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



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:

	ASQ-3 AGES AND STAGES 3RD EDITION	PEDS PARENTS' EVALUATION OF DEVELOPMENTAL STATUS PEDStest.com	M-CHACT MODIFIED CHECKLIST FOR AUTISM IN TODDLERS, REVISED (M-CHAT-R/F) TM M-CHAT.org	PROVEN PARENT-REPORT METHODOLOGY. Research shows that parents are reliable reporters of their	
NUMBER OF QUESTIONS	30 (6 each area)	10	20	child's development.	
VARIETY OF SURVEY	21 age-based forms	Single form, all ages	Single form, all ages		
AGE RANGE	2 months-5 years	0-8 years	16-30 months		
PARENT COMPLETION	10-20 minutes	5 minutes	2–5 minutes		
PROVIDER SCORE & INTERPRET TIME	1-5 minutes	2 minutes	5-10 minutes	EASY TO USE AND SCORE	
LANGUAGES	English, Spanish, French; ASQ PTI also available in Somali and Hmong	English, Spanish, Vietnamese; Others with license	English, Spanish, Chinese, & Korean; Others with license		

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







Prematurity of less than 32 weeks or low birth weight

Prenatal or

other exposure

Poor nutrition

or difficulties

to drugs, alcohol, or tobacco



Environmental factors such as neglect and abuse



Children with an orthopedic, vision, or hearing impairment



Exposure to lead-based paint







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.

9 MONTHS

R 18 MONTHS 24/30 MONTHS

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 score



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 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



EARLY START PROGRAM Coordinated through Regional Centers

LOCAL SCHOOL DISTRICT

Children with an eligible disability may

qualify for special education services

HOW to REFER in Orange County

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



For Regional Center of Orange County call (714) 796-5354 or visit www.rcocdd.com



REGIONAL CENTER

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



HELP ME GROW

Providing child development information, follow-up support, resource connections, outreach and care coordination PARENTS must request an evaluation to determine eligibility

Contact the child's local school district office or SELPA

Visit www.rcocdd.com or call (714) 796-5354 for Regional Center of Orange County

ANYONE may refer a family to Help Me Grow Orange County



Visit www.helpmegrowoc.org or call (866) 476-9025



Help Me Grow

ORANGE COUNTY (866) 476-9025 www.helpmegrowoc.org



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



Adapted from materials by Help Me Grow Ventura County and First 5 Ventura County

