MOLINA HEALTHCARE

CS Medically Tailored Meals
All Counties

Meals are available to be provided as a Community Supports (CS) to eligible members recently discharged from a hospital or skilled nursing facility.
Send completed referral via secure email: MHC_CS@MolinaHealthcare.com or fax to: (833) 908-4424.

Eligibility Criteria:

Molina Enrollment: ☐ Only Medi-Cal ☐ Partial Duals Only: Medi-Cal with Medicare Part B and/or D

Member must meet one of the two (2) following criteria:

☐ Recovering from hospitalization Discharge(d) Date:

☐ Transitioning from nursing facility to home Discharge(d) Date:

☐ Member consented to referral for Meals.

Requestor Information:

Referrer: ☐ Hospital/SNF ☐ PCP/Clinic ☐ IPA ☐ ECM ☐ Molina CM ☐ Other:

Referrer Organization Name:

Referrer Name: Title:

Referrer Phone Number: Fax Number:

Member Information:

Member Name: DOB:

Medi-Cal ID: Preferred Language:

Delivery Address:

City: State: Zip Code:

Home Phone Number: Cell Phone Number:

Alternate Contact Name: Phone #:

Desired Menu:	(Select only ONE option)
General Wellness	☐
Lower Sodium (sodium<600mg)	☐
Heart-Friendly (sodium<800mg, total fat<30%, saturated fat<10%)	☐
Renal-Friendly (sodium<700mg, potassium<833mg, phosphorus<300mg)	☐
Diabetes-Friendly	☐
Gluten-Free (Tested less than 20ppm. Not a dedicated kitchen)	☐
Cancer Support (calories>600, protein>25g)	☐
Vegetarian (Includes dairy, eggs, plant, nuts and beans. Vegan not available)	☐
Pureed (For dysphagia members and those with difficulty swallowing)	☐
Shelf Stable Meals	☐

Order Information:

Food Allergies:

Meals Requested Weeks (4 Max): ☐ 2 Weeks (28 Meals) ☐ 4 Weeks (56 Meals)

Comments/Special Delivery Instructions: