

Health Related Social Needs (HRSN) Nutrition Referral Form



WellSense Health Plan offers a variety of HRSN nutrition services to eligible members. Providers and social service organizations may complete this form and send to the appropriate point of contact for review.

Member information (* indicates required field)

Member's full legal name*	
Date of birth*	
Gender	
Member's preferred name	
Preferred spoken language*	
Pronouns	
WellSense ID number	
MassHealth ID number*	
WellSense ACO Name*	<input type="checkbox"/> WellSense BILH Performance Network <input type="checkbox"/> WellSense Boston Children's ACO <input type="checkbox"/> WellSense Care Alliance (Tufts Medicine ACO) <input type="checkbox"/> WellSense Community Alliance (BACO) <input type="checkbox"/> WellSense Mercy Alliance <input type="checkbox"/> WellSense Signature Alliance <input type="checkbox"/> WellSense Southcoast Alliance <input type="checkbox"/> East Boston Neighborhood Health WellSense Alliance

Member contact information

Primary phone*	
Email	
Home address*	
Legal guardian	

Legal guardian phone number	
Preferred language	
Translator needed	

Referring individual information

Referring individual name*	
Referring individual organization*	
Email*	
Phone	

Nutrition referral information

Members must meet three eligibility components for HRSN Nutrition Services. Please confirm the member meets all three criteria. Based on responses to the eligibility criteria, the member will be referred to a particular nutrition service (i.e. meals, boxes or vouchers). Please refer to Appendix A for the nutrition services provided under each WellSense ACO.

<p>Eligibility Criteria 1: Very Low Food Security Status</p> <p><i>Please use the one-question screener to determine whether the member meets the very low food security status. Please record the response (Yes or No). A "Yes" response means the member meets very low food security. A "No" response means the member does not meet very low food security.</i></p>	<p>In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Eligibility Criteria 2: Health Needs Based Criteria</p> <p><i>Multiple HNBC may be selected. Please note: this</i></p>	<p><input type="checkbox"/> Behavioral – Anxiety <input type="checkbox"/> Behavioral – ADHD <input type="checkbox"/> Behavioral – Hoarding Disorder <input type="checkbox"/> Behavioral – Serious Emotional Disturbance <input type="checkbox"/> Behavioral – Serious Mental Illness <input type="checkbox"/> Behavioral – Substance Use Disorder</p>

will inform the nutritionally appropriate vs. medically tailored service type. Please refer to the MassHealth "HRSN Supplemental Services Screening Tool for Health Needs Based Criteria" for guidance on assessing HNBC.

- Behavioral - Trauma/Stress Disorder
- Physical - Autoimmune Conditions
- Physical - Cancer
- Physical - Cardiovascular Disease/Cardiac Condition
- Physical - Developmental Disabilities
- Physical - Diabetes
- Physical - Disabilities
- Physical - Gastrointestinal (GI) Conditions
- Physical - Hematologic Conditions/Blood-related conditions
- Physical - HIV/AIDS
- Physical - Kidney/Renal Disease
- Physical - Liver Disease
- Physical - Lung disease/Respiratory condition/Pulmonary Disease
- Physical - Metabolic Conditions - Other
- Physical - Neurologic Conditions
- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)
- ED Utilization (2 or more visits within 6 months, or 4 or more visits within a year)
- High-Risk Pregnancy - including up to 12 months postpartum (e.g., medical condition that existed before the pregnancy, gestational diabetes or high blood pressure, premature labor, needing to see a specialist who is not your obstetrician, etc.
- Pregnant Individual that is pregnant or postpartum up to 2 months postpartum, without additional clinical factors.

**Eligibility Criteria 3:
Ability to Prepare Meals**

Please see guidance below.

- Yes - Member is able to prepare meals
- No - Member is not able to prepare meals

Member agrees to the HRSN referral

- Yes - Member agrees to the HRSN services referral

Date of HRSN nutrition screening

Preferred Social Service Organization (SSO)/HRSN Provider (if known)

If the ACO offers both the food box and the food voucher service, and the member is eligible for both services, please confirm the member's service preference. See Appendix A for descriptions.

- Member prefers the food box service
- Member prefers the food voucher service

Other pertinent context on the referral (such as accommodations needed)

HRSN Nutrition Services Eligibility: Ability to Prepare Meals Guidance

For the question, "Is the member able to prepare their own meals?" this should be answered from the perspective of the member or their authorized representative or guardians (e.g. parents, caretakers).

Being unable to prepare meals could include physical or mental conditions or lack of knowledge, capacity and resources to prepare meals.

If a member answers "yes", they may be eligible for a food voucher or food box service. If a member answers "no", they may be eligible for a home-delivered meal service.

Appendix A: WellSense ACO HRSN Nutrition Services

WellSense Community Alliance (BACO)	WellSense Boston Children's ACO	WellSense BILH Performance Network ACO	East Boston Neighborhood Health WellSense ACO (NeighborHealth)	WellSense Mercy Alliance	WellSense Signature Alliance	WellSense Southcoast Alliance	WellSense Care Alliance (Tufts Medicine)
-	-	Medically Tailored Home Delivered Meals	Medically Tailored Home Delivered Meals		Medically Tailored Home Delivered Meals	Medically Tailored Home Delivered Meals	Medically Tailored Home Delivered Meals
Nutritionally Appropriate Food Boxes	-		Medically Tailored Food Boxes		Nutritionally Appropriate Food Boxes		

Nutritionally Appropriate Food Prescriptions and Vouchers	Medically Tailored Food Prescriptions and Vouchers	Nutritionally Appropriate Food Prescriptions and Vouchers	Medically Tailored Food Prescriptions and Vouchers	Nutritionally Appropriate Food Prescriptions and Vouchers	Nutritionally Appropriate Food Prescriptions and Vouchers	- Medically Tailored Food Prescriptions and Vouchers	Nutritionally Appropriate Food Prescriptions and Vouchers
Nutrition Education Classes & Skills Development	Nutrition Education Classes & Skills Development	Nutrition Education Classes & Skills Development	Nutrition Education Classes & Skills Development	Nutrition Education Classes & Skills Development	Nutrition Education Classes & Skills Development	-	Nutrition Education Classes & Skills Development
Nutrition Counseling	Nutrition Counseling	Nutrition Counseling	Nutrition Counseling	Nutrition Counseling	Nutrition Counseling	Nutrition Counseling	Nutrition Counseling
Kitchen Supplies	Kitchen Supplies	Kitchen Supplies	Kitchen Supplies	Kitchen Supplies	Kitchen Supplies	-	Kitchen Supplies

Service Descriptions

- Food vouchers: Gift cards or vouchers provided to members to purchase healthy groceries
- Food boxes: Boxes that contain minimally prepared grocery items, often including fresh fruits and vegetables. These may take the form of a produce box or meal kit. The boxes are delivered directly to a member.
- Meals: Prepared meals that are delivered to the member.

Health Needs Based Criteria (HNBC) Descriptions

- Medically Tailored Services: Member has any of the following HNBC conditions that require improvement, stabilization, or prevention of deterioration of functioning:
 - HIV
 - Cardiovascular disease
 - Diabetes
 - Renal disease
 - Lung disease
 - Liver disease
 - Cancer
 - High-risk pregnancy (including up to 12 months postpartum).
- Nutritionally Appropriate Services: Member has a HNBC condition other than the 8 Medically Tailored conditions.