Disabilities and Special Dietary Needs Requirements

**Purpose**

This Policy Alert REPLACES:
- Policy Alert CACFP DCH 2007-12, *Disabilities and Special Dietary Needs Requirements*
- Policy Alert CACFP DCH 2007-9, *Disabilities and Special Dietary Needs Requirements*;
- CACFP DCH Handbook Section 4112.4, *Meals for Children with Disabilities*; and
- CACFP DCH Handbook Section 4112.5, *Children with Special Dietary Needs*.

This Policy Alert also provides current guidance on reducing or eliminating symptoms associated with lactose intolerance.

**Implementation**

Immediately

**Definitions**

**Disabled Child/Infant** – Any child/infant who has a physical or mental impairment that substantially limits one or more major life activities, has a record of having such an impairment, or is regarded as having such an impairment.

**Licensed Physician** – A person licensed to practice medicine in Texas. Licensed physicians include Doctors of Osteopathy.

**Major Life Activities** – Functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

**Recognized Medical Authority** – Includes licensed physicians, physician assistants and nurse practitioners.

This Policy Remains in Effect Until Further Notice
**4112.4 Meals for Children/Infants with Disabilities**

Providers are **required** to provide meal component substitutions to a disabled child/infant when supported by a medical statement signed by a licensed physician. The determination of whether or not a child/infant has a disability that restricts his or her diet is to be made on an individual basis by a licensed physician. The physician’s medical statement of the child’s / infant’s disability must be based on the regulatory criteria for “disabled child/infant” and contain a finding that the disability restricts the child’s/infant’s diet.

The medical statement must identify:
- The child’s/infant’s disability and an explanation of why the disability restricts the child’s/infant’s diet;
- The major life activity or activities affected by the disability;
- The food or foods to be omitted from the child’s/infant’s diet;
- The food or choice of foods to be used as substitutions; and
- Any other restrictions and/or requirements specific to the child’s/infant’s disability (e.g., caloric modifications or the substitution of a liquid nutritive formula).

**Note:** If the child’s/infant’s disability requires only textural modification(s) to the regular program meal, as opposed to a meal pattern substitution, then the medical statement is recommended, but not required.

Children/infants with food allergies or intolerances, or obese children/infants do not necessarily meet the regulatory criteria for “disabled child/infant”. However, if the physician’s assessment finds that the food allergy may result in severe, life-threatening reactions (anaphylactic reactions) or the obesity is severe enough to substantially limit a major life activity, then the child/infant meets the definition of “disabled child/infant”, and you must make the substitutions prescribed by the licensed physician and supported by the physician’s medical statement.

Providers must:
- Keep on file a copy of the licensed physician’s medical statement;
- Provide a copy of the licensed physician’s medical statement to their sponsor;
- Provide the meal substitutions at no additional cost to the child’s/infant’s parent (or guardian); and
- Document meal substitutions.

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SNP strongly encourages providers to work closely with the parent (or guardian) for the health, well-being and education of children/infants with disabilities to ensure that reasonable accommodations are made to allow children/infants with disabilities to participate in the meal service. This is particularly important when accommodating children/infants whose disability(ies) requires significant modifications or personal assistance.

The reimbursement rate for meals served to children/infants with disabilities is the same standard rate as all other program meals.

4112.5 Meals for Children/Infants with Medical or Special Dietary Needs

Children/infants who are not a “disabled child/infant” but who are unable to consume a food item because of medical or other special dietary needs may be served substitutions. This includes children/infants with food intolerance(s) (e.g., lactose intolerant or food allergy).

The parent (or guardian) of a child/infant with a medical or special dietary need must be supported by a medical statement signed by a recognized medical authority. In these cases, recognized medical authority may include physicians, physician assistants or nurse practitioners. The medical statement must include the following:

- Identification of the medical or special dietary need that restricts the child's/infant’s diet;
- Food or foods to be omitted from the child’s/infant’s diet; and
- Food or choice of foods to be used as substitutions.

The decision as to whether or not the provider will provide the substitutions is at the discretion of the provider. SNP urges providers to make every effort to satisfy the unique medical or special dietary needs of each child/infant; however, we recognize that this may not always be possible due to operational and financial constraints.

If a provider chooses to provide substitutions for children/infants with medical or special dietary needs, then the provider must:

- Provide substitutions on a case-by-case basis;
- Maintain the required medical statement in their files;
- Provide a copy of the required medical statement to their sponsor;
- Provide the meal at no additional cost to the child’s/infant’s parent (or guardian); and
- Document meal substitutions.

Example: "Lactose Intolerant" describes a difficulty digesting the sugar found in milk and milk foods. Symptoms associated with lactose intolerance may be reduced or eliminated if:

- Small, frequent portions of milk are consumed rather than large portions;
- Milk or milk foods are consumed with other foods or a meal; or
- Acidophilus milk, yogurt with active cultures, ice cream, cottage cheese and aged hard cheeses like cheddar and Swiss are consumed.

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If a child is lactose intolerant, you are encouraged to determine the availability of lactose-reduced or lactose-free milk. You are also encouraged to provide lactose-reduced or lactose-free milk as a fluid milk choice as a creditable part of a reimbursable meal. If you substitute lactose-reduced or lactose-free milk for another milk type, you cannot assess additional charges to the child’s parent (or guardian). If you serve a meal without milk to a child, you cannot claim reimbursement unless you maintain a medical statement.

If an infant is lactose intolerant, you are encouraged to provide a lactose-free infant formula as a creditable part of a reimbursable meal, and you cannot assess additional charges to the infant’s parent (or guardian). Refer to Notice CACFP DCH 2007-10, Iron Fortified Infant Formulas That Do Not Require a Medical Statement, for a listing of infant formulas.

Additionally, children/infants with chewing and swallowing difficulties may require textural modifications that include softer foods, e.g., cooked carrots rather than raw carrots, or foods that are chopped, ground, or blended. Textural modifications can usually be made to the regular program meal; therefore, a physician's medical statement indicating the appropriate food texture is recommended, but not required.

SNP strongly encourages Providers to work closely with the parent (or guardian) for the health, well-being and education of children/infants with medical or special dietary needs to ensure that reasonable accommodations are made to allow children/infants with medical or special dietary needs to participate in the meal service. This is particularly important when accommodating children/infants whose medical or special dietary need requires significant modifications or personal assistance.

The reimbursement rate for meals served to children/infants with medical or special dietary needs is the same standard rate as all other program meals.