TO BE RESCINDED

173-4-06 **Nutrition consultation service.**

(A) Definitions:

- (1) "Nutrition consultation service" (i.e., "medical nutritional therapy") means a service that provides individualized guidance on appropriate food and nutrient intakes for consumers who require disease management. The service includes nutrition assessment, intervention, education, and counseling.
- (2) "Consultant" means a person who performs a nutrition consultation service.
- (B) Minimum requirements for a nutrition consultation service:
 - (1) In general:
 - (a) Authorization: The consultant shall not provide the service to a consumer unless a physician (or another healthcare professional with prescriptive authority) has authorized it for the consumer.
 - (b) Face-to-face: The consultant shall provide the service to the consumer or family caregiver (on behalf of the consumer) on a face-to-face basis or by means of a telecommunications system. As used in this paragraph, "telecommunications" means technologies that exchange health information and provide health care services across geographic, time, social, and cultural barriers.
 - (c) Records: For each service performed, the provider shall document the consumer's name; service date and duration of service; service description, including a description of follow-up plans; consultant's name, consultant's signature; and consumer's signature.

(2) Nutrition assessment:

- (a) The consultant shall conduct an initial individualized nutrition assessment of the consumer's nutritional needs and, when necessary, subsequent nutrition assessments by assessing:
 - (i) Nutrient intake;
 - (ii) Anthropometic measurements;

- (iii) Biochemical values;
- (iv) Physical and metabolic parameters;
- (v) Socio-economic factors;
- (vi) Current medical diagnosis and medications;
- (vii) Pathophysiological processes; and,
- (viii) Access to food and food-assistance programs.
- (b) No later than seven calendar days after the assessment, the consultant shall furnish the results of the assessment to the consumer's case manager, if the consumer has a case manager, and physician (or other healthcare professional with prescriptive authority).
- (3) Nutrition intervention plan:
 - (a) Based upon the results of the nutrition assessment, the consultant shall develop a nutrition intervention plan that includes:
 - (i) Clinical and behavioral goals and a care plan;
 - (ii) Intervention planning, including nutrients required, feeding modality, and method of nutrition education and consultation, with expected measurable outcomes;
 - (iii) Consideration for input from the consumer, physician, case manager, and, when applicable, any family caregiver or relevant service providers; and,
 - (iv) The scheduling of any follow-up nutrition consultation service.
 - (b) No later than seven calendar days after the nutrition assessment, the consultant shall furnish the intervention plan to the consumer's case manager and physician (or other healthcare professional with prescriptive authority).

- (c) The consultant shall furnish documentation of the plan's implementation and the consumer's outcomes to the case manager and the physician (or other healthcare professional with prescriptive authority).
- (d) The consultant shall provide a plan to the consumer.
- (4) Consultant qualifications and limitations:
 - (a) The provider shall furnish evidence to the AAA that the consultant holds a current, valid license to practice as a LD under Chapter 4759. of the Revised Code or a current, valid license to practice another profession in which the license-holder may perform a nutrition consultation service as part of their profession's scope of practice.
 - (b) The consultant shall not provide a service that exceeds the limitations of the provider agreement with the AAA.
- (C) Unit of service: A unit of service is one hour, reported in increments of one-quarter hours.

Effective:	
Five Year Review (FYR) Dates:	04/18/2016
Certification	
Date	

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Americans Act of 1965, 79 Stat. 210, 42 U.S.C. 3001,

as amended in 2006; 45 C.F.R. 1321.11 (2015)

Rule Amplifies: 173.392, Sections 331 and 336 of the Older Americans

Act of 1965, 79 Stat. 210, 42 U.S.C. 3001, as amended

in 2006.

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