

## Meals assistance for high-risk members

In this unprecedented time of the COVID-19 pandemic, we recognize that there may be high-risk members who have limited, or no, access to food, and who are not eligible for our medical meals pilot program. In the interest of addressing the needs of these high-risk members (multi-morbidity with a stated limitation for accessing food, and no other resources), we are providing support in the following two ways:

1. The first way is by sharing information as we receive it on any food access for our vulnerable populations. This will continue to be updated as more information becomes available.
  - a. On March 31, 2020, Governor Gavin Newsom announced the creation of a statewide hotline to “have a one-stop shop to answer their questions and get assistance during this crisis. The system is able to help older Californians access grocery and medication deliveries while staying at home.” That number is **1-833-544-2374**. (See the press release here: <https://www.gov.ca.gov/2020/03/19/governor-gavin-newsom-issues-stay-at-home-order>).
  - b. The City of Los Angeles Department of Aging and Los Angeles Mayor Eric Garcetti’s Office are engaging additional partners to mobilize an emergency food delivery program to assist more of L.A.’s most vulnerable seniors. Five meals will be delivered, twice each week. The meals can be frozen and heated up in their microwaveable containers. Seniors must sign up or have someone sign them up for this service by calling the Department of Aging at **213-482-7252**, and leaving a message. They will be called back within 24 hours. The phone line is open Monday through Sunday 8 A.M. through 5 P.M. Meal delivery service will be prioritized for seniors who are experiencing food insecurity, including financial hardship.
  - c. Los Angeles County AAA (WDACS — workforce development, aging and community services) is offering home-delivered meals. To enroll in this county program, email the client’s name, address, DOB and phone number to [wdacsenp@lacounty.onmicrosoft.com](mailto:wdacsenp@lacounty.onmicrosoft.com) or call **1-800-510-2020**.
2. The second method of support is a limited amount of home-delivery service that provides one meal per day for up to **eight weeks**. The meals are delivered once every other week with the following options:
  - a. General wellness (low sodium, low salt option that is the preferred choice)
  - b. Diabetes
  - c. Renal
  - d. Gluten free
  - e. Pureed

For the members who may not have access to a refrigerator and/or a microwave, there is very limited availability of shelf-stable foods.

To access these meals for your high-risk member (multi-morbidity with a stated limitation for accessing food, and no other resources), complete the information in the attached *COVID-19 Meal Delivery Option for High-Risk Members* information sheet and email it to [CASpecialPrograms@anthem.com](mailto:CASpecialPrograms@anthem.com). Please include all information so that we can process the referral quickly. Any information that is not included will need follow up from the Special Programs Team to complete, which will cause the delay.

<https://mediproviders.anthem.com/ca>



## COVID-19 Meal Delivery Option for High-Risk Members

This program is intended for high-risk members (multi-morbidity with a stated limitation for accessing food and no other resources). **This option provides one meal/day for up to eight weeks.** The meals are delivered once every other week with the following options: general wellness (low sodium, low salt option that is the preferred choice), diabetes, renal, gluten free and pureed. For the members who may not have access to a refrigerator and/or a microwave, there is very limited availability of shelf-stable foods

**Instructions:** Please complete all sections of the required information. Any missing information may cause a delay in processing the meal delivery. When complete, please email to [CASpecialPrograms@anthem.com](mailto:CASpecialPrograms@anthem.com).

Required information	
Referring department:	
Member name:	
Member DOB:	
Member meal delivery address (including city, state, ZIP code and apt/unit #):	
Member county:	
Member phone number:	
Secondary phone:	
Secondary contact:	
Contact relationship to member:	
Other language spoken:	
Member ID:	
Case worker name:	
Case worker phone:	
Case worker email:	
Menu choice (most members will fall into the general wellness category) :	<input type="checkbox"/> General Wellness Limited availability: <input type="checkbox"/> Diabetes , <input type="checkbox"/> Gluten Free, <input type="checkbox"/> Pureed, <input type="checkbox"/> Shelf Stable (if no access to a refrigerator)
Food allergies:	
Referral date:	
Other notes, if needed: Example: Does the member have a refrigerator? Do they have a way to heat the meal? Are there any special delivery instructions? Are there any additional dietary restrictions?	

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