





# Medically Tailored Meals

## Meals As Medicine



For L.A. Care Medi-Cal and L.A. Care Medicare Plus (HMO D-SNP) Members Only  
Fax to 1-213-536-0638 Email: [mealsasmedicine@lacare.org](mailto:mealsasmedicine@lacare.org)

**Please complete the required fields for one of the two available program options below. Signature required.**

Medi-Cal and L.A. Care Medicare Plus (HMO D-SNP) members meeting diagnosis criteria below. Routine, urgent or post-discharge.

**Criteria\*:** Please check all that apply. For a member to be eligible for the **MTM Program**, they must have **at least one of the listed** chronic conditions. Please select chronic condition(s) **AND** confirm member doesn't have any of the listed exclusion criteria

Chronic Condition Criteria*	Exclusion Criteria*
<p>Member must have at least one of the chronic conditions listed below. Please select all that apply.</p> <p><input type="checkbox"/> <b>Congestive Heart Failure (Age 40 or above)</b></p> <p><b>Chronic Kidney Disease (Age 18 or above)</b></p> <p><input type="checkbox"/> Stage 3 (eGFR 30-59)</p> <p><input type="checkbox"/> Stage 4 (eGFR 15-29)</p> <p><input type="checkbox"/> <b>Diabetes with an A1c ≥ 9 (Age 18 or above)</b></p> <p>Please attach any clinical notes or other documentation in support of this referral (if available).</p>	<p>Member <b><u>must not</u></b> have any of the following exclusions. Please check the box below to confirm.</p> <ul style="list-style-type: none"> <li>• Gestational Diabetes, Dependence on Renal Dialysis, End-Stage Renal Disease; <b>OR</b></li> <li>• Member is currently in another MTM program; <b>OR</b></li> <li>• Member does not have access to cold food storage; <b>OR</b></li> <li>• Member is unable to receive home-delivered meals; <b>OR</b></li> <li>• Member is in a Hospice Facility or Skilled Nursing Facility; <b>OR</b></li> <li>• Member is incarcerated</li> </ul> <p><input type="checkbox"/> Check this box to confirm that the member does not have any of the exclusion criteria listed above.</p>

**Diet Requested\*** (Please check only one) **Note:** Must be consistent with what health care provider has prescribed

☐ Heart Healthy / Lower Sodium Diet☐ Kidney / Renal Friendly Diet

 Diabetes Friendly Diet

**L.A. Care Medicare Plus (HMO D-SNP) members only.** Post-discharge only. Consider Option 1 for longer benefit if member meets criteria.

Please list the post-discharge diagnosis and/or primary chronic conditions. Not bound to criteria in Community Supports Meal Option 1 above.

### Diagnosis / Health Condition 1

[illegible]

## Health Condition 2

[illegible]

### Health Condition 3

[illegible]

ICD-10 Code

ICD-10 Code

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ICD-10 Code

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Please submit any clinical notes or other documentation in support of this referral (if available).

**Diet Requested\*** (Please check only one) **Note:** Must be consistent with what health care provider has prescribed.

☐ Diabetes Friendly☐ Kidney / Renal Friendly☐ Heart Healthy / Lower Sodium

☐ Cancer

☐ Pureed

## General Wellness

☐ Vegetarian☐ Other: \_\_\_\_\_

## Additional Comments / Summary (if any)

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Referred by Signature		Date Signed	M	M	/	D	D	/	Y	Y
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