

DEVELOPMENTAL SCREENING

National Performance Measure 6: Percent of children, ages 9-71 months, receiving a developmental screening using a parent-completed screening tool.

Goal: To increase the number of children who receive a developmental screening.

Definition: Numerator: Parent reporting they have filled out a questionnaire provided by a health care provider concerning child's development, communication or social behaviors for a child ages 9-71 months/ Denominator: All children ages 9-71 months.

Healthy People 2020 Objectives:

Maternal, Infant, and Child Health (MICH) Objective 29-1: Increase the proportion of children (aged 10-35 months) who have been screened for an Autism Spectrum Disorder and other developmental delays. (Baseline: 22.6%, Target: 24.9%).

Data Source: The revised National Survey of Children's Health (NSCH) in 2017. States can use the 2011-2012 NSCH as a baseline until that time.

Policy Context:

Developmental screening and surveillance in early childhood offers is critical to early identification of and intervention for developmental risks, disorders, and delays. These are an integral function of the primary care medical home and may also be done by other professionals (e.g., early education, home visiting). Only 1 in 5 families report that their child received a developmental screen. (<http://www.cdc.gov/ncbddd/childdevelopment/features/key-findings-dev-screening.html>).

The American Academy of Pediatrics (AAP) recommends that developmental surveillance be done at every well-child visit and standardized developmental screening tests be administered regularly at the 9-, 18-, and 30 (or 24)-month visits. (<http://pediatrics.aappublications.org/content/118/1/405.full>). Parents are reliable and important sources of information about their children's development and tools such as the Ages and Stages Questionnaire (ASQ) should be used to incorporate parent reports into developmental screening and surveillance. (<http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>) Both risks and protective factors should be identified and discussed with families.

The US Departments of Health and Human Services and Education have partnered to launch a public awareness campaign highlighting the importance of developmental screening. (<http://www.acf.hhs.gov/programs/ecd/news/developmental-and-behavioral-screening-initiative>).

The Medicaid EPSDT benefit requires developmental screening (assessment) as a part of comprehensive well child visits. (<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>). The core child health measurement set for Medicaid and the Children's Health Insurance

Program (CHIP) includes a measure for developmental screening in the first three years of life (<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf>), and the Centers for Medicare and Medicaid Services (CMS) encourage effective data collection and use (<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/developmentalscreeningwebinar.pdf>). State actions range from Medicaid reimbursement, to modified visit schedules (<http://www.nashp.org/publication/improving-epsdt-periodicity-schedules-promote-healthy-development>), to recommendations for clinicians choosing tools. (<http://dvha.vermont.gov/for-providers/developmental-screening-preferred-tool-list-may-2011.pdf>). Through the Assuring Better Child Health and Development (ABCD) Initiative, many states modified Medicaid policies and practices with an aim to improve developmental screening. (<http://www.nashp.org/publication/measurement-support-effective-identification-children-risk-developmental-delay>).

State Title V MCH Programs play an important role in promoting developmental screening. (http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/Documents/DevScreening_SPMs_FactSheet2014.pdf) State programs, including Children and Youth with Special Health Care Needs (CYSHCN) programs, have efforts underway to: increase use of developmental screening, enhance provider capacity to conduct screening, and improve services for children with developmental disabilities and their families. (http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/Documents/DevScreening_Scan-FINAL-WEB.pdf).

Action Agenda for State Title V MCH Block Grant Programs:

- Encourage payment approaches (e.g., Title V, Medicaid, other publicly subsidized health plans) appropriate to incentivize for developmental screening, diagnosis, and intervention.
- Assure that Medicaid policy requires and reimburses for use of standardized developmental screening tools for children at the 9-, 18-, and or 30(24)-month visits.
- Support training and continuing education programs for pediatric health professionals to conduct developmental surveillance and screening.
- Create and disseminate a list of state recommended standardized screening tools.
- Implement quality improvement projects and learning collaboratives among pediatric primary care providers.
- Use a program of tiered care coordination/case management that for any child identified with a developmental risk, delay, or disorder, incorporating children served in Title V CYSHCN, Medicaid, IDEA Part C early intervention, and other programs.
- Implement mechanisms (including care coordination) to ensure that children with identified developmental risks and conditions are linked to a family-centered, community-based, and well-coordinated system of care for children with special needs.
- Develop information systems, data-sharing structures, data-gathering tools, and agreements to simplify reporting and improve data quality and consistency.