MEDICALLY TAILORED MEALS/MEDICALLY SUPPORTIVE FOOD REFERRAL FORM

Medically Tailored Meals/Medically Supportive Food is to improve member health outcomes, lower hospital readmission rates, ensure a well-maintained nutritional health status and increase member satisfaction. This service is covered for up to two meals per day or weekly grocery box, for up to 12 weeks. While there is no official limit, medically tailored meals are not intended to be a permanent solution. 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** 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**:
Eligibility Criteria	
Member must meet this requirement: ☐ Member has a chronic condition. **AND meet one of the two following criteria:** ☐ Member has been or is being discharged from the hospital or skilled nursing facility, or at high risk of hospitalization or nursing facility placement. **OR** ☐ Member has extensive care coordination needs.	

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Required Documents
Submit document with the referral form: ☐ Assessment by registered dietitian or certified nutrition professional.
Referral Information
Food type[1] (select one): ☐ Prepared meal ☐ Grocery box
Has the member previously received Medically Tailored Meals/Medically Supportive Food? ☐ Yes ☐ No **If yes, please list reason for new request or extension:**

[1] 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.