EARLY

IMPLEMENTING DEVELOPMENTAL SCREENING AND SURVEILLANCE INTO PRIMARY CARE

IDENTIFICATION

GUIDE

DID YOU KNOW?



The **medical home** is the ideal setting for developmental screening



California ranks

in the country for screening infants and toddlers

for screening children living below the federal poverty level



only 28.5%

of children in California receive timely developmental screenings



are at moderate- or high- risk for developmental, behavioral, or social delays



1 in 68 children

are at risk for an autism spectrum disorder



Too often developmental delays go undetected. **Developmental screening at AAP** recommended well-child visits will catch delays earlier. making treatment more effective.



The American Academy of Pediatrics Practice Recommends:



DEVELOPMENTAL SURVEILLANCE during every well-child visit.



DEVELOPMENTAL SCREENINGS at 9, 18, and 24/30 months.



AUTISM-SPECIFIC SCREENING at 18 and 24 months



REFERRAL for evaluation and early intervention services when a risk is identified

Using a well-validated developmental screening tool during routine healthcare visits increases referral and identification rates for children with developmental delays and supports linkage to early intervention services.

Recommended Tools for Developmental Screening:



AGES AND STAGES 3RD EDITION

2 months-5 years

10-20 minutes

1-5 minutes

brookespublishing.com/asq

30 (6 each area) NUMBER OF QUESTIONS

21 age-based forms VARIETY OF SURVEY

AGE RANGE

PARENT COMPLETION

PROVIDER SCORE & INTERPRET TIME

LANGUAGES

PARENTS' EVALUATION OF DEVELOPMENTAL STATUS

PEDStest.com

10

Single form, all ages

0-8 years

5 minutes

2 minutes

English, Spanish, English, Spanish, French; ASQ PTI Vietnamese: also available in Others with Somali and Hmong license

MODIFIED CHECKLIST FOR AUTISM IN TODDLERS. REVISED (M-CHAT-R)™

M-CHAT.org

20

Single form, all ages

16-30 months

2-5 minutes

5-10 minutes

English, Spanish, Chinese, & Korean; Others with license

PROVEN PARENT-REPORT METHODOLOGY.

Research shows that parents are reliable reporters of their child's development.

EASY TO USE AND SCORE

Screening results that indicate a concern will require further assessment and referral for necessary services.









Risk factors which may contribute to a delay



Prematurity of less than low birth weight



Environmental factors such as neglect and abuse



Prenatal or other exposure to drugs, alcohol, or tobacco



Children with an orthopedic vision, or hearing



Poor nutrition or difficulties



Exposure to lead-based

Why is Developmental Screening in **YOUR** Practice Important?

Screening early leads to more successful long-term outcomes



Children who receive early treatment for developmental delays are more likely to be ready for kindergarten, successful in school, and live independently

YOU are often the first line of defense



Approximately 25-30% of problems noted by parents during well-child visits are developmental and behavioral in nature

Families feel supported



Families report higher levels of satisfaction and support for physicians who offer developmental screening

1-2-3 of Early ID



1. SURVEILLANCE

Monitoring and discussion of any potential delay or concern with development



2. SCREENING

Use of a standardized tool to identify children at risk



3. EVALUATION & REFERRAL

In-depth identification process and linkage to appropriate supports or services

BEFORE TURNING 3, CHILDREN SHOULD BE SCREENED A MINIMUM OF THREE TIMES.







Feedback from an Expert

Ventura pediatrician, Dr. Sun Lee, began using the ASQ-3 in 2011. He has extensive experience with this tool and has found:



Easy for parents



Parents typically only need minor clarifications about how to complete the ASQ-3

Quick to complete



Completion of the tool has never taken him longer than 2-3 minutes

Essential for identification



All evidence indicates that, without a screening tool, physicians often miss many signs of developmental delays



Screening is **COVERED**

Developmental Screening can be billed using CPT billing code 96110 or ICD-10 Z13.4. This covers the time a physician scores, reviews results, and interprets findings.

Federal health reform law requires insurance plans to cover developmental and behavioral screenings at no cost to children. Medicaid (Medi-Cal) also covers screenings as part of children's preventive services.



WHEN, WHERE, AND HOW TO REFER

WHEN to REFER



WHEN A
DEVELOPMENTAL
DELAY IS
SUSPECTED



WHEN A CHILD SCREENS POSITIVE ON A VALIDATED SCREENING TOOL



WHEN A CHILD'S PARENT HAS A DEVELOPMENTAL DISABILITY

WHERE to REFER

DEPENDS ON THE AGE OF THE CHILD



CALIFORNIA
EARLY START PROGRAM
Coordinated through
Regional Centers



LOCAL SCHOOL DISTRICT

Children with an eligible disability may qualify for special education services

REGIONAL CENTER

Children with autism, cerebral palsy, epilepsy or intellectual disability may receive additional services through their Regional Center



HELP ME GROW

8

Providing child development information, follow-up support, resource connections, outreach and care coordination

HOW to REFER

ANYONE can refer to Early Start with parental consent for further evaluation



800-515 BABY earlystart@dds.ca.gov www.dds.ca.gov/earlystart

PARENTS must request an evaluation to determine eligibility

Contact the child's local school district office or SELPA



Visit www.dds.ca.gov/RC for Regional Center office locations

ANYONE may refer a family to Help Me Grow



Visit www.helpmegrowca.org to contact HMG systems where available



Helping children achieve their optimal, healthy development by offering: screening follow-up support, resource connections, referral assistance and care coordination in multiple languages.

www.helpmegrowca.org

