



Medi-Cal's Medically Tailored Meal Program (MTM)

MTMs are home delivered meals or groceries based on an assessment of need from a Registered Dietitian (RD) and tailored to meet the nutritional needs of a patient in order to target and treat a chronic illness. In addition, the program provides nutrition education guidance and services to sustain healthy eating habits.

The nutritional services are available for 12 weeks but may exceed more than 12 weeks based on medical necessity. Qualifying members may receive:

- Up to two meals per day and/or medically supportive groceries and nutrition services for up to 12 weeks, or longer if deemed medically necessary. Meals and groceries can be adapted to meet cultural preferences.

Eligibility and qualifications varies by health plan.

Medi-Cal's Medically Tailored Meal Program



Plan Name & Eligibility Criteria

Providers: How to Access Services

LA Care Plan

LA Care Plan

- Have at least one of these chronic conditions:
- Congestive heart failure (age 40 or above,)
- Chronic kidney disease (age 18 or above), stage 3 (eGFR 30-59) or stage 4 (eGFR 15-29)
- Diabetes (18 or older) with A1c > 9

- Access the Community Supports (CS) Medically Tailored Meals program referral form using this link: <https://www.lacare.org/providers/community-supports/meals>
- Please use a computer to fill out the referral form, ensuring the required fields are complete.
- Please fax the (CS) Medically Tailored Meals referral form to (213) 536-0638

Health Net

Health Net

- Members with chronic conditions
- Members discharged from the hospital or skilled nursing facility
- Members at high risk for hospitalization for nursing facility placement
- Members with extensive care coordination needs
- Assessment by registered dietitian or certified nutrition professional

- Go to communitysupportsecm.findhelp.com.
- Enter a ZIP Code and click search.
- Choose a topic from the top row and browse local programs. Services vary based on the ZIP Code.
- Select the CS provider or service for the member's needs. Go to the Health Net provider directory and to locate a CS provider and refer the member. Contact the CS provider to provide the member's information. The provider directories can be found on the CalAIM resource page under Forms & Tools:
- https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html#forms.html

Molina Health Plan

Molina Health Plan

- Members recently discharged from a hospital or skilled nursing facility.
- Members recovering from hospitalization or transitioning from nursing facility to home

- Referral can come from ECM provider, primary care physician/clinic, specialists, Molina case manager/transition of care coach, hospital skill nursing facility, independent medical group, self-referral
- Referral form: <https://www.molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx>
- Referral form can be emailed to MHC_CS@molinahealthcare.com or fax to: (833) 908-4424

Medi-Cal's Medically Tailored Meal Program



Plan Name & Eligibility Criteria

Blue Shield of CA - Promise Health Plan

- Individuals age 18 and over with diabetes who have an HbA1c level equal to or greater than eight percent who are taking insulin greater than 200 units per 24-hour period, U500, or 3 or more oral anti-diabetic medications or non-insulin injectables; and
- Have 2 or more inpatient hospitalizations in the prior 12 months with diabetes as primary or secondary diagnosis; or,
- Have had 2 or more ED visits in the prior 12 months, with diabetes as primary or secondary diagnosis, or
- Individuals age 18 and over with Chronic Kidney Disease (CKD) stage 3 and 4; and
- Have 2 or more inpatient hospitalizations in the prior 12 months with CKD as primary or secondary diagnosis; or,
- Have had 2 or more ED visits in the prior 12 months, with CKD as primary or secondary diagnosis.

Anthem Blue Cross

- Chronic or disabling mental health/behavioral health condition
- Congestive heart failure
- Gestational diabetes
- End-stage renal disease
- Hypertension AND one or more of the following:
 - Diabetes
 - Coronary artery disease
 - Cardiovascular disease
 - Chronic obstructive pulmonary disease
 - Hypertension
- *If hypertension is the sole qualifying condition, the member must also have one more of the following acuity factors within the last six months:
 - An inpatient or ER admission
 - Newly diagnosed with hypertension
 - Addition of a new hypertension medication

Providers: How to Access Services

Blue Shield of CA - Promise Health Plan

- Log in to Blue Shield's Provider Connection Website
- Click on Guidelines and Resources.
- Scroll down to the "Enhanced Care Management" box and click on it.
- Click the Go to ECM Provider Portal button to ECM and Community Support news, announcements, forms, and contact information.
- Providers can submit the Community Support (CS) Request Form for MTM to: LACommunitySupports@blueshieldca.com

Anthem Blue Cross

- Referring organizations: Hospital, Primary Medical Group (PMG), Clinic, Enhanced Care Management (ECM) Provider, Other.
- Go to Anthem Blue Cross home page and click on the Resources tab. Under the Resources tab click on Forms.
- Under the Forms link click on the Patient Care section and you will find the CalAIM Community Supports-Member Referral Form. [chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://providers.anthem.com/docs/gpp/CA_CalAIMILOSmemberreferralform.pdf?v=202308031400](https://providers.anthem.com/docs/gpp/CA_CalAIMILOSmemberreferralform.pdf?v=202308031400)
- Email completed form to: CalAIMReferrals@anthem.com or fax to (877) 734-1857.

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