



## Ohio Administrative Code

### Rule 173-39-02.10 ODA provider certification: nutritional consultations.

Effective: January 10, 2021

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(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. "Nutritional consultation" does not include either of the following:

(a) A consultation provided to an individual's authorized representative or caregiver to improve the individual's well-being.

(b) A consultation provided to an individual if the individual receives a similar services paid (in full or in part) by medicare state plan medicaid, or another third-party payer.

(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: Before the provider provides a consultation to an individual or to the individual's



authorized representative or caregiver, the provider shall obtain an order for the consultation from a licensed healthcare professional whose scope of practice includes ordering consultations.

(4) Venue:

(a) The dietitian shall conduct the initial consultation in person in the individual's home. During a state of emergency declared by the governor, the dietitian may conduct the initial consultation by telephone, video conference, or in person in the individual's home.

(b) The dietitian may conduct subsequent consultations by telephone, video conference, or in person in the individual's home.

(5) Nutritional 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 an 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 in paragraph (B)(3) of this rule.

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

(vi) Nutritional 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 its 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 signature of the person providing the consultation and a unique identifier of the individual.

(C) Unit and rate:

(1) A unit of a nutritional consultation is fifteen minutes of session time with the individual.

(2) The maximum rate allowable for a unit of nutritional consultations is listed in the appendix to 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.