

Member must have **one** of the following:

- Congestive heart failure*
- Hypertension*
- End-stage renal disease
- Gestational diabetes

*Newly diagnosed **or** I/P or ED visit or increased/additional medication within the past 90 days

Referring party organization

Referring organization:

- Hospital
- SNF
- PCP
- Specialty
- Community organization
- PMG
- County/public agency
- Whole-person care or Health Homes provider

Organization name:

Name of person submitting referral:

Contact info (phone number and/or email of person submitting referral):

Desired menu type

If specific health condition meals or food preferences are needed, check the appropriate box below (if applicable):

- Lower sodium
- Heart friendly
- Vegetarian

<input type="checkbox"/> Diabetes friendly (carbs < 65 grams/entrée < 110 grams/meal, sodium average 570 mg/entrée 810 mg/meal)
<input type="checkbox"/> Renal friendly (sodium < 700 mg, potassium < 833 mg, phosphorus < 300 mg)
<input type="checkbox"/> Gluten-free (tested less than 20 ppm, not a dedicated kitchen)
<input type="checkbox"/> Pureed (for dysphagia patients and those with difficulty swallowing)
Menu comments/special delivery instructions:

Please forward referral form securely to either:

- Email to: CASpecialPrograms@anthem.com
- Fax to: **1-844-429-9626**

Provider Customer Care Centers:

Medi-Cal Customer Care Center (outside L.A. County): **1-800-407-4627**

Medi-Cal Customer Care Center (inside L.A. County):.....**1-888-285-7801**