

Medically Tailored Meals Referral Form

Completion Guide

For referring providers and authorized staff submitting on behalf of the treating clinician

Complete referrals only. Do not leave any field blank. If a field does not apply, enter “N/A.” Incomplete, unsigned, unsupported, or ineligible referrals may be returned for additional information.

Who may recommend and submit a referral

- ☐ **The recommendation must come from the member’s treating physician** and be based on documented medical necessity.
- ☐ The referral form must identify an allowed referring-provider role listed on page 2 of the form and must be signed and dated by the referring provider.
- ☐ An authorized staff member from the treating physician’s office may transmit the completed referral on the clinician’s behalf.
- ☐ CHG does not accept referrals initiated by an MTM/MSF vendor, vendor employee or contractor, community organization, member/family, or another source not permitted by the referral form.

Clinician involvement is essential. MTM is a clinical service tied to the member’s treatment plan - not a stand-alone food benefit. The treating clinician must remain involved in the member’s care and support coordination with the MTM provider.

How to document medical necessity

A strong justification connects the member’s **condition + clinical threshold + therapeutic diet + expected clinical benefit**. Address each form prompt separately:

Form prompt	What to document
1. Why a therapeutic diet is required	State the qualifying diagnosis and threshold; identify the prescribed diet; explain how the diet addresses the condition or current clinical risk.
2. Why regular food assistance is insufficient	Explain why standard groceries, food banks, or non-therapeutic meals cannot meet the member’s medically required nutrient composition, consistency, or preparation needs.



Form prompt	What to document
3. Expected health benefits	List specific, realistic outcomes tied to the care plan, such as improved disease control, reduced symptoms, stabilized weight, fewer complications, or reduced avoidable utilization.
4. Estimated duration of need	Provide a clinically supported timeframe and, when appropriate, the point at which the treating clinician will reassess the need.

Required supporting documentation

- ☐ Current progress notes from the treating physician that document the qualifying condition, current clinical status, and applicable threshold (for example, relevant biomarker, disease severity, treatment status, hospitalization, or functional impairment).
- ☐ Documentation supporting the medical-necessity statements and prescribed therapeutic diet.
- ☐ For reauthorization: evidence of ongoing engagement with the primary or specialty care team; meaningful coordination between the MTM/MSF provider and healthcare team; and nutrition education or counseling documented in the member's medical record.

Final check - do not submit until every item is complete

- ☐ Correct request type is selected.
- ☐ Both attestations are checked.
- ☐ Allowed referring-provider role is selected and every provider field is complete.
- ☐ Referring provider signed and dated the form.
- ☐ Every member-information field is complete or marked N/A.
- ☐ Menu selection and food-allergy information are complete.
- ☐ Diagnosis, ICD-10 code, and description match the records.
- ☐ All four medical-necessity fields contain patient-specific justification.
- ☐ Records demonstrate the applicable clinical threshold on pages 3-7.
- ☐ All required records are attached and legible.

Submit the referral

- ☐ **Contracted providers:** submit through the CHPIV Provider Portal and select Community Supports (CS) from the specialty dropdown.
- ☐ **Non-contracted providers:** send by secure email to ECM-CS@chgsd.com.



Community Health Plan

OF IMPERIAL VALLEY | ADVANTAGE **PLUS**

After CHPIV authorization the rendering MTM provider must complete a Registered Dietitian Nutritionist (RDN) assessment. Authorization does not replace the RDN assessment or the treating clinician's ongoing involvement in the member's care.

Reference: CHPIV Community Supports Referral Form - Medically Tailored Meals/Medically Supportive Food, version dated August 27, 2026. This guide supports form completion; CHPIV clinical review and medical-necessity determination still apply.