

## MEDICALLY TAILORED MEALS/MEDICALLY SUPPORTIVE FOOD REFERRAL FORM

Medically Tailored Meals/Medically Supportive Food is to address members' chronic or serious health conditions that are nutrition-sensitive, aiming to improve members' health outcomes and lower unnecessary medical costs. This service covers up to two meals per day, or a weekly grocery box, for up to 12 weeks. Medically tailored meals are delivered as part of the member's clinical care to address their nutrition-sensitive health condition and are not intended to respond solely to food insecurities.

For more information, review the [Medically Tailored Meals Authorization Guide](#).

Complete and submit this referral form with the Medi-Cal – Prior Authorization Request Form – Outpatient either online (recommended) at [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) or by fax at **800-743-1655**.

- ☐ **Initial request**      ☐ **Extension request**  
☐ **Member consented to Medically Tailored Meals/Medically Supportive Food referral.**

Member Information	
Member name:	
Medi-Cal ID:	Date of birth (DOB):
Phone number:	Preferred language:
Home address:	
Contact name (if different than member):	Relationship:
Phone number:	Preferred language:
Member's height:	Member's weight:
Community Supports Provider Information (Servicing Organization)	
Organization name:	
Tax identification (ID):	National Provider Identifier (NPI):
Staff name:	Title:
Phone number:	Fax number:
Referral Information (Referring entity)	
<input type="checkbox"/> Check this box if the referring entity is the same as the Community Supports provider.	
Name:	
Address:	Phone number:
Email address:	Fax number:

## Eligibility Criteria

### Member must meet this requirement:

Member has nutrition-sensitive health condition(s) (select all that apply).

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cancer(s)  | <input type="checkbox"/> Dyslipidemia                   | <input type="checkbox"/> Hypertension              |
| <input type="checkbox"/> Cardiovascular disorders   | <input type="checkbox"/> Elevated lead levels           | <input type="checkbox"/> Liver disease             |
| <input type="checkbox"/> Chronic kidney disease   | <input type="checkbox"/> End-stage renal disease        | <input type="checkbox"/> Malnutrition              |
| <input type="checkbox"/> Chronic lung disorders or other pulmonary conditions such as asthma/COPD | <input type="checkbox"/> Fatty liver                    | <input type="checkbox"/> Obesity                   |
| <input type="checkbox"/> Chronic or disabling mental/behavioral health disorders                  | <input type="checkbox"/> Gastrointestinal disorders     | <input type="checkbox"/> Stroke                    |
| <input type="checkbox"/> Diabetes or other metabolic conditions                                   | <input type="checkbox"/> Gestational diabetes           | <input type="checkbox"/> Other, please list: _____ |
|   | <input type="checkbox"/> Heart failure                  | _____  |
|   | <input type="checkbox"/> High cholesterol               | _____  |
|   | <input type="checkbox"/> High-risk perinatal conditions | _____  |
|   | <input type="checkbox"/> Human immunodeficiency virus   |  |

## Required Documents

### Submit document with the referral form for new authorization requests or extensions:

- ☐ Nutritional assessment by registered dietitian or other appropriate clinician. Include the meal plan and standards to meet the dietary needs of the member's nutrition-sensitive health condition.
- ☐ Provider order signed by a licensed health care provider or other appropriate clinician, such as a physician, registered dietitian (RD), clinical nurse specialist (CNS), nurse practitioner (NP), pharmacist, physician assistant (PA).

## Referral Information

### Initial meal type<sup>1</sup> request (select one):

- ☐ Medically tailored meals      ☐ Medically tailored groceries

**Supplemental meal type request:** ☐ Medically supportive foods<sup>2</sup>

Has the member previously received Medically Tailored Meals/Medically Supportive Food? ☐ Yes ☐ No

If yes, please list the reason for the new request or extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup>A member can only receive one meal type at a time (prepared meal or grocery box). If a member would like to change meal type, a new authorization request is required.

<sup>2</sup>Medically "supportive" foods are intended to be supplemental to a member's diet. Therefore, medically supportive foods will be offered as a step-down only intervention from medically tailored foods where appropriate.