.
- The same form or format as the initial assessment may be used, but it must be clear that the client is being reassessed.

Optional:

- Body Composition (e.g. Bioelectrical Impedance Analysis[BIA] results)
- Lab results –albumin, cholesterol, triglycerides, LDL, HDL, etc.

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Required Information for Initial Screening of Clients

In addition to completing the Uniform Reporting System (URS) General Intake Form (see attached), all clients must be screened. The information requested below will help you to determine an applicant's level of nutritional risk and eligibility for program services, and provide you with additional nutrition-related information. The screening may be conducted by any program staff person, except the nutritionist(s) (RD, RDE or CDN). Nutrition students, however, supervised by a RD, CDN, or RDE may also conduct the initial screening. Before conducting the nutrition assessment the nutritionist should review the URS general intake form and initial screening information.

The following information is to be obtained during the initial screening:

- The names, addresses and telephone numbers of the client's:
 - Primary care physician
 - Dietitian/Nutritionist and if available, the approximate date of the client's most recent nutrition assessment
 - Case Manager/Social Worker
- Indicate evidence of HIV serostatus and the date it was provided.
- Type of food or meal service(s) being requested, i.e., home delivered meals, congregate meals, grocery/pantry bags, or food vouchers. (For eligibility criteria see the AIDS Institute's *Standards For Client Eligibility, Food, Meals and Nutrition Services*).
- Is the client currently on a therapeutic or modified diet due to diabetes, renal (kidney) disease, high blood pressure, food allergies or intolerances, medications, gas/bloating, diarrhea, etc.?
- Does the client have any of the following sources of food assistance: family, friends, food stamps, congregate meals, food vouchers, pantries, home-delivered meals, insurance-funded (e.g. ADAP, Medicaid) liquid nutritional supplements? List the organization(s) providing this assistance.
- List dependents who will be receiving food and meal services. Record each dependent's first and last name, and indicate what type of dependent they are to the client (as per the URS pick list - personal contact, emergency contact or other), their relationship to the client (choose from URS pick list [there are too many to list here]), address location (as per the URS pick list – lives with client, own, other), and date of birth (month, day and year). *This information, except date of birth, is required in order to record services provided to dependents in the Uniform Reporting System.* Date of birth is necessary for AI contract managers to evaluate if nutrition workplan objective projections for dependents are being met.
- What is the client's current weight and usual body weight (UBW - weight when client was diagnosed with HIV)? Has the client lost any weight in the past week? Month? Three months, or 10 months? Record the number of pounds the client has lost. (This information is necessary to determine nutritional risk.)
- What is the Body Mass Index (BMI)?
Use the following formula to calculate BMI:
$$\frac{\text{Current Weight} \times 703}{\text{Height}^2}$$

- What is the client's height?

- List current medications (HIV-related and other, including vitamins and minerals, and herbal and complementary/alternative therapies)

- What type of exercise does the client do and how frequently (e.g. walking for 30 minutes 3 times per week)?

- **Determination of Nutritional Risk.** If client meets any of the following criteria or conditions, a nutrition assessment^Σ must be scheduled within two weeks of beginning program services:
 - Meals will be delivered to client's home
 - 19 years old or younger
 - Poor appetite: Client has little or no desire to eat, often skips or does not finish meals
 - Significant weight loss
Significant weight loss has occurred if the client has unintentionally lost more than 2% of his/her UBW weight in the past week, 5% in the last month, greater than 7.5% in the past 3 months, or more than 10% in the past 10 months. Use the following formula too calculate the % **change in UBW**: $\frac{\text{UBW} - \text{actual weight}}{\text{UBW}} \times 100\%$
 - Underweight: BMI of 18.5 or lower
 - Obese: BMI of 30 or above
 - Diabetic
 - Renal (kidney) disease
 - Liver disease
 - Follows a vegetarian diet (no eggs, dairy, fish, or meat)
 - Nausea or vomiting
 - Diarrhea (six or more loose or watery stools per day)
 - Constipation
 - Gas/Bloating
 - Thrush, or painful or difficulty chewing or swallowing
 - Food allergies
 - Pregnant
 - Heart disease
 - High blood lipids (cholesterol, triglycerides)

NOTE: If the client is at nutritional risk, but was assessed by a nutritionist within the past six months, a nutritional assessment does not need to be completed at this time. However, a copy of the assessment must be requested by the program and included in the client's chart.

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^Σ See, *Required Information for Nutrition Assessments*