

New Mexico Medicaid – Home Delivered Meal Service Referral Form
Community Benefit (CB) Meal Referral Form

Standardized for Use Across All MCOs and Vendors

Today's Date: _____ **Diagnosis Code:** _____

Authorization Number: _____

Managed Care Organization (check appropriate payer)

☐ Blue Cross Blue Shield of New Mexico

☐ Molina Healthcare of New Mexico

☐ United Healthcare of New Mexico

NFLOC (Nursing Facility Level of Care)

NFLOC Authorization Start Date: _____

NFLOC End Date: _____

Number # of Meals per day: _____

Referral Submitted By:

- Care Coordinator Name : _____
- Phone: _____
- Email: _____

• **Member Meal Information**

- Name: _____
- Medicaid ID #: _____ OR: Member ID #: _____
- Date of Birth: _____
- Street Address: _____ Apt/Unit: _____
- City: _____ State: NM ZIP Code: _____
- Primary Phone Number: _____
- Email Address: _____
- Gender and/or Pronouns:
☐ She/Her/Hers (Female) ☐ Him/Him/His (Male) ☐ They/Them (Gender Neutral)
☐ Unknown
- Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

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 NM

	Meal Type		Meal Type		Meal Type
<input type="checkbox"/>	General Wellness	<input type="checkbox"/>	General Wellness	<input type="checkbox"/>	General Wellness
<input type="checkbox"/>	Heart Friendly/ Low Sodium	<input type="checkbox"/>	Heart Friendly	<input type="checkbox"/>	Heart Friendly
<input type="checkbox"/>	Protein Plus	<input type="checkbox"/>	Low Sodium	<input type="checkbox"/>	Diabetes Friendly
<input type="checkbox"/>	Renal Friendly	<input type="checkbox"/>	Low sodium and Low Fat	<input type="checkbox"/>	Renal Friendly
<input type="checkbox"/>	Diabetes Friendly	<input type="checkbox"/>	Power Packed	<input type="checkbox"/>	Vegetarian
<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Renal Friendly		
<input type="checkbox"/>	Pureed	<input type="checkbox"/>	Diabetes Friendly		
<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Gluten Restricted		
		<input type="checkbox"/>	Vegetarian		Texture
				<input type="checkbox"/>	Pre-cut/Diced
				<input type="checkbox"/>	Softened/Riced
				<input type="checkbox"/>	Pureed

Allergens (check all that apply):

- ☐ Dairy ☐ Fish ☐ Shellfish ☐ Tree Nuts ☐ Sesame ☐ Dark Greens
☐ Egg ☐ Peanut ☐ Soy ☐ Wheat ☐ Citrus ☐ Coconut ☐ 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:

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Instructions for Submission:

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

Homestyle Direct: dataentry@homestyledirect.com

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

Mom's Meals: intake@momsmeals.com