



# Early Identification Guide

## Implementing Developmental Screening & Surveillance into Primary Care

### Did you know?

The addition of a validated developmental screening tool to well-child visits **increases** referral and identification rates for children with developmental delays and **supports** early intervention services.<sup>1</sup>

Early intervention **improves** long-term developmental outcomes including the amelioration of further delays and improved academic performance.<sup>2</sup>

**Yet...** only 29% of U.S. children under the age of 6 received a screening in FY 2011 – 12.<sup>3</sup>

**But...** 1 in 4 children in the U.S. ages 0 – 5 are at moderate or high risk for developmental, behavioral, or social delays.<sup>4</sup>

**And...** 1 in 68 children in the U.S. are at risk for an autism spectrum disorder.<sup>5</sup>

**So...** establishing a coordinated system of screening and referral, provides the greatest chance that children will be identified and reach available early intervention services.<sup>6</sup>

The medical home is the ideal setting for **developmental screening** as families look to healthcare providers to provide comprehensive care for their young children. Developmental screening is an integral component of well-child care and is necessary for the early identification of children with developmental delays and disorders.<sup>7</sup>

To support your efforts in implementing developmental screening in your practice, Help Me Grow Ventura County has developed this guide to provide you with best practices in the screening process. This simple guide was developed by local professionals in the field of child development and is grounded in the latest evidence-based research.

### Early identification consists of **THREE** components:

**SURVEILLANCE** is the process of recognizing children at risk for developmental delays and should occur at every well-child visit.

**SCREENING** is the use of a standardized tool to identify children at risk for a developmental delay or disorder.

**EVALUATION** is the in-depth process of identifying children with developmental delays or disorders. Children identified at risk for developmental delay via surveillance or screening should be referred to a qualified professional. This process also supports eligibility for early intervention services.

#### REFERENCES AND RESOURCES

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2. Karoly, Lynn A., M. Rebecca Kilburn and Jill S. Cannon. Proven Benefits of Early Childhood Interventions. (2005). Santa Monica, CA: RAND Corporation [http://www.rand.org/pubs/research\\_briefs/RB9145.html](http://www.rand.org/pubs/research_briefs/RB9145.html)
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5. Baio J. (2014). Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2010 Morbidity and Mortality Weekly Report. Washington, DC: US Department of Human Services
6. Sices, L. (2007). Developmental screening in primary care: The effectiveness of current practice and recommendations for improvement. *The Commonwealth Fund*
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# WHY IS DEVELOPMENTAL SCREENING IMPORTANT?

## 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.<sup>1</sup>

## Families feel **SUPPORTED**

Families report higher levels of satisfaction and support for physicians who offer developmental screening.<sup>2</sup>

## Screening may lead to **EARLY INTERVENTION**

Studies show children who receive early treatment for developmental delays are more likely to be successful in school, hold jobs, and live independently.<sup>3</sup>

## **PRACTICE PARAMETERS** support it

In 2006, and again in 2014, the American Academy of Pediatrics (AAP) reaffirmed its policy on the identification of infants and young children with developmental disorders. This policy recommends that, before turning 3, children should be screened a minimum of three times.<sup>4</sup>

## The American Academy of Pediatrics Practice Parameters<sup>4</sup>

In a nutshell, the AAP recommends:

- **Developmental surveillance\*** during every well-child visit.
- **A general developmental screening** using a well-validated tool at: **9, 18, and 24/30 months.\*\***
- **An autism-specific screening** using a well-validated tool at: **18 and 24 months.**
- **REFERRALS**  
If a risk is identified by any of the above, a referral needs to be made for developmental and/or medical evaluation and early intervention services.

*\*Surveillance includes:*

- Eliciting and attending to parents' concerns about their child's development.
- Documenting and maintaining a developmental history.
- Making accurate observations of the child.
- Identifying risk and protective factors.
- Maintaining an accurate record of findings and recommended follow-up.

*\*\* Either 24 or 30 months depending on the likelihood of seeing the child for a well-child visit.*



## REFERENCES AND RESOURCES

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3. U.S. Department of Health and Human Services. (2014) Birth to 5: Watch Me Thrive! A Primary Care Provider's Guide for Developmental and Behavioral Screening. [http://www.acf.hhs.gov/sites/default/files/eecd/pcp\\_screening\\_guide\\_march2014.pdf](http://www.acf.hhs.gov/sites/default/files/eecd/pcp_screening_guide_march2014.pdf)
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# HOW TO CHOOSE WELL-VALIDATED SCREENING TOOLS

## Recommended Tools

Help Me Grow Ventura County recommends the use of the **ASQ-3** and **PEDS** for general developmental screening and the **M-CHAT** for autism specific screening.

These tools were chosen for their relatively high sensitivity/specificity for identifying children with developmental delays, and their relatively low cost and ease of use and scoring.

These tools are parent-report questionnaires. Research has shown parents to be reliable reporters of their child's development. This format is ideal for use in busy pediatric settings.<sup>1</sup>

For a full list of validated tools, please see the 2006 AAP Practice Parameters.<sup>2,3,4</sup>

	Developmental Screening Tools		Autism Tool
	Ages and Stages - 3 <sup>rd</sup> Edition (ASQ-3)	Parents' Evaluation of Developmental Status (PEDS)	Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R) <sup>TM</sup>
Cost	\$275 per language, unlimited download	\$132 for first 50 then .39¢/each	Free
Number of Questions	30 (6 each area)	10	20
Parent Completion Time	10-20 minutes	5 minutes	2-5 minutes
Provider Score & Interpret Time	1-5 minutes	2 minutes	5-10 minutes
Sensitivity	86%	91 - 97%	87%
Specificity	85%	73 - 86%	99%
Age Range	2 months - 5 years	0-8 years	16-30 months
Year of validation	2002-2009	1997	Revised 2009
Variety of survey forms	21 age-based forms	Single form, all ages	Single form all ages
Languages	English, Spanish, Somali, & Hmong	English, Spanish, & Vietnamese Others with license	English, Spanish, Chinese, & Korean Others with license
Web site	brookespublishing.com/asq	pedtest.com	mchat.org

Please note, another popular tool, the Denver-II is not recommended by HMG Ventura County. There is no single scoring method yielding adequate sensitivity and specificity for this tool. Sensitivity= 56-83% and specificity = 43-80%.

## Q & A with an Expert

Ventura pediatrician, Dr. Sun Lee, began using the ASQ-3 in 2011. He has extensive experience with this tool and we're pleased to share his perspectives on the value of using the ASQ-3.

**Question:** In your experience, are parents typically able to complete the ASQ-3 without someone explaining the questions to them?

**Dr. Lee:** Yes. Occasionally parents need minor clarifications similar to the clarifications I make with parents when they complete the M-CHAT.

**Question:** Many medical providers say it simply takes too long to conduct the screenings. How much time would you estimate it takes you to ask clarifying questions and score the ASQ-3 questionnaire?

**Dr. Lee:** Typically less than a minute. If there are concerning responses it can take longer but it has never taken me longer than 2-3 minutes.

**Question:** What about the medical provider who says they are able to identify delays without the assistance of a screening tool?

**Dr. Lee:** All the evidence indicates that without a screening tool physicians often miss many signs of developmental delays.

### REFERENCES AND RESOURCES

1. Radecki, L., Sand-Loud, N., O'Connor, K.G., Sharp, S., and Olson, L.M. (2011). Trends in the use of standardized tools for developmental screening in early childhood: 2002-2009. *Pediatrics*. 128(1), pp. 14-19
2. American Academy of Pediatrics (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118, pp. 405-420
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4. U.S. Department of Health and Human Services. (2014) Birth to 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children. [https://www.acf.hhs.gov/sites/default/files/ecd/screening\\_compendium\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf)

# REFERRALS

## FOR DEVELOPMENTAL EVALUATION AND EARLY INTERVENTION SERVICES

Federal law (IDEA, Part C) mandates primary referral sources such as medical practitioners to immediately refer infants and toddlers who have, **or may be at risk for**, developmental delays.

### When to Refer<sup>1</sup>

1. When a parent reports having concerns about their child's development.
2. When you have concerns about a child's development.
3. When a child screens positive on a general developmental screening or an autism screening.

### FACTORS WHICH MAY CONTRIBUTE TO A DELAY

Children with multiple medical factors that may place them at risk for developmental delay such as:

- Prematurity of less than 32 weeks and/or low birth weight, prenatal substance abuse, etc.
- Children born with a condition with known probability of causing a developmental disability such as Down syndrome.
- Children with an orthopedic, vision, or hearing impairment.
- Environmental factors such as parental depression, domestic violence, neglect, abuse, familial substance abuse, and poverty.

### Follow-Up

- Provide age-specific developmental milestone sheets and activities. (Available at [www.helpmegrowvc.org/EarlyID](http://www.helpmegrowvc.org/EarlyID))
- For children who do not qualify for services re-screening is essential.
- Follow-up with parents to ensure they have contacted agencies and community resources.

#### REFERENCES

1. King, T., Tandon, S.D., Macias, M.M., Healy, J.A., Duncan, P.M., Swigonski, N.L., Skipper, S.M., and Lipkin, P.H. (2010). Implementing developmental screening and referrals: Lessons learned from a national project. *Pediatrics*. 125(2), pp. 350-360

#### WEB RESOURCES

- Birth to Five: Watch Me Thrive:** [www.acf.hhs.gov/sites/default/files/ece/pcp\\_screening\\_guide\\_march2014.pdf](http://www.acf.hhs.gov/sites/default/files/ece/pcp_screening_guide_march2014.pdf)  
**Center for Disease Control:** [www.cdc.gov/ncbddd/childdevelopment/screening.html](http://www.cdc.gov/ncbddd/childdevelopment/screening.html)  
**Early Start:** [www.dds.ca.gov/EarlyStart/WhatsES.cfm](http://www.dds.ca.gov/EarlyStart/WhatsES.cfm)  
**First Signs:** [www.firstsigns.org](http://www.firstsigns.org)  
**Healthy Child Care America:** <http://healthychildcare.org/DevScr.html>  
**Help Me Grow National:** [www.helpmegrownational.org](http://www.helpmegrownational.org)  
**Help Me Grow Ventura County:** [www.helpmegrowvc.org](http://www.helpmegrowvc.org)

### Agency Referrals

#### BIRTH TO AGE THREE

**Early Start** Coordinated through Tri-Counties Regional Center.

**Who to contact:** Ask to speak to the Early Start Team  
**(805) 351-3140** for Ventura, Ojai, Oxnard, and Port Hueneme  
**(805) 522-8030** for Moorpark, Thousand Oaks, Fillmore, Santa Paula, Simi Valley, and Camarillo

Federal Law (34 Code of Federal Regulations Part 303) mandates early referral and services for infants and young children who have or may have developmental delays.

#### AGE THREE AND OVER

**Families should be referred to their local school district special education department.**

For a school district listing and sample referral letter for a parent to send, visit [www.helpmegrowvc.org/EarlyID](http://www.helpmegrowvc.org/EarlyID)

The California Special Education Local Plan Area (SELPA) assures that 3-, 4-, and 5-year-olds with disabilities, not yet in kindergarten have access to Special Education services, as per EC 56440. At this age, children qualify for services under the same categories as for K-12.

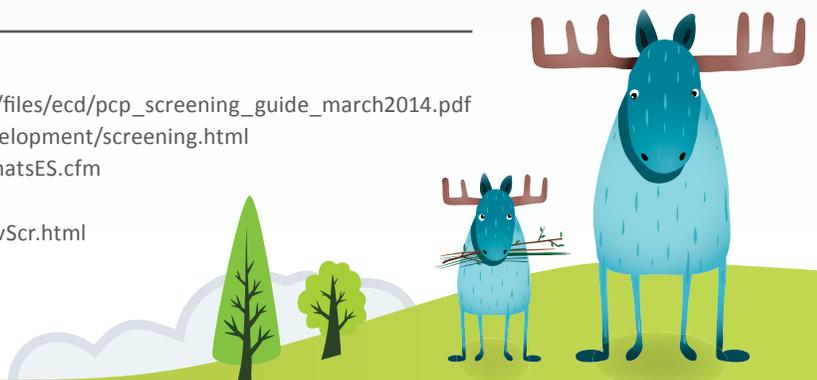
**For significantly handicapping delays** related to a medical diagnosis of autism, cerebral palsy, epilepsy, or intellectual disability.

Families should be referred to:

#### Tri-Counties Regional Center

**Who to contact:** Ask to speak to the Intake Coordinator  
**(805) 351-3140** for Ventura, Ojai, Oxnard, and Port Hueneme  
**(805) 522-8030** for Moorpark, Thousand Oaks, Fillmore, Santa Paula, Simi Valley, and Camarillo

The Lanterman Developmental Disabilities Services Act (AB 846) of 1977 gives people with developmental disabilities the right to services and supports that enable them to live a more independent and normal life.



## Implementation Steps

For best results establish a coordinated system of screening and referral.

1. Identify a physician champion.
2. Select developmental screening tool.
3. Determine periodicity for screening.
4. Map the workflow.
5. Obtain screening and supporting materials.
6. Train staff.
7. PDSA (Plan, Do, Study, Act)

**CALL 805-981-6617 to get more information about implementing developmental screening in your medical practice. Your office may qualify for screening materials at no cost.**

## Billing

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. Billing for developmental screening using these codes requires documentation that the screening was given and notes any action taken, such as follow-up screening, developmental milestone information, or referral to community agency or community resource.

Reimbursement rates vary by insurance provider. Contact insurance providers directly to learn the reimbursement rate.

## Additional Resources

Visit [www.helpmegrowvc.org/EarlyID](http://www.helpmegrowvc.org/EarlyID) for access to resources and organizations available to help with early childhood developmental issues such as:

- ASQ-3 - Tip Sheet
- PEDS - Tip Sheet
- M-CHAT - Tip Sheet
- Help with system navigation
- Training and support for families
- Assistance with behavioral issues
- A flyer encouraging parents to have their children screened
- A sample School District referral letter
- A list of developmental milestones

Also visit [211ventura.org](http://211ventura.org) or call 2-1-1 which provides callers with information about services available to them including help with basic needs, support for children and families, and much more.

**Start Screening Today.**  
[helpmegrowvc.org](http://helpmegrowvc.org)

## Thank You

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# A Sample Workflow

