



Adults with Intellectual or Developmental Disability

Intellectual/Developmental Disability and Complex Care Needs

Individuals with IDD and co-occurring mental illness, medical illness and/or challenging behavior

WELCOME TO YEAR 2 – October 2025 to October 2026

3/26/2026 - MacKenzie Bowman, MDA, RD, CD

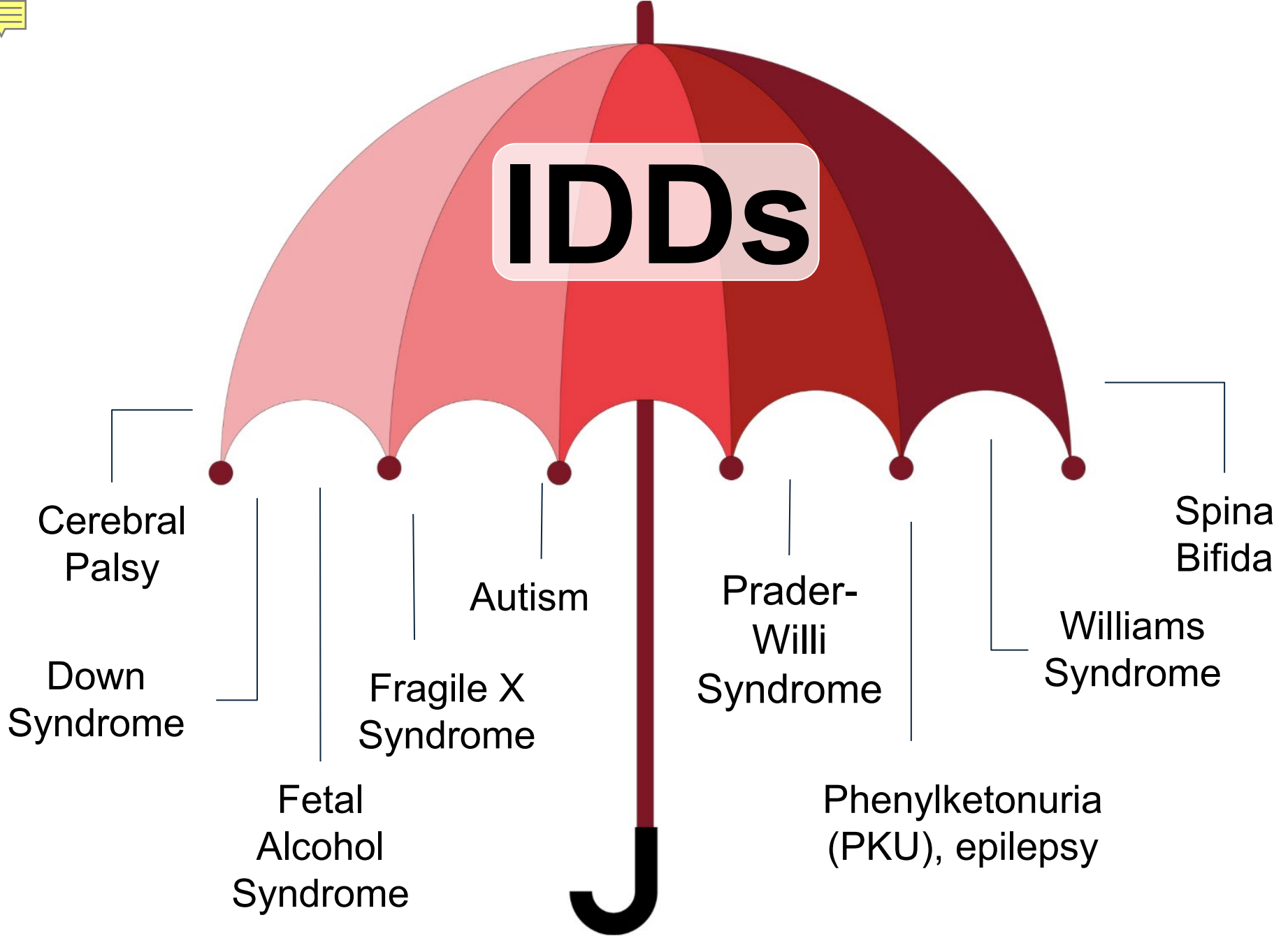
“ Nutrition in IDD Population ”

This program is supported by Molina Cares.



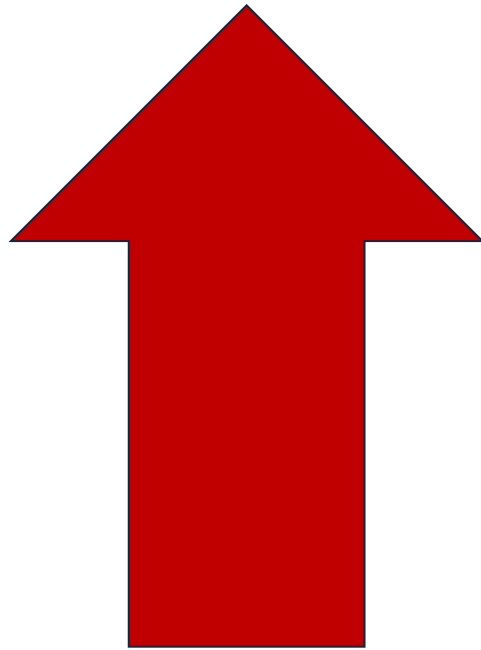
Financial Disclosures

None

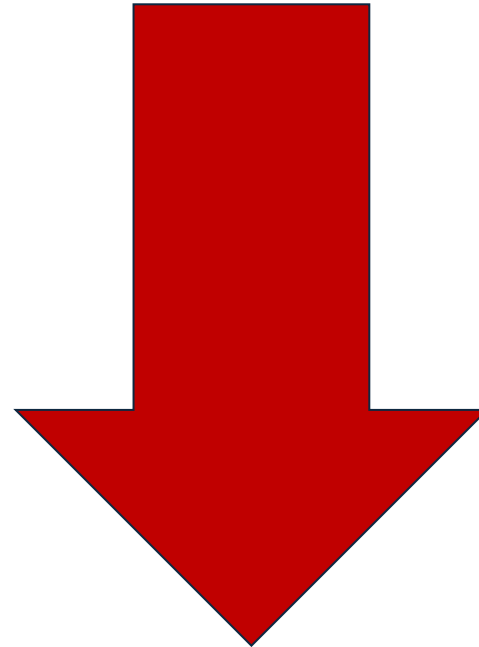




Over- and Under- Nutrition



IDD severity



Diet quality

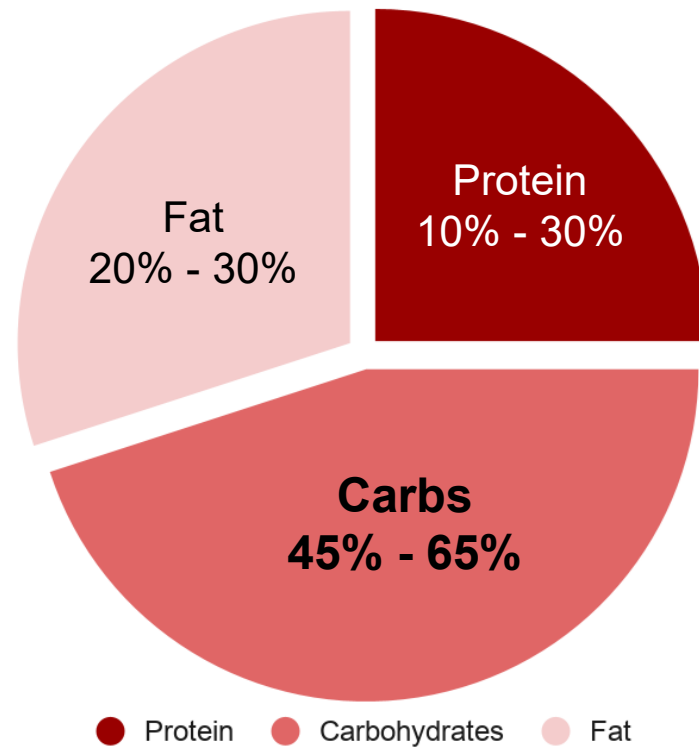


Over- and Under- Nutrition

70%

calories =
highly palatable
carbohydrates

Acceptable Macronutrient Distribution Range



Over- and Under- Nutrition

Inadequate intake of:

- Vitamins and minerals: magnesium, calcium, iodine, zinc, vitamin D
- Fruits and veggies: $< \frac{1}{2}$ daily recommendation
- Fiber



"Why does my child struggle with fruits and veggies?"

juicy



squishy



sweet



sour



The



same



every



time.



Malnutrition Screening Tools

- Malnutrition Universal Screening Tool (MUST)
- Mini Nutritional Assessment Short Form (MNA-SF)

Mini Nutritional Assessment

MNA[®]

**Nestlé
Nutrition Institute**

Last name:		First name:	
Sex:		Age:	
Weight, kg:		Height, cm:	
Date:			

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

0 = severe decrease in food intake

1 = moderate decrease in food intake

2 = no decrease in food intake

☐

'Malnutrition Universal Screening Tool'

MAG
Malnutrition Advisory Group
A Standing Committee of BAPEN

BAPEN is registered charity number 1023927 www.bapen.org.uk

'MUST'

'MUST' is a five-step screening tool to identify **adults**, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

MNA® Nutritional Assessment Forms. Nestlé Nutrition Institute. Accessed March 1, 2026. <https://www.mna-elderly.com/mna-forms>.

Tsai AC, Hsu HY, Chang TL. The Mini Nutritional Assessment (MNA) is useful for assessing the risk of malnutrition in adults with intellectual disabilities. *J Clin Nurs*. 2011;20(23-24):3295-3303. doi:10.1111/j.1365-2702.2011.03877.x

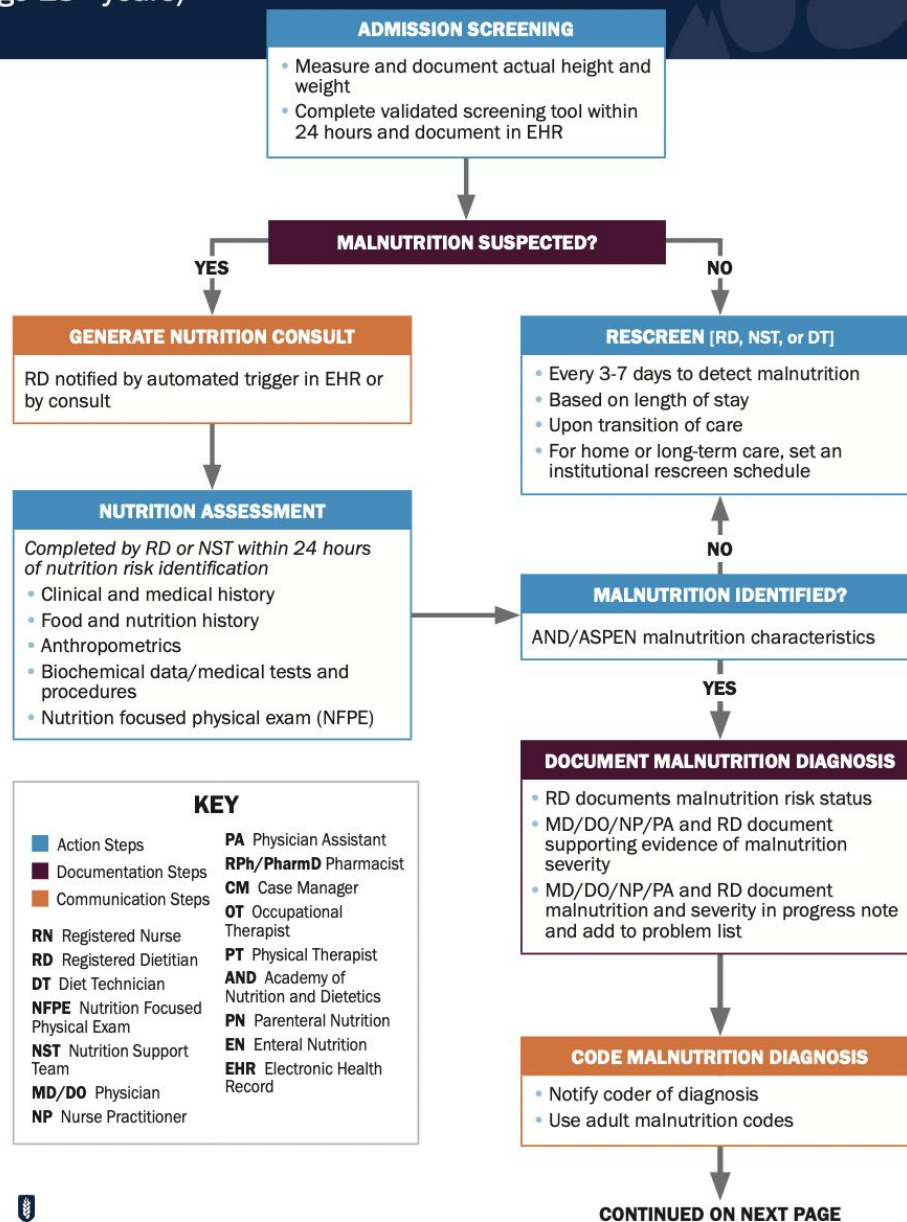
Dorner B. Which nutrition screening tool should I use?: Becky Dorner. Becky Dorner & Associates, Inc. November 6, 2024. Accessed March 1, 2026. <https://www.beckydorner.com/which-nutrition-screening-tool-should-i-use/>.

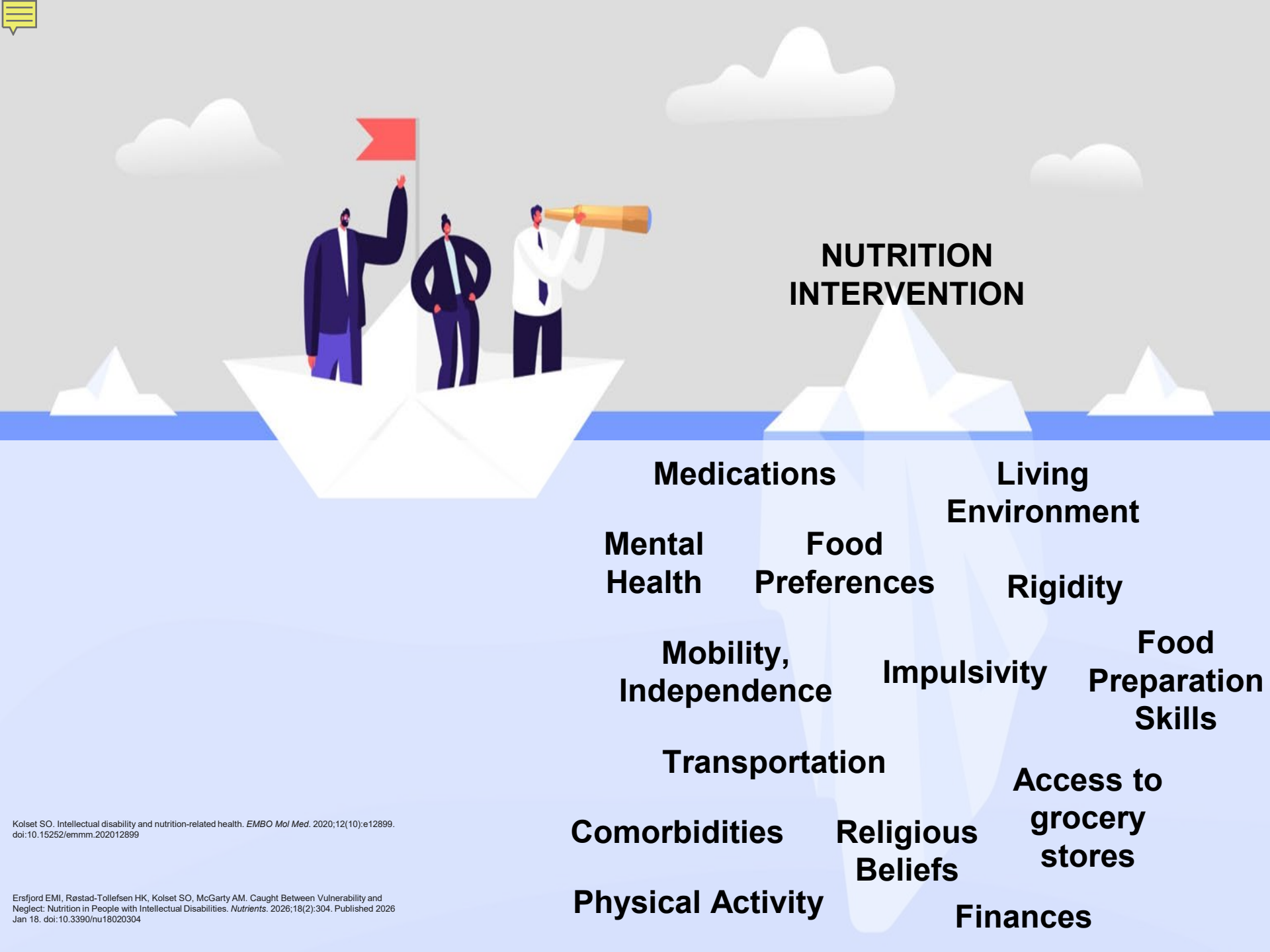
When to Screen and Re-screen?

- Free living at home = 1/year
- Residential care = 1/month
- Nutrition risk = more frequently, e.g. 1/week

ASPEN ADULT NUTRITION CARE PATHWAY

(Age 18+ years)





NUTRITION INTERVENTION

Medications

**Living
Environment**

**Mental
Health**

**Food
Preferences**

Rigidity

**Mobility,
Independence**

Impulsivity

**Food
Preparation
Skills**

Transportation

**Access to
grocery
stores**

Comorbidities

**Religious
Beliefs**

Physical Activity

Finances

How to Have an Effective Dietitian Appointment

MEDICAL HISTORY

- Diagnoses
- Surgeries
- Recent images, procedures and results
- Family history
- GI symptoms
- # bowel movements/week

LABS

- Most recent labs and dates

MEDICATIONS, SUPPLEMENTS

- List of all currently taking, the dose, and why

SOCIAL HISTORY

- Living situation
- Financial concerns
- Transportation
- Day programs, employment, volunteering
- Mobility aids
- Schedule of others at home

FOOD HISTORY

- IEPs
- Who cooks/grocery shops
- Food likes/dislikes
- Strictures?
- Ability to plan balanced meals and safely cook?
- Common foods/drinks
- Eating schedule
- Daily water intake

CURRENT INTERVENTIONS FROM OTHER MEDICAL PROVIDERS AND WHY RECOMMENDED



Language Matters



Leo lives in a group home and has recently been sneaking food. Staff have been monitoring his intake due to an increase in an appetite-increasing medication.

He just ate lunch and is asking for a snack.

It is 1 pm and snack time is at 3 pm.



What to Say Instead of No

“I hear you’re hungry.”

Validation.

“We are going to have a snack at 3 pm and you can choose from cheese sticks, hard boiled eggs, or granola bars.”

Be as specific as possible.

“You can also choose water or lemonade at snack time. Which one would you like?”

Respect their autonomy.

“What can we do for the next 2 hours until snack time?”

Redirect and transition.

Insurance Coverage

CPT Codes:

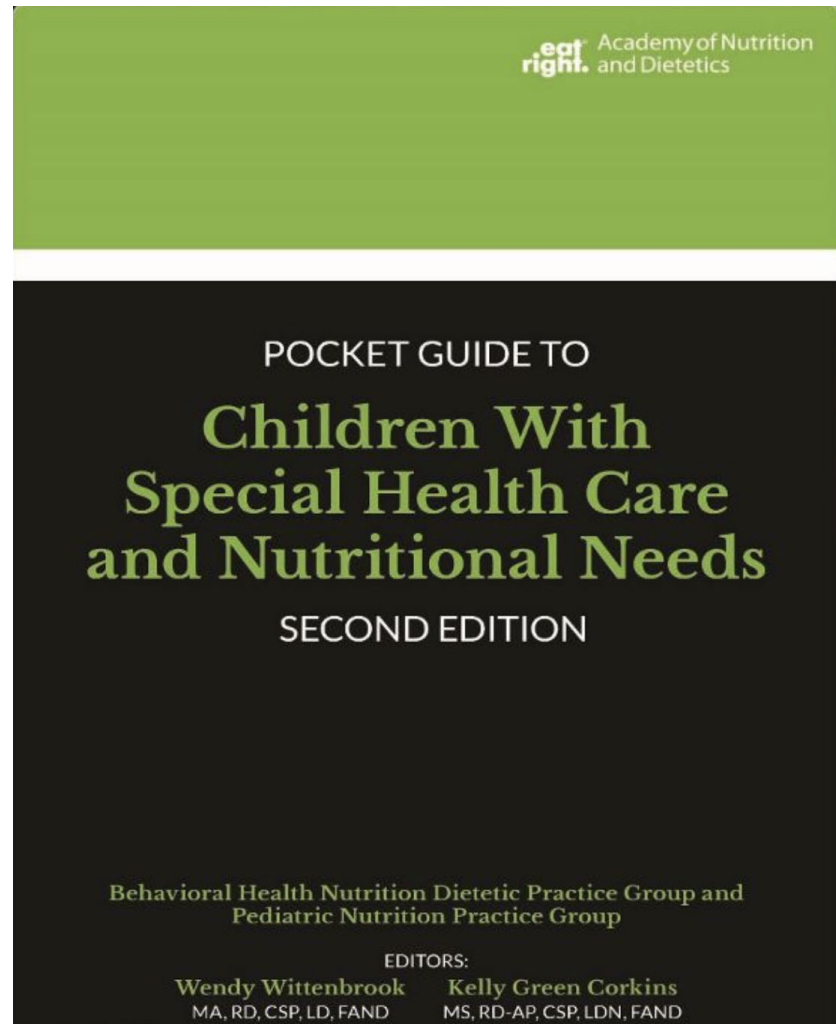
- 98702 > Medical Nutrition Therapy Assessment
- 97803 > Medical Nutrition Therapy Re-Assessment
- Diagnosis needed?





Resources

Pocket Guide to Children
With Special Health Care
and Nutritional Needs, 2nd
Ed.





Resources

Journal of the
Academy of Nutrition
and Dietetics



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FROM THE ACADEMY | POSITION PAPER · Volume 115, Issue 4, P593-608, April 2015

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Position of the Academy of Nutrition and Dietetics: Nutrition Services for Individuals with Intellectual and Developmental Disabilities and Special Health Care Needs

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Abstract

Show Outline

It is the position of the Academy of Nutrition and Dietetics that nutrition services provided by registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs), who work under RDN supervision, are essential components of comprehensive care for adults with intellectual and developmental disabilities (IDD) and children and youth with special health care needs (CYSHCN). Nutrition services should be provided throughout life in a manner that is interdisciplinary, family-centered,

Resources



► [Nutrients](#). 2026 Jan 18;18(2):304. doi: [10.3390/nu18020304](https://doi.org/10.3390/nu18020304) [↗](#)

Caught Between Vulnerability and Neglect: Nutrition in People with Intellectual Disabilities

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Abstract

People with intellectual disabilities are disproportionately affected by diet-related health inequalities. This Perspective outlines a dual challenge: (1) intrinsic vulnerabilities—cognitive limitations, health-literacy constraints, and comorbidities—that impair individuals' ability to make healthy dietary choices, and (2) extrinsic neglect—

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Thank
You