Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Committee Meeting Agenda: ad-Hoc Food Services Eligibility Committee
Date/Time: Tuesday, March 10, 2015, 12:30 p.m.-2:30 p.m. **Location:** Gov't Center Annex, A-335
Chair: Mario DeSantis

1. **CALL TO ORDER:** *Welcome, Review Meeting Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 3/10/15 Agenda and 12/9/14 Meeting Minutes

3. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items	*Action to be taken, presentation, discussion, brainstorm etc.*
Committee Charter (Handouts A-1 & A-2)	ACTION ITEM: Review and finalize the committee's charter.
Parking Lot Items	ACTION ITEM: Introduce and discuss the reasoning for parking lot items.
Committee Timeline (Handout B)	ACTION ITEM: Review and discuss the 2015-2016 timeline.
Flow Chart (Handouts C-1 – C-3)	ACTION ITEM: Review and approve the updated eligibility flow chart. Review other available food services in the community.
Other Models (Handout D)	ACTION ITEM: Review reimbursement rates across payers, and the self-sufficiency models used by New York City and San Francisco EMAs.
Review Nutritionist Responses (Handout E)	ACTION ITEM: Review nutritionist's responses.

4. **GRANTEE REPORTS**

5. **PUBLIC COMMENT**

6. **AGENDA ITEMS / TASKS FOR NEXT MEETING,** April 14, 2015 **VENUE:** A-335

7. **ANNOUNCEMENTS**

8. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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MEETING MINUTES

COMMITTEE: ad-Hoc Food Services Eligibility Committee

Date/Time: Tuesday, December 9, 2014, 12:30 p.m.-2:30 p.m. **Location:** Governmental Center, A335

Chair: Mario DeSantis

Attendance						
#	**Members**	**Present**	**Absent**	**Grantee Staff**		
1	DeSantis, M., *Chair*	X		Jones, L.	Green, W.E.	
2	Katz, H. B.	X		Morris, R.		
3	Runkle, D.	X		**HIVPC Staff**		
4	Starkey, J.		**E**	Bente, A.	Johnson, B.	
				Guests		
				Shamer, D.		
	Quorum = 3	**3**				

1. CALL TO ORDER

The Chair called the meeting to order at 12:45 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda		
Proposed by:	Runkle, D.	**Seconded by:**	Katz, H. B.
Action:	Passed Unanimously		

Motion #2	To approve the 11/18/14 meeting minutes		
Proposed by:	Runkle, D.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

The Chair of the committee asked that David Shamer be appointed to the committee. Mr. Shamer has attended several meetings of the committee. The following motion was made:

Motion #3	To appoint David Shamer as a member of the ad Hoc Food Services Committee
Action:	Passed by unanimous consent.

3. MEETING ACTIVITIES/NEW BUSINESS

a. Review Eligibility Flow Chart

A member from the Grantees office informed the Committee on the timeline in which the HIVPC and agencies would like to implement the new Food Services procedures for delivery of services. The Committee was presented a flow chart which outlines the steps of eligibility of services. HIVPC Staff gave an overview of the steps which includes determining an individuals' eligibility for Ryan White Part A Food Services and SNAP, a nutritional assessment, eligibility determination for food services, and a nutritional food assessment every 6 months. The Chair inquired the FPL requirement for SNAP (food stamps) and was informed by HIVPC Staff and the Grantee representative that that number was 185%. The committee further discussed how this may impact an individual's eligibility for Ryan White food services. The Chair suggested to institute the nutritional assessment for clients at 250% and monitor the utilization to determine whether or not to raise or lower the FPL in the

future based on these possible changes. He inquired whether or not nutritional assessments were covered under Ryan White Part A if a client was to visit an agency outside of the service offered by the food bank. Grantee staff provided information from the Human Services website which provides access to Ryan White documents and information on Part A coverage. The Grantee representative informed the Committee that Part A covers the nutritional assessment at a $55.53 reimbursement for the initial visit, $48.53 for the follow up, and $24.50 for a group setting nutritional service.

A guest provided a form depicting an example of a nutritional assessment. The Chair advised the committee that their goal is to determine the best model to determine a clients' need for Food Services given the changing environment. This includes researching other EMAs and determining a process to determine a nutritional diagnosis. If no nutritional requirements are necessary, clients will be directed to other resources in which they can access food services to fit their needs where eligible. A member encouraged the Committee not to base decisions off of services only offered by one agency. The Grantee staff asked that that HIVPC Staff research who is paying what amounts and revisit this information in another meeting. He included that Part A is currently paying 1.5 times the allowable Medicare rates.

A member was concerned that the flow chart, which includes nutritional assessment would impede on a client's ability to access nutritional services. It was suggested that a nutritionist attend the next meeting to give additional perspective on how an assessment will impact this process. The Chair requested further exploration of both New York's and San Francisco's processes for eligibility determination and nutritional assessment requirements. HIVPC Staff provided a brief overview of the process from New York's qualifications for services (included in meeting packet). A member of the Grantee Staff informed the Committee that these procedures can be included into PE to better facilitate the process. Some other examples of procedures from the New York food services are a rewards system in which clients are "rewarded" for adhering to the eligible purchase list and making healthy food purchases. Clients are provided an increase in money/vouchers to further encourage healthy eating habits.

Action Item:

- Change flow chart to say "Ryan White FOOD Services"
- Schedule a Nutritionist for an upcoming meeting (determine dates of availability ASAP)
- Revise Flowchart: The Chair will revise the flowchart for the next meeting and send it to staff to be utilized for the upcoming meeting
- Send the NYC model/PPT and San Francisco POC to the committee through Dropbox
- Research Self Sufficiency model from other EMA's
- Ask NYC for statistics for cycling clients off the program (success rates, etc.)

Parking Lot:

- Nutritionist during CIED for those who are qualified for nutritional services.
- Barriers to accessing Ryan White Part A services (such as transportation).

b. Definition of Medical Nutrition Need

The Chair suggested that there be an educational piece to the HIVPC in reference to the nutritional component of the food services process. A guest inquired about a process to cycle out clients from the food services program to encourage self-sufficiency and assist in better health outcomes. HIVPC Staff informed the committee that there was a process in place in LA that moves clients off the program. The Chair gave an overview of the different classifications of clients who are on the program. This can include those who could be self-sufficient and self-maintained on the program. A guest asked the committee to determine why individuals are accessing nutritional services and to consider a process that entails clients becoming self-sufficient in addition to allowing for others to

attain these services and ultimately achieve better health outcomes. The Grantee informed the Committee that food bank was originally created for emergency food services and has transformed into a maintenance program. He identified that the San Francisco model was based on nutritional counseling and support. He identified that the nutritional assessment was a separate component which delineates what is needed.

The Committee had an in depth discussion on different sources to determine an individual's nutritional need and how to develop a model to define this process. The Chair reiterated that the flow chart was important to ultimately determine overall nutritional need, not just being HIV+. He requested further information on how to determine the procedures for individuals receiving this service, adhering to provisions of the nutritional plan, and maintaining receiving the service (follow nutritional plan, use voucher/not, receive warning, lose eligibility, removed from program, etc.). A member requested the consideration for a 6 months Plan of Care and possible deviations that impede on the plan of care (hospitalization, etc.). The Chair further discussed the opportunity to create a comprehensive nutrition plan of care which will incorporates moving individuals off of the program once self-sufficiency is achieved. A member from the Grantee's office requested further research in the success rates of clients matriculating off the program.

c. Other Food Banks- Tabled until next meeting.

4. GRANTEE REPORTS
None

5. PUBLIC COMMENT
None

6. AGENDA ITEMS / TASKS FOR NEXT MEETING: TBD VENUE: Gov't Center: A-335

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
Finalize the Timeline	ACTION ITEM: Determine a timeline for Fiscal Year 2015-2016.
Finalize the Charter	ACTION ITEM: Review scopes of services and overall goals.
Food Bank Nutritionist	ACTION ITEM: Discuss the incorporation of a nutritional assessment in the Food Services model.

7. ANNOUNCEMENTS
None

8. ADJOURNMENT
Without objection the meeting was adjourned at 2:21 p.m.

Ad-Hoc Food Services Committee Attendance

Member	10/14/14	11/18/14	12/9/14
DeSantis, M. (*Chair*)	1	1	1
Katz, H.B.	1	**E**	1
Runkle, D.	1	1	1
Starkey, J.	**A**	1	**E**
Quorum= 3	3	3	3

Ad-Hoc Food Services Eligibility charter

Background:
The Ryan White Part A Program in Broward County funds Food Services, which includes two kinds of food allotments: food boxes and food vouchers. Over the past year, several eligibility changes have been made to improve utilization of the service. The change in eligibility has caused significant changes in the utilization of the service. The number of food box allotments has decreased, while the number of clients receiving food vouchers has increased dramatically. The increase in food voucher utilization has become unsustainable, and the ad-Hoc Food Services Eligibility Committee has been tasked with determining a long-term, sustainable solution for food services eligibility.

Purpose:
To develop a financially sustainable food services model that promotes the nutritional well-being and medical nutritional needs of clients.

Key Questions:

1. Is eligibility based on FPL or a nutritional assessment? If both, which comes first?
2. If a nutritional assessment is required, what determines nutritional need?
3. How often should clients be reassessed?
4. What does food services entail? Boxes tailored to nutritional needs? Vouchers? Hot meals?

Expected Results:
Eligibility for food services should eventually be revised so that is sustainable for the long term. The committee expects that eligibility will be based on client nutritional needs, as determined by a nutritionist or registered dietitian, instead of being solely based on financial needs.

Estimated Time for Completion:
The Committee agreed to make changes to the eligibility for the service category and implement a nutritional based system to improve client outcomes during. The Committee will not make eligibility changes to the service category until they have determined a long-term, sustainable solution. The Committee will develop three eligible models and adopt one for implementation. The Committee will seek consumer feedback via a community forum and will recommend one model to PSRA. The Committee plans to have a viable model for implementation in time for the start of FY2016.

Meeting Frequency:
The Committee will meet at least once a month.

EMA/TGA	% of Clients Served	% of Total Funding	Eligibility Criteria	Nutritional Need Criteria	Service Units	Service Unit Cost	Scope of Service	Service Limitations?	Comments
Out of 54 Part A programs, 40 funded food bank/home delivered meals in FY 2013 (about 74%). Of the programs that funded food bank/home delivered meals, the median average spent was 2.72% of final allocations.									
Broward	34%	7%	<250% of FPL	None	2 Boxes Per Month, or 1 Box and 1 Voucher	1 Food Box=$35 1 Voucher=$45	Food Box = 21 Meals, 7 Days food. 1 Voucher = $45 at local supermarket.	None	Food Voucher Utilization is higher than Food Box Utilization
San Francisco	17%	3%	<400% of FPL	Must be authorized by Nutritionist	1 weekly selection of groceries OR hot or frozen meals, home-delivered or picked-up, daily or weekly.	Groceries (weekly)=$24 Home Delivered Meals (weekly)=$30	Groceries=21 Meals, 7 days of food. Home Delivered Meals=21 Meals, 7 Days of food or 3 meals, 1 Day of food.	None	Food Pantry utilization is higher than Home Delivered Meals utilization. Food pantry & home delivered meals must meet one-third of the weekly nutritional requirements for PLWHA.
Orlando	10%	1%	RW Client	None	2 Food Baskets per month	Food Baskets=$30	Food Basket = 10 Meals, 3-4 day food supply	None	One provider that distributes throughout the EMA using shared / rented space with other Part A providers. The distribution points are located near the highest concentration of consumers that qualify for Food Services.
Miami	26%	2%	<400% of FPL	Certified Referral must be generated by the medical case manager.	1 Box per week	1 Food Box=$50	Food Box=21 meals, 7 days of food.	Yes, temporary. Maximum of 6 boxes per client per year.	A letter of medical necessity is NOT required for an initial referral to Food Bank services; however, the circumstances justifying the referral to food bank services should be clearly documented in the client's chart.
Las Vegas	15%	1.1%	<400% of FPL	Referral must be made by medical case manager.	2 Food Pantry visits per month	1 Food Pantry visit=$28	Food Pantry visit=20 meals, approx 7 days of food	24 visits per FY	This service is designated only as a supplemental or partial augmentation to other food sources available to clients.
Palm Beach	21%	2.7%	<400% of FPL	Annual Assessment completed by Nutritionist	1 voucher per month	1 voucher=$40	1 voucher=$40 at supermarket	None	This service is designated only as a supplement to SNAP.

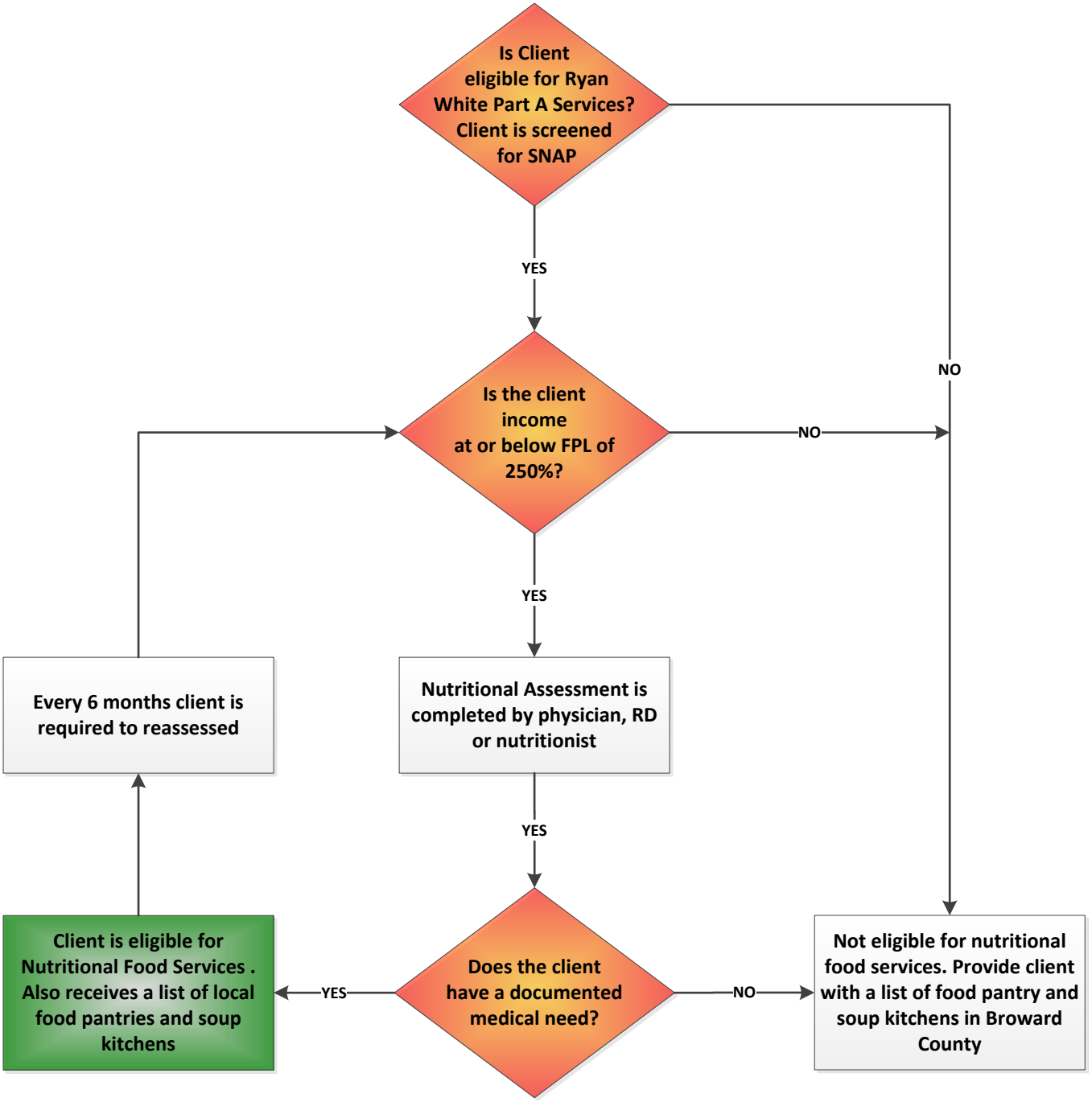
New Haven	14%	1.60%	<400% of FPL	Clients must be suffering from wasting syndrome, little or no financial means, recent or transitional homelessness with no regular means of self-support, and access to only one meal a day (i.e. soup kitchens, shelter).	2 Food Boxes per month	1 Food Box=$40	1 Food Box=42 meals, 2 weeks of food.	Recertification required every 3 months	Hygeine services include: Personal hygiene products; Household cleaning supplies; and Water filtration/purification
Hartford	32%	3.3%	<400% of FPL	Referral from an HIV service provider must be accompanied by documentation from a HIV service provider.	2 Food Voucher per month or 3 Food Pantry Visits per month	1 Food Voucher=$40, 1 Food Pantry Visit=$30	1 Food Voucher=$40 at supermarket. 1 Food Pantry Visit=21 meals, 7 days of food.	None	Working with the client or guardian, the provider should develop a written plan of service. The plan should include at minimum: The level or type of service (e.g., food voucher, farmers market, grocery only, home delivered meals, etc).
NYC	27%	30%	RW Client	Nutrition health education must be provided to all clients. Individual education can be offered via telephone but must be tailored to the individual health, dietary, cultural, and social needs, and documented in the client record.	2 vouchers per week, 2 pantry visits per week, 3 home delivered meals daily	1 Voucher=$25, 1 week of Home Delievered Meals=$20 Food Pantry Visit=$15	Voucher=$25 at supermarket, 1 week of Home Delivered Meals=$20	Recertification required every 6 months	Food Services are available to dependent children & caretakers. Registered Nuritionist decides which services client is eligible. Vouchers are distributed on RW Voucher Cards which enables only allowable food items to be puchased.
New Brunswick/ Middlesex	%	1%	<400% of FPL	Clients must have a referral from a Ryan White provider agency.					
Atlanta	%	1.40%	RW Client	Provider determines client eligibility for services. Clients are provided medical nutrition therapy services (if desired) by a registered dietitian with experience in HIV care.					

HANDOUT B

DRAFT 2015-16 AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE TIMELINE

Activity	Proposed Date
• Consult with nutritionists regarding nutritional assessment	January 2015
• Review nutrition services models and pick models to adapt for Broward • Begin creating a plan for community education and transition • Advise HIVPC of models being reviewed and plans for education • Approve eligibility flow chart	March 2015
• Continue adapting models for Broward nutrition services • Continue developing plan for community education and transition • Begin planning for a community meeting to obtain feedback • Advise HIVPC about progress on model and announce community meeting	April 2015
• Finalize plan for community education and transition • Finalize plans for community feedback meeting • Make final changes to model before community feedback • Advise HIVPC about final plan for community education and transition, and community feedback meeting	May 2015
• Disseminate education and transition plans • Hold community feedback meeting	June 2015
• Adapt nutrition services model based on community feedback • Continue disseminating education and transition plans • Advise HIVPC about input gained from consumer meeting	July 2015
• Finalize revisions to model for PSRA Committee review & submit to PSRA Committee for feedback • Advise HIVPC of model in development	August-September 2015
• Adapt model based on PSRA Committee feedback and finalize revisions for HIVPC review • Model submitted to HIVPC for approval	October 2015
• Client and community education about model changes and transition plan	November 2015-February 2016
• New model takes effect	March 2016
• Initial assessments under new model • Inform HIVPC of progress under new model	March-May 2016

NURTIONAL FOOD SERVICES ELIGIBILITY FLOW CHART



NOTE:

- We need to identify an existing process.
- Model needs to include an integrated approach that incudes a plan of care that may include but not limited to :food, nutritional counseling, nutritional plan, and exercise.
- We need to look at combo of box voucher.
  - i. Box: Based on nutritional need, Client select items for box of menu
  - ii. Voucher: Based on nutritional need, use as supplement were client can purchases items off designated menu.
    If client uses entire voucher to buy items listed on menu give bonus of 5 dollars.
    If client does not select items from the menu, receive warning. If it happens again, not eligible for voucher.

HANDOUT C-2

Broward County Food Banks

Food Bank Name and Location	Distribution Days of							Type of Food Distributed	Hours of Operation	Soup Kitchen							Hours of Operation	Residency Requirement
	M	T	W	Th	F	S	SS			M	T	W	Th	F	S	SS		
The Pantry Of Broward 610 Nw 3rd Ave Fort Lauderdale, Fl 33311 (954) 358-1481	X	X	X	X	X			Food Pantry	9 am - 4 pm								N/A	N/A
Lifenet4families 1 Nw 33rd Ter Fort Lauderdale, Fl 33311 (954) 792-2328	X	X	X	X	X			Food Pantry	9 am - 4 pm	X	X	X	X	X	X	X	Mon-Sat, 9 am - 11 am & Sun, 11 am - 12:30 pm	N/A
Salvation Army 1445 W Broward Blvd Fort Lauderdale, Fl 33312 (954) 524-6991 Ext. 308	X	X	X	X	X			Food Pantry	8 am - 5 pm								N/A	N/A
Gateway Community Outreach 291 Se 1st Ter Deerfield Beach, Fl 33441 (954) 725-8434								Food Pantry—Must call before coming to Food Pantry location.									N/A	N/A
Shepherd's Way 1232 Ne 26th St Wilton Manors, Fl 33305 (954) 566-2311	X	X	X	X	X			Food Pantry	8:30 am - 5 pm								N/A	N/A
Christian Love Fellowship Church 801 Se 10th St Deerfield Beach, Fl 33441 (954) 428-8980							X	Food Pantry	8 am – 3 pm								N/A	N/A

St. George Roman Catholic Church 3640 Nw 8th St Fort Lauderdale, Fl 33311 (954) 583-5892		X	X	X	X			Food Pantry	9:30 am - 2 pm								N/A	N/A
Haitian Evangelical Baptist Church 153 Nw 12th St Pompano Beach, Fl 33060 (954) 479-7113	X		X					Food Pantry	10 am – 2 pm								N/A	N/A
Austin Hepburn Senior Mini Center 750 Nw 8th Ave Hallandale Beach, Fl 33009 (954) 457-1460	X	X	X	X	X			Food Pantry - Must call for appointment	8:00 am to 5:00 pm, or emergency as needed								N/A	Hallandale Beach, Hollywood, Pembroke Park, West Park, Dania Beach and Miramar residents only
Pentecostal Gospel Temple Ministries 900 S State Road 7 Margate, Fl 33068 (954) 979-9999	X	X	X	X				Food Pantry	10 am – 4 pm								N/A	N/A
Ease Foundation 4300 Sw 57th Ave Davie, Fl 33314 (954) 797-1077	X	X	X	X	X	X	X	Food Pantry	10 am - 4 pm								N/A	N/A
St. Ambrose Catholic Church 380 S Federal Hwy Deerfield Beach, Fl 33441 (954) 427-2225	X	X	X	X	X			Food Pantry	12 pm – 4 pm								N/A	Deerfield Beach residents only

Jubilee Center Of South Broward, Inc. 2020 Scott St Hollywood, Fl 33020 (954) 920-0106	X	X	X	X	X			Food Pantry	10:30 am - 12:30 pm	X	X	X	X	X			11:00 am - 12:00 pm	N/A
Temple Beth Orr 2151 Riverside Dr Coral Springs, Fl 33071 (954) 753-3232		X						Food Pantry	10 am - 1 pm								N/A	N/A
Bread Of Life Feeding Program 3300 Nw 9th Ave Oakland Park, Fl 33309 (954) 566-3411		X		X				Food Pantry	9:30 am to 1:00 pm								N/A	N/A
Mission For God's Disciples 641 Sw 30th Ave Fort Lauderdale, Fl 33312 (954) 244-6381		X		X				Food Pantry	8 am - 4 pm									
Hope Outreach Center 4700 Sw 64th Ave, Suite A Davie, Fl 33314 (954) 321-9158	X	X	X	X				Food Pantry	9 am to 3 pm Center closed from 12:30 pm to 1:30 pm								N/A	N/A
Sunrise Senior Center 10650 W Oakland Park Blvd Sunrise, Fl 33351 (954) 746-3670	X	X	X	X	X				8:30 am - 4:30 pm								N/A	N/A

Broward Meals On Wheels **451 North State Road 7** **Plantation, Fl 33317** **(954) 731-8770**	X	X	X	X	X			Services include: Meal delivery, senior meals, Grocery shopping, Meals for companion pets, nutrition counseling, & Emergency meals. Call for appointment.										
Soref Jewish Community Center **6501 W Sunrise Blvd** **Fort Lauderdale, Fl 33313** **(954) 792-6700**	X	X	X	X	X			Food Pantry—Anyone in need is eligible but must call for appt.	Tues & Thurs, 8 am - 6 pm Mon, Wed, Fri, 1:30 pm - 3:30 pm								N/A	N/A
St. Bonaventure Catholic Church **1301 Sw 136th Ave** **Davie, Fl 33325** **(954) 424-9504**								Food Pantry—Call for appointment.										Davie Residents Only
All Saints Catholic Mission **3350 Powerline Rd** **Oakland Park, Fl 33309** **(954) 396-3086**								N/A	N/A	X	X	X	X	X	X	X	4 pm - 5 pm	
Our Father's House Soup Kitchen **2380 Martin Luther King Jr Blvd** **Pompano Beach, Fl 33061** **(954) 968-7550**	X	X	X	X	X	X	X	Food Pantry	11:30 am - 1 pm	X	X	X	X	X	X	X	11:30 am - 1 pm	N/A

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EXAMPLE DATA: NUTRITIONAL ASSESSMENT PROGRAM

Current food services provider was able to obtain grant funds to hire a part-time nutritionist. The following data is for the third quarter of fiscal year 2014.

- **269** new clients received a nutritional assessment – **190** clients determined to have nutritional need
    - **127** clients were referred to other agencies
    - **63** clients received nutritional counseling at current provider
- Clients who received nutritional counseling at current provider were prescribed a plan of care with a timeline of up to one year to address their needs
    - During the third quarter, **four** clients completed their plan of care and had a follow-up appointment

ALLOWABLE REIMBURSEMENT RATES

SERVICE	PROGRAM	ALLOWABLE RATE
Medical Nutrition Individual	Ryan White Part A	$55.83
	Medicare	$37.38
Medical Nutrition Individual Subsequent	Ryan White Part A	$48.53
	Medicare	$32.28
Medical Nutrition Group	Ryan White Part A	$24.50
	Medicare	$16.70

OTHER MODELS

EMA/TGA	METHODOLOGY	IMPLEMENTATION	FREQUENCY	DATA
New York City	Nutritional Assessment & Counseling	Plan of Care developed at initial assessment. Nutritional counseling conducted between initial assessment and reassessment to determine client progress.	Initial assessments within two weeks of enrollment. Reassessments approximately every 6 months.	
Baltimore	Nutritional Plan	Nutritional plan developed by provider in cooperation with the client after completion of initial assessment. Nutrition care plan has identified, quantifiable goals and outcomes. This must occur no later than the third client service provided.	Annual	Data was available for FY 2012 Medical Nutritional Therapy Number of clients served = 71 • 100% of clients had an assessment conducted • 96% of clients had at least one service visit per year • 94% had an annual review by an RD • 65% of clients had a care plan • 76% had a care plan that included goals
	Further or Continued Services	Follow-up medical nutrition therapy (MNT) services should target clients with specific nutritional issues (e.g. wasting or significant weight change). A plan for follow-up services of active cases is defined and must include at least one service visit annually, in addition to the initial service visit, to evaluate and document client progress on the individualized nutrition care plan. Additional MNT may be made available as deemed necessary by the dietitian, referring medical provider or client. The registered dietitian is responsible for reviewing services at least annually to ensure that information given to the client is current. The registered dietitian is		

		responsible for sharing the nutrition assessments and plan with the medical provider.		
Newark	Nutritional Care Plan	Discuss plan with client. Suggest that the client keep a food intake record. Establish goals and outcomes. Provide self-management training and nutritional education. Establish a schedule for ongoing HIV/AIDS MNT. The nutrition care plan should be signed and dated by registered dietitian/ Nutritionist. Explain plan to the client's Primary Case Manager. Consult with the client's Primary Medical Care Provider.	a. Asymptomatic HIV infection – 1-2 times per year HIV/AIDS b. Symptomatic but stable – 1-2 times per year c. HIV/AIDS acute – 4 times per year d. Palliative – as necessary and/or on physician's request	Data is collected about the number of clients that have a plan of care, and whether the plan of care includes goals and objectives, but there is currently no mechanism to track whether clients are meeting their objectives 369 clients served with 1,186 MNT encounters. Plans are monitored quarterly (at minimum) by the nutritionist. Approximately 50 – 70% of clients will complete their plan of care within a one year period.
	Plan Reassessment	Review most recent laboratory tests. Discuss previously identified problems. Review record of weight and appropriate measurements. Evaluate and document progress toward goals. Notate and/or adjust care plan.		
	Case Closure/Discharge	The nutritionist provider must document date and reasons for closure of case including but not limited to; goals met, no contact, client request, client moves out of service area, client died, and client ineligible for services. The nutritionist should provide referrals and contacts for follow-up.		
San Francisco	Nutritional Counseling & Support	The goal of counseling is to slow or reverse weight loss or wasting syndrome among clients and to assist clients in receiving and maintaining adequate nutrients to support a healthy immune system. The nutritional counseling plan must be developed by a registered dietician and must include: assessment of clients nutrition and dietary intake; BIA; individual and cultural food preferences; Client initiated vitamin/mineral supplementation; vegetarianism; complementary or alternative diet-related therapies; laboratory data and biochemical parameters; lifestyle, financial, education and other psycho-social data, including exercise/activity and smoking/alcohol/cigarette/social drug use patterns; activity/exercise (frequency, length of	Annual	Data was available for FY 2013 Number of clients served = 1516* *includes Food Bank & Home Delivered Meals, some clients may also receive nutritional counseling Provider: 600 clients served. All clients are seen by RD & placed on plans of care. Only clients suffering from HIV related symptoms are eligible for services. 5% (approx. 30 clients) actually complete plans of care. Average span of completion is 2 years.

		activity and type of activity done); psychosocial (functional capacity, chemical dependency and mental illness); height; weight (current, usual, and percent changes); pre-illness usual weight; goal weight; body mass index; and lean body mass and fat.		

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Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
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RESPONSES FROM THE NUTRITIONISTS

1. How do you define nutritional need?
    - Nutritional need is identified on screening form
    - Weight gain/loss/appetite change, stomach problems, food safety issues
    - Other medical diagnoses
    - Weight is a major indicator of need
    - Availability of food (is the client homeless?)
    - Family history is very important
    - Psychosocial issues
    - Prevention of other co-morbidities
    - At discretion of RD to make the final decision about whether clients need therapy/food/etc.

2. What kinds of nutritional issues do most clients face? Allergies? Malnutrition?
    - Used to be underweight/malnourished/GI issues, but now it is more obesity, overweight, diabetes, high blood sugar, kidney issues, high blood pressure
    - Top issues include overweight and obesity
    - GI side effects
    - Certain types of cancers (one of top causes of death for HIV patients)
    - Cardiovascular disease
    - Insulin resistance/metabolic syndrome

3. What kinds of services do most clients need? A plan of care? A box of food? A voucher for more flexibility?
    - Most need education (written information) and counseling (education = tools, goals & objectives)
    - There will be some revamping of the Poverello menu and substituting items that are of less nutritional value and less desired by clients
    - Clients desire the flexibility, but some select few (gluten free, vegetarians) need the flexibility
    - Overweight patients have to be aware of the fact that they're overweight
    - Eating, education, & exercise includes a multi-disciplinary way of getting clients healthy, including vitamins
    - Most of population is not aware of their health and require need a lot of education
    - Motivational interviewing is utilized to assess clients ability to change nutritional habits
    - Make goals tailored to client, progress will depend on where they start

4. How often should assessments be required for clients? Six months? Annually?
    - Based on client's current situation, after initial assessment, six months to a year; if there are chronic issues that need to be looked at immediately may be as little as two months between reassessments

- For patients that have critical issues, they need to be seen every two months for reassessment
- If clients do not have critical health risks, and no goals are set up, because they are not ready/willing/able, follow up will happen every 3-6 months
- If goals are estimated and there is some education/structured meal plan, follows up are within 2 weeks (long enough for some results & to discover issues that aren't working right away)
- Some clients require constant feedback, some may want a little time between visits (some may need more accountability than others)

5. How much time does an assessment take to complete?
    - Initial intake is longest, one hour at least, follow up can be 30 minutes
    - It is really important to build rapport; especially if there is a new diagnosis at follow up
    - 60 minutes is a good while some people do not need as long (45 minutes), some people need more than an hour
    - Follow up – 30 minutes is good rule of law, but could be 45-60
    - Initial visit is paramount to making it a success, all client issues need to be addressed (surgical history, medical history, family history, etc)

6. Is it realistic to include self-sufficiency in a plan of care? How long would it take an average client to become self-sufficient?
    - Self-sufficiency is a loaded term, lots of gray; goal of the plan of care is self-sufficiency (goals, objectives, actions to be taken, target date), but once a goal is achieved, there may be a new goal that needs to be worked on; depends on how sufficiency is defined; depends on the client (some may have one goal and then be okay), may reach goal but still need access to food care
    - Patient has to be ready/able/willing – clients won't be self-sufficient until they're ready; but provided they are ready, they'll let you know when they feel comfortable on their own, may need to come back for other issues, may not be ready the first time they see you