

Provider Bulletin

Molina Healthcare of California

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March 7, 2025

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Upcoming Change to Medically Tailored Meals (MTM) Referrals – New Required Form

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

Dear Provider,

We are reaching out to inform you of an important update to the Medically Tailored Meals (MTM) referrals process. Effective 30 days from the date of this notice, Version 3 of the MTM referral form will be implemented for all MTM referrals.

This new form has been designed to better identify and support the appropriate level of MTM services needed for each member, ensuring they receive the most suitable nutritional support.

- Providers may submit any MCP form to initiate the request; however, specific clinical information is required to process the referral.
- The new MTM referral form (Version 3) will be available for download on the Molina Healthcare website under Frequently Used Forms:
molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx
- Providers are encouraged to use the new MTM referral form (Version 3) **starting 30 days from the date of this notice** to ensure accurate assessment and service allocation.

When is this happening:

Beginning 30 days from the date of this notice, referrals submitted without required clinical information will not be processed.

Provider Action

If you have any questions or need assistance, please contact mhc_cs@molinahealthcare.com.

Thank you for your collaboration in enhancing the MTM referral process and improving member care.

**Molina Healthcare of California
Community Supports**

mhc_cs@molinahealthcare.com



What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Daniel Amirian Anita White Elias Gomez	562-517-1014 562-549-4809 562-980-3947 562-517-0445	Clemente.Arias@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Princess.White@molinahealthcare.com Elias.Gomez@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	279-895-9354	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Salvador Perez Lincoln Watkins Toree Johnson Tan Do	562-549-3825 858-974-1758 858-974-1726 858-287-4869	Salvador.Perez@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com Toree.Johnson@molinahealthcare.com Tan.Do@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	Dolores.Ramos@molinahealthcare.com
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.