

173-39-02.10**ODA provider certification: nutritional consultations.**(A) Definitions for this rule:

- (1) "Nutritional consultation" ("consultation") mean individualized guidance to an individual who has special dietary needs. Consultations take into consideration the individual's health; cultural, religious, ethnic, socio-economic background; and dietary preferences and restrictions. Consultations are also known as medical nutrition therapy.
- (2) "Nutritional assessment" ("assessment") has the same meaning as in rule 4759-2-01 of the Administrative Code.

(B) Every ODA-certified provider of nutritional consultations shall comply with the following requirements:

- (1) General requirements: The provider shall comply with the requirements for every ODA-certified provider in rule 173-39-02 of the Administrative Code.
- (2) Dietitian: Only a licensed dietitian ("dietitian") working for an ODA-certified agency provider, or a licensed dietitian working as an ODA-certified non-agency provider shall provide consultations to individuals.
- (3) Orders and limits: The PASSPORT program shall only pay for consultations under the following circumstances:
 - (a) Before the provider provides a consultation to an individual, the provider obtains an order for the individual's consultation from a licensed healthcare professional whose scope of practice includes ordering consultations.
 - (b) The provider shall not provide a consultation to an individual's authorized representative or caregiver unless the licensed healthcare professional also ordered a consultation to the individual's authorized representative or caregiver to improve the individual's well-being.
 - (c) The provider shall not provide consultations to an individual in excess of what the case manager authorizes in the individual's service plan.
 - (d) The provider shall only bill ODA's designee for a consultation if the case manager identifies the provider in the service order for the individual.
 - (e) The provider shall not provide consultations to an individual if the individual is receiving a similar service under Chapter 173-39 of the Administrative Code.

(4) Face-to-face vs. telecommunications:

- (a) For an initial consultation, the dietitian shall only provide a face-to-face consultation.
- (b) For subsequent consultations, the dietitian shall only provide the consultations if the consultations occur on a face-to-face basis or by a telecommunication system.

(5) Nutrition assessment ("assessment"):

- (a) The provider shall conduct an initial, individualized assessment of the individual's nutritional needs and, when necessary, subsequent assessments, using a tool that identifies whether the individual is at nutritional risk or identifies a nutritional diagnosis that the dietitian will treat. The tool shall include the following:
 - (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.
 - (vi) An assessment of the need for adaptive equipment, other community resources, or other services.
- (b) The provider shall provide the case manager, the individual, and the individual's authorized representative (if the individual has authorized a representative) with a copy of the assessment no later than seven business days after the provider completes the assessment.
- (c) The provider may use an electronic system to develop and retain a nutrition assessment.

(6) Nutrition intervention plan:

- (a) The provider shall develop, evaluate, and revise, as necessary, a nutrition intervention plan with the individual's and case manager's assistance and, when applicable, the assistance of the licensed healthcare professional who authorized the consultations. 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 following information about the individual:

- (i) Food and diet modifications.
- (ii) Specific nutrients to require or limit.
- (iii) Feeding modality.
- (iv) Nutrition education and consultations.
- (v) Expected measurable indicators and outcomes related to the individual's nutritional goals.
- (b) The provider shall use the nutrition intervention plan to prioritize and address the identified nutrition problems.
- (c) The provider shall provide the case manager, the individual, and the licensed healthcare professional who ordered the consultations with a copy of the nutrition intervention plan no later than seven business days after the provider develops or revises the plan.
- (d) The provider may use an electronic system to develop and retain the nutrition intervention plan.

(7) Clinical record:

- (a) The provider shall develop and retain a clinical record for each individual that includes the individual'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) The name of the licensed healthcare professional who authorized consultations.
 - (iv) The authorization for consultations 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 consultations (initial and revised versions).

specifying the type, frequency, scope, and duration of the consultations to provide.

(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 consultations shall sign and date at the point he or she is no longer going to provide consultations to the individual or the individual no longer needs consultations. The summary shall indicate what progress the individual made towards achieving the measurable outcomes of the individual's nutritional goals and any recommended follow-up consultations or referrals.

(b) The provider may use an electronic system to develop and retain the clinical record.

(8) Service verification: By one of the following two methods, the provider shall verify that each consultation for which it bills was provided:

(a) The provider may use an electronic system if the system does all of the following:

(i) Collects the individual's name, date of consultation, time of day each consultation begins and ends, name of licensed dietitian providing consultation, and an identifier (e.g., electronic signature, fingerprint, password, swipe card, bar code) unique to the individual.

(ii) Retains the information it collects.

(iii) Produces reports, upon request, that ODA (or ODA's designee) can monitor for compliance.

(b) The provider may use a manual system if the provider documents the date of service, time of day that each consultation begins and ends, name of the person providing the consultation, and collects the handwritten signatures of the person providing the consultation and the individual. If the individual is unable to produce a handwritten signature, the individual's handwritten initials, stamp, or mark are acceptable if the case manager authorizes such an alternative in the individual's service plan.

(C) Unit and rate:

- (1) A unit of a nutritional consultation is equal to fifteen minutes.
- (2) The maximum rate allowable for a unit of nutritional consultations is listed in rule 5160-1-06.1 of the Administrative Code.
- (3) The rate is subject to the rate-setting methodology in rule 5160-31-07 of the Administrative Code.

Replaces: 173-39-02.10

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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