

Thank you for your interest in enrolling yourself, your loved one, your patient or your client in Project Open Hand!

At Project Open Hand, our **medically tailored meals and groceries** help clients recover from critical illness, get stronger and lead healthier lives.

The Community Supports Program: Alameda County

The Community Supports Program through **Alameda Alliance for Health** provides medically tailored meals and groceries, nutrition education opportunities, and consultation from our Registered Dietitians to critically ill clients. This program currently supports clients diagnosed with:

- **Cancer**
- **Hypertension ($\geq 130/80$, 2 readings, one in the last 30 days)**
- **High cholesterol (≥ 200 , $LDL \geq 130$, $HDL < 40$, non-HDL ≥ 130 , OR TG ≥ 150)**
- **Chronic or End-Stage Kidney Disease (GFR < 60)**
- **COPD**
- **Asthma**
- **Congestive Heart Failure**
- **Diabetes (Hgb A1C ≥ 6.5)**
- **Pre-diabetes (Hgb A1C ≥ 5.6)**
- **Elevated lead levels ($\geq 3.5\mu\text{g/dL}$)**
- **HIV/AIDS (see our Wellness Program. Find referral at www.openhand.org)**
- **Liver Disease (elevated liver enzymes)**
- **Fatty Liver (confirmed by biopsy or imaging)**
- **Malnutrition (Adults: BMI $< 18.5 \text{ kg/m}^2$, Child: BMI $< 5\text{th}\%$)**
- **Obesity (BMI $> 30.0 \text{ kg/m}^2$, height and weight measurement in last 30 days)**
- **Stroke (within the last 6 months)**
- **Nutrition-sensitive GI conditions (ie: IBS)**
- **Nutrition sensitive, high-risk perinatal conditions**
- **Disabling mental/behavioral health disorders**
- **Pancreatitis**

Eligibility

1. Provider must fill out referral form (see attached). Please only include an ICD-10 code that is relevant to the nutritionally impacted diagnosis.
2. Provider must include or attach the following to the referral form:
 - a. Labs or documentation proving an eligible, nutrition-sensitive diagnosis (see table on page 3)
 - b. Care plan, minimum one sentence, explaining how the medical nutrition intervention will address the condition (ie. "Patient will eat low-salt diet to manage hypertension.")
 - c. Medications list
 - d. Problems list

Failure to provide any of the above may result in denial of the service request.

Referral process

1. Provider sends referral form with attachments to Alameda Alliance for Health.
2. Alameda Alliance for Health assesses need for service.
3. If eligible, AAH sends approval to Project Open Hand. POH staff processes approval and contacts member for intake. Then services begin!
 - a. If not eligible, AAH will contact POH.

Service duration

Patients who are approved for Community Supports services by Alameda Alliance for Health can receive up to **12 weeks** of medical nutrition intervention services from Project Open Hand.

Don't have one of these diagnoses?

Want to explore more options?

We may have other programs for you!

See our website or call for more details.

www.openhand.org

Questions?

(510) 622-0221; clientservices@openhand.org

Disease	Required Documentation
Cancer	Reports or summary proving diagnosis or operation.
Hypertension	Clinical summary showing $\geq 130/80$ on 2 separate readings, one in the last 30 days.
Hyperlipidemia (High cholesterol)	Labs within last 6 months showing ≥ 200 , LDL ≥ 130 , HDL < 40 , non-HDL ≥ 130 , OR TG ≥ 150 .
Chronic or End-Stage Kidney Disease	Labs within last 6 months showing GFR < 60 , as well as BUN, creatinine, sodium AND potassium levels.
COPD	Proof of diagnosis.
Asthma	Proof of diagnosis.
Congestive Heart Failure	Clinical history, physical exam or diagnostic test results proving diagnosis.
Diabetes	Labs within last 6 months showing Hgb A1C ≥ 6.5 .
Pre-diabetes (Hgb A1C ≥ 5.6)	Labs within last 6 months showing Hgb A1C ≥ 5.6 .
Elevated lead levels	Labs within last 6 months showing $\geq 3.5\mu\text{g/dL}$.
HIV/AIDS	Letter of diagnosis. If viral load suppressed, consider instead The Wellness Program . Referral form can be found at www.openhand.org .
Liver Disease	Labs within last 6 months showing elevated liver enzymes.
Fatty Liver	Proof of diagnosis.
Malnutrition	Adults: documentation showing BMI < 18.5 Children: BMI $< 5\text{th}\%$.
Obesity	Documentation proving BMI $> 30.0\text{kg/m}^2$, with height measurement in last year, weight in last 30 days .
Stroke	Documentation proving stroke occurred within the last 6 months.
Nutrition-sensitive GI conditions (ie: IBS)	Documentation of diagnostic tests.
Nutrition sensitive, high-risk perinatal conditions	Documentation of maternal conditions that increase risk of perinatal condition in child.
Disabling mental/behavioral health disorders	Documentation proving diagnosis AND how nutrition intervention would treat condition.

Pancreatitis	Labs within last 6 months proving elevated serum lipase or amylase levels.
---------------------	--