



Project Open Hand

meals with love

EBGTZ Regional Case Managers Meeting
February 12, 2026

Will Cooke
he/him

Meals with love!

We provide a medically tailored nutrition intervention – medically tailored meals, groceries and Medical Nutrition Therapy by a Registered Dietitian – delivered with dignity and care that considers cultural and other preferences of those living with critical and/or chronic illness.



Project Open Hand History



- Founded in San Francisco, 1985, at ground zero of the HIV/AIDS epidemic.
- Ruth Brinker prepared meals in her kitchen and delivered them to neighbors with AIDS who were too ill to cook for themselves.

National "Food is Medicine" Movement

FOOD IS MEDICINE PYRAMID



FOOD IS MEDICINE™
— COALITION —



CALIFORNIA
FOOD IS MEDICINE
COALITION

Source: Food is Medicine Massachusetts



POH & EBGTZ



- POH shares in EBGTZ's mission to promote health equity and healing for all people living with HIV
- POH is well-positioned to reconnect clients to care





The POH Medically-Tailored Nutrition Intervention



1) Medical Nutrition Therapy

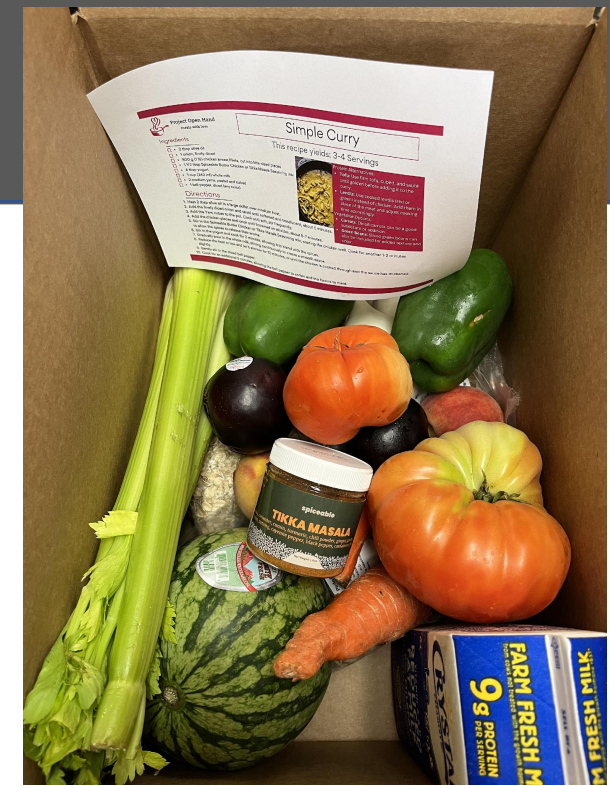
Support from a dedicated team of Registered Dietitians (RDNs)

- ✓ Nutrition assessment when services start
- ✓ Plan to address nutrition challenges
- ✓ Follow-up counseling and assessments based on care plan



2) Medically Supportive Groceries

- ✓ Each box contains ingredients to prepare seven balanced meals per week, or 1/3 of nutritional needs *See examples in table below.*
- ✓ Adheres to nutrition standards, with RD oversight
- ✓ "No cook" option for people without kitchen access



Protein	Dairy/Alternate	Legumes	Grains	Produce
Chicken Fish Pork Eggs Tofu Tempeh Tempeh cauli patty	Milk Soymilk Yogurt Cheese	Black beans Garbanzos Pinto beans Kidney beans Split peas Lentils	Oatmeal Brown rice Barley Corn tortillas Whole wheat pasta Whole wheat bread	Rotating selection from area food banks

3) Medically Tailored Meals (MTMs)

- ✓ Menus developed by Registered Dietitian Nutritionists
- ✓ Made in-house by our culinary team in San Francisco
- ✓ Frozen, microwaveable

Wellness Menu

HEART HEALTHY/DIABETES FRIENDLY/HIGHER PROTEIN



Chicken Fajita Stew:



Lean Chicken & Tempeh
Supports strong muscles and healthy recovery with high-quality protein for those managing chronic conditions.


Bell Peppers & Tomatoes
Full of fiber and antioxidants to support heart health, immunity, and stable blood sugar.

Brown Rice
A whole-grain source of slow-digesting carbohydrates, helping maintain steady energy throughout the day.


Guidelines: ADA Standards of Medical Care for Diabetes 2025 (6) AND Nutrition Care Manual TLC guidelines (1) DASH and TLC (NHLBI National Institutes of Health) (7,8)

Vegeterian Menu

WITH CONSISTENT CHO LEVELS (HEART HEALTHY/DIABETES FRIENDLY/HIGHER PROTEIN)



Tofu Stroganoff:



Tofu & Mushrooms
Provides high-quality plant protein to support strength, recovery, and stable energy.


Broccoli
Rich in Vitamin C and antioxidants to strengthen immunity and support heart health.

Whole Wheat Rotini
Packed with whole grains that support digestive health and help maintain consistent blood sugar levels.


Guidelines: ADA Standards of Medical Care for Diabetes 2025 (6), DASH and TLC (NHLBI National Institutes of Health) (7,8).

Bland Menu

Low odor, mild, easy to digest foods



Beef Tofu Fricassee:




Beef & Tofu
A mild, easy-to-digest protein combination that supports strength and recovery while being gentle on the stomach.

Orzo
Provides simple, easy-to-tolerate energy that is soft in texture and mild in flavor, ideal for sensitive digestion.

Carrots & Green Beans
Lightly seasoned, soft vegetables that add fiber and nutrients while remaining gentle on digestion.

Guidelines: AND Nutrition Care Manual (1) GERD, Nausea/V Guidelines



Our Meals

Diet Types

- Wellness (heart healthy and diabetic friendly)
- End-Stage Renal (dialysis)
- Chronic Kidney Disease
- High-Risk Pregnancy
- Non-Dairy
- Bland
- Vegetarian

Diet Preparations

- Mechanically Soft
- Pureed

Diet Modifications

- No Fish
- No Pork
- No Beef

Project Open Hand runs 2 different programs in the East Bay...



1 The Wellness Program



The Wellness Program

Medically-tailored meals (7 per week) and/or groceries (1 box per week)

Annual medical care attestation form required

Pick-up or delivery



The Wellness Program

Eligible Diagnoses



- HIV/AIDS
 - No limit to service duration!
 - There is currently a waitlist...
- Recent major surgery, within 30 days of discharge
 - 6-week service



REFERRED BY: _____ PHONE: _____ FAX: _____

APPLICATION FOR SERVICES IN ALAMEDA COUNTY

A licensed medical provider or registered dietitian must fill out and sign this form. Subject to eligibility; patients must recertify every 6 months.



Project Open Hand

meals with love

Send completed applications to:

Mail: Client Services, 1921 San Pablo Avenue, Oakland, CA 94612

Fax: 510-452-1061 E-mail: clientservices@openhand.org

Questions? 510-622-0221

Basic Information and Consent to release information

I authorize my medical providers/referring party to release information about my medical condition to Project Open Hand for the purposes of verifying my eligibility. I also authorize Project Open Hand to discuss the terms of my eligibility and/or services with my medical providers and referring party.

Patient Name: _____ Date of Birth: _____ Phone: _____

Patient Signature or Consent (verbal consent ok): _____ Date: _____ Alameda County Resident

Primary Language: _____ Health Plan/Primary Insurance: _____

Street Address: _____ City, State, Zip: _____ Medi-Cal ID/CIN Number (if applicable): _____

Healthcare Provider Only to Complete Below this Line

PHYSICAL DATA: Current within six months

Height: _____ ft _____ in. Current weight: _____ lbs Usual weight: _____ lbs (if applicable)

ELIGIBLE DIAGNOSIS and CLINICAL DATA: Check all that apply. Must have at least one.

- HIV+/AIDS
- Major surgery, within 30 days of discharge (6 week service)
Type: _____

- Discharge date: _____

If you do not have a listed eligible diagnosis, please **do not** fill out this application. You will not be eligible for Wellness Program services. However, you may be able to access services through another Project Open Hand program.

Please see our website (www.openhand.org) or call us (415-447-2326) for more information.

CONCOMITANT and OTHER FACTORS: Check any exhibited in the past 30 days.

- Anemia Hypertension Hyperlipidemia Palliative care Hospice
- Opportunistic Infection, inhibiting ability to access and/or prepare meals: _____
- Comorbidities: _____

- Mental illness/cognitive deficit: _____ Substance use: _____

REFERRED BY: _____ PHONE: _____ FAX: _____

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PATIENT NAME (PAGE 2) _____

FOOD SECURITY (for new clients only, may be relevant for eligibility):

Read the statements below that people have made about their food situation. For each statement, please ask patient to select whether the statement was often true, sometimes true, or never true for their household in the last 12 months.

"I/we worried whether our food would run out before we got money to buy more."
Was that often true, sometimes true or never true for your household in the last 12 months?

- Often true Sometimes true Never true

"The food that I/we bought just didn't last, and we didn't have money to get more."
Was that often true, sometimes true or never true for your household in the last 12 months?

- Often true Sometimes true Never true

MOBILITY and DELIVERY SERVICES:

- Patient is able to pick up food or has support person to pick up food.
- Leaving home may create safety risk or hardship.

MEDICAL NUTRITION THERAPY (MNT):

- Refer patient to Project Open Hand Registered Dietitian.
If MNT is requested for this referral, please attach recent labs, medications, therapeutic diet order (if applicable), and any other relevant medical history.
- Patient has difficulty swallowing or has oral conditions preventing adequate nutritional intake.
- Patient is on a renal diet. eGFR: _____ Date: _____
- Patient is on dialysis (If yes, please select one below).
 - Hemodialysis
 - Peritoneal

PROVIDER SIGN OFF:

Must be signed by licensed medical provider (RN, NP, MD, PA, DO, LCSW) or registered dietitian (RDN or RD). Please attach any relevant labs or other information.

Provider Signature

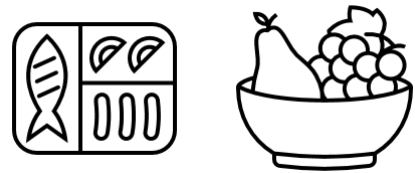
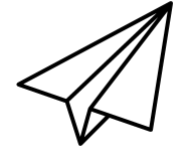
Provider Printed Name & Title

Office Stamp or Address, Phone, Fax, Email

Date



How to Submit a Referral - Wellness



2 The Community Supports Program



The Community Supports Program

Medically-tailored meals (up to 14 per week) and/or groceries (1 box per week)

Extension request required every 12 weeks

Pick-up or delivery



ALAMEDA Alliance FOR HEALTH

ONLY Alameda Alliance for Health Medi-Cal members are eligible for the Community Supports program.



Community Supports

Eligible Diagnoses



- **HIV/AIDS***
- **Hypertension**
- **Diabetes**
- **Pre-diabetes**
- **Cardiovascular disorders**
- **High cholesterol**
- **End-Stage Renal Disease**
- **Chronic Kidney Disease**
- **Congestive Heart Failure**
- **Stroke**
- **Malnutrition**
- **Liver Disease**
- **COPD**
- **Asthma**
- **Obesity**
- **IBS**
- **Cancer**
- **Pancreatitis**
- **Elevated lead levels**
- **High-risk perinatal conditions**
- **Chronic/disabling mental health disorders**



**Food and Nutrition Services
Approval Request Form**

The Alameda Alliance for Health (Alliance) Food and Nutrition Services Approval Request Form is confidential. Filling out this form will help us better serve our members.

If you believe that your patient may be appropriate for Community Services (CS) medically supportive food and nutrition services, please complete the form below. Approvals are based on member eligibility.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Attach a clinical summary and/or supporting documentation (ex. clinic notes, hospital discharge summary, etc.), for medically supportive food and nutrition services.
3. Please fax or email the completed form to the Alliance Community Supports Department at 1.510.995.3726 or CSDept@alamedaalliance.org.

For questions, please call the Alliance Case Management Department at 1.510.747.4512.

PLEASE NOTE: Handwritten or incomplete forms may be delayed. Forms submitted without supporting information may also be delayed. **This service is not covered to respond solely to food insecurities.**

SECTION 1: REQUESTING PROVIDER INFORMATION	
Full Name: _____	NPI: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Phone Number: _____	Fax Number: _____
Email: _____	
Office Contact Name: _____	Date of Request: _____

SECTION 2: MEMBER INFORMATION	
Last Name: _____	First Name: _____
Date Of Birth (MM/DD/YYYY): _____	Alliance Member ID #: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone Number: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell

- Confirmed patient is not receiving duplicative support from other state, local, or federally funded programs, and has been considered first before using Medi-Cal funding.

Is the member currently linked to a case management team?

- Yes. Please state the case manager or team: _____

Does the member need additional case management services?

- Yes
 No
 No

Does the patient consent to participating in this 12-week, medically-supportive food and nutrition program?

- Yes
 No

The patient has access to (please select all that apply):

- Microwave
 Refrigerator

Service Request (please select at least one (1)):

- Medically-Tailored Meals** – Provided to the patient at home that meets the unique dietary needs of those with chronic diseases. These meals are tailored by a Registered Dietitian (RD) or other certified nutrition professional, reflecting appropriate dietary therapies based on evidence-based nutrition practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes.

Meal Frequency Request (please select only one (1)):

- One (1) meal per day
 Two (2) meals per day
 Medically-Supportive Food and Nutrition Services – Includes medically tailored groceries, healthy food vouchers, and food pharmacies. (please select if the patient would like a grocery box in addition to meals)
 One (1) grocery box per week

- Nutritional Counseling** – Behavioral, cooking, and/or nutrition education is included when paired with direct food assistance as enumerated above.



VERY IMPORTANT!

Community Supports referral *MUST INCLUDE* the following information/attachments:

1. ICD-10 Code

- Code associated with eligible diagnosis

2. Lab results and/or proof of diagnosis

- Lab results must be dated within last 6 months

3. Care plan

- One-sentence describing how food will treat diagnosis

4. Problems list

- List of all diagnoses

Initial Request

Patient's Qualifying Condition (please select all that apply, must meet at least one (1) to be eligible):

- Has chronic condition(s), such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes or other high-risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.

Associated Diagnostic ICD-10 Code: _____

ICD-10 code

Documentation

E11.65:

Type 2 diabetes mellitus
with hyperglycemia



Labs within last 6 months
showing A1c \geq 6.5

B20:

Human immunodeficiency
virus [HIV] disease



Medical record with diagnosis
& related symptoms
(infection, loss of appetite,
nausea, diarrhea)

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	Proof of diagnosis AND proof of symptoms that could be ameliorated with nutritious food.
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.

3

One-sentence care plan

ICD-10 code

Care plan

E11.65:

Type 2 diabetes mellitus with hyperglycemia



"Patient will eat low-sugar diet to lower A1C."

B20:

Human immunodeficiency virus [HIV] disease



"Patient will eat nutritious diet to treat infection."

List of all medical diagnoses

How to Submit a Referral – Community Supports

1

- Find **application** on website.

2

- Provider completes application form and attaches required documentation.

3

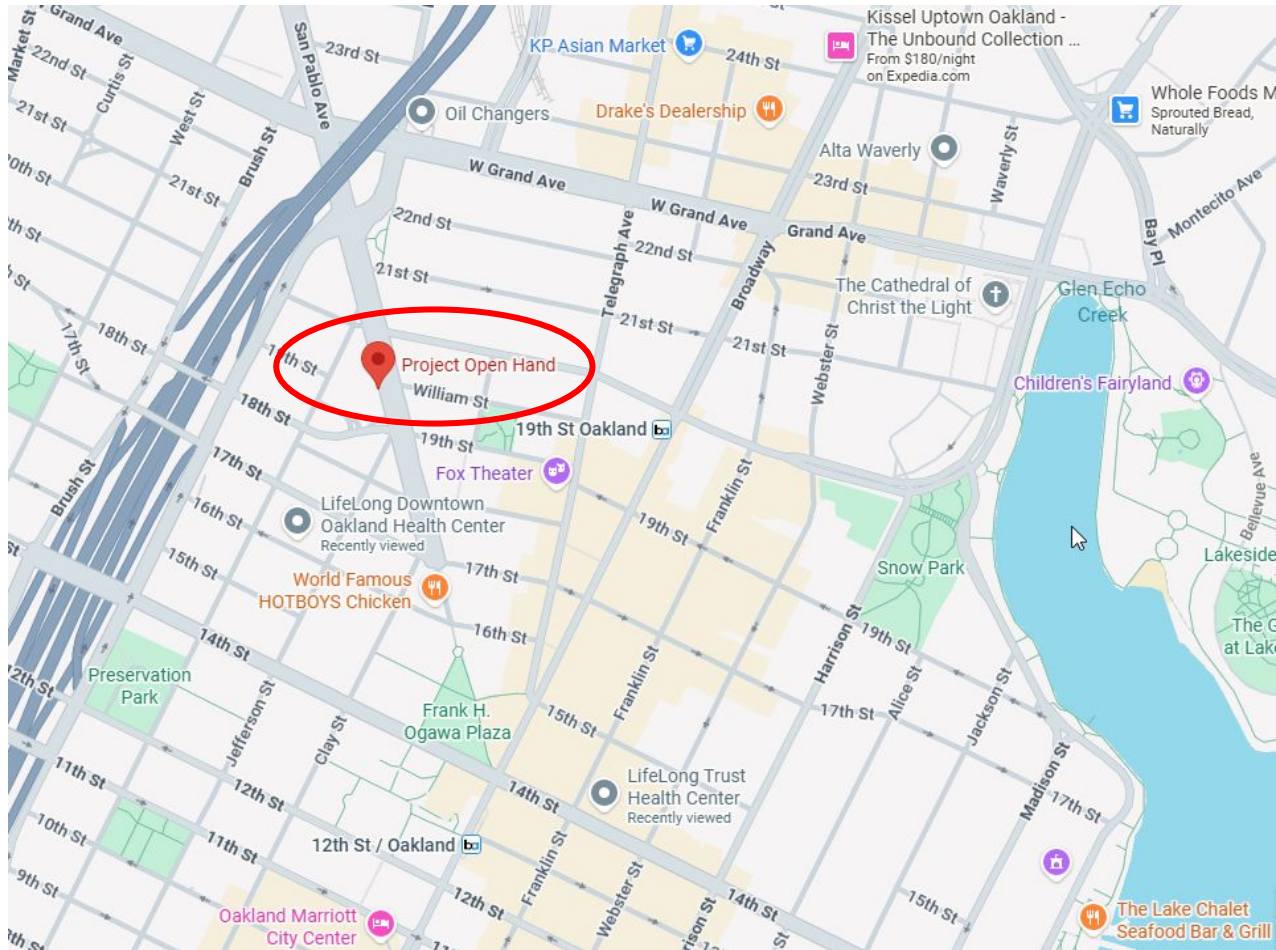
- Provider emails or faxes application and attachments to Alameda Alliance for Health (AAH) at CSDept@alamedaalliance.org or 1.510.995.3726.

4

- AAH assesses need for service.
 - If eligible, AAH sends referral to POH. POH staff processes application and will contact member directly for intake. Then services begin!
 - If not eligible, AAH will contact POH.



Oakland Grocery Center and Meals Pick-Up



1921 San Pablo Ave, Oakland

Clients can pick up once a week

- Monday, Tuesday, Thursday, and Friday
- 10am – 2pm

OR we can deliver!

- Trailers, RVs, street corners included





Will Cooke, he/him

Healthcare and Community Partnership Liaison
730 Polk St. | San Francisco, CA 94109
wcooke@openhand.org
415.991.2540



Kat Chen, she/her

Wellness Program Coordinator
1921 San Pablo Ave. | Oakland, CA 94612
kchen@openhand.org
415.805.8434 Ext. 603

