



Nursing and Nutrition Services

Technical Assistance Document July 2006

Introduction

Provision of nursing and nutrition services has often raised questions among service coordinators and service providers as to when it is appropriate for Individualized Family Service Plan (IFSP) teams to determine these services necessary for children participating in Missouri First Steps. Recent monitoring of System Points of Entry (SPOEs), service coordinators, and service providers across the state has shown inconsistencies in IFSP teams' understanding of these services and appropriateness of authorizations, including frequency and intensity. The purpose of this document is to clarify the definitions of nursing and nutrition services under federal and state Part C of the Individuals with Disabilities Act (IDEA) and regulations implementing IDEA as well as to provide guidance to the field for appropriate use of these early intervention services.

Definition of Nursing Services

Part C regulations under IDEA define nursing services to include:

- i. the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems*
- ii. provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and*
- iii. administration of medications, treatments, and regimens prescribed by a licensed physician.*

This definition is very general and has been the source of confusion for many individuals working in Missouri's First Steps system. The Department of Elementary and Secondary Education's interpretation of nursing services under Part C is based on additional guidance provided through the US Department of Education, Office of Special Education Programs and suggests that the purpose of nursing services is under Part C of IDEA to enable a child to benefit from the other early intervention services under Part C during the time that the child is receiving the other early intervention services.

Nursing service, under Missouri's Part C system, are not intended to be provided on a continual basis, such as private duty nursing or nursing care for maintenance of life. Also, typical medical services which would be provided by the family's health care provider are

not appropriate to authorize as First Steps. We would **not** expect nursing services to be authorized to:

- a. Monitor weight and general health of the child;
- b. Monitor health conditions such as asthma or allergies;
- c. Provide consultation to families on common health issues such as colds, immunizations, or medications;
- d. Provide medications or treatments to the child unless the team has determined those services are required during the time the child is receiving another First Steps early intervention service;
- e. Allow a nurse to accompany the parent to a physician appointment because the parent does not understand English or has difficulty understanding instructions from the physician for some other reason. (It would also not be appropriate to authorize an interpreter to accompany the parent unless First Steps had authorized the physician to evaluate the child.)

Instead, we might expect to see nursing services authorized for the purpose of:

- a. Conducting a nursing assessment when it has been determined by the intake or service coordinator or the IFSP team that this assessment is necessary to address questions not already addressed by medical personnel about the child's medical needs as they relate to the provision of another early intervention service.
- b. Providing necessary medications or treatments during the time the child is receiving another early intervention service, when the IFSP team has determined this to be necessary.
- c. Consulting with another First Steps provider in reasonable amounts of time and at reasonable intervals when that provider needs advice based on the health issues of the child that are a factor or may impact the strategies or safety issues for providing that particular early intervention service.
- d. Showing the family how to handle a particular treatment need so that the provider will not need to be present during other First Steps services. This would be considered a direct service when it is necessary to demonstrate these activities with the child.

Typically, First Steps nursing services will not require a great deal of time and will be short term unless it is apparent the treatment is necessary during the time the child is receiving the other First Steps services. Often services such as providing guidance to a family or consulting with other First Steps providers will be short term (possible only one or two sessions) or may be built into the IFSP on a gradually decreasing basis. It must be understood that when a service is listed in a child's IFSP that service must be provided in accordance with the frequency, intensity and duration shown unless there is a parent or child reason not to do so on the date scheduled. It is not intended that IFSPs reflect a higher level of services than the team feels is needed "just in case" there is a need that day or that week.

Nutrition Services

Part C regulations under IDEA define nutrition services to include:

- A. conducting individual assessments in:
 - i. nutritional history and dietary intake;
 - ii. anthropometric, biochemical, and clinical variables

- iii. feeding skills and feeding problems; and
 - iv. food habits and food preferences
- B. developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and
- C. making referrals to appropriate community resources to carry out nutrition goals.

Provision of nutrition services within an IFSP should be considered when a child has specific needs related to healthy growth and development and these needs relate to the child's outcomes developed by the IFSP team. Some examples of concerns that may be addressed through use of nutrition services include feeding issues associated with prematurity, poor weight gain, and food preferences or dislikes for certain foods.

Nutrition services should focus on the child's specific nutritional needs and may include the development of an individual nutrition plan. Family training on selecting foods or preparation of nutritional meal/snacks may also be appropriate. Nutrition services may also include identification of other community resources that may assist the family in carrying out nutritional goals. Like nursing services, nutrition services will often be time-limited and should focus on building family's capacity to meet their child's individual nutritional needs. As the child shows improvement and the family requires less assistance, the IFSP should reflect decreasing amounts of service and the service will be discontinued when no longer needed.

Whether the recommended service is nursing or nutrition, or both, it is important for service coordinators to help IFSP teams understand the appropriate use of these services under Part C and that the team carefully considers what is needed for the individual child and family within that context and based on the child's developmental needs and IFSP outcomes and other services. Often there may be some overlap in these two areas, and it is important to determine what the purpose of each service would be and whether there is a true need for both.