

Community Supports- Medically Tailored Meals/Medically Supportive Food Information & Referral form

This referral form is required for authorization

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Medically Tailored Meals (MTM) is a therapeutic nutrition intervention aimed at improving health outcomes and reducing hospital readmission.

What is Included? Eligible CenCal Health Members who are enrolled in the program will receive:

- Home delivery of medically tailored meals for up to 12 weeks and up to 14 meals per week, tailored to address medical conditions;

Who is Eligible? Criteria for Eligibility:

- Members must be enrolled in CenCal Health
- Members must meet one of the following criteria:
 1. Individuals with chronic conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.
 2. Individuals being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement; or
 3. Individuals with extensive care coordination needs.

Exclusion Criteria:

- Meals that are eligible for or reimbursed by alternate programs are not eligible.
- Meals are not covered to respond solely to food insecurities.

Section 1: Member Agreement

- Member agrees to participate in the Medically Tailored Meal program and will complete a telephonic intake with meal provider prior to providing any Community Supports service.
- Member consented to received a referral to the Medically Tailored Meals program.

Section 2: Member Information

Last Name: First Name: Middle Name:

Medi-Cal # CIN (9 digits/letter) Date of Birth:

Address: City: State: Zip:

Phone Number: Secondary Phone Number:

Email:

Primary Language: English Spanish Other:

Race: Hispanic/Latino White Black/African American Asian American Indian Native
 Hawaiian/Other Pacific Island Other:

Weight: Height: (if available)

Member must meet one or more of the following eligibility criteria:

- Individuals with chronic conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders
- Individuals being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement; or
- Individuals with extensive care coordination needs.

Must include diagnosis (DX)

Please select one of the options below:

- Meals
- Grocery Boxes (now including shelf stable options)
Shelf Stable Grocery Box Yes No

Member recommend for RD consultation? Yes No

Section 2: Member Information (cont.)

Does the member have enough refrigeration to safely store the Medically Tailored Meals? Yes No
If NO, member eligible to receive shelf stable grocery boxes.

Does member have dietary and/or preferences restrictions that may require alternatives or substitutions to meal plans? If YES, select all that apply:

- Gluten-free Vegetarian Low sodium Diabetes Hypertension Renal disease
- Cancer Congestive heart failure Pureed Other:
- Food Allergies:

Please attach lab reports, medications, or other medical information about the member, if available.

Section 3: Referrer Information

Name of Referrer:

Organization:

Email: Phone: Ext:

Send via the secure link the completed form and supporting documentation.

Secure Link: <https://gateway.cencalhealth.org/form/cs>

For any questions please call: (805) 562-1698