

Medically Tailored Meals (MTM) Assessment Referral Form

UHA Members may be eligible for Medically Tailored Meals (MTM) through the [Health-Related Social Needs \(HRSN\)](#) benefit. Before authorization, a Member must be assessed by a Registered Dietician (RD) and receive a Nutrition Care Plan. Use this form to refer a Member for assessment.

Member Identification

Member Name:

PCP Name:

Member OHP ID:

PCP Phone:

Member DOB:

PCP Address:

Referral Details

Requested Service: HRSN Assessment for MTM & development of Nutrition Care Plan.

Medical History/Notes:

Attached:

Diagnosis Code(s):

Report Lab Other

Consulting Provider:

Referring Member to UHA to connect with an HRSN Nutrition Provider for assessment.*

Referring Member to the Registered Dietician (RD) indicated below:

RD Name:

Phone:

Address:

PCP Signature:

Date:

*Use this option if you are unable to refer to an in-network RD. Submit completed form to hrsn@umpquahealth.com.

Guidance for Registered Dietitians

Umpqua Health Members seeking Medically Tailored Meals (MTM) through the HRSN benefit must first be assessed by an RD, to develop a medically appropriate Nutrition Care Plan. This service is typically covered under Medical Nutrition Therapy (MNT) on the Oregon Health Plan.

Instructions

1. Review the **Referral Details** on page 1 of this form, including Medical History/Notes, Diagnosis Codes, and any attached documents (reports, labs, etc.).
2. Conduct an assessment following the Academy of Nutrition and Dietetics Nutrition Care Process, either in-person or via telehealth at the Member's preference. Refer to OAR 410-120-2005, Table 6 for more information about Assessments for MTM. You can optionally utilize the template on pages 3-4 of this form.
3. Develop a medically appropriate Nutrition Care Plan, inclusive of MTM if appropriate.
4. Complete page 5 of this form, **Meal Plan Selection**.
5. Assist the Member in completing the [HRSN Nutrition Service Request Form](#), if needed, indicating that the Member is requesting Medically Tailored Meals. If they've already submitted a copy of the Request Form to UHA, you can skip this step.
6. Submit this entire form along with the Member's Nutrition Care Plan, to Umpqua Health at hrrsn@umpquahealth.com.

Billing

All claims can be submitted to Umpqua Health. The assessment can be billed as Medical Nutrition Therapy (MNT) assuming the Member has an appropriate health condition identified on the OHP Prioritized List. Alternatively, the assessment can be billed under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) when the Member meets EPSDT Medically Necessary and Appropriate definitions (OAR 410-151-0001).

- **Procedure Code 97802** – Initial assessment.
- **Procedure Code 97803** – Reassessment (*can be used, if needed, to understand whether the delivery of the service meets the Member's needs*).
- **Units** - Both initial assessments and reassessments are billed in fifteen (15) minute units and are capped at four (4) units.

Assessment for Medically Tailored Meals

Your assessment must follow the Academy of Nutrition and Dietetics Nutrition Care Process. Below we've included a suggested template, but you're welcome to use your own as well. Regardless of which template you use, please complete the **Meal Plan Selection** at the end of this form.

Part A: Patient Self-Report Questionnaire

Food/Nutrition History

1. How many meals do you typically eat per day?
2. Do you eat fewer than 3 servings of fruit and vegetables most days? Yes No
3. Has the amount of food you eat decreased without wanting to in the past 3 months?
4. Do you have food allergies, intolerances, or cultural/religious food preferences?
5. On a scale of 1-10, what is your confidence level in your ability to make healthy food choices?

1 2 3 4 5 6 7 8 9 10
6. Do you drink alcohol, smoke, or use recreational drugs? If yes, how often?
7. Hunger Vital Sign™ Food Insecurity Screening
 - a. Within the past 12 months, we worried about whether our food would run out before we got money to buy more.

Often true Sometimes true Never true
 - b. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

Often true Sometimes true Never true

Biochemical Data, Medical Tests & Procedures

8. Have you been told by your doctor or health provider about any recent abnormal lab results (e.g. blood sugar, cholesterol, kidney or liver function)? Please describe.
9. In the past 6 months, have you been in the hospital, emergency room or a skilled nursing facility? If yes, please provide details.
10. Are you currently receiving any regular medical treatment or taking any medication?

Anthropometric Measurements

11. What is your current weight?
12. What is your usual or “normal” weight?
13. Have you lost or gained weight without trying in the past 6 months? If yes, how much?
14. What is your height?

Nutrition-Focused Physical Findings

15. Do you have problems with your mouth, teeth or swallowing that make it difficult to eat?
16. Do you have difficulty using your hands, arms, or other physical challenges that affect eating?
17. Do you experience nausea, vomiting, diarrhea, constipation, or other digestive issues regularly?

Patient History

18. Do you have any physical health conditions we should be aware of? Examples include diabetes, high blood pressure, high cholesterol, kidney disease, cancer, HIV, asthma, heart disease, or other conditions that may require a special diet.
19. Have you been diagnosed with any mental health conditions (e.g. depression, anxiety, bipolar disorder, substance use disorder)?
20. Are you physically unable, or is it challenging for you, to shop, cook, and/or feed yourself?
21. Do you have access to a refrigerator with space for 14-21 meals per week? Yes No
22. Do you have access to a microwave or oven to heat meals? Yes No
23. Do you live alone or with others?
- I live alone. With family. With a caregiver. Group setting.
24. Do you currently receive home health or caregiver assistance?

Part B: Dietician Summary

1. Hunger Vital Sign™ Food Insecurity Screening result:
2. Record Etiology: Primary nutrition problem & root cause:

3. Comparative Standards: document estimated energy needs & reference standards used:

4. Progress Evaluation Plan: Goals, expected outcomes, and follow-up plan:

5. Based on the above, I am recommending Medically Tailored Meals as part of the Member's Nutrition Care Plan

Yes

No

Dietician Signature

Dietician Name

Date

Meal Plan Selection

HRSN Meal Program

1 meal per day (14 meals shipped every other week for 6 months)

2 meals per day (14 meals shipped every week for 6 months)

3 meals per day (21 meals shipped every week for 6 months)

Menu

General Wellness (Meets 1/3 Dietary Reference Intake, Dietary Guidelines)

If specific health condition meals or food preferences are needed, check the appropriate box below.

Vegetarian

Protein Plus

Low Sodium

Heart-Friendly (sodium <800mg, fat <30%, sat fat <10%)

Diabetes-Friendly (carbs <65g/meal, sodium average 570mg/entrée 810mg/meal)

Renal-Friendly (sodium <700mg, potassium <833mg, phosphorus <300mg)

Gluten-Free (tested less than 20ppm, not a dedicated kitchen)

Pureed (for dysphagia patients and those with difficulty swallowing)

Allergens (if the allergen is contained anywhere in a meal kit, the meal will not be available to the Member)

Milk

Tree Nuts

Peanut

Fish

Sesame

Soy

Shellfish

Egg

Wheat

Other Instructions/Allergens/Food Preferences