PRESBYTERIAN
Health Plan, Inc.

P.O. Box 27489, Albuquerque, NM 87125-7489
www.phs.org

New Mexico Medicaid – Home Delivered Meal Service Referral Form

Food is Medicine for Pregnant Members With Diabetes (Gestational, Type 1 and/or Type 2)
Standardized for use across all Managed Care Organizations (MCOs) and vendors.

Pregnancy Code: _____ (Zip Code)

Diagnosis Code: _____ (Type 1, Type 2 or Gestational Diabetes)

Provider/Facility to Complete

Managed Care Organization (check appropriate payer)

☐ Blue Cross Blue Shield of New Mexico (BCBS) ☐ Molina Healthcare of New Mexico (MHC)

☐ Presbyterian Health Plan (Presbyterian) ☐ United Healthcare of New Mexico (UHC)

Referral Submitted By:

- Name of Referring Individual:
  _____
- Organization Name: _____ (e.g., clinic/community organization)
- Phone: _____ Email:_____

Member Meal Information

- Name: _____
- Medicaid ID #: _____(Optional)
- Member/Subscriber ID #: _____(Required)
- Date of Birth:_____
- Street Address: _____ Apt/Unit: _____
- City: _____ State: NM ZIP Code: _____
- Primary Phone Number: _____
- Email Address: _____
- Gender and/or Preferred Pronouns: ☐ She/Her/ Hers (Female) ☐ Him/Him/His (Male)
  ☐ They/Them (Gender Neutral) ☐ Unknown
- Preferred Language: ☐ English ☐ Spanish ☐ Other: _____
- **Supplemental Nutrition Assistance Program (SNAP)/ Women, Infants, and Children (WIC):** Is the member receiving SNAP or WIC benefits?

  ☐ Yes ☐ No

Secondary Contact (if member is unreachable)

- Name: _____
- Relationship to Member: _____
- Primary Phone Number: _____
- Email: _____

Select Appropriate Meal Provider and Menu:

☐ Mom's Meals ☐ Homestyle Direct ☐ Meals on Wheels New Mexico

Meal Type		Meal Type		Meal Type	
☐	General Wellness	☐	General Wellness	☐	General Wellness
☐	Heart-Friendly/Low-Sodium	☐	Heart-Friendly	☐	Heart-Friendly
☐	Protein-Plus	☐	Low-Sodium	☐	Diabetes-Friendly
☐	Renal-Friendly	☐	Low-Sodium and Low-Fat	☐	Renal-Friendly
☐	Diabetes-Friendly	☐	Power-Packed	☐	Vegetarian
☐	Gluten-Free	☐	Renal-Friendly		
☐	Pureed	☐	Diabetes-Friendly		
☐	Vegetarian	☐	Gluten-Restricted		
		☐	Vegetarian		**Texture**
				☐	Pre-Cut/Diced
				☐	Softened/Riced
				☐	Pureed

Allergens (check all that apply):

☐ Dairy ☐ Fish ☐ Shellfish ☐ Tree Nuts ☐ Sesame ☐ Dark Greens

☐ Egg ☐ Peanut ☐ Wheat ☐ Citrus ☐ Coconut ☐ Soy

☐ Chile ☐ Other _____

Food Preferences (optional):

☐ No Pork ☐ No Mushrooms ☐ No Strawberry ☐ Other – list below

Special delivery instructions, other food preferences, religious and/or cultural considerations, and other food locations for rural areas:

Program Type (select one):

☐ **Medically Tailored Meals:** Up to two meals per day

- Number of Meals/Day: Select
- Meal Benefit Start Date _____
- Meal Benefit Duration in Weeks (Remaining Pregnancy + Eight Weeks Postpartum): ____
- Member's Anticipated Due Date: ____

☐ **Medically Tailored Grocery Box**: One week of meals, no more than 14 meals

- Number of Meals/Day: Select
- Grocery Benefit Start Date ____
- Grocery Benefit Duration in Weeks (Remaining Pregnancy + Eight Weeks Postpartum): ____
- Member's Anticipated Due Date: ____

Instructions for Submission:

Send completed form directly to the members' MCO:

BCBS - support@virtualhp.com

MHC - molina_nm_foodismedicine@molinahealthcare.com

Presbyterian - foodismedicine@phs.org

UHC - nm_healthequity@uhc.com

For MCO: Please send completed form to the following selected vendor:

Instructions for Submission:

Include the approved authorization number and referral form and submit them to the selected meal provider:

Mom's Meals - ctintake@momsmeals.com (1-866-224-9485)

Homestyle Direct - dataentry@homestyledirect.com

Meals on Wheels New Mexico - clients@mow-nm.org