

## 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](#)

<b><u>Request Type</u></b>			
<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:	DOB:	Primary Language:	Responsible Party:
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English	Self <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Spanish	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred pronoun:	Age:	<input type="checkbox"/> Other: _____	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:
<b><u>Eligibility Criteria</u></b>			
<b>Member must meet ONE of the following criteria:</b>			
<input type="checkbox"/> Member have chronic condition that requires evidence-based nutrition guidelines for specific nutrition sensitive health conditions (See page 2 for Chronic Condition Eligibility List)			
<i>Please note, if box is <b>NOT</b> checked, <b>STOP</b>. Member does <b>not</b> meet eligibility criteria.</i>			
<b><u>Clinical and Supporting Attachments:</u></b>			
<i>Supporting medical documentation should include:</i>			
<ul style="list-style-type: none"> <li>• If this is part of a discharge plan from an acute facility or SNF, please attach H&amp;P, and DC Plan</li> <li>• Type of diet being requested</li> <li>• Latest MD visit notes with diagnoses, condition, medications and treatment orders identifying need for special diet</li> <li>• Discharge summary if recently discharged from hospital or SNF</li> <li>• Any recent clinical/medical documentation supporting diagnosis and need for services</li> </ul>			
<i>Please submit supporting documentation with the referral form.</i>			

## Chronic Condition Eligibility:

- A. Cancer(s)
  - a. Must be actively receiving treatment
- B. Cardiovascular Disorders
  - a. Must require ongoing treatment from a specialist
  - b. >2 medications for Cardiovascular Disorder
- C. Chronic or Disabling Mental/Behavioral Health Disorders
  - a. Must meet DHCS's definition of SMI
  - b. Medi-Cal Members aged 21 or older qualify for SMHS if they meet both of the following criteria:
    - i. The individual has one or both of the following:
    - ii. Significant impairment, where impairment is defined as distress, disability or dysfunction in social, occupational, or other important activities.
    - iii. A reasonable probability of significant deterioration in an important area of life functioning.

### AND

- iv. The individual's condition is due to either of the following:
  - v. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems.
  - vi. A suspected mental disorder that has not yet been diagnosed.
- vii. Medi-Cal Members under age 21 qualify for SMHS if they meet both of the following criteria:
  - viii. The individual has one or both of the following:
    - (a) Significant impairment
    - (b) A reasonable probability of significant deterioration in an important area of life functioning.
    - (c) A reasonable probability of not progressing developmentally as appropriate
    - (d) A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that Medi-Cal MCP is required to provide

### AND

- c. The individual's conditions as described in (1) above is due to the following:
  - (a) A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the International Statistical Classification of Diseases and Related Health Problems.
  - (b) A suspected mental disorder that has not yet been diagnosed.
  - (c) Health Conditions, including behavioral health and developmental syndromes, stemming from trauma, child abuse, or neglect

- D. Chronic Kidney Disease
  - a. Stage 3 or Stage 4
- E. Chronic Lung Disorders
- F. Chronic Pulmonary Conditions, such as asthma/COPD

- G. Diabetes or other Metabolic Conditions
  - a. A1C > 8
- H. Dyslipidemia
- I. Elevated Lead Levels
- J. End-Stage Renal Disease
- K. Fatty Liver
- L. Gestational Diabetes
- M. Heart Failure
- N. High Cholesterol
  - a. Lipid panel with a low-density lipoprotein (LDL) -190+ AND triglycerides 500mg/dl
- O. High Risk Perinatal Conditions
- P. Human Immunodeficiency Virus
  - a. Unintentional weight loss of over 10% within the last 60-days
- Q. Hypertension
  - a. >2 medications for HTN
  - b. BP >140/90
- R. Liver Disease
- S. Malnutrition
  - a. BMI <18.5 or
  - b. Albumin <3.5/dL
  - c. Unintentional weight loss of over 10% within the last 60-days
- T. Obesity
  - a. BMI >40.0 with two qualifying comorbidities
  - b. BMI >50
  - c. BMI >30 and on a documented MD supervised weight loss plan with prescribed weight loss medications
- U. Stroke

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.