

The background features a geometric design with a light gray top-left corner, a large blue area on the right and bottom, and orange and teal triangular shapes on the left. The text is positioned diagonally across the gray and blue areas.

BACK TO SCHOOL CONFERENCE
SEPTEMBER 10-11, 2014

**Individualized Education Programs (IEP)
and
Individualized Healthcare Plans (IHP)**

Jacqueline Denton, Ashley Garcia,
Donia Intriere, and Gloria Regensberg

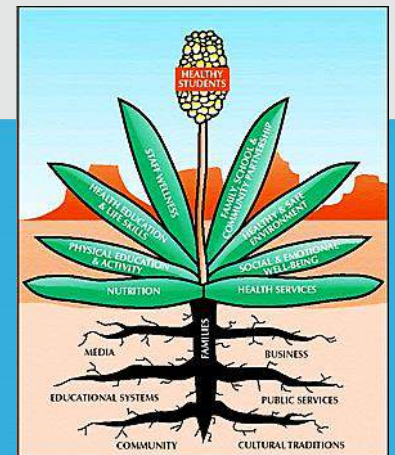


LEGAL REVIEW

LEGAL REVIEW

There are three main federal laws that affect students with disabilities and/or health conditions in schools:

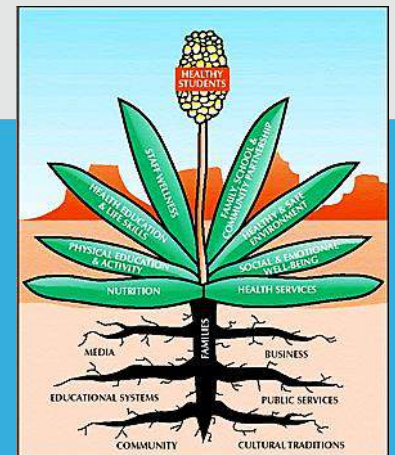
- (1) Americans with Disabilities Act (ADA)
- (2) Section 504 of the Rehabilitation Act.
- (3) Individuals with Disabilities Education Act (IDEA)



LEGAL REVIEW

Each of these Congressional enactments is grounded in the United States Constitution, 14th Amendment, § 1:

No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of laws.

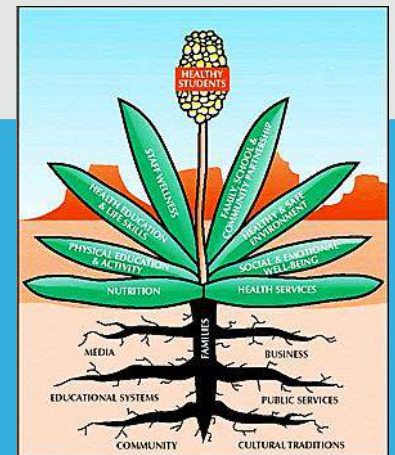


LEGAL REVIEW

Americans with Disabilities Act (ADA)

ADA – See 42 USC §§ 12101 et seq., Title II Regulations, Part 35

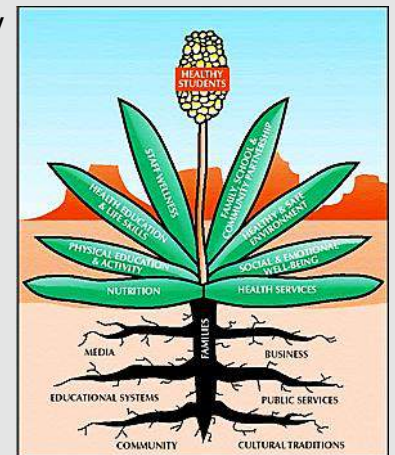
- Prohibits discrimination against persons with disabilities in employment, public accommodations, and other areas of public life, including schools.
- Discrimination prohibited against any:
 - qualified individual with a disability, qualified = having any “physical or mental impairment that substantially limits one or more major life activities”;
 - by any “covered entity” which includes schools.



LEGAL REVIEW

Americans with Disabilities Act (ADA) continued

- Enforced by the U.S. Department of Education, Office of Civil Rights (OCR).
- In 2008, the ADA was amended. The definitions and scope of the terms “disability” and “major life activity” were expanded/broadened.
- Failure of nursing staff or school health assistants to deliver required services to students with disability that limits a major life activity as defined in the ADA, could result in an increase in complaints to OCR, against school districts or charter schools by parents or other parties.
- These complaints may result in a requirement for corrective action to be taken by the school districts or charter schools and also result in legal fees for the district or charter school.

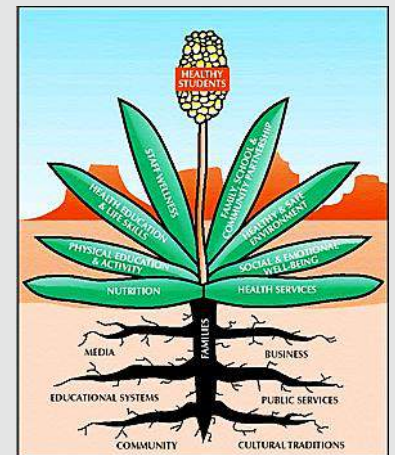


LEGAL REVIEW

Section 504: Part of the Rehabilitation Act of 1973

Regulations are at 45 CFR, Part 84

- Administered by the Department of Health and Human Services.
- More narrow than ADA, applies only to organizations that receive federal financial assistance, including schools.
- Discrimination prohibited against any:
 - qualified individual with a disability, qualified = having any physical or mental impairment that substantially limits one or more major life activities;
 - by any “covered entity” i.e. any entity receiving federal funds, which includes schools.

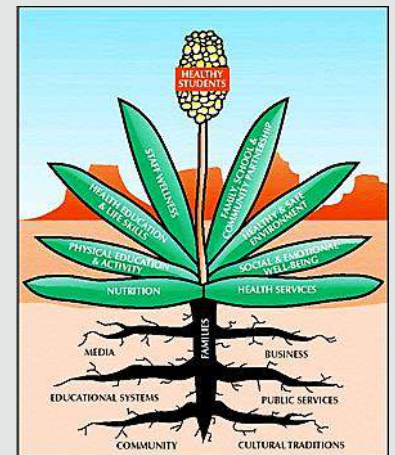


LEGAL REVIEW

Section 504: Part of the Rehabilitation Act of 1973 continued

Regulations are at 45 CFR, Part 84

- Enforced by the US Department of Education, Office of Civil Rights (OCR).
- Failure of nursing staff or school health assistants to deliver required services to students with disability that limits a major life activity as defined in Section 504, could result in an increase in complaints to OCR, against school districts or charter schools by parents or other parties.
- These complaints may result in a requirement for corrective action to be taken by the school districts or charter schools and also often result in legal fees for the district or charter school.

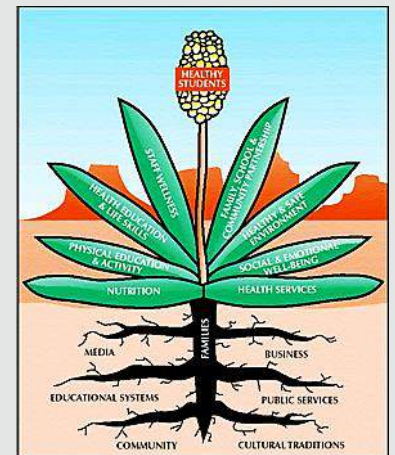


LEGAL REVIEW

Individuals with Disabilities Education Act (IDEA)

IDEA – See 20 USC 1400 et seq., Title 34 of CFR, Section 300

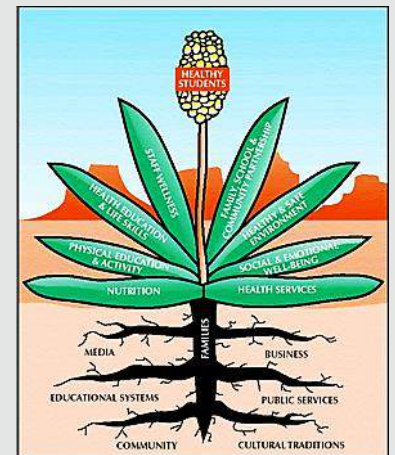
- Provides that all qualified students have a right to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE).
- Requires development of Individualized Educational Program (IEP) for the qualified student, designed to meet the unique needs of the student.
- Sometimes IEPs require “services other than specialized instruction that a student requires in order to access the curriculum,” these services are called “related services” in Federal regulations and guidance. Nursing services are “related services.”



LEGAL REVIEW

Individuals with Disabilities Education Act (IDEA) continued

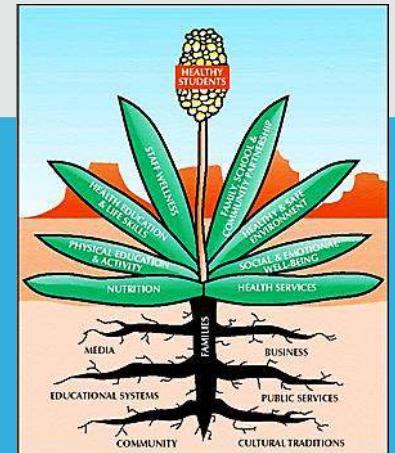
- Nursing services are required by an IEP to be delivered in the same way that other educational services are required to be delivered to the student.
- The IDEA requires that all qualified students have access to a FAPE, which means each qualified student must have:
 - an IEP providing education and related services at public expense (i.e. “free”);
 - that is reasonably calculated to enable the child to receive “meaningful educational benefit.” *Board of Education v. Rowley*, 458 US 176 (1982), defining “appropriate public education.”



LEGAL REVIEW

Individuals with Disabilities Education Act (IDEA) continued

- Failure to deliver all services specified in an IEP, including nursing services, could result in a state or Due Process complaint from parents or others that the student is being denied FAPE.
- These complaints result in:
 - Attorney fees for the LEA;
 - Hearing Officer fees to be paid by the District pursuant to 6.31.2.13(I) NMAC; and
 - A possible order for corrective action issued to the LEA by the Hearing Officer.





**INDIVIDUALIZED EDUCATION
PROGRAMS**

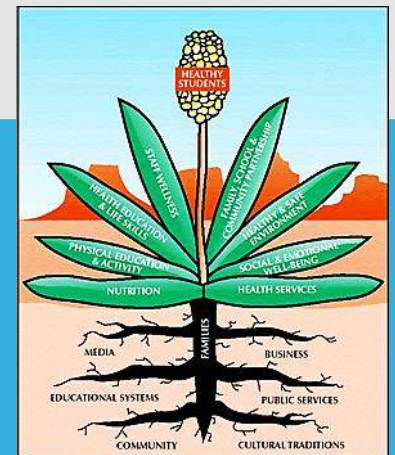
INDIVIDUALIZED EDUCATION PROGRAMS

According to NM Public Education Department (2011) Technical Assistance Manual “Developing Quality IEP’s”

An IEP is a written document that:

- “Directs and guides the development of meaningful educational experiences to provide students with opportunities to gain skills and knowledge that will assist them in achieving the standards and expectations for all students in the educational system”
- “Prepares [students] for transition into adult life.”

“Together, the IEP team makes informed decisions to develop an IEP for the student that provides him or her with the opportunities and experiences for success. The IEP supports the present strengths and needs of the student and his or her vision for the future. “

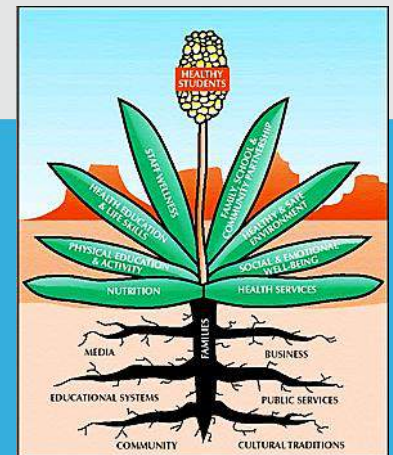


INDIVIDUALIZED EDUCATION PROGRAMS

What is an Individualized Education Program (IEP)?

- The 'cornerstone' of special education services
- A written document that details all the special education and related services needed for a student to receive a free appropriate public education (FAPE)
- Lists the child's strengths, needs, specific recommendations, the annual goals and how they are to be measured
- Describes how and when services are to be delivered
- Contains a schedule for reviewing and evaluating student progress

Federal Law entitles every child who qualifies for special education services under the Individuals with Disabilities Education Act (IDEA) to the development and implementation of an IEP.



INDIVIDUALIZED EDUCATION PROGRAMS

The IEP team includes:

- Parent(s) or legal guardian
- At least one regular education teacher (if child is in regular education classes)
- At least one special education teacher or provider, such as a therapist
- An administrative representative of the school or school district, such as a principal or special education director
- A professional who can explain results and implications of evaluations (i.e. school psychologist, speech language pathologist and /or a school nurse).
- An individual with knowledge or special expertise about the child, such as an advocate or private health care provider, at the discretion of the parent or school
- The child, whenever appropriate

INDIVIDUALIZED EDUCATION PROGRAMS

The Student Profile summarizes the information about the student that is already known. This profile will help guide the process of IEP development.

“As the team works together to fill out the student profile, it is establishing the foundation and tone for developing the rest of the IEP” (Developing Quality IEP’s, 2011).

The screenshot shows a page from a document titled "STUDENT PROFILE". The page contains several paragraphs of text. A green callout box on the left lists various conditions: "blindness; emotional disturbance; orthopedic impairment; autism, traumatic brain injury; other health impairment; specific learning disability, including dyslexia; deaf-blindness; multiple disabilities; developmentally delayed (ages 3-9); gifted". An orange callout box on the right contains the text: "In developing an IEP, consider the whole student—strengths, needs, concerns, and future plans— not just his or her disability." Two orange arrows point from the right side of the page towards the "STUDENT PROFILE" heading and the orange callout box. At the bottom of the page, the text "Developing Quality IEPs" is on the left and "Page 29" is on the right, with an orange arrow pointing to "Page 29".

blindness; emotional disturbance; orthopedic impairment; autism, traumatic brain injury; other health impairment; specific learning disability, including dyslexia; deaf-blindness; multiple disabilities; developmentally delayed (ages 3-9); gifted

areas of need.

STUDENT PROFILE: The Student Profile is a summary of what the IEP team currently knows and perceives about the student. The team discusses and considers the student’s strengths, needs, concerns, and plans for the future. As part of the IEP team, the parents (and student, when appropriate) must be encouraged to offer their input. Though professionals can describe assessment results and observations, it is the parents (and student) who really have the whole picture and know all the subtle factors that affect the student’s ability to learn, progress, and succeed.

The purpose of the IEP is to assist the student in achieving educational and personal goals. Professionals and parents working together as a team cannot only find the doors that lead to success for that student, but also provide the means to unlock them.

When completing the Student Profile section of the IEP, the team must consider and describe the student’s strengths and the concerns as identified by the parents, the student, teachers, related service staff, and other team members. Both objective assessment

In developing an IEP, consider the whole student—strengths, needs, concerns, and future plans— not just his or her disability.

Developing Quality IEPs Page 29

INDIVIDUALIZED EDUCATION PROGRAMS

STUDENT PROFILE

What do the parent and student envision as the student's future?

Student/Family Vision Statement: _____

Post-Secondary Training & Learning: _____

Community Participation: _____

Recreation & Leisure: _____

Independent Living: _____

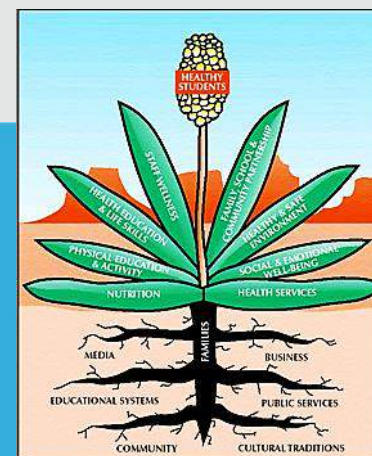
Note: Completion of this section requires the IEP team to consider and describe the student's academic and functional strengths and concerns as identified by the parent, student, teachers, related service staff, and other team members. The IEP team must consider additional information results from: state and district-wide assessments; initial or most recent evaluations; evaluations provided by the district, parents or guardians, and any extracurricular and non-academic areas that may be affected. For students entering pre-school, the team must consider Part C data and must invite at request of the parent the early intervening provider to the initial IEP (34 CFR §300.321(f)).

Domain	Information Provider	Strengths	Concerns / Recommendations
Academic/Learning Skills: -State and district-wide			
and fine motor skills)			
Other Areas: -Health considerations -Attendance -Observation			
Additional information			



Health considerations (i.e. food allergies, diabetes mellitus, etc.) should be included in the Student Profile within the "Other Areas" section.

Visit <http://ped.state.nm.us/SEB/index.html> for blank IEP templates

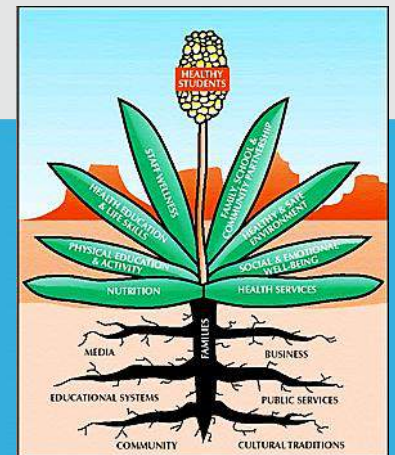


INDIVIDUALIZED EDUCATION PROGRAMS

Consideration of Special Factors

Federal regulations require that the IEP team consider the following six special factors when developing an IEP for a student eligible under the IDEA.

- Visual impairment/blindness
- Hearing impairment/deafness
- Special oral/written communication needs
- Limited English proficiency
- Assistive technology needs
- Behavior that impedes learning

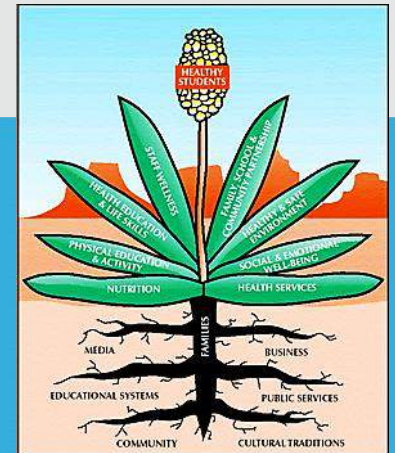


INDIVIDUALIZED EDUCATION PROGRAMS

Medical / Significant Health Information (Preschool/Elementary IEP and Secondary IEP)

This section includes:

- What medications (if any) the student takes
- Need for an individualized health plan or other school health services as a related service
- Need for specific emergency evacuation plan (per required Safe School Plan)
- Identifies appropriate physical education program for student
- Need for mobility assistance
- Special transportation accommodations



INDIVIDUALIZED EDUCATION PROGRAMS

MEDICAL/SIGNIFICANT HEALTH INFORMATION

Medication: _____

Significant Health Information: _____

Does the student require an individualized health plan or school health services as a related service?

YES NO:

If YES, attach the **health plan** to the IEP and/or indicate on the *Schedule of Services*.

Does the student require an emergency evacuation plan? YES NO

If YES, attach the **emergency evacuation plan**, including person(s) responsible, to the IEP.

Physical Education: Regular Regular, with accommodations Adapted

Mobility

Does the student require assistance to move in and around the school? YES NO:

If YES, describe the assistance to be provided and by whom: _____

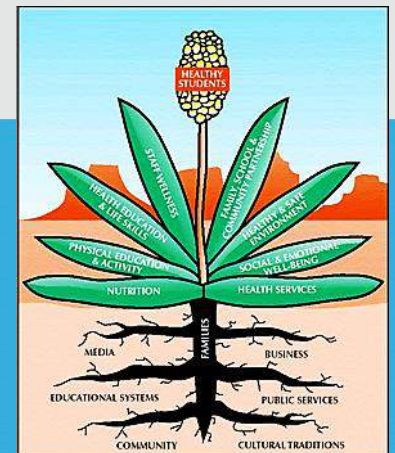
Transportation

Does the student require transportation as a related service? YES NO:

If YES, what accommodations and supports are required in order for the student to be transported with non-disabled peers in the Least Restrictive Environment (LRE)?

* - Symbol indicates information that goes into the Student Teacher Accountability Recording System (STARS).

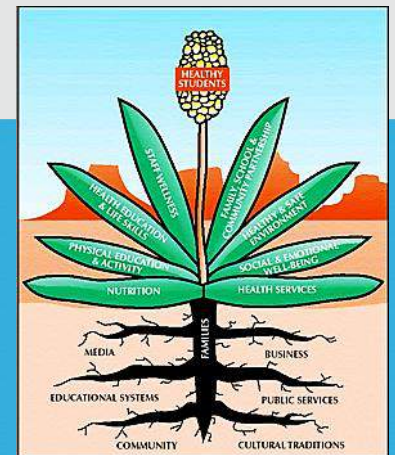
IEP Page 13 of 22 IEP for _____ Date: _____



INDIVIDUALIZED EDUCATION PROGRAMS

“Related services are the supporting services the student must have in order to benefit from special education. These would include (but are not limited to) such things as counseling, audiology service, speech/language, physical therapy, interpreter service, occupational therapy, psychological service, social work services, school health services, and parent counseling and training.”

NM Public Education Department Technical Assistance Manual
“Developing Quality IEP’s”



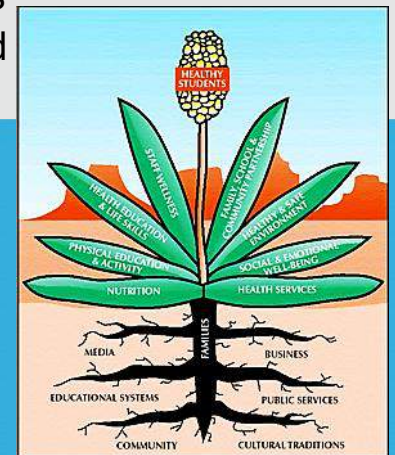
INDIVIDUALIZED EDUCATION PROGRAMS

Federal :

Individuals with Disabilities Education Act (IDEA)- Title 34 CFR, Section 300

“Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training.”

“School health services and school nurse services means health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.”

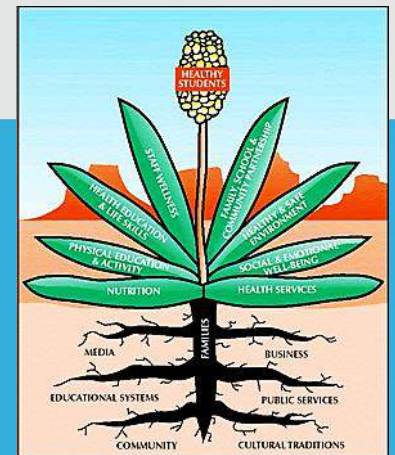


INDIVIDUALIZED EDUCATION PROGRAMS

State :

NEW MEXICO STATUTES AND CODES Section 22-1-2

F. "instructional support provider" means a person who is employed to support the instructional program of a school district, including educational assistant, school counselor, social worker, school nurse, speech-language pathologist, psychologist, physical therapist, occupational therapist, recreational therapist, marriage and family therapist, interpreter for the deaf and diagnostician



INDIVIDUALIZED EDUCATION PROGRAMS

As indicated in the PED IEP template, health services and nursing services should be listed in the “Schedule of Services” section of the IEP in “Related Services.”

SCHEDULE OF SERVICES

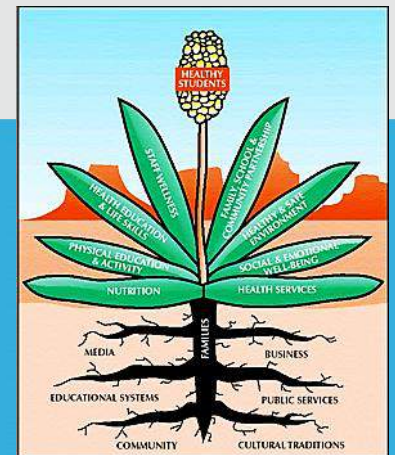
If this IEP spans parts of two school years, please complete this page twice, separating the services to be delivered within each school year.

Activities with typically developing peers	Regular Education Services	
<input type="checkbox"/> Recess <input type="checkbox"/> Lunch/Breakfast <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> Library/Computer class <input type="checkbox"/> PE <input type="checkbox"/> Assemblies <input type="checkbox"/> Extracurricular activities	Accommodations Needed <input type="checkbox"/> Subject _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject _____ <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, complete INSTRUCTIONAL ACCOMMODATIONS section	

* Special Education & Related Services	Minutes per Day/Week/Month/Semester/Year	Start Date	Ending Date	Service Provider (s)	Location	
					Time in Regular Classroom	Time in Special Education Setting
Time Totals						
Supplementary Aids and Services	Minutes per Day/Week/Month/Semester/Year	Start Date	Ending Date	Service Provider (s)	Location	
					Time in Regular Classroom	Time in Special Education Setting
Time Totals						

* - Symbol indicates information that goes into the Student Teacher Accountability Recording System (STARS).

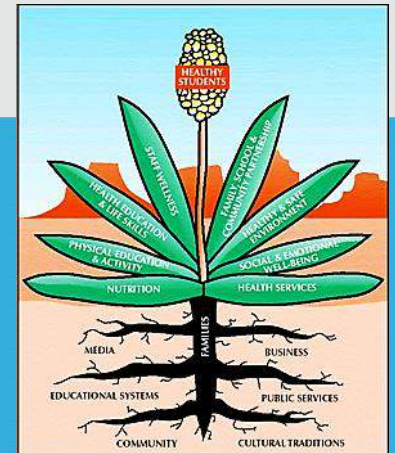
IEP Page 14 of 22 IEP for _____ Date: _____



INDIVIDUALIZED EDUCATION PROGRAMS

Consent for Medicaid

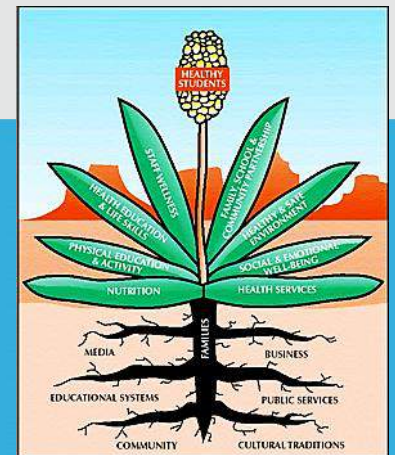
- A one-time, prior, written parental consent is required
- Consent allows the LEA to use the parent's and/or child's public benefits to pay for special education and related services and to bill Medicaid for IEP-related services
- LEA will not be required to obtain parental consent again in order to access the child's public benefits, even if the child's services change in the future.
- Parents also have the right to withdraw consent to disclose their child's personal information for billing purposes at any time



INDIVIDUALIZED EDUCATION PROGRAMS

Consent for Medicaid

- Parents must be informed that if they choose not to provide access to benefits or insurance that the LEA is required to provide the services at no cost to the parent.
- Parents must be fully informed of the services, the frequency of the services, and the length of time the services will be provided in order to bill Medicaid
- LEAs may not require the parent to provide consent or incur out of pocket expense in order for the child to receive FAPE under the IDEA





**INDIVIDUALIZED HEALTHCARE
PLANS**

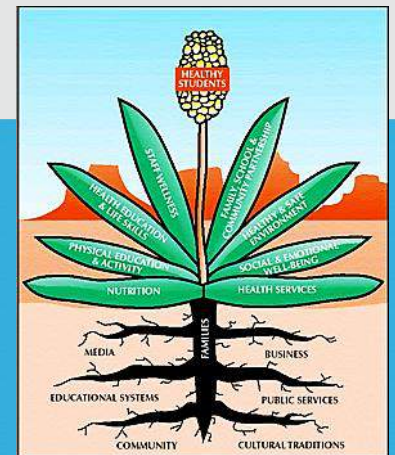
INDIVIDUALIZED HEALTHCARE PLANS

What is an Individualized Healthcare Plan (IHP)?

According to National Association of School Nurses (NASN):

“The IHP is a written document based on the nursing process.”

The nursing process is defined as “a circular, continuous and dynamic critical-thinking process comprised of six steps and that is client-centered, interpersonal, collaborative, and universally applicable” (NASN, 2013).



INDIVIDUALIZED HEALTHCARE PLANS

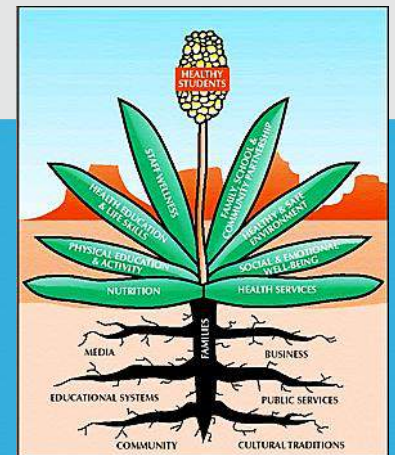
What is an Individualized Healthcare Plan (IHP)?

- Discusses student health history/assessment
- Addresses the nursing diagnosis
- Describes goals of care (nursing, student, parent and physician)
- Describes nursing interventions
- Expected outcomes
- Evaluation of outcomes

The IHP is written with the licensed NM Public Education Department school nurse. It should be reviewed and signed by the parents.

The IHP describes the patient health history and helps guide the delivery of nursing services to the student.

“It is the responsibility of the school nurse to implement and evaluate the IHP at least yearly and as changes in health status occur to determine the need for revision and evidence of desired student outcomes” (NASN, 2013).



INDIVIDUALIZED HEALTHCARE PLANS

Blank Example from NM School Health Manual

Individualized Health Care Plan Page ____ of ____

**INDIVIDUALIZED HEALTHCARE PLAN (IHP)
Unspecified Condition Form**

STUDENT NAME: _____ **DOB** _____

Student Address: _____ **School:** _____
Home Phone: _____ **Teacher/Counselor:** _____
Parent/Guardian: _____ **Grade:** _____
Day/Work Phone: _____ **IHP Date:** _____
Healthcare Provider: _____ **IEP Date:** _____
Provider Phone: _____ **Review Date(s):** _____
IHP Written By: _____ **ICD-9 Codes:** _____

Parental/Guardian statement: *I/We have read this plan and agree to its implementation.*
Signature: _____ Date: _____

Assessment Data	Nursing Diagnosis	Goals	Nursing Assessment	Expected Outcome

http://nmschoolhealthmanual.org/shm_05.pdf

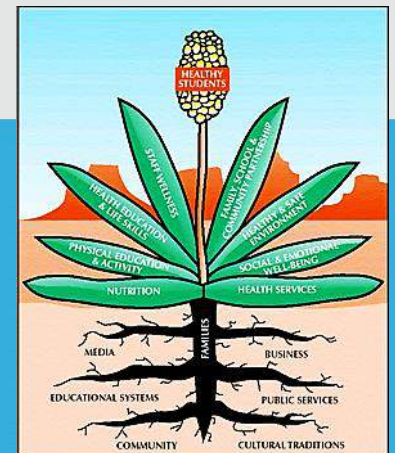
INDIVIDUALIZED HEALTHCARE PLANS

The first step should be an assessment of health needs that may indicate the need for an Individualized Healthcare Plan (IHP).

The following is an assessment checklist.

Do Health Problems Require:

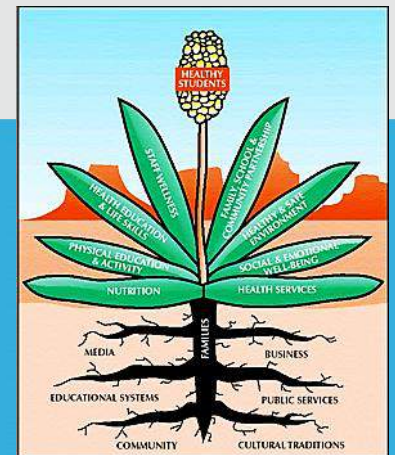
- Special training of school personnel
- Change in school environment
- Added safety measure
- Measures to relieve pain
- Self-care assistance
- Rehabilitation measures
- Adaptation of health screening procedures
- Special orders for care needed from doctor
- Medications
- Special diet
- The addition of health maintenance care
- Adaptation of physical education program



INDIVIDUALIZED HEALTHCARE PLANS

Possible indications for an IHP (not limited to the following):

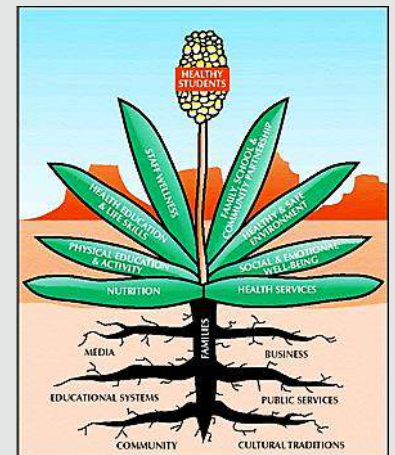
- Allergies
- Anorexia Nervosa
- Asthma
- ADHD
- Autism
- Bulimia
- Cerebral Palsy
- Congenital Heart Disease
- Cystic Fibrosis
- Depression
- Diabetes Mellitus
- Down Syndrome
- Duchenne Muscular Dystrophy
- Hearing Impairment
- Hemophilia
- Illness - possibly terminal
- Obesity
- Seizure Disorder
- Spina Bifida
- Visual Impairment



INDIVIDUALIZED HEALTHCARE PLANS

Why are Individualized Healthcare Plans necessary?

- Clarify and consolidate health information
- Establish priority of nursing diagnoses for student
- Provide method of communication to direct nursing care required
- Ensure consistency and continuity of care as students move within and outside of school districts
- Direct specific interventions
- Provide a means to review and evaluate nursing goals and outcome criteria
- Safer process for delegation of nursing services in the school setting
- Helps create the foundation for an Emergency Care Plan (ECP) if indicated.

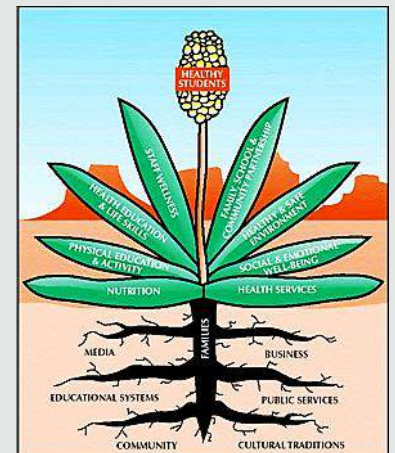


INDIVIDUALIZED HEALTHCARE PLANS

How do the IEPs and IHPs relate to Nutrition?

- Students with and without disabilities may require special dietary accommodations to be made.
- According to the United States Department of Agriculture (USDA) Regulations 7 CFR Part 15b, organizations participating in Child Nutrition Programs are required to modify their meals to meet the individual needs of the children whose disabilities restrict their diets.
- USDA will reimburse school meals with prescribed dietary accommodations at the same rate as all other meals that meet the Meal Pattern requirements.

http://www.fns.usda.gov/sites/default/files/special_dietary_needs.pdf



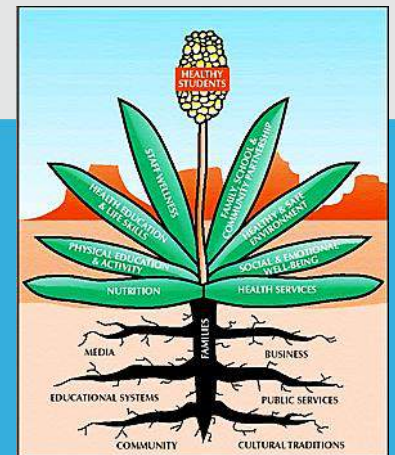
INDIVIDUALIZED HEALTHCARE PLANS

When are special dietary accommodations required?

- Life threatening food allergies, when documented by a licensed physician, qualify as a disability under Section 504 of the Rehabilitation Act of 1973. Please refer to the Section 504 Guide using the following link:
<http://ped.state.nm.us/Rtl/dl10/Section504.pdf>.
- Other disabilities, as recognized by the Individuals with Disabilities Education Act (IDEA), qualify a child to have adjustments made to his/her daily menu if indicated by the child's physician in writing. More information on IDEA is available at http://ped.state.nm.us/SEB/idea/dl11/PartB_IDEA_final_regulations.pdf.

The links below provides helpful hints for managing dietary accommodations in schools:

<http://www.cdc.gov/HealthyYouth/foodallergies/>
<http://www.nfsmi.org/ResourceOverview.aspx?ID=40>



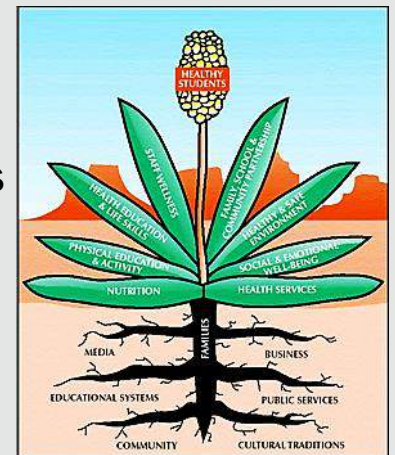
INDIVIDUALIZED HEALTHCARE PLANS

How do I know if accommodations are necessary?

Documentation of the child's disability or other special dietary need must include:

- the type of disability;
- the explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food or foods that are to be eliminated from the child's diet; and
- the food or choice of foods that must be substituted.

For children who do not have a qualifying disability but have other special dietary needs, requests can be made for accommodations. The school, however, is not mandated to comply with these requests but allowed by USDA to make substitutions at their discretion.



INDIVIDUALIZED HEALTHCARE PLANS

Addressing Food Allergies in Schools, EDU Memo August 2014.pdf - Windows Reader

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HANNA SKANDERA
SECRETARY OF EDUCATION

SUSANA MARTINEZ
GOVERNOR

August 1, 2014

MEMORANDUM

To: Superintendents
Fr: Ashley Garcia, School Medicaid/ Health Services Coordinator *AG*
RE: How to Address Possible Food Allergies in the Schools

"In 2011, Congress passed the FDA Food Safety Modernization Act to improve food safety in the United States (U.S.) by shifting the focus from response to prevention. Section 112 of the act calls for the Secretary of U.S. Department of Health and Human Services (HHS), in consultation with the Secretary of the U.S. Department of Education (USDE), to develop voluntary guidelines for schools and early childhood education programs to help them manage the risk of food allergies and severe allergic reactions in children. In response, the Centers for Disease Control and Prevention (CDC), in consultation with the USDE, developed the "Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs," (CDC, 2013) hereinafter referred to as "The Guidelines." The following guidance has been created in accordance with this CDC publication.

Food allergy is defined as "an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food" (CDC, 2013). The most common food allergens (allergy triggers) seen in the U.S. are milk, eggs, fish, shellfish, wheat, soy, peanuts and tree nuts. In fact, according to the CDC, these eight items account for 90% of severe allergic reactions. Federal law mandates that all food labels should clearly specify whether or not products contain or may have come in contact with these allergens. School staff should recognize that some non-food items may also contain allergens, and companies are not legally required to list these allergens on the label. Ingredients should be confirmed by contacting the manufacturer before use.

Food allergies affect between 4-6% of children in the U.S., resulting in severe and life threatening reactions for some. In the case of anaphylaxis, symptom onset is rapid and can cause death. Information on symptoms of allergies can be found at <http://www.foodallergy.org/symptom>. Increasing knowledge and improving awareness of food allergies can help lead to prevention of allergic reactions, early recognition of symptoms, and response to emergency situations in a timely and effective manner.



10:01 AM

INDIVIDUALIZED HEALTHCARE PLANS



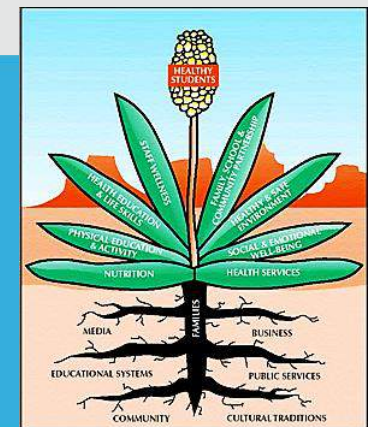
Remember, providing the same experience for all children at meal time is not only the right thing to do, it is the law



MENU PLANNING

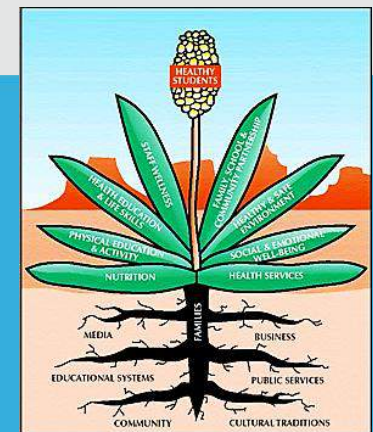
SCHOOL FOOD SERVICE STAFF RESPONSIBILITIES

- € Ensure communication between the IEP team, school nurse, and SFA regarding food substitutions and omissions.
- € Must make food substitutions or modifications for students with disabilities based on a prescription written by a licensed physician called a Physician's Statement.
- € Substitutions for children without disabilities, with medically certified special dietary needs, must be based on a statement by a recognized medical authority



SCHOOL FOOD SERVICE STAFF RESPONSIBILITIES

- € Under no circumstances are school food service staff to revise or change a diet prescription or medical order
- € Document in writing to protect the school and minimize misunderstandings. Schools should retain copies of special, non-meal pattern diets on file for reviews
- € The diet orders do not need to be renewed on a yearly basis; however schools are encouraged to ensure that the diet orders reflect the current dietary needs of the child



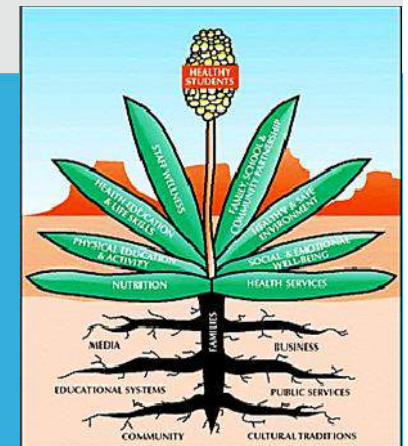
MAJOR BODILY FUNCTIONS CATEGORY , SP36-2013

Americans with Disabilities Act Amendments Act of 2008 (ADAAA) amended the Federal definition of disability, broadening it to cover additional individuals.

“Major Life Activities” added new category: “Major bodily Functions”, 42 USC 12102(2)(B)

Major Bodily Functions:

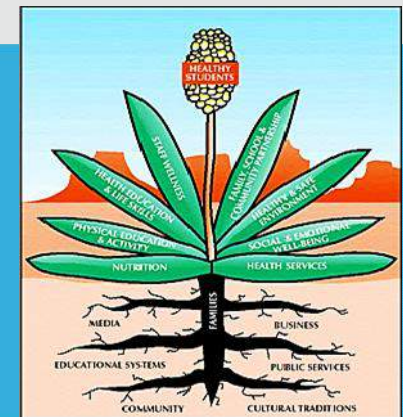
- € Functions of the immune system
- € Normal cell growth
- € Digestive
- € Bowel
- € Bladder
- € Neurological
- € Brain
- € Respiratory
- € Circulatory
- € Cardiovascular
- € Endocrine
- € Reproductive functions



PHYSICIAN'S STATEMENT FOR CHILDREN WITH DISABILITIES

THE STATEMENT MUST IDENTIFY:

- 1) THE CHILD'S DISABILITY
- 2) AN EXPLANATION OF WHY THE DISABILITY RESTRICTS THE CHILD'S DIET
- 3) THE MAJOR LIFE ACTIVITY AFFECTED BY THE DISABILITY
- 4) THE FOOD/FOODS TO BE OMITTED FROM THE CHILD'S DIET AND THE FOOD THAT MUST BE SUSTITUTED



CASES OF FOOD ALLERGIES OR INTOLERANCES

- € A food allergy or intolerance is generally not considered a disability and the SFA can choose to accommodate with substitutions or not.
- € However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician in the Physician's Statement must be made.

8 MOST COMMON FOOD ALLERGENS

Over 90% of allergic reactions come from:

1) MILK

2) EGGS

3) PEANUTS

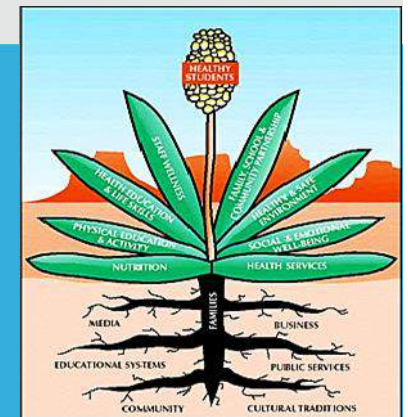
4) TREE NUTS

5) FISH

6) SHELLFISH

7) WHEAT

8) SOY



GLUTEN FREE

CELIAC DISEASE: An autoimmune disorder in which the body mistakenly reacts to gluten, a protein found in wheat, barley and rye, as if it were a poison. Destroys the part of the small intestine that absorbs vital nutrients. This malabsorption can lead to serious illness.

€ Bloating, gas, diarrhea, weight loss or gain, constant fatigue or weakness, headaches, infertility, depression that does not respond to medication, abdominal pain, bone pain, anemia and a skin rash called dermatitis herpetiformis. For children, symptoms can also include failure to thrive, short stature, distended abdomen, dental enamel defects, and unusual behavior changes.

€ Long term effects when untreated: malnutrition, lymphoma, osteoporosis, neurological complications and miscarriage

€ Only treatment: Gluten-free diet, excluding all wheat, barley, rye and cross contaminated oats. When gluten is taken out of the diet, the small intestine heals and a return to full health can be expected

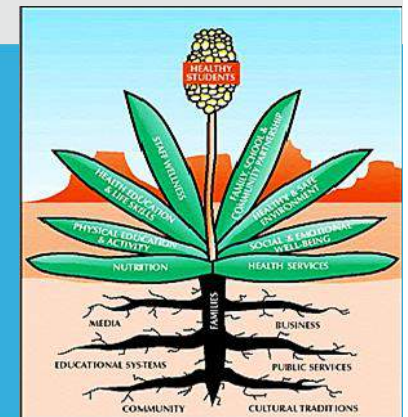
€ DISABILITY

GLUTEN FREE

GLUTEN INTOLERANCE: A condition that causes a person to react after ingesting gluten, a protein found in wheat, barley and rye.

- € Gastrointestinal problems, diarrhea, joint pain, fatigue and depression. The same symptoms are associated with celiac disease, so it's important to get the correct diagnosis
- € Scientists from the Center for Celiac Research have found that gluten sensitivity is a bona fide condition, distinct from celiac disease, with its own intestinal response to gluten
- € Do not have the intestinal inflammation or long-term damage to the small intestine that characterizes untreated celiac disease.
- € Only treatment : Gluten-free diet, which excludes all wheat, barley, rye and cross-contaminated oats.

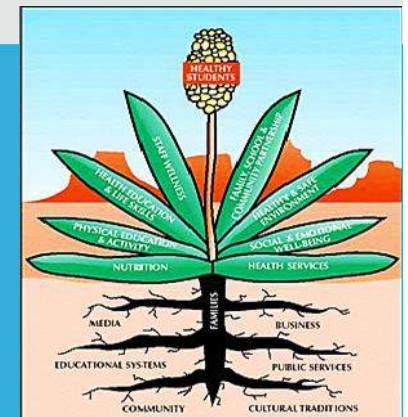
€ An Intolerance like lactose intolerance. Please consider and make substitutions in the same way.



GLUTEN FREE

WHEAT ALLERGY: Immunologic reaction in which the body misidentifies gluten as a toxin. Unlike celiac disease, a wheat allergy does not cause intestinal inflammation or long-term damage to the intestine

- € Rashes, hives, itching, swelling, and more severe problems like trouble breathing, wheezing, and loss of consciousness. A food allergy can be potentially fatal
- € Most common in children and is usually outgrown before adulthood. Often this occurs as early as the age of three
- € May or may not tolerate other grains
- € **Treatment: Wheat free and usually Gluten free diet.**
- € **Disability**

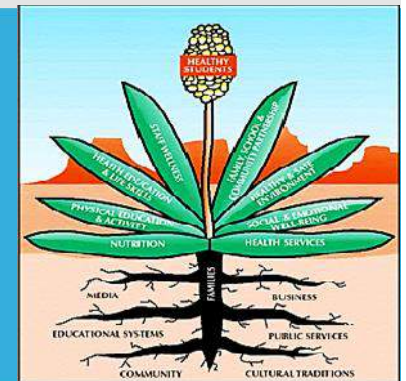


OTHER SPECIAL DIETARY NEEDS

- € The school food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need.
- € Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.
- € Each special dietary request must be supported by a medical statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority.

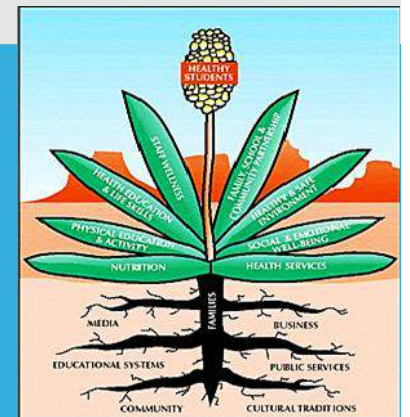
PRICE OF SCHOOL MEALS

- € Schools may not charge children with disabilities or with certified special dietary needs who require food substitutions or modifications more than they charge other children for program meals or snacks as defined in USDA's nondiscrimination regulations, 7 CFR Part 15b
- € USDA will reimburse school meals with prescribed dietary accommodations at the same rate as all other meals that meet the New Meal Pattern requirements



INCURRING ADDITIONAL EXPENSES

- € Generally the SFA should be able to absorb the cost of making meal modifications or paying for the services of a Registered Dietician
- € When the SFA has difficulty covering the additional cost, there are several alternative sources of funding :
 - The school district's general fund
 - Individuals with Disabilities Education Act (IDEA)
 - Medicaid
 - Supplemental Security Income



ADDITIONAL RESOURCES

<http://ped.state.nm.us/sfsb/tools/>

http://nmschoolhealthmanual.org/shm_05.pdf

<http://ped.state.nm.us/SEB/index.html>

<http://ped.state.nm.us/RtI/dl10/Section504.pdf>

http://ped.state.nm.us/SEB/idea/dl11/PartB_IDEA_finalregulations.pdf

<http://www.ada.gov/>

<http://www.nfsmi.org/ResourceOverview.aspx?ID=40>

<http://www.cdc.gov/HealthyYouth/foodallergies/>

<http://www.hcfa.gov/medicaid>

<http://www.SSA.gov>