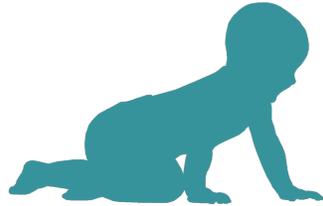


Screening and Referral in Primary Care

Why Screen and Refer in Primary Care?

Using a standardized screening tool in primary care will increase the number of children identified with developmental delays by

50%



Emotional and behavioral problems in young children may persist or worsen and adversely affect early or later school performance.

- Providers using a standardized tool, like the ASQ, will identify and refer children at an earlier age than those who only use history, physical, clinical judgment and milestone checklists.
- Early Intervention (EI) services use a “natural environment” evidence based model and focus on family-centered, coordinated services that support parent-child relationships. Children who receive EI services have been found to have higher academic performance and engage in less risky behavior compared to their peers.

How do I include emotional, social and behavioral growth as part of screening?

- Emotional, social and behavioral health has an impact on a child’s development and school readiness.
- Social-emotional development includes the child’s experience, expression and management of emotions and the ability to establish positive and rewarding relationships with others.
- Use the last few open-ended questions in the ASQ. Ask them out loud to the parent to elicit concerns.
- Help parents understand the importance of accessing support by sharing the Be Ready brochure and appropriate referrals.

Parents might say any of the following:

"My child..."

won't stop crying

has trouble at school

has lengthy tantrums

seems unhappy

has lots of stomach and/or headaches

doesn't seem to like me

seems angry with me all the time

hits others

When parents raise these concerns, it is important to consider the frequency, intensity and duration when determining if a referral is needed.

How do I know what tools I should be using?

- Many practices mistakenly believe that the Milestone Checklist that is embedded in many EMR's or WCC forms is a standardized screening tool.
- Visit the Medicaid website for a list of approved tools for Medicaid reimbursement. The most commonly used tool in Colorado is the ASQ but there are other options.
- Billing for developmental screening with a Milestone Checklist is not allowed and is considered fraud by Medicaid.

What are the current guidelines regarding screening and referring?

Clear guidelines exist to support screening in primary care and are incorporated into the AAP's Bright Futures Guidelines for Health Supervision.

All children should be monitored with developmental surveillance at every WCC for concerns in general development as well as for Autism Spectrum.

All children should be screened with a standardized developmental screening tool (such as the ASQ or PEDS) at the 9, 18, 30, and 48 month WCC. If no 30 month WCC, the child should be screened at the 24-month visit and the provider should consider screening again at 36 months.

All children should be screened with a standardized Autism screening tool (M-Chat) at 18 and 24 months.

If other referral options are needed, see the Larimer County KIDS Referral Guide.

All children with concerning screening results should be referred to Early Intervention Colorado (0-3 years) or Child Find (3-5 years). Complete the Larimer County KIDS - EI and Child Find Referral Form including parent signature.

Larimer County



ON TRACK TO
Be Ready

**Kids Initiative for
Developmental Support**