

Nutrition Services Protocol Checklist

Service Recipient's Name _____ Date of Birth _____
(Last, First)

Reviewer's Name _____ Date Request Submitted _____
(Last, First)

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If YES, continue to Question #1 in Section A, B, or C as applicable.</p> <p>If NO and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A, B, or C as applicable.</p> <p>If NO based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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A. Initial Request for Nutrition Services Assessment

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the request for an initial assessment after enrollment in the waiver or after an interval of at least 12 months since the last Nutrition Services assessment? (A.1)</p> <p>If YES, skip to Question #3.</p> <p>If NO, proceed to Question #2.</p>
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is a new Nutrition Services assessment needed because the service recipient was discharged from services by a dietitian/nutritionist who withdrew from participation as a waiver services provider? (A.2)</p> <p>If YES, proceed to Question #3.</p> <p>If NO, skip to Question #5.</p>
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to document that: (A.3)</p> <p style="margin-left: 20px;">a. The service recipient has a medical condition or diagnosis:</p> <div style="margin-left: 40px;"> <p>(1) For which a special diet or dietary plan has been ordered by a physician, physician assistant, or nurse practitioner; OR</p> <p>(2) Which has resulted in the service recipient's inability to maintain adequate hydration or nutrition; OR</p> <p>(3) Which involves pressure ulcers or non-healing skin lesions or wounds; OR</p> </div>

	<p>b. The service recipient is obese as indicated by a body mass index or BMI of 30 or greater (*see below for calculation of BMI); OR</p> <p>c. The service recipient has had unplanned weight gain or loss of 10% or more of body weight during the past 6 months?</p> <p>If YES to any of the criteria specified in “3.a” through “3.c” above, proceed to Question #4.</p> <p>If NO to all of the criteria specified in “3.a” through “3.c” above, stop and deny as <u>not medically necessary.</u></p>
<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there sufficient information in the Individual Support Plan (ISP) to conclude that, based on the service recipient’s medical condition or diagnosis, obesity, or weight gain or loss as specified in “3.a” through “3.c” above, the service recipient’s nutritional needs cannot be adequately determined without a new Nutrition Services assessment? (A.4)</p> <p>If YES, skip to Question #7.</p> <p>If NO, stop and deny as <u>not medically necessary.</u></p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there sufficient information in the Individual Support Plan (ISP) to document that: (A.5)</p> <p>a. The service recipient has a new medical diagnosis or condition for which the physician, physician assistant, or nurse practitioner has ordered a special therapeutic diet (e.g., diabetic diet, renal diet, low fat/low cholesterol diet) or dietary plan which can not be appropriately followed without a new Nutrition Services assessment; OR</p> <p>b. The service recipient has experienced a significant change in health status that affects the ability to maintain adequate hydration or nutrition, after having been discharged from Nutrition Services by the dietitian/nutritionist; OR</p> <p>c. The service recipient has experienced a significant exacerbation of a pre-existing medical condition (e.g., unstable diabetes), after having been discharged from Nutrition Services by the dietitian/nutritionist?</p> <p>If YES to any of the criteria specified in “5.a” through “5.c” above, proceed to Question #6.</p> <p>If NO to all of the criteria specified in “5.a” through “5.c” above, stop and deny as <u>not medically necessary.</u></p>
<p>6. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there sufficient information in the Individual Support Plan (ISP) to conclude that, based on the service recipient’s medical condition or diagnosis, significant change in health status, or significant exacerbation of a pre-existing medical condition as specified in “5.a” through “5.c” above, the service recipient’s nutritional needs cannot be adequately determined without a new Nutrition Services assessment? (A.6)</p> <p>If YES, proceed to Question #7.</p> <p>If NO, stop and deny as <u>not medically necessary.</u></p>

7. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Has the waiver limit of three (3) Nutrition Services assessments per year per provider been exceeded for the current program year? (A.7)</p> <p>If YES, stop and deny as a non-covered service based on the waiver service limit of three (3) assessments per service recipient per provider per program year.</p> <p>If NO, stop and approve the Nutrition Services assessment.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

* Body mass index (BMI) equals body weight divided by the square of the height. BMI may be obtained from standard reference charts or it may be calculated by one of the following methods:

- BMI is calculated by dividing the weight in kilograms (kg) by the height in meters squared (m^2). Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters.

$$\text{BMI} \quad \text{equals} \quad \frac{\text{weight in kilograms}}{(\text{height in meters})^2}$$

- BMI may also be calculated by dividing weight in pounds (lbs) by the height in inches squared (in^2) and multiplying by 703.

$$\text{BMI} \quad \text{equals} \quad \frac{\text{weight in pounds}}{(\text{height in inches})^2} \quad \text{times } 703$$

B. Initial Nutrition Services (excluding assessment)

NOTE: This section applies to service recipients who are not currently approved for Nutrition Services through the waiver.

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Medical necessity review questions: (B.1)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to document that:</p> <p>(1) The service recipient has a medical condition or diagnosis:</p> <p>(a) For which a special diet or dietary plan has been ordered by a physician, physician assistant, or nurse practitioner; OR</p> <p>(b) Which has resulted in the service recipient's inability to maintain adequate hydration or nutrition; OR</p> <p>(c) Which involves pressure ulcers or non-healing skin lesions or wounds; OR</p> <p>(2) The service recipient is obese as indicated by a body mass index or BMI of 30 or greater (*see below for calculation of BMI); OR</p> <p>(3) The service recipient has had unplanned weight gain or loss of 10% or more of body weight during the past 6 months; AND</p>
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	<p>b. Is there sufficient information in the ISP and/or supporting documentation to conclude that the service recipient's dietary and nutritional needs cannot be adequately met unless Nutrition Services are provided by a registered dietitian or licensed nutritionist (i.e., paid and unpaid caregivers would not otherwise be able to adequately meet the specified functional or treatment needs); AND</p> <p>c. Is there sufficient documentation in the ISP and/or supporting documentation to conclude that the provision of Nutrition Services can be reasonably expected to (1) achieve measurable improvements in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems; AND</p> <p>d. Are there clearly defined measurable Nutrition Services goals in the ISP and/or supporting documentation which are reasonable and appropriate given the person's current age and health status?</p> <p>If YES to all four of the criteria specified in "1.a" through "1.d" above, proceed to Question #2.</p> <p>If NO to any criterion specified in "1.a" through "1.d" above, stop and deny as <u>not medically necessary</u>.</p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the frequency (per week, per month, etc.), amount (# of units) and duration (# of weeks or months) of Nutrition Services requested consistent with and not in excess of the amount of services needed to (1) achieve <u>measurable improvements</u> in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems as specified in "1.a" above? (B.2)</p> <p>NOTE: To the maximum extent possible and appropriate, Nutrition Services by a licensed dietitian/nutritionist should be utilized to develop a special dietary plan and to provide education and counseling so that such plan that can be implemented by caregivers (including, but not limited to family members, paid personal assistants, and residential services staff), across settings in order to achieve the maximum therapeutic benefit. Periodic services by the licensed dietitian/nutritionist should be authorized only as necessary to support the ongoing implementation of the special dietary plan, or to modify the plan in response to the changing nutritional needs of the service recipient.</p> <p>If YES, stop and approve the amount of Nutrition Services requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Nutrition Services continue to be medically necessary. Such determination shall be based on current medical records provided by the registered or licensed professional and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review.</p> <p>If NO, <u>approve</u> that portion of the total amount of Nutrition Services requested that is consistent with the amount of Nutrition Services needed to (1) achieve <u>measurable improvements</u> in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems as specified in "1.a" above. <u>Deny as <u>not medically necessary</u></u> that portion of the total amount of Nutrition Services requested that is in excess of the amount of services needed to (1) achieve <u>measurable improvements</u> in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems as specified in "1.a" above.</p>

<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

C. Continuation Nutrition Services (excluding assessment)

NOTE: This section applies to service recipients who are currently approved for Nutrition Services through the waiver and who request continuation of Nutrition Services or an increase in Nutrition Services.

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Medical necessity review questions for continuation of the currently approved level of Nutrition Services for an adult service recipient age 20 or older plus any requested increase in such services, as applicable: (C.1)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to document that:</p> <p>(1) The service recipient has a medical condition or diagnosis:</p> <p>(a) For which a special diet or dietary plan has been ordered by a physician, physician assistant, or nurse practitioner; OR</p> <p>(b) Which has resulted in the service recipient's inability to maintain adequate hydration or nutrition; OR</p> <p>(c) Which involves pressure ulcers or non-healing skin lesions or wounds; OR</p> <p>(2) The service recipient is obese as indicated by a body mass index or BMI of 30 or greater (*see below for calculation of BMI); OR</p> <p>(3) The service recipient has had unplanned weight gain or loss of 10% or more of body weight during the past 6 months; AND</p> <p>b. Is there sufficient information in the ISP and/or supporting documentation to conclude that the service recipient's dietary and nutritional needs still cannot be adequately met unless Nutrition Services are provided by a registered dietitian or licensed nutritionist (i.e., paid and unpaid caregivers would still not otherwise be able to adequately meet the specified functional or treatment needs); AND</p> <p>c. Is there sufficient information in the ISP and/or supporting documentation to demonstrate:</p> <p>(1) Progress toward defined treatment goals in terms of measurable improvements in the service recipient's medical condition or symptoms or quality of life; OR</p> <p>(2) Continuing medical need for Nutrition Services in order to prevent the imminent development of serious nutrition-related medical problems; AND</p> <p>d. Are clearly defined measurable Nutrition Services goals as specified in the ISP and/or supporting documentation still reasonable and appropriate given the person's current age and health status?</p>
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	<p>If YES to all of the criteria specified in "1.a" through "1.d" above for some or all of the requested Nutrition Services, proceed to Question #2.</p> <p>If NO to any criterion specified in "1.a" through "1.d" above, stop and deny as not medically necessary.</p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the frequency (per week, per month, etc.), amount (# of units) and duration (# of weeks or months) of continued Nutrition Services requested plus any requested increase in such services, as applicable, consistent with and not in excess of the amount of services still needed to (1) achieve <u>measurable improvements</u> in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems? (C.2)</p> <p>To the extent that the request includes any increase in the frequency, amount, or duration of Nutrition Services, is there sufficient information in the ISP and/or supporting documentation to demonstrate that the service recipient's needs have changed and/or the previously approved frequency, amount, or duration of Nutrition Services is no longer sufficient to (1) achieve <u>measurable improvements</u> in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems?</p> <p>NOTE: To the maximum extent possible and appropriate, Nutrition Services by a licensed dietitian/nutritionist should be utilized to develop a special dietary plan and to provide education and counseling so that such plan that can be implemented by caregivers (including, but not limited to family members, paid personal assistants, and residential services staff), across settings in order to achieve the maximum therapeutic benefit. Periodic services by the licensed dietitian/nutritionist should be authorized only as necessary to support the ongoing implementation of the special dietary plan, or to modify the plan in response to the changing nutritional needs of the service recipient.</p> <p>If YES, stop and approve the continuation of Nutrition Services and any increase as requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Nutrition Services continue to be medically necessary. Such determination shall be based on medical records provided by the licensed dietitian/nutritionist and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review.</p> <p>If NO, <u>approve</u> that portion of the total amount of Nutrition Services requested that is consistent with the amount of Nutrition Services needed to (1) <u>achieve measurable improvements</u> in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems.</p> <p>If the request for Nutrition Services was submitted as an ISP amendment or as an annual update of the ISP, <u>deny as not medically necessary</u> that portion of the total amount of Nutrition Services requested that is in excess of the amount of Nutrition Services needed to (1) achieve measurable improvements in the service recipient's medical condition or symptoms or quality of life; or (2) prevent the imminent development of serious nutrition-related medical problems; OR</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	