North Carolina Infant-Toddler Program
Procedural Guidance

Reference: Infant-Toddler Program Services Policy

Serving Children with Feeding and Swallowing Concerns

Purpose

To define the role of CDSAs in supporting children with feeding and swallowing concerns.

1. **Defining pediatric feeding disorders in the NC ITP**

   a. The NC ITP provides strategies, supports, services, and caregiver coaching within natural environments to address the developmental needs of children with feeding concerns.
   During the first three years of life, children explore their world through a variety of oral motor and sensory experiences to satisfy their basic needs for nutrition and comfort. Children follow an expected developmental progression in feeding and oral-motor skills. A feeding problem occurs when a child is not progressing through their expected developmental milestones (e.g., fine motor for self-feeding, sensory processing, oral motor, muscle development to maintain an upright posture for eating) which impact a child's feeding skills.

   b. A **pediatric feeding disorder**[1] can be characterized by one or more of the following behaviors:

   - Refusing age-appropriate or developmentally appropriate foods or liquids
   - Accepting a restricted variety or quantity of foods or liquids
   - Displaying disruptive or inappropriate mealtime behaviors for developmental levels
   - Failing to master self-feeding skills expected for developmental levels

   c. Failing to use developmentally appropriate feeding devices and utensils
   A swallowing disorder or **dysphagia**[2] involves difficulties with moving food or liquid from the mouth, throat, or esophagus to the stomach.
   Terminology: The term "feeding" in this document is defined very broadly. The term is meant to include any or all aspects of feeding, including motor, sensory, and swallowing.

2. **Eligibility for the NC Infant-Toddler Program**

   A child with a feeding disorder may be eligible for the NC Infant-Toddler program based on an established condition or a developmental delay.

   a. The CDSA should obtain all relevant medical records, including the results of the modified barium swallow study (MBS) or video fluoroscopic swallow study (VSS), if one has been performed.

b. If a child has had a modified barium swallow or videofluoroscopic swallow study which indicates a diagnosis of dysphagia, the child is deemed to have an **Established Condition** and is eligible for the program.

c. A child who is not meeting their developmental milestones related to feeding may be eligible based on **Developmental Delay,** usually in the Adaptive and/or Social-Emotional domains.

   i. **Informed Clinical Opinion**[3] may be used to determine that there is a delay in feeding development when there is not an established condition and there are no qualifying scores to determine eligibility, yet significant concerns remain. If the evaluation team is unsure, eligibility determination may be deferred pending consultation with CDSA clinical or management staff.

3. Feeding assessment

A feeding assessment must be completed by a qualified provider (CDSA clinician or provider with expertise in feeding) to determine the nature and etiology of the feeding concern.

a. If a child has had a modified barium swallow evaluation that indicates a diagnosis of dysphagia, the child may be referred directly to a qualified provider for therapy. Another evaluation is not required. *Note: The report and the referral must be of the same discipline. I.e., referral to an Occupational Therapist cannot occur based on an SLP evaluation, and vice versa.*

4. Referrals and consultation with medical and other professionals

a. A primary responsibility of the NC ITP is to coordinate services and collaborate with community partners, including medical providers, to ensure that the child is receiving all needed and appropriate services. Collaboration and coordination are vital to early identification and treatment of feeding and swallowing concerns.

b. **Referrals and the multidisciplinary**/interdisciplinary **team approach**
A multidisciplinary approach promotes feeding safety, allows therapists to incorporate interventions across disciplines and utilize evidence-based practice models for the best possible results.

   i. Consultation with the child's medical team may be necessary to determine the safety of oral feeding and determine the appropriate setting for treatment.

   ii. Medical assessments, including modified barium swallow, videofluoroscopic or endoscopic examinations, may be warranted. A feeding assessment completed in the home may not be sufficient to identify swallowing dysfunction and feeding safety.

   iii. Nutrition services should be considered when there are concerns about appropriate growth and development.

   iv. In consultation with the IFSP team, Occupational Therapy referral should be considered for self-feeding delays, feeding difficulties due to sensory processing/modulation delays, adaptive seating, and utensils, even if receiving treatment from an SLP.

   v. In consultation with the IFSP team, Speech/Language Pathology referral should be considered for swallowing concerns, even if receiving treatment from an OT.

vi. In consultation with the IFSP team, Physical Therapy referral should be considered for positioning and evaluating the impact of muscle tone and function on child's ability to feed safely.

vii. In consultation with the child's primary care provider, a gastroenterology referral should be considered if there are issues with reflux, constipation, feeding volume, etc., since issues related to GI functioning can have significant impact on feeding.

viii. In consultation with the child's primary care provider, referral to a specialized feeding team associated with a pediatric hospital (if available) may be indicated for complex cases and for children who are medically fragile.

ix. Referral to a provider of Special Instruction/CBRS may be appropriate to reinforce therapy goals and work with the family in daily routines. *Note: CBRS should never replace skilled therapeutic intervention by a licensed clinician.*

5. **Intervention/treatment by qualified personnel**

a. As with all ITP services, treatment must fall under a relevant IFSP outcome.

b. Treatment must be provided by appropriately qualified personnel. Determination of "qualified" cannot be based solely on degree, licensure, or title; this area requires specialized expertise which all holders of a professional license cannot be assumed to have. *Note: Licensed professionals are expected and required to determine their individual scope of practice based upon their own education, training, and experience.*

c. For complex and/or medically fragile children, the EISC will support the family in consulting with their primary care provider about whether specialized treatment in a medical setting is required.

d. If there is an unresolved history of aspiration or only specific liquid consistencies tolerated, a copy of a videofluoroscopic swallow study report is needed prior to treatment.

e. Per Medicaid guidelines, the speech assessment, MBS or VSS must have been performed within the past three months to support authorization of feeding treatment.

f. A combination of both in-home treatment by the CDSA/provider and medical clinic-based treatment may be provided if appropriate. *Note: Requires addressing different goals in each setting*.

6. **Adding Feeding Treatment to the IFSP Service Delivery Page**

The example below demonstrates how to list Feeding services on the SDP of the IFSP:

The child's initial *IFSP was signed August 1, 2018; Service Coordination, Physical Therapy and Speech-Language Pathology were initially added. The IFSP team determined that Feeding Services were needed and an IFSP review was completed on November 1, 2018, to add the needed service.*

Primary Place of Early Intervention Services: Home								
Early Intervention Service	**Provider**	**Projected Start Date**	**Actual Start Date**	**Location/Most Natural Environment**	**Frequency/ Length/ Intensity/ Method**	**Payment Arrangement & Cost to Family**	**Anticipated Duration**	**Date Ended**
Service Coordination	**ABC CDSA**	**8/1/2018**	**8/1/2018**	**Home**	**1x a month/60 minutes/Individual**	**BCBS/20% SFS/$0**	**2/1/19**	
Physical Therapy	**123 Physical Therapy**	**8/31/2018**	**8/20/18**	**Home**	**1x a week/45 minutes/Individual**	**BCBS/20% SFS**	**2/1/19**	
Speech-Language Pathology	**456 Speech Therapy**	**8/31/2018**	**8/17/18**	**Home**	**1x a week/60 minutes/Individual**	**BCBS/20% SFS**	**2/1/19**	
Speech-Language Pathology (Feeding) *	**456 Speech Therapy**	**12/1/2018**	**11/8/2018**	**Home**	**1x a week/30 minutes/Individual**	**BCBS/20% SFS**	**2/1/19**	

References:

1. Pediatric Feeding Disorders: Consensus Definition and Concept, *Journal of Pediatric Gastroenterology and Nutrition*
2. American Speech-Language-Hearing Association (ASHA). Pediatric Feeding and Swallowing
3. NC Medicaid: Outpatient Specialized Therapies, 10A