Developmental Services

Dietitian Services

Monitoring Checklist

| Provider | Number: | | | | | | | |
|--------------------------|---|-------------------------------|---------------------|----------------|--|-----|--|--|
| Provider Name: | | | | Review Date: | | | | |
| Provider Address: | | | | Reviewer Name: | | | | |
| | | | | Distri | ict: | | | |
| | | | | Locat | tion: | | | |
| ☐ Agency | Provider | ☐ Solo Provider | ☐ Onsite Review | □ Desk | | | | |
| Cite | | Standard | | Met | Not Met | N/A | | |
| **W" Wei hav "R" Rec fun | more intense corrective action and follow-up cycle. 'W" Weighted Element: A "W" followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score. 'R" Recoupment: An "R" in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is "Not Met." A. Service Tasks and Location The provider assesses the nutritional status and needs of individuals. The provider recommends an appropriate dietary regimen, nutrition support and nutrient intake. The provider counsels and educates the individual, family, direct service staff, and food service staff. | | | | | | | |
| | care systems health if orde | that promote an indi ered. | ividual's optimal | | | | | |
| | | | | | | | | |
| B. Provi | | tions and Requirem | | L | | | | |
| 5 \(\) W4.0 | The provider of Health. | r is a licensed dietitia | n by the Department | | | | | |
| 6 W2.0 | training spec | | | | | | | |

| Cite | Standard | Met | Not Met | N/A |
|--------|---|-----|---------|-----|
| 7 | Proof of required training in recognition of abuse | | | |
| | and neglect to include domestic violence and sexual | | | |
| W2.0 | assault and the required reporting procedures is | | | |
| | available for all independent vendors and agency | | | |
| | staff. | | | |
| | | | | |
| | ice Limits and Times | | | |
| 8 | Dietitians have an annual physician's order before | | | |
| | providing services. | | | |
| 9 | The provider renders no more than 12 units of these | | | |
| | services per day. | | | |
| 10 | | | | |
| 10 | The provider limits services to persons who require | | | |
| | specialized oversight of their nutritional status in order | | | |
| | to prevent deterioration of general health that could | | | |
| 11 | result in an institutional placement. The provider is authorized to render Dietitian services. | | | |
| 12 | <u> </u> | | | |
| | The provider renders services and supports at a frequency and intensity as defined in the service | | | |
| | authorization. | | | |
| | authorization. | | | |
| D Doci | ımentation | | | |
| 13 R | The provider has at a minimum an individual dietary | | | |
| | management plan. | | | |
| 14 R | The provider has at a minimum copies of service logs. | | | |
| 15 R | The provider has at a minimum a monthly nutritional | | | |
| | status report. | | | |
| 16 | The provider has at a minimum daily progress notes | | | |
| | (on days service was rendered). | | | |
| W2.0 | | | | |

DIETITIAN Checklist 11-26-05.doc REV 10-26-01; 10-30-01; 11.20.02; 01.03; 02.03.03; 02.04.03; 02-10-03; 11-26-05