

Document #:	SOP – RD108		
Owners:	Research and Development	Revision	Version 1.0
Created By:	Amanda Daines RD, LD		
Approved By:	Amanda Daines, Dir of R&D/Nutrition Services	Effective Date:	11/14/23

**HealthNet Nutrition Screening Call Attempt Procedures**

1. Clients should not be contacted prior to 9AM or after 8pm, their time (PST).
2. Review the following information to prepare for nutrition screening call:
  - a. Client's age – if the client is a minor, the session must be conducted with their adult caregiver present.
  - b. Spoken language – to delegate resources or determine if an interpreter is needed.
  - c. Diagnosis code (*if provided to provide potential chronic conditions present*)
  - d. There will be a warm transfer process to complete calls.
3. Proceed with calling client.
  - a. If leaving a voicemail, the following script should be used:
 

“Hello. This is <name>, I am a registered dietitian calling on behalf of Mom's Meals and HealthNet to ask you a few questions to see if you are eligible for home delivered meals. I only need a few minutes of your time and would greatly appreciate a call back at your convenience. My number is <phone number>. I look forward to hearing from you soon.

    1. Record Call Attempt Data:
      - a) Date call attempt was made
      - b) Outcome: No Contact LVM
      - c) Next call date
  - b. If no voicemail is available and dietitian does not connect with the client:
    1. Record Call Attempt Data:
      - a) Date call attempt was made
      - b) Outcome: No Contact - VM Full or Disconnected
      - c) Next call date
  - c. Call Attempt Protocol:
    1. If the dietitian is not able to reach the member, our standard protocol for Initial Nutrition Assessments is to make at least three initial attempts to contact the member within 7-10 business days (unless requested otherwise by the member), leaving a voicemail with callback information whenever possible. Each call attempt is documented as noted above.
      - a) If after three initial attempts, no contact is made, adjust “next call date” one month out. At that time, we will make **one** attempt to reach out to client.
        - a. If client is reached at that time, complete Nutrition Assessment
        - b. If no contact is made, adjust “next call date” one month out
          - i. If client is reached at that time, complete Nutrition Assessment
          - ii. If no contact is made, discontinue calling client and report Outcome as “No Contact - Discontinued”
  - d. If dietitian connects with client, the following script should be used:
 

Hello, my name is <name>, I am a Registered Dietitian calling on behalf of Mom's Meals and <name of Health Plan>. We are partnering with your health plan and they have asked us to reach out to you today. May I please speak to <Member First Name> <Member Last Name>?

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Hello <Mr./Ms.> <Member Last Name>. I want to let you know that this call is recorded for quality and training purposes. I am calling about the meal benefit that you may be eligible for after I ask you a few questions to help determine what will work best for you and to ensure you qualify for the meals. Your health plan covers these meals so there is no cost to you. It should only take about 10-15 minutes, do you have time to speak with me?

1. If client responds, “no”, proceed as follows:
  - a) Ask client if he/she would like you to call back another day?
    - a. If yes, thank the client for their time and let the client know you will try again on another day. Document call attempt protocol as noted above.
    - b. If “no”, kindly ask the client, “For feedback purposes, may I ask why you are not interested in participating in this benefit?” Document as below. Then, say to the client, “Thank you for taking the time to talk with me today. If you decide later that you would like to take advantage of this benefit, you may reach out to your health plan.” *You can recommend that they call member services/the number on the back of their insurance card for more information or contact their case manager if they have one.* “Thank you for your time.”
      - i. Record Call Attempt Data:
        1. Date call attempt was made
        2. Outcome: Client Cancelled/Declined
2. If client responds “yes”, proceed as follows:
  - a) To make sure I am speaking to the right person, can you verify your date of birth?
    - a. If the member objects, please let them know that we verify this for their privacy and protection. We want to make sure we are talking to the right person before going over any personal information. You can also verify address as an alternative identifier if they are not comfortable providing DOB.  
*Note: if member is not able to verify this information due to being nonverbal or cognitively not able to do so, a family member may do so on his/her behalf*
  - b) Proceed with Nutrition Screening questions.
    - a. Having a chronic health condition is **required** for the member to be eligible for meals.
      - i. If client is **not** able to provide a chronic condition, then you can let them know that unfortunately, they do not qualify for this benefit. Then, say to the client, “Thank you for taking the time to talk with me today. If you have any questions, you may reach out to your health plan.” *You can recommend that they call member services/the number on the back of their insurance card for more information or contact their case manager if they have one.* “Thank you for your time.”
        1. Complete documentation as follows:

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- a. Complete Initial Nutrition Assessment CA – Centene\_External template
- b. Add note to Assessment, “client denies any health conditions at this time”.
- c. Complete Mom’s Meals Data Log
  - i. Outcome: Services No Longer Needed
- ii. If the member has a chronic condition, proceed with remaining Assessment questions.
  1. Complete documentation as follows:
    - a. Initial Nutrition Assessment CA – Centene\_External template
    - b. Complete Mom’s Meals Data Log
      - i. Outcome: Session Completed
- c) Call Wrap-up
  - a. “Thank you for taking the time to answer a few questions! Before we’re done, I would like to confirm a few details, so we have everything we need for your meal delivery. First, I see you currently reside at <Member’s Address>, is that correct?”
    - If YES, confirm if there is an apartment, building, or unit number.
    - If NO, inquire about current address and document and any changes on Initial Nutrition Assessment to send back to Mom’s Meals

“Thanks, are there any special delivery instructions we should note?” An example might be to deliver to the back door, or a gate code.

    - If YES, note in delivery instructions on Initial Nutrition Assessment

“Thank you again for your time, I will be submitting my recommendations to < name of Health Plan >. As soon as your health plan approves your meals, the Mom’s Meals Customer Care Team will reach out to coordinate a first delivery date.”

    - If asked how long, offer that it should take about a week.