

Medically Tailored Meals Referral Form

Medically tailored meals (MTM) and Medically Supportive Food (MSF): are designed to address individuals' chronic or other serious conditions that are nutrition-sensitive and leading to improved health outcomes. MTM are meals that adhere to established, evidence-based nutritional guideless for specific nutrition-sensitive health conditions. MSF: preselected whole food items that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions [Medically Tailored Meals](#)

Request Type			
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Extension	
<input type="checkbox"/> Member consented to medically tailored meals referral			
Member's First Name:		Last Name:	
Phone Number:		IEHP Number:	
Member's Address:			Zip Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ Preferred pronoun:		Managed Care Plan: <input type="checkbox"/> IEHP <input type="checkbox"/> Other DOB (MM/DD/YYYY):	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Responsible Party: Self <input type="checkbox"/> Yes <input type="checkbox"/> No Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No Public Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No Responsible Party Name and Contact:	
Diagnosis (required):			ICD-Code:
Date of Referral (MM/DD/YYYY)		Referring Organization:	
Referring Individual Phone Number:		Referring Individual Email:	
Referring Individual Name:		Referring Individual Relationship to Member:	
Eligibility Criteria			
Member must meet BOTH of the following criteria:			
<input type="checkbox"/> Member has a chronic or serious nutrition-sensitive health condition (See page 2 for Nutrition-Sensitive Conditions)			
<input type="checkbox"/> Member has cold food storage access and can receive deliveries safely			
<i>Please note, if both boxes are NOT checked, STOP. Member does not meet eligibility criteria.</i>			
Clinical and Supporting Attachments:			
<i>Supporting medical documentation should include:</i>			
<ul style="list-style-type: none"> If this is part of a discharge plan from an acute facility or SNF, please attach H&P, and DC Plan Type of diet being requested Latest MD visit notes with diagnoses, condition, medications and treatment orders identifying need for special diet Discharge summary if recently discharged from hospital or SNF Any recent clinical/medical documentation supporting medical necessity for MTM or MSF services 			
<i>Please submit supporting documentation with the referral form.</i>			

Chronic Condition Eligibility:

- A. Cancer
 - a. Actively receiving treatment
- B. Cardiovascular Disorders:
 - a. ≥ 2 medications **AND**
 - b. being managed by specialist
- C. Chronic or serious mental/behavioral health disorders
 - a. Must meet SMHS criteria
- D. Chronic Kidney Disease:
 - a. Defined as Stage 3 or Stage 4
- E. Chronic Lung Disorders
- F. Diabetes or metabolic disorders:
 - a. A1C greater than 9
- G. Dyslipidemia/High Cholesterol:
 - a. Lipid panel with a low-density lipoprotein (LDL) ≥ 190 AND triglycerides 500mg/dL
- H. Elevated Lead Levels
- I. Gestational Diabetes
- J. Heart Failure
- K. High Risk Perinatal Conditions
- L. Human Immunodeficiency Virus (HIV):
 - a. Unintentional weight loss of over 10% within the last 60-days
- M. Hypertension:
 - a. > 2 medications for HTN **AND**
 - b. recorded BP $> 140/90$
- N. Liver Disease/Fatty Liver
- O. Malnutrition:
 - a. BMI < 18.5 **OR** Albumin < 3.5 /dL **AND**
 - b. unintentional weight loss of over 10% within the last 60-days
- P. Obesity:
 - a. BMI > 50 **OR**
 - b. BMI $> 40-49.9$ with two qualifying comorbidities **OR**
 - c. BMI $> 30-39.9$ **AND** on a documented MD supervised weight loss plan **WITH** prescribed weight loss medications
- Q. Stroke:
 - a. With residual effects affecting Member's ability to care for self and without family support

Conditions not enumerated here will be approved if there is evidence-based published scientific literature demonstrating the condition is a diet-sensitive chronic disease. This must be supported by clinical documentation.