

# Developmental Surveillance and Screening

## CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

### C&TC Requirements

#### General

Developmental *surveillance* is required at all C&TC visits, at all ages. This includes eliciting parent or caregiver concerns about their child's development, making accurate observations of the child, identifying risk and protective factors, and accurately documenting the process and findings (Talmi, et al., 2014).

Developmental *screening* with a standardized instrument is strongly recommended for C&TC visits at intervals recommended by the American Academy of Pediatrics (AAP) (Pediatrics, 2014; Talmi, et al., 2014).

- At 9 months, 18 months, 24-30 months of age and preschool age; and
- Whenever the parent or provider has concerns about the child's development.

#### Personnel

*Surveillance* must be performed by licensed/certified primary care clinicians (MD, NP, PA) or by Registered or Public Health Nurses (RN, PHN) who have completed the C&TC Comprehensive Training through MDH.

All health or educational staff who administer standardized developmental *screening* must meet the qualifications specific to the screening instrument, which are outlined in the instrument's manual.

#### Documentation

*Surveillance* must be documented in the C&TC visit record. *Screening* documentation must include the name of the screening instrument, the result, and anticipatory guidance with the parent or caregiver based on screening results. For positive screening results, document referral and follow-up plans.

For documentation examples, refer to [C&TC Documentation Forms for Providers and Clinics \(www.dhs.state.mn.us\)](#)

### Screening Procedure

#### Screening Instruments

Providers can bill and be reimbursed for screening C&TC eligible children when using standardized screening instruments recommended by the Minnesota Interagency Developmental Screening Task Force. For a current list of recommended instruments, more details, and comparison of instruments, refer to [Developmental and Social-Emotional Screening \(www.health.state.mn.us\)](#).

Recommended parent-report instruments most commonly used in primary care include:

- Ages and Stages Questionnaires, 3<sup>rd</sup> Ed. (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)

For current screening, billing, and coding information, refer to the [MHCP Manual, C&TC Section \(www.dhs.state.mn.us\)](#).

#### Referral

Children ages birth through 5 years who have developmental concerns identified by surveillance or screening should be referred without delay for:

- Educational evaluation by the local school district to determine eligibility for early intervention or early childhood special education services. The referral can be made directly to the child's local school district, or through Minnesota Help Me Grow ([www.HelpMeGrowMN.org](http://www.HelpMeGrowMN.org) or 1-866-693-4769).
- Comprehensive medical evaluation to determine the cause and extent of any delay, along with treatment options. This

should include sensory (vision and hearing) assessment, and may include referral to medical specialists such as a developmental pediatrician or geneticist. A medical diagnosis may help with eligibility for supportive services or insurance coverage.

## Follow up

Establish a process to follow up with any child referred to services to ensure access to appropriate and effective interventions. With the parent's permission communicate and coordinate with educational and other professionals.

## Importance of Screening

Developmental delays are common and often go undetected. In the United States, about 13-16% of children have developmental delays by 24 months of age (Boyle, et al., 2011). In Minnesota, only 2.4% of children receive early intervention services (Minnesota Department of Education, 2013).

Early identification and intervention leads to better outcomes. Children benefit from improved health, language, cognitive, and social-emotional development; families receive support to promote their child's development; and the system benefits from decreased special education needs (National Scientific Council on the Developing Child (NSCDC), 2012).

## Professional Recommendations

### American Academy of Pediatrics (AAP)

- Developmental surveillance at every well visit.
- Developmental screening with a standardized instrument at specific ages and whenever surveillance demonstrates risk.
- Referral to both comprehensive medical evaluation and early intervention services is critical for children with concerning screening results (Pediatrics, 2014).

## Resources

### Minnesota Department of Education

- [Help Me Grow Minnesota \(www.helpmefrowmn.org\)](http://www.helpmefrowmn.org).

### Minnesota Department of Human Services

- [Communities Coordinating for Healthy Development Toolkit \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).
- [MHCP Provider Manual, C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

### Minnesota Department of Health

- [Developmental and Social-Emotional Screening of Young Children \(0–5 years of age\) in Minnesota \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Developmental and Social-emotional Screening for Young Children for the Clinic Setting \(www.mn.train.org\)](http://www.mn.train.org).

### Other Resources:

- [Developmental and Behavioral Pediatrics \(www.aap.org\)](http://www.aap.org).
- [Learn the Signs, Act Early \(www.cdc.gov\)](http://www.cdc.gov).

## References

Boyle, C., Boulet, S., Schieve, L., Cohen, R., Blumberg, S., Yeargin-Allsopp, M., . . . Kogan, M. (2011). Trends in the prevalence of developmental disabilities in U.S. children, 1997-2008. *Pediatrics*, 127(6), 1035-1042.

Minnesota Department of Education. (2013). Minnesota Part C Annual Performance Report FFY 2012.

National Scientific Council on the Developing Child (NSCDC). (2012). Establishing a level foundation for life: Mental health begins in early childhood: Working paper 6. updated Edition.

Pediatrics, B. F. (2014). *Recommendations for Preventative Pediatric Health Care*.

Talmi, A., Bunik, M., Asherin, R., Rannie, M., Watlington, T., Beaty, B., & Berman, S. (2014). Improving developmental screening documentation and referral completion. *Pediatrics*, 134(4), e1181.

## For More Information

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To obtain this information in a different format, call: 651-201-3760.