



Developmental Services
Dietitian Services
 Monitoring Protocol

Dietitian services are those services prescribed by a physician that are necessary to maintain or improve the overall physical health of an individual. The services include assessing the nutritional status and needs of an individual; recommending an appropriate dietary regimen, nutrition support and nutrient intake; and providing counseling and education to the individual, family, direct service staff and food service staff. The services may also include the development and oversight of nutritional care systems that promote a person’s optimal health.

Cite	Standard	Probes
Explanation of Monitoring Tool Symbols/Codes  Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a 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		
1	The provider assesses the nutritional status and needs of individuals.	Review provider claims data and, if available: ➤ Claims ➤ Service logs ➤ Monthly nutritional status report ➤ Assessments and reassessments ➤ Dietary management plans <i>Note: Cite #4 should be scored ‘Not Applicable’ if this is not indicated on the physician’s order or service authorization for this service.</i>
2	The provider recommends an appropriate dietary regimen, nutrition support and nutrient intake.	
3 W2.0	The provider counsels and educates the individual, family, direct service staff, and food service staff.	
4	The provider develops and oversees the nutritional care systems that promote an individual’s optimal health if ordered.	
B. Provider Qualifications and Requirements		
5 W4.0	 The provider is a licensed dietitian by the Department of Health.	Determine from Area Office records or credentials submitted by the provider if the provider holds a current license from the Department of Health. If this is an agency provider, check personnel records to see that the agency has checked the dietitians’ licensure status.

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6 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.	<p>Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs.</p> <p>The family or guardian, a physician or nurse, other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Communicating with the individual; • Positioning requirements for the individual, as applicable; • Instruction on a behavior program, if applicable to the individual; • Appropriate mealtime interventions <p>This training may be one-on-one in nature, and therefore documentation may not take the form of an agenda, or curriculum with handouts and outline. Also look for evidence in the consumer's record, such as in progress notes or other provider documentation.</p>
7 W2.0	Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault and the required reporting procedures is available for all independent vendors and agency staff.	<ul style="list-style-type: none"> • Review personnel files and other provider training records for evidence of required training. • If applicable, ask staff about the in-service training that they have received. • Training should include prevention, detection and reporting requirements.
C. Service Limits and Times		
8	Dietitians have an annual physician's order before providing services.	<p>Review provider claims data, and if available:</p> <ul style="list-style-type: none"> ➤ Service logs ➤ Assessments and reassessments ➤ Dietary management plans <p>Review records for a physician's order.</p> <p>A copy of the prescription for the service is submitted to the waiver support coordinator.</p>

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9	The provider renders no more than 12 units of these services per day.	<p><i>Note: A unit is defined as a 15 minute time period or portion thereof.</i></p> <ul style="list-style-type: none"> • Review provider records including: <ul style="list-style-type: none"> ➤ Claims ➤ Service log ➤ Service authorization/physician order
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 result in an institutional placement.	Review provider <ul style="list-style-type: none"> ➤ Claims ➤ Service logs ➤ Monthly nutritional status reports ➤ Assessments and reassessments ➤ Dietary management plans ➤ Service authorization/physician order
11	The provider is authorized to render Dietitian services.	Review provider records for service authorization.
12	The provider renders services and supports at a frequency and intensity as defined in the service authorization.	Review provider records for a service authorization and compare these to claims data and the provider's billing documents and service log.
D. Documentation		
13 R	The provider has at a minimum an individual dietary management plan.	Review provider records for a dietary management plan. <i>This should be available from the time of first billing and at least annually thereafter at the time of the support plan update.</i> <p>This management plan is submitted to the waiver support coordinator at the time of the initial claim and at least annually thereafter at the time of the support plan update.</p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>
14 R	The provider has at a minimum copies of service logs.	Review provider records for service logs. <p>Service logs are to be submitted to the waiver support coordinator on a monthly basis.</p> <p><i>Note: A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>

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15 R	The provider has at a minimum a monthly nutritional status report.	Review provider records for a monthly nutritional status reports This Cite is subject to recoupment as reimbursement documentation if not available.
16 W2.0	The provider has at a minimum daily progress notes (on days service was rendered).	Review provider records for daily progress notes.
17 NEW	Provider has at a minimum an annual report.	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records to determine if they contain an annual, written report that indicates the individual's progress toward their support plan goal(s) for the year. • Progress statements in the annual report should contain objective (data/fact based) as well as subjective information. • Determine that report information is consistent with monthly summaries and other supporting data. <p>The report is to be submitted to the waiver support coordinator prior to the annual support plan update.</p>

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