

EARLY IDENTIFICATION GUIDE



IMPLEMENTING DEVELOPMENTAL SCREENING AND SURVEILLANCE INTO PRIMARY CARE



DID YOU KNOW?

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



California ranks

30th

in the country for screening infants and toddlers

44th

for screening children living below the federal poverty level



Only **28.5%**

of children in California receive timely developmental screenings

1 in 4 children

under the age of 6 in California



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



1 in 54 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



GENERAL DEVELOPMENTAL SCREENING 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 QUESTIONNAIRE-3 AND AGES AND STAGES QUESTIONNAIRE: SOCIAL-EMOTIONAL-2 brookespublishing.com/asq	ASQ:SE-2[®] AGES & STAGES QUESTIONNAIRES: SOCIAL-EMOTIONAL, 2ND EDITION brookespublishing.com/asq	PEDS PARENTS' EVALUATION OF DEVELOPMENTAL STATUS PEDStest.com	M-CHAT MODIFIED CHECKLIST FOR AUTISM IN TODDLERS, REVISED (M-CHAT-R) [™] M-CHAT.org	PROVEN PARENT-REPORT METHODOLOGY. Research shows that parents are reliable reporters of their child's development.
DOMAINS MEASURED	General development including areas of communication, motor, problem solving, adaptive skills, social emotional	Social-emotional development	General development	Autism-specific	
NUMBER OF QUESTIONS	30 (6 each area)	Varies by age	10	20	
VARIETY OF SURVEY	21 age-based forms	9 age-based forms	Single form, all ages	Single form, all ages	
AGE RANGE	2 months–5 years	1 month–6 years	0–8 years	16–30 months	
PARENT COMPLETION	10–20 minutes	10–20 minutes	5 minutes	2–5 minutes	
PROVIDER SCORE & INTERPRET TIME	1–5 minutes	1–5 minutes	2 minutes	5–10 minutes	
LANGUAGES	English, Spanish, Arabic, Chinese, French, Vietnamese; ASQ PTI also available in Hmong and Somali	English, Spanish, Arabic, French; ASQ:SE PTI also available in Hmong and Somali	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.



Risk factors which may contribute to a delay



Prematurity of less than 32 weeks or 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 impairment



Poor nutrition or difficulties eating



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

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



9 MONTHS



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 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

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

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

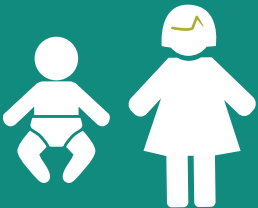


WHEN A CHILD SCREENS POSITIVE ON A VALIDATED SCREENING TOOL



WHEN A CHILD'S PARENT HAS A DEVELOPMENTAL DISABILITY

WHERE to REFER DEPENDS ON THE AGE OF THE CHILD



BIRTH to 3 YEARS

CALIFORNIA EARLY START PROGRAM

Coordinated through Regional Centers



3 YEARS to 5 YEARS

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



BIRTH to 5 YEARS

HELP ME GROW



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

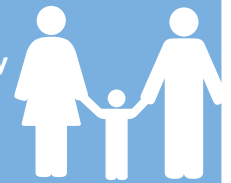
HOW to REFER

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



If you want to know more, ask your doctor.