Thank you for taking the time to review this presentation on Early ACCESS Nutrition from Child Health Specialty Clinics. A copy of the slides and notes are available in a PDF to refer back to as needed.
Following this training, Early ACCESS Service Providers will:
Understand the role of a Registered Dietitian as an Early ACCESS Service Provider
Become familiar with common medical conditions that may benefit from Early ACCESS Nutrition Services
Follow the steps for making an Early ACCESS nutrition referral and adding nutrition services to the IFSP
Nutrition is one of the services available through Early Intervention under Part C at no cost to families. It includes:
Conducting an individual pediatric nutrition assessment.
Developing and monitoring outcomes and goals to match family wishes.
Making referrals to appropriate community resources to help meet goals.
Child Health Specialty Clinics Nutrition Program is staffed by registered dietitians who are licensed to practice in the state of Iowa. This means they have undergone clinical training in the area of nutrition and are required to work within evidenced-based standards. Some dietitians choose to use the title of a registered dietitian nutritionist (or the credential RDN), in this presentation registered dietitian (the credential RD) or dietitian will be used.

In Iowa, Child Health Specialty Clinics dietitians provide Early ACCESS services primarily through virtual visits with support from Early ACCESS staff as needed.

Often dietitians collaborate with occupational therapists to address these concerns. Occupational therapists focus on the motor, sensory and cognitive aspects of feeding, eating and swallowing, while dietitians evaluate a child’s growth and provide recommendations regarding developmentally appropriate foods and formulas that meet nutrition needs.

CHSC dietitians also communicate with the child’s primary healthcare provider or other medical specialists by providing written reports and contacting them to
review concerns or discuss nutrition recommendations.
CHSC dietitians have completed specialized trainings and earned certifications specific to serving infants and toddlers. They have experience in coaching parents to care for children with feeding difficulties, feeding tubes, food allergies, slow growth, prematurity and gastrointestinal issues.

Their role is to support children’s growth and learning, by addressing family concerns related to eating and mealtime routines, through developmentally appropriate nutrition interventions.
So why is nutrition important to consider when developing a child’s IFSP? In short, a child’s ability to learn, grow and develop depends on their nutritional status.

Having a dietitian on the IFSP team provides help to address nutrition concerns and support parents in helping their infant gain weight, helping a toddler balance liquid and solids in their diet or perhaps introducing table foods.

A child who requires special products for a tube feeding, a child who needs modified food textures, or a child whose appetite changes with each health event may all benefit from specific nutrition strategies identified by a dietitian as part of the IFSP. These issues may require more time and frequent contacts than a primary healthcare provider, a specialized feeding team, or a WIC dietitian can provide.
There are many medical conditions that may affect growth and eating including:

- Allergies
- Autism
- Cerebral Palsy
- Cleft Palate
- Congenital Heart Disease
- Down Syndrome
- Prader-Willi Syndrome
- Prematurity
- Seizure Disorder
- Spina Bifida

Although some of these conditions by themselves are not automatically eligible for Early ACCESS, these may warrant a nutrition referral based on the child’s current health and the family’s interest.

One important consideration is that some children have an ongoing relationship with a pediatric dietitian through a medical clinic, particularly young infants and
those who require frequent hospitalizations. It is important to discuss services available to the family and contact the CHSC nutrition coordinator if there is a question about duplication of services prior to making a referral.
The leading reason for referral is feeding issues which includes picky eating, eating delays, restrictive eating and other similar issues. Almost 40% of children evaluated have feeding tubes or malnutrition, which is the clinical term for slow growth and weight loss in infants and children.

About 40% of children referred and evaluated by a dietitian have nutrition added to their IFSP, while 33% of those evaluated only require one nutrition visit to address nutrition concerns with the family.
There are several documents available to through the i3 system to help make an Early ACCESS Nutrition Referral. The Nutrition Guidelines explain CHSC Early ACCESS Nutrition Services in detail.

The remaining documents on this slide can be found on the i3 website. We will take a closer look at each of the handouts listed.
The Parent Eating and Nutrition Assessment for Children with special healthcare needs (or PEACH) is the State of Iowa’s primary tool for screening for nutrition risk in the Early ACCESS system. It was developed for children 5 and under with special health care needs. The PEACH helps identify nutrition concerns and provides baseline nutrition information. Questions pertaining to mealtime behaviors and skill acquisition provide a picture of the child’s day to day eating struggles and routines. Questions 3, 8, 10, 15, 16 and 17 address concerns that may be best supported by an occupational therapist.

The PEACH should be completed at all initial evaluations as well as at annual evaluations for children that do not already have a dietitian as part of the IFSP team. This screening should be completed with or by the family, not by the service coordinator separately. Note the comments section should be for additional information from the family or comments from the provider that seem important to the dietitian to know. The PEACH tool is available in both English and Spanish.
The Early ACCESS Nutrition Referral Checklist outlines steps to making a nutrition referral.

Scores of 4 or greater on the PEACH indicate nutrition risk and should trigger a referral to Early ACCESS Nutrition Services, but any child can be referred if there is a nutrition concern.

The Early ACCESS Nutrition Services handout for parents is available in both English and Spanish. It should be provided to all families whose child scores 4 or greater on the PEACH OR those who show an interest in nutrition services.
A consent to release and exchange information from the parent to the AEA for Child Health Specialty Clinics is required as part of a nutrition referral. A consent made out for the University of Iowa Hospitals and Clinics is also acceptable as CHSC is part of that system.

The slide shows an example of a consent to release and exchange information with Child Health Specialty Clinics.

Another consent required for a nutrition referral is that for the child’s primary healthcare provider or pediatrician. This is required to gather a full growth history and any medical information and to send the nutrition evaluation report and communicate with the provider as needed.

For some children, it may also be necessary or helpful to have a consent for WIC and/or other medical specialists such as endocrinology or cardiology.
The Iowa Medicaid Infants & Toddlers Program supports Early ACCESS Nutrition Services for children enrolled in Medicaid. However, children are not required to be enrolled in Medicaid to receive Early ACCESS Nutrition Services.

In order for CHSC to receive Medicaid reimbursement, there must be a signed copy of the Parent/Guardian Authorization Form for Medicaid Reimbursement that includes nutrition services. It is important that the service coordinator discuss this form with the family at the IFSP meeting to add nutrition services if the child is enrolled in Medicaid.
A Prior Written Notice for a nutrition evaluation is needed if the nutrition evaluation is to take place outside of an initial or annual evaluation period. As with all Prior Written Notices, the nutrition evaluation or assessment must be completed within 30 days of the Prior Written Notice date.
Here is an example of one proposed action and three explanations in a Prior Written Notice.

Often, the proposed action is that the family is requesting an evaluation by a CHSC Dietitian. However, the reason for proposal varies by family and child. Some examples may be growth, picky eating or a high PEACH score.
If the nutrition evaluation is completed after an initial or annual IFSP meeting, the service coordinator will need to open and hold a periodic IFSP meeting to add nutrition services.

Many service coordinators find it helpful to screen for nutrition concerns early in the initial or annual evaluation periods to avoid having to open another IFSP meeting shortly after a meeting was held.
If a nutrition evaluation shows that a child is eligible for nutrition and the family is interested in those services, a meeting must be held to update the IFSP. The meeting date must occur after the nutrition evaluation. A previous IFSP meeting cannot be "held open" to add nutrition services discussed during that meeting.
As with all IFSP meetings, the service coordinator must finalize meeting details such as date, time and attendees and prepare a meeting notice along with a Prior Written Notice. It may be helpful to prepare the Early ACCESS Consent for Nutrition Services and Medicaid Authorization form in advance of the meeting.

The dietitian must complete documentation on the individual child and add to the current health section of the evaluation tab. Details regarding service frequency and location will be entered on the service tab and reviewed with the family at the meeting.

Dietitians will work to incorporate their interventions into existing outcomes or create a joint outcome with other team members. They will join IFSP meetings, or if scheduling does not allow, they will prepare their documentation and provide it to the service coordinator to review with the family.
A PWN is required after an evaluation regardless of the outcomes.

The first example is appropriate when nutrition services will be added.

The second example is appropriate when nutrition services are not going to be added to the IFSP.
The CHSC Dietitians do not provide consultations.

They do provide evaluations with the appropriate signed releases and consents and then work with the IFSP Team to determine if nutrition services are appropriate.

If a service provider has a nutrition question or is looking for a nutrition resource for a family, they may contact the CHSC Nutrition Coordinator. To determine what resources are appropriate, a CHSC Dietitian may be available to discuss concerns with providers and determine the appropriate response, outside of an IFSP meeting.

There may be instances in which a service provider has a simple nutrition question or is looking for a basic resource to provide to families. They are encouraged to reach out to the CHSC Nutrition Coordinator at any time. This can be addressed through email or phone and should not take place as part of an IFSP meeting with the family present.
Shown here are requests for resources to share with families regarding nutrition.

All of these examples were appropriate requests that could be addressed with a handout or brief email correspondence.
These are instances when a full nutrition evaluation is needed. Routine completion of the PEACH tool will help determine nutrition risk, but growth concerns, refusal of whole food groups, GI disturbances and food allergies are all issues that require a nutrition evaluation.
These are examples of requests for information only that actually require a nutrition evaluation.

CHSC dietitians provide medical nutrition therapy and practice under a medical doctor. Questions that require clinical evaluation cannot be adequately addressed with a handout. Asking for information for a nutrition concern, in the context of a medical condition, requires the dietitian to obtain more information and complete an evaluation.

In the first example, a very low-calorie diet may be needed for some children, but poses a risk for inadequate protein, fluid and vitamin intake. Regular contact with a dietitian is needed to ensure all nutrition needs are met in this situation.

In the second example, children with two or more food allergies have a greatly increased risk for inadequate nutrient intake and would benefit from a nutrition evaluation based on the growth issues mentioned.
Please contact the Child Health Specialty Clinics Nutrition Coordinator or Early ACCESS Liaison at any time with questions or concerns regarding this process. Thank you for your partnership, we look forward to serving children and families in Iowa with you!