

173-39-02.10

Nutritional consultation service.

(A) "Nutritional consultation service" means a service that provides individualized guidance to a consumer who has special dietary needs. A nutritional consultation service takes into consideration the consumer's health; cultural, religious, ethnic, socio-economic background; and dietary preferences and restrictions.

(B) Minimum requirements for a nutritional consultation service in addition to the conditions of participation under rule 173-39-02 of the Administrative Code:

(1) Physician's authorization:

(a) Initial: If the provider receives a signed and dated authorization from the consumer's treating physician indicating that the consumer needs a nutrition consultation service, the provider may begin to provide the nutrition consultation service, subject to the other requirements of this rule. The provider may continue to provide the nutrition consultation service for up to sixty days after the date of the physician's authorization.

(b) Subsequent: The provider may provide the nutrition consultation service for subsequent periods of up to sixty days only if the provider receives a subsequent signed and dated authorization from the physician indicating that the consumer continues to need a nutrition consultation service.

(2) Nutrition assessment:

(a) The provider shall conduct an initial, individualized assessment of the consumer's nutritional needs and, when necessary, subsequent nutrition assessments, using a tool that identifies whether the consumer is at nutritional risk or identifies a nutritional diagnosis that the dietitian will treat. The tool shall include:

(i) An assessment of height and weight history;

(ii) An assessment of the adequacy of nutrient intake;

(iii) A review of medications, medical diagnoses, and diagnostic test results;

(iv) An assessment of verbal, physical, and motor skills that may affect, or contribute to, nutrient needs;

(v) An assessment of interactions with the caregiver during feeding; and,

(vi) An assessment of the need for adaptive equipment, other

community resources, or other services.

(b) The provider shall furnish the case manager and the consumer with a copy of the nutrition assessment no later than seven business days after the provider completes the assessment.

(3) Nutrition intervention plan:

(a) The provider shall develop, evaluate, and revise, as necessary, a nutrition intervention plan with the consumer's and case manager's assistance and, when applicable, the treating physician and other relevant service providers. In the plan, the provider shall outline the purposely-planned actions for changing nutrition-related behavior, risk factors, environmental conditions, or health status, which, at a minimum, shall include the consumer's:

(i) Food and diet modifications;

(ii) Specific nutrients to require or limit;

(iii) Feeding modality;

(iv) Nutrition education and counseling; and,

(v) Expected measurable indicators and outcomes related to the consumer's nutritional goals.

(b) The provider shall use the nutrition intervention plan to prioritize and address the identified nutrition problems.

(c) The provider shall furnish the case manager and the consumer with a copy of the nutrition intervention plan no later than seven business days after the provider develops or revises the plan.

(4) Clinical record:

(a) The provider shall develop and retain a clinical record for each consumer that includes the consumer's:

(i) Identifying information, including name, address, date of birth, sex, race, marital status, significant phone numbers, and health insurance identification numbers;

(ii) Medical history;

(iii) Treating physician's name;

(iv) Treating physician's authorization for a nutritional consultation service that is required under paragraph (B)(1) of this rule;

(v) Service plan (initial and revised versions);

(vi) Nutrition assessment (initial and revised versions);

(vii) Plan of care for nutrition consultation services (initial and revised versions), specifying the type, frequency, scope, and duration of the services to perform;

(viii) Nutrition intervention plan (initial and revised versions that were implemented);

(ix) Food and drug interactions (e.g., "Don't take pills with milk."), allergies, and dietary restrictions;

(x) Discharge summary, which the dietitian who provided the service shall sign and date at the point he or she is no longer going to provide the service to the consumer or the consumer no longer needs the service. The summary shall indicate what progress the consumer made towards achieving the measurable outcomes of the consumer's nutritional goals and any recommended follow-up consultations or referrals.

(b) The provider may use a technology-based system to develop and retain the clinical record.

(5) Limitations:

(a) The provider shall not provide the service to a consumer in excess of what the case manager authorizes in the consumer's service plan.

(b) The provider shall only bill the PAA for the service provided under the PASSPORT program if the case manager identifies the provider in the service order for the consumer.

(c) The provider shall not provide the service to a consumer if the consumer is receiving a similar service under Chapter 173-39 of the Administrative Code.

(6) Provider qualifications: An individual shall provide this service only if:

(a) An agency that ODA certifies as an agency provider employs the individual, or ODA certifies the individual as a non-agency provider; and,

(b) The individual is registered by the commission on dietetic registration and maintains a license in good standing with the Ohio board of dietetics.

(7) Service verification:

(a) For each episode of service provided, the provider shall retain a record of the:

(i) Consumer's name;

(ii) Date of service;

(iii) Time of day that each service begins and ends;

(iv) Name and signature of individual providing the consultation; and,

(v) Consumer's signature. The case manager shall record the consumer's signature of choice in the consumer's service plan. The signature of choice may include a handwritten signature; initials; stamp or mark; or electronic signature.

(b) The provider may use a technology-based system to collect or retain the records required under this rule.

(c) The provider shall retain records required under this rule and provide access to those records for monitoring according to paragraph (B)(5) of rule 173-39-02 of the Administrative Code.

(C) Unit and rate:

(1) A unit of a nutritional consultation service is equal to fifteen minutes.

(2) The maximum rate allowable for a unit of the service is listed in rule 5101:3-1-06.1 of the Administrative Code.

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