

Developmental Monitoring and Connecting Children to Services

Presented as part of the Educating Practices in the
Community (EPIC) program

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Key Points

- The American Academy of Pediatric recommends developmental surveillance at every well child visit and formal screening at 9, 18 and 24 month visits.
- Formal Screening is reimbursed by Medicaid and commercial insurance
- When surveillance and screening identify children at risk for delay, Child Development Infoline/Help Me Grow are available to find services for children.

Why are Screening and Surveillance Important

- **Early brain development**
- **20% of children are at risk for delays**
- **Early intervention services**
- **Promotes school readiness**
- **Can identify concerns before they develop into larger problems**

Why We Have to Do Surveillance and Screening as Part of Pediatric Care

- Recognized by the American Academy of Pediatrics as part of pediatric care
- Children see the doctor as many as 12 times during the first two years of life for well care
- Schools, camps, and child care require that children see the doctor and have their well care visits
- Can find services for children who are at risk for or have delays

Developmental Surveillance

- **Developmental Surveillance happens at every well child visit. Its 5 components include:**
 - **Eliciting parental concerns**
 - **Documenting and maintaining a developmental history**
 - **Observing the child**
 - **Identifying risks and protective factors**
 - **Maintaining an accurate record of findings over time, including input from others (schools, etc)**

Developmental Screening uses standardized tools

The American Academy of Pediatrics recommends that developmental surveillance be incorporated at every well child visit. In addition, standardized developmental screening tests should be administered regularly at the 9, 18, and 24 (30) month visits.

American Academy of Pediatrics, Policy Statement, *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*, PEDIATRICS
Volume 118, Number 1, July 2006



Two Developmental Screening Tools that are easily administered in the office

At the 9, 18, and 24(30) month visits:

- **PEDS (Parents' Evaluation of Developmental Status)**
- **Ages & Stages Questionnaire**

And for Autism (18 and 24 months)

- **M-CHAT (Modified Checklist for Autism in Toddlers)**

Ages and Stages Questionnaire (ASQ)

- 4 months to 5 years of age
- Parent questionnaires that get longer as the child ages and some questions require the child to demonstrate a skill
- 10 to 15 minutes for parents to complete
- 1 to 2 minutes to score
- Available in many languages
- One time \$200 purchase and then materials can be copied

Parents Evaluation of Developmental Status

- 10 questions that ask about parental concern
- Forms are not age specific, so practice uses the same form at every well child visit
- Available in many languages
- 5 minutes for parents to complete
- 1 to 2 minutes to score
- Composite scoring sheet that can be kept in the medical record
- Cost is about \$1.10 per visit and questionnaires cannot be copied

Other Screening Tools that Practices Use

- **Modified Checklist for Autism in Toddlers (M-CHAT): 18 and 24 month visits**
- **Pediatric Symptom Checklist (PSC): 4 years old and up**

Make Screening Part of Your Office System

- **Select a tool**
- **Develop a procedure for ensuring that the right parents/care takers get the right screening tool at the right visit**
- **Who will score?**
- **How will the results be recorded and put in the medical record?**
- **Who will help connect families to evaluation services if their children do not pass screening?**

Billing for Screening with a Formal Screening Tool

- **96110 for any developmental screening done** with a formal screening tool
- Can be billed on the same day as a well child exam or with other visit

Other Payment Incentives for Screening

- **National Committee on Quality Assurance (NCQA) includes developmental screening with a formal tool according to AAP schedule in standards for achieving medical home recognition**
- **Medicaid and some private insurers (Aetna, Cigna) are paying more for services delivered in NCQA recognized medical homes**
- **Medicaid medical home performance measures include developmental screening; adherence to schedules earns practice bonus payments.**

When a concern is identified call:

United Way's 2-1-1 Child Development Infoline

Dial 1.800.505.7000 to connect children to services including:

- **Birth to Three**
- **Early Childhood Special Education if ≥ 3**
- **Children with Special Health Care Needs**
- **Help Me Grow**

Can also fax: 860.571.6853

Make on-line referrals: www.birth23.org

Connecticut's Child Development Infoline

The Gateway to Help and Referrals for
Parents ● Providers ● Pediatric Professionals

1-800-505-7000

Connecticut Birth to Three System

*For children birth-36 months
of age with developmental
delays or disabilities.*

- Free Developmental Evaluation
- Service Coordination
- Individualized Family Service Plan (IFSP)
- Services from Early Childhood Therapists and Teachers as identified in the IFSP
- Focus on assisting families through natural routines and activities

Help Me Grow

*For children birth through age 8
considered 'at-risk' for
developmental or behavioral
problems*

- Connects families to community based resources
- Provides Ages and Stages child monitoring program
- Trains child health providers in developmental screening
- Facilitates regional community networking

Early Childhood Special Education

*For children ages 3 through 5
who are found eligible for
special education services*

- Evaluation
- Services to eligible children:
 - Individualized Education Program (IEP)
 - Special education and related services

Children and Youth with Special Health Care Needs

*For children and youth birth to
age 21 with chronic physical,
developmental, behavioral, or
emotional conditions who require
more health and related services
than other children the same age.*

- Service Needs Assessment
- Care Coordination
- Benefits Coordination
- Family/Caregiver Support
- Respite Planning
- Links to medical home initiative
- Referrals to community based resources
- Transition Planning

Participating Agencies

Children's Trust Fund ■ Department of Developmental Services ■ Department of Public Health ■ Department of Education ■ United Way of Connecticut



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Help Me Grow: A Program of the Children's Trust Fund

- **Finds services for children birth to 8 who are at risk for developmental delay and may not be eligible for other services**
- **Develops and maintains real time community resource data base**
- **Provides information on various parenting issues, such as toilet training, behavior management, sleep**
- **Offers families a way to monitor their child's development over time- using ASQ**
- **Supports Child Development Infoline in connecting families to services**



Maintenance of Certification Part 4 Credit

Earn Part 4 Maintenance of Certification credits for surveillance, screening and using CDI to connect children to evaluation and intervention services.

- **6 month chart audit activity approved by the American Board of Pediatrics that can be completed by office staff**
- **One or all pediatricians in the practice receive credits**
- **Cost is \$50 and contact Sara Sibley at Connecticut Children's Medical Center (Smartel@ccmckids.org) to enroll**

In Summary

Development surveillance and screening is an integral component of well child care.

Use a formal screening tool (PEDS or ASQ) at 9, 18 and 24 month well child visit

Bill screening to Medicaid and private insurance with 96110 code

***When concerns are identified call
Child Development Infoline at 1-800-505-7000***