



Ohio Administrative Code

Rule 5123:2-9-28 Home and community-based services waivers - nutrition services under the individual options waiver.

Effective: July 1, 2017

(A) Purpose

This rule defines nutrition services and sets forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service.

(B) Definitions

- (1) "Agency provider" means an entity that directly employs at least one person in addition to the chief executive officer for the purpose of providing services for which the entity must be certified in accordance with rule 5123:2-2-01 of the Administrative Code.
- (2) "County board" means a county board of developmental disabilities.
- (3) "Department" means the Ohio department of developmental disabilities.
- (4) "Independent provider" means a self-employed person who provides services for which he or she must be certified in accordance with rule 5123:2-2-01 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.
- (5) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code.
- (6) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (7) "Nutrition services" means a nutritional assessment and intervention for individuals who are identified as being at nutritional risk and includes development of a nutrition care plan, including



appropriate means of nutrition intervention (i.e., nutrition required, feeding modality, nutrition education, and nutrition counseling). Nutrition services shall not supplant existing services provided by the federal women, infants, and children program.

(8) "Service documentation" means all records and information on one or more documents, including documents that may be created or maintained in electronic software programs, created and maintained contemporaneously with the delivery of services, and kept in a manner as to fully disclose the nature and extent of services delivered that shall include the items delineated in paragraph (E) of this rule to validate payment for medicaid services.

(C) Provider qualifications

(1) Nutrition services shall be provided by a dietitian licensed by the state pursuant to section 4759.06 of the Revised Code who is either an independent provider or the employee of an agency provider that meets the requirements of this rule and that has a medicaid provider agreement with the Ohio department of medicaid.

(2) Nutrition services shall not be provided by a county board or a regional council of governments formed under section 5126.13 of the Revised Code by two or more county boards.

(3) An applicant seeking approval to provide nutrition services shall complete and submit an application through the department's website (<http://dodd.ohio.gov/>).

(4) Failure to comply with this rule and rule 5123:2-2-01 of the Administrative Code may result in denial, suspension, or revocation of the provider's certification.

(D) Requirements for service delivery

(1) Nutrition services shall be provided pursuant to an individual service plan that conforms to the requirements of rule 5123:2-1-11 of the Administrative Code.

(2) A dietitian providing nutrition services shall:



- (a) Perform nutritional assessments and evaluations in accordance with the individual service plan;
- (b) Develop dietary programs, if indicated by the nutritional assessment and the individual service plan; and
- (c) Train the individual, family members, professionals, paraprofessionals, direct care workers, habilitation specialists, and vocational/school staff regarding the dietary program.

(E) Documentation of services

Service documentation for nutrition services shall include each of the following to validate payment for medicaid services:

- (1) Type of service.
- (2) Date of service.
- (3) Place of service.
- (4) Name of individual receiving service.
- (5) Medicaid identification number of individual receiving service.
- (6) Name of provider.
- (7) Provider identifier/contract number.
- (8) Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider.
- (9) Group size in which the service was provided.
- (10) Description and details of the services delivered that directly relate to the services specified in



the approved individual service plan as the services to be provided.

(11) Number of units of the delivered service.

(12) Times the delivered service started and stopped.

(F) Payment standards

(1) The billing unit, service codes, and payment rates for nutrition services are contained in appendix A to this rule.

(2) Payment rates for nutrition services are based on the county cost-of-doing-business category. The cost-of-doing-business categories are contained in appendix B to this rule.

(3) Payment rates for nutrition services are established separately for services provided by independent providers and services provided through agency providers.

(4) Payment rates for nutrition services are based on the number of individuals receiving services.