



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.

Overview of Early ACCESS Nutrition Training

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- ▶ 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



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

IDEA Part C Early Intervention Services

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- ▶ Early ACCESS Nutrition Services are included as early intervention services under IDEA Part C and provided at no cost to the family.
- ▶ 120.13(2) "g" "Nutrition services" include:
 - (1). Conducting individual assessments in:**
 1. Nutritional history and dietary intake;
 2. Anthropometric, biochemical, and clinical variables;
 3. Feeding skills and feeding problems; and
 4. Food habits and food preferences;
 - (2). Developing and monitoring appropriate plans** to address the nutritional needs of an eligible child; and
 - (3) Making referrals** to appropriate community resources to carry out nutrition goals.



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

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- ▶ Registered Dietitians (or Registered Dietitian Nutritionists) licensed to practice in Iowa
- ▶ Provide Early ACCESS services virtually
- ▶ Focus on nutrition needs for healthy development
 - ▶ Work with other Early ACCESS providers to address feeding problems & create outcomes
 - ▶ Collaborate with primary healthcare provider and medical specialists concerning nutrition



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.

Child Health Specialty Clinics Nutrition Program

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▶ Registered Dietitians

- ▶ Trained in Sequential Oral Sensory (S.O.S) Approach to Feeding
- ▶ Board Certified Specialist in Pediatric Nutrition
- ▶ Certified Intuitive Eating Counselor
- ▶ Experienced in working with children with feeding difficulties, feeding tubes, food allergies, slow growth, prematurity, GI issues



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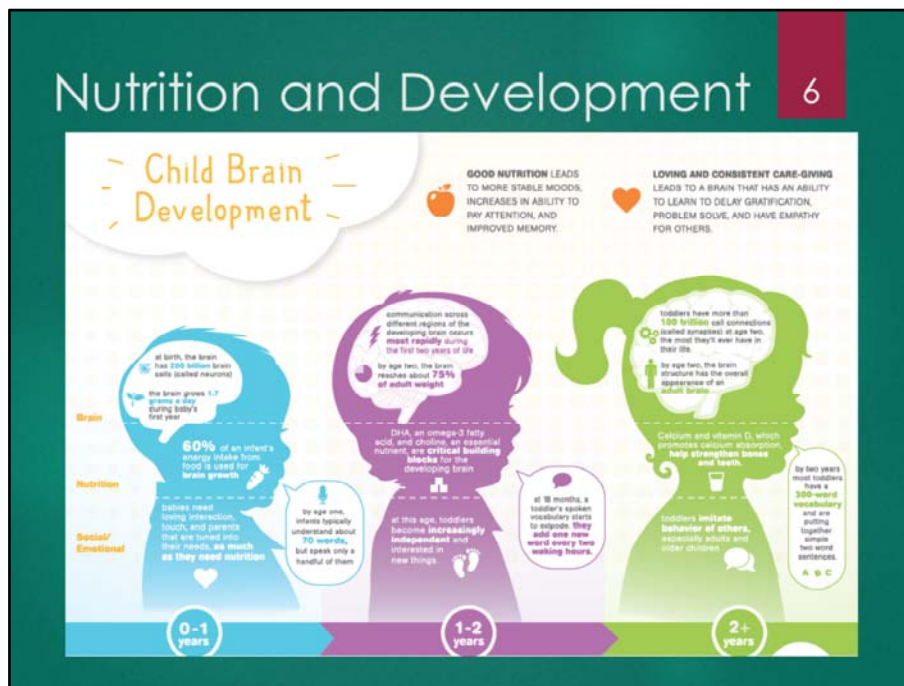


Stephany Brimeyer,
MPH CSP RD LD



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.

Nutrition and Development 7

- ▶ Conditions that may affect growth, eating, calorie needs, and/or gastrointestinal function
 - ▶ Allergies
 - ▶ Autism
 - ▶ Cerebral Palsy
 - ▶ Cleft Palate
 - ▶ Congenital Heart Disease
 - ▶ Down Syndrome
 - ▶ Prader-Willi Syndrome
 - ▶ Prematurity
 - ▶ Seizure Disorder
 - ▶ Spina Bifida

Children with these conditions may already be followed by a dietitian more than 2x/ year. If this is the case, contact CHSC Nutrition Coordinator to determine if a nutrition referral is appropriate.



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 the child's current health and the family's interest.

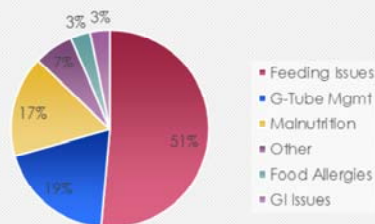
One important consideration is that some children have an ongoing relationship with a pediatric dietitian through a medical clinic, particularly young infants and

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.

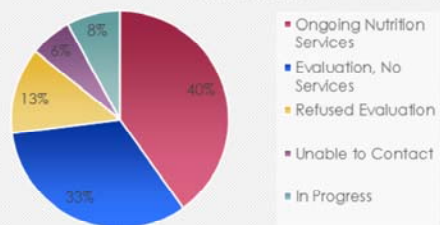
Early ACCESS Nutrition Referrals

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Primary Nutrition Concern



Outcome of FY19 Nutrition Referrals

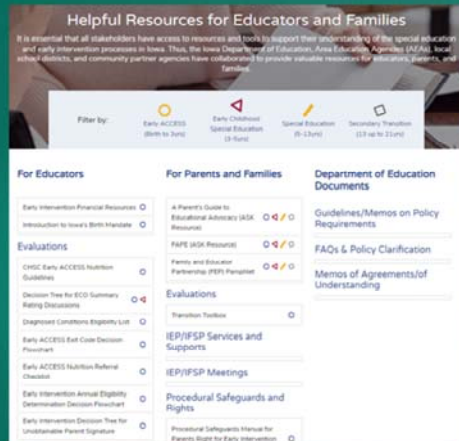


The leading reason for referral is feeding issues which includes picky eating, eating delays, restrictive eating and other similar issues. Almost 40% of children evaluated have feeding tubes or malnutrition, which is the clinical term for slow growth and weight loss in infants and children.

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.

CHSC Nutrition Documents

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- ▶ Nutrition Guidelines
- ▶ PEACH Tool (pdf, word, English, Spanish)
- ▶ Early ACCESS Nutrition Referral Checklist
- ▶ Early ACCESS Nutrition Services handout for parents (English, Spanish)
- ▶ <https://iowaideainformation.org/resources/>



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.

Early ACCESS PEACH Tool

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- ▶ Parent
- ▶ Eating and Nutrition
- ▶ Assessment for
- ▶ Children with special
- ▶ Healthcare needs
- ▶ Should be completed with or by the family during the evaluation for the initial and annual IFSPs for children not already involved in Nutrition Services

(Campbell, Kelsey, October 1994 J Am Dietetic Assn)

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.

CHSC Nutrition Documents

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Early ACCESS Nutrition Referral CHECKLIST

Use this checklist to guide you through the Early ACCESS (EA) Nutrition Referral process. If at any point you have questions, please contact EA Nutrition Coordinator, Stephanie Brimner.

- ☐ Complete a PEACH for children being evaluated for EA services
- ☐ Provide Family EA Nutrition brochure
- ☐ If the family is interested in EA Nutrition services, inform them they will be contacted by the Child Health Specialty Clinics team
- ☐ Obtain the appropriate releases from the family:
 - ☐ An authorization for release of information (see the PEACH) signed by the parent/guardian
 - ☐ An authorization for release of information (see the PEACH) signed by the parent/guardian
 - ☐ A consent to participate in research (see the PEACH) signed by the parent/guardian
- ☐ Email or fax a copy of the PEACH and signed releases to Stephanie Brimner (see address at right)
- ☐ Add Stephanie Brimner to the web POF. After you have also signed the above documents to the web POF and notify Stephanie Brimner to collect them once she has been given access to the child's web POF
- ☐ Complete a PEACH annually for children enrolled in EA who are not receiving nutrition services
- ☐ Repeat checklist if family expresses interest in EA Nutrition services. We seek to obtain updated versions of the releases listed above

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- ▶ The EA Nutrition Referral Checklist is for Providers to review steps for referring to CHSC Nutrition
- ▶ CHSC Nutrition Handout is available for parents to explain services
 - ▶ Please provide to all families who score 4 or greater on the PEACH OR those who express an interest in services from a Registered Dietitian
 - ▶ Includes contact information and links to websites



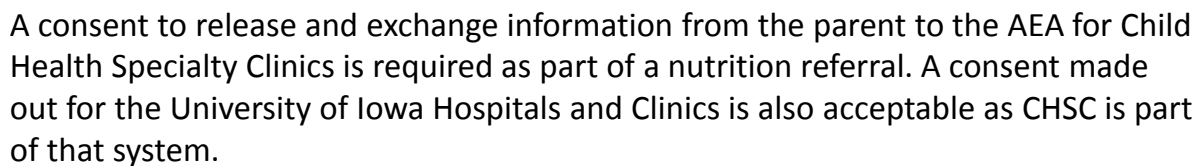
The Early ACCESS Nutrition Referral Checklist outlines steps to making a nutrition referral.

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.

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- ▶ Must have:
 - ▶ Child Health Specialty Clinics/ University of Iowa Hospitals and Clinics
 - ▶ Child's primary healthcare provider/pediatrician
- ▶ May need:
 - ▶ WIC
 - ▶ Medical specialists



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.

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Medicaid Reimbursement and Authorization Form

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- ▶ All EA participants are eligible for EA Nutrition Services regardless of Medicaid status
- ▶ If a child is enrolled in EA and has Medicaid, the Medicaid Authorization form is required so EA Nutrition Services can be billed if the parent provides consent

Early ACCESS PARENT/GUARDIAN AUTHORIZATION FORM FOR MEDICAID REIMBURSEMENT FOR INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) SERVICES

I, the undersigned, hereby authorize Early ACCESS to receive personally identifiable information from the Iowa Department of Human Services and the undersigned, "Parent/Guardian," the permission of (1) determining whether my child is eligible for Medicaid and (2) adding Medicaid for Medicaid-covered health services provided to my child under my child's IFSP. This form is required for Early ACCESS to receive Medicaid reimbursement for services provided to my child under my child's IFSP. This form is required for Early ACCESS to receive Medicaid reimbursement for services provided to my child under my child's IFSP.

For Child's Name: Andrew Jones Date of Birth: 11/1/2015

Signature of Parent/Guardian: _____ Date: _____

Service Code	Service	Parent Responsible	Frequency and Minutes
01-01-01	Speech	Parent Responsible	1 hour per week
01-01-02	Physical Therapy	Parent Responsible	1 hour per week
01-01-03	Occupational Therapy	Parent Responsible	1 hour per week



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.

Prior Written Notice (PWN) for Nutrition Evaluation

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Nutrition
evaluation/
assessment to be
completed within
30 days of date on
PWN



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.

Examples of PWN for Nutrition Evaluation

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► Evaluation:

- **Proposed Action:** Family is requesting evaluation by a CHSC Dietitian
- **Why Proposed:** Parent concerned that child is not growing or eating the way he should
- **Why Proposed:** Parent worries the child is a picky eater
- **Why Proposed:** PEACH score indicates nutrition concerns

The screenshot shows a 'Prior Written Notice' form. At the top, it says 'To: [Name Address]' and 'Health Insurance Name'. Below that, there are fields for 'Date' (with a calendar icon) and 'Date manual was provided' (with a calendar icon). There are also checkboxes for 'Early Intervention Service Eligibility' (Eligible/Not Eligible) and 'Date manual was provided' (with a calendar icon). The form has two main sections: '1. a description of the action' and '2. an explanation of why the public agency or service provider proposes or refuses to take action'. The first section contains the text 'Family is requesting evaluation by a CHSC Dietitian'. The second section contains the text 'Parent is concerned child is not gaining weight like she should'.

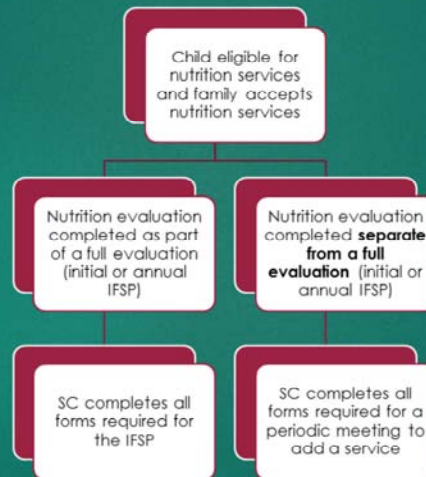


Here is an example of one proposed action and three explanations in a Prior Written Notice.

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.

Steps to Add Dietitian to IFSP Team

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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.

Meetings to Add Nutrition Services to IFSP

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If an evaluation indicates the child needs nutrition services and the family is interested in pursuing those services, this can only happen at a meeting after the nutrition evaluation has occurred

- ▶ If the nutrition evaluation is completed after any IFSP meeting has been held, a new periodic IFSP meeting is required to add services
- ▶ IFSP meetings cannot be "held open" to accommodate a nutrition evaluation being requested during an IFSP meeting to prevent scheduling another periodic meeting



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.

IFSP Responsibilities to Add Nutrition Services

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Service Coordinator:

- ▶ Meeting Notice
- ▶ Meeting Details
- ▶ PWN
- ▶ EA Consent for nutrition services
- ▶ Medicaid Authorization Form (if applicable)

CHSC Dietitian:

- ▶ Document evaluation results and service information in the IFSP & share with the team
- ▶ Develop or participate in an existing outcome in conjunction with the family
- ▶ Join IFSP meetings



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.

Examples of PWN for Nutrition Services

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► **Addition of Services:**

- Proposed Action: Nutrition services will be added to the child's IFSP
- Why Proposed: The IFSP Team agrees child will benefit from the addition of nutrition services

► **Not Adding Services:**

- Proposed Action: CHSC Dietitian will not join IFSP Team
- Why Proposed: Family feels their nutrition questions were answered within the nutrition evaluation



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.

Consultation vs Evaluation

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- ▶ 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



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

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.

Examples of General Nutrition Questions

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- ▶ *"I have recently struggled with families keeping their children on baby food past one year when they are showing interest in table foods. I am trying to provide them education. Do you have a handout that discusses transitioning from baby foods to table foods, and would you have it in Spanish?"*
- ▶ *"I just had a child referred with an elevated lead level. Do you have some nutrition fliers that I can give her? Normally I would sign her up for services but she turns three in three months."*
- ▶ *"How much water should a 14 month old be drinking to keep her hydrated? History includes bilateral cleft palate repair. Currently drinking well with nosey cup and easy flow sippy and drinks milk. Her pediatrician is pleased with growth. Parents are concerned about hydration."*



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.

Examples when a Nutrition Evaluation is Needed

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- ▶ Child born at 33 weeks with reflux and poor growth at 6 months of age. Bottle feedings are taking more than 20 minutes. Family is concerned about projectile vomiting and growth.
- ▶ Parents are wanting ideas for healthy meals and snacks and wondering if their child should lose weight. Child with BMI that is classified as overweight.
- ▶ Four month old with slow weight gain and regular, loose, mucous stools indicated on the PEACH. Not currently being followed by a dietitian.



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.

Examples of Requests that Require Evaluations

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- ▶ Child with rare form of overgrowth syndrome requiring extremely low calorie intake. OT would like list of foods she can work on exposing the child to that are low in calorie and help improve cholesterol levels.
- ▶ 14 month old allergic to dairy, soy, egg and corn and sensory processing issues. Pediatrician told grandmother he is failure to thrive. SC would like a handout on high calories foods that are safe for him to eat.



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.

Child Health Specialty Clinics Contact Information

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- ▶ Please reach out with any nutrition questions or requests to Child Health Specialty Clinics Nutrition Coordinator, Stephany Brimeyer MPH CSP RD LD

- ▶ **Email:** Stephany-Brimeyer@uiowa.edu

- ▶ **Phone:** 563-344-2253

- ▶ For other questions, please reach out to CHSC Early ACCESS Liaison, Tonya Krueger MA RDN LD

- ▶ **Email:** Tonya-Krueger@uiowa.edu

- ▶ **Phone:** 515-418-7940



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!