

Medical Statement for Meal Modifications in Child and Adult Care Food Program (CACFP) Adult Day Care Centers

The Connecticut State Department of Education's (CSDE) *Medical Statement for Meal Modifications in CACFP Adult Day Care Centers* applies to requests for meal modifications for adult participants in adult day care centers participating in the U.S. Department of Agriculture's (USDA) CACFP. CACFP adult day care centers:

- are **required** to make reasonable meal modifications for participants whose physical or mental impairment (disability) restricts their diet; and
- have the **option** to make meal modifications for participants whose special dietary needs do not constitute a disability, if the requested modification complies with the USDA meal patterns.

This document provides general guidance on the requirements for meal modifications (pages 1-7) and instructions for completing the CSDE's *Medical Statement for Meal Modifications in CACFP Adult Care Centers* form (pages 8-9). For detailed guidance on the requirements for modified meals, review the CSDE's guide, *Accommodating Special Diets in CACFP Adult Day Care Centers*.

Determining if a meal modification is required

CACFP adult day care centers can determine if an adult participant requires a meal modification by reviewing question 10 in section B of the CSDE's *Medical Statement for Meal Modifications in CACFP Adult Day Centers* form. Question 10 asks if the participant has a physical or mental impairment that restricts their diet. If the recognized medical authority's answer is "Yes," the CACFP adult day care center must make the meal modification. If the recognized medical authority's answer is "No," the CACFP adult day care center can choose, but is not required, to make the meal modification. For more information, see "What Constitutes a Disability" on page 2.

Meal Modifications for Participants with Disabilities

Federal laws and USDA regulations require that CACFP adult day care centers make reasonable meal modifications on a case-by-case basis to accommodate participants whose disability restricts their diet. A "**reasonable modification**" is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures participants with disabilities have equal opportunity to participate in or benefit from a program.

A request for a reasonable modification must be related to the disability or limitations caused by the disability and requires a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. The Connecticut State Department of

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Public Health defines a **recognized medical authority** as a physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN). APRNs include nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, and the USDA nondiscrimination regulations (7 CFR 15b) define a **person with disability** as any person who has a physical or mental impairment that substantially limits one or more “major life activities,” has a record of such impairment, or is regarded as having such impairment” (29 USC 705(9)(b), 42 USC 12101, and 7 CFR 15b.3). The definitions for these terms are below.

- **“physical or mental impairment”** means 1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or 2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- **“major life activities”** are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- **“has a record of such impairment”** means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- **“is regarded as having an impairment”** means 1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; 2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments; or 3) has none of the impairments defined in “physical and mental impairment” but is treated by a recipient as having such an impairment.

What constitutes a disability

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Under the ADA Amendments Act, most physical and mental impairments constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. **All disability considerations must be reviewed on a case-by-case basis.**

- Under the ADA Amendments Act, a physical or mental impairment does not need to be life threatening to constitute a disability. It is sufficient that it limits a major life activity. For example, a food intolerance, such as lactose intolerance or gluten intolerance, may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. An adult participant whose digestion is impaired by a food intolerance may be a person with a disability, regardless of whether consuming the food causes the participant severe distress.
- If a participant's condition is not listed under the ADA's categories of diseases and conditions, it cannot be assumed that the condition is not a disability. The ADA's categories of diseases and conditions are not all-inclusive; there are more conditions that meet the definition of disability than are listed in the law.
- The determination of whether a physical or mental impairment constitutes a disability must be made without regard for whether mitigating measures may reduce the impact of the impairment. An impairment may be covered as a disability even if medication or another mitigating measure may reduce the impact on the impairment. For example, the fact that an adult participant may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability.
- A food allergy is generally considered a disability. Under the ADA Amendments Act, a food allergy does not need to be life-threatening or cause anaphylaxis to be considered a disability. A non-life-threatening food allergy may be considered a disability and require a meal modification if it impacts a major bodily function or other major life activity, such as digestion, respiration, immune response, and skin rash.
- Autism is considered a disability and may require a reasonable modification if it substantially limits a major life activity such as eating. For example, some individuals with autism will only eat certain foods due to their repetitive and ritualistic behavior patterns. Any physical or mental impairment preventing an adult participant from consuming a meal is considered a disability.
- Phenylketonuria (PKU), diabetes, and celiac disease are considered disabilities and may require reasonable meal modifications.
- Obesity is recognized by the American Medical Association as a disease and may be considered a disability if the condition of obesity substantially limits a major life activity.

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- If a disability is episodic and substantially limits a major life activity when active, the CACFP adult day care center must provide a reasonable modification for the adult participant. Whether a temporary impairment is a disability must be determined on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual. If the condition is temporary, but severe and lasts for a significant duration, the CACFP adult day care center must provide a reasonable modification for the duration of the condition. An example of a temporary disability is an adult participant who had major oral surgery due to an accident and is unable to consume food for a significant period of time unless the texture is modified. The CACFP adult day care center must make the meal modification, even though the participant is not “permanently” disabled. Temporary illness or injury, such as a cold, the flu, or a minor broken bone, are generally not considered conditions that require reasonable meal modifications.
- General health concerns and personal preferences, such as a preference that an adult participant eats a gluten-free diet or organic foods because the adult participant or their family believes it is healthier, are not disabilities and do not require meal modifications.

For additional guidance, see [USDA Memo CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program](#), and the CSDE’s guide, [Accommodating Special Diets in CACFP Adult Day Care Centers](#).

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Required documentation for participants with disabilities

For participants with disabilities, the USDA requires that the medical statement to request meal modifications must include three components:

- information about the adult participant's physical or mental impairment that is sufficient to allow the CACFP adult day care center to understand how it restricts the adult participant's diet;
- an explanation of what must be done to accommodate the adult participant's disability; and
- if appropriate, the food or foods to be omitted and recommended alternatives.

In some cases, more information may be required. For example, if the adult participant requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, the recognized medical authority should include this information in the medical statement.

Note: CACFP adult day care centers should not deny or delay a requested meal modification because the medical statement does not provide sufficient information, for example, the medical statement does not provide recommended alternatives or fully explain the needed modification for the participant. When necessary, CACFP adult day care centers should work with the participant or responsible family member to obtain the required information. However, clarification of the medical statement should not delay the CACFP adult day care center from providing a meal modification for the participant. While obtaining additional information, the CACFP adult day care center should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible.

If CACFP adult day care centers use an alternate medical statement form, it must contain the three USDA components above. **To protect participant's privacy and confidentiality, CACFP adult day care center's medical statement *cannot* require a specific diagnosis by name or use the term "disabled" or "disability."**

Assessing modifications for participants with disabilities

CACFP adult day care centers may consider expense and efficiency in choosing an appropriate approach to accommodate an adult participant's disability. The USDA does not require CACFP adult day care centers to provide the exact substitution or other modification requested in the adult participant's medical statement, such as a specific brand of food. In most cases, a generic brand is sufficient. CACFP adult day care centers must work with the adult participant or responsible family member to offer a reasonable modification that effectively accommodates the adult participant's disability and provides equal opportunity to participate in or benefit from the CACFP.

The USDA does not require CACFP adult day care centers to make modifications that would result in a fundamental alteration to the nature of the CACFP, such as expensive meal modifications that would make continued operation of the CACFP unfeasible. The expense of a modification is

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measured against the total resources available to the individual CACFP adult day care center. For additional guidance, see [USDA Memo CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program](#), and the CSDE's guide, [Accommodating Special Diets in CACFP Adult Day Care Centers](#).

Milk substitutes for participants with disabilities

If cow's milk causes any digestive problems, the condition may be considered a disability under the ADA Amendments Act and may require a substitution. When an adult participant has a medically documented disability that requires a milk substitute, the CACFP adult day care center must provide an appropriate substitute based on the adult participant's medical statement. For participants with disabilities, CACFP adult day care centers can claim reimbursement for meals that contain other beverages in place of milk, such as juice, water, or nondairy beverages that do not meet the USDA nutrition standards for fluid milk substitutes. **Note:** Juice, water, and milk substitutes that do not comply with the USDA nutrition standards are not allowed for adult participants without disabilities.

Meal Modifications for Participants without Disabilities

CACFP adult day care centers have the **option** to make meal modifications on a case-by-case basis for adult participants whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences, such as a preference that an adult participant eats a gluten-free diet because the adult participant or a family member believes it is better for the participant.

All meals served to adult participants without disabilities must comply with the CACFP adult meal patterns. For adult participants without disabilities, CACFP adult day care centers cannot claim reimbursement for meals that do not meet the CACFP adult meal patterns. For information on the CACFP adult meal patterns, visit the CSDE's [Meal Patterns for CACFP Adult Day Care Centers](#) webpage and review the CSDE's guide, [Meal Pattern Requirements for CACFP Adult Day Care Centers](#).

The USDA does not require a medical statement for modified meals that meet the CACFP adult meal patterns. However, the CSDE recommends obtaining a medical statement for these modifications to ensure clear communication between adult participants, their families, and CACFP adult day care centers about the appropriate meal modifications for the adult participant.

Milk substitutes for participants without disabilities

CACFP adult day care centers may choose, but are not required, to offer one or more allowable milk substitutes for adult participants whose special dietary needs do not constitute a disability. The allowable milk substitutes include:

- lactose-free or lactose-reduced milk that is unflavored low-fat (1%), unflavored fat-free, or flavored fat-free; and

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- allowable nondairy beverages that meet the USDA nutrition standards for milk substitutes, such as some brands of soy milk.

For adult participants without disabilities, CACFP adult day care centers cannot claim reimbursement for meals that contain any other beverages in place of milk, such as juice, water, or nondairy beverages that do not meet the USDA nutrition standards for fluid milk substitutes. For more information, see the CSDE's handout, *Allowable Milk Substitutes for Adults without Disabilities in CACFP Adult Day Care Centers*.

Milk substitutes for adult participants without disabilities do not require a medical statement. Adult participants or responsible family members may request an allowable milk substitute in writing. The request must identify the medical or other special dietary need that restricts the adult participant's diet and the requested allowable milk substitute. **Note:** This written request is only allowed for milk substitutes for adult participants without disabilities.

Resources

Accommodating Special Diets in CACFP Adult Day Care Centers (CSDE):

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/AdultNPGSpDiet.pdf>

Allowable Milk Substitutes for Adults without Disabilities in CACFP Adult Day Care Centers (CSDE):

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Adultmilksub.pdf>

CSDE Operational Memorandum No. 2A-18: Requirements for Meal Modifications in CACFP Adult Day Care Centers:

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Adultmilksub.pdf>

CSDE Operational Memorandum No. 3A-16, 4C-16 and 3H-16: Statements Supporting Accommodations for Participants with Disabilities in the Child Nutrition Programs:

http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2016/OM03A16_4C16_04H16.pdf

Meal Patterns for CACFP Adult Day Care Centers (CSDE webpage)

<http://portal.ct.gov/SDE/Nutrition/Meal-Patterns-CACFP-Adult-Centers>

Medical Statement for Meal Modifications in CACFP Adult Day Care Centers:

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/AdultMedical.pdf>

Requirements for Meal Modifications in CACFP Adult Day Care Centers (CSDE Presentation):

<https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/CACFPspecialDietsPresentationADULTS.pdf>

Special Diets in CACFP Adult Day Care Centers (CSDE webpage):

<http://portal.ct.gov/SDE/Nutrition/Special-Diets-in-CACFP-Adult-Day-Care-Centers>

USDA Memo CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program:

<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>

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Instructions for Completing the Medical Statement Form

Please print all information and submit the completed *Medical Statement for Meal Modifications in CACFP Adult Day Care Programs* form to the adult participant's CACFP adult day care center. The adult participant or responsible family member completes and signs section A. The adult participant's recognized medical authority completes and signs section B. Any changes require the submission of a new medical statement signed by the adult participant's recognized medical authority.

Section A – Completed by participant or responsible family member

1. **Name of participant:** Print the participant's name.
2. **Birth date:** Print the participant's birth date (month, day, and year).
3. **Name of responsible family member (if applicable):** Print the name of the family member who is responsible for the participant, if applicable.
4. **Phone number (with area code):** Print the telephone number of the participant or responsible family member, including area code.
5. **E-mail address:** Print the e-mail address of the participant or responsible family member.
6. **Address:** Print the address of the participant or responsible family member, including street, city, state, and zip code.
7. **Authorization for Health Insurance Portability and Accountability Act (HIPPA) and Family Educational Rights and Privacy Act (FERPA):** Print the *name of the recognized medical authority* who will be allowed to release the participant's health information for the specific purpose of special diet information. Print the *name of the CACFP adult day care center* that will receive the participant's health information.
8. **Signature of participant or responsible family member:** Signature of the participant or responsible family member who is completing the participant's medical statement.
9. **Date:** Print the date the participant or responsible family member signs the form.

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Section B – Completed by participant’s recognized medical authority

This section must be completed and signed by the participant’s physician, physician assistant, doctor of osteopathy, or APRN.

10. **Physical or mental impairment:** Check () the appropriate box to indicate if the participant has a physical or mental impairment that restricts the participant’s diet. If “Yes,” describe how the participant’s physical or mental impairment restricts the participant’s diet. See pages 2-4 of this document for the definition of “physical or mental impairment” and what constitutes a disability.
11. **Diet plan:** Explain the meal modification for the participant. Provide detailed information to ensure proper implementation. For food allergies, this means identifying the foods to be omitted and recommending alternatives. For other medical conditions, more information may be required. For example, if the participant requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, the statement must include this information. Attach a specific diet plan, if needed.
12. **Food omissions and substitutions:** Provide specific information on what foods must be omitted from the participant’s diet and what foods are appropriate alternatives for substitutions.
13. **Food texture:** Check () the appropriate box and list any foods that require a change in texture, e.g., cut up or chopped into bite-size pieces, finely ground, or pureed. Indicate “all” if all foods should be prepared in this manner.
14. **Equipment:** List any special equipment or utensils needed to assist the participant with dining, e.g., sippy cup, large handled spoon, and wheel-chair accessible furniture.
15. **Additional information:** Indicate any other information about the participant’s eating or feeding patterns that will assist in providing the requested meal modification.
16. **Name of recognized medical authority:** Print the name of the recognized medical authority.
17. **Phone number (with area code):** Print the office telephone number of the recognized medical authority, including area code.
18. **Signature of recognized medical authority:** Signature of the recognized medical authority requesting the meal modification.
19. **Date:** Print the date the recognized medical authority signs the form.
20. **Office Stamp:** Stamp the form with the recognized medical authority’s office stamp.

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For more information, visit the CSDE's [Special Diets in CACFP Adult Day Care Centers](#) webpage or contact the [CACFP staff](#) in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at <https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/AdultMedicalinstr.pdf>.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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