Autism Spectrum Disorder (ASD) Screening

C&TC Requirements

General
Autism Spectrum Disorder (ASD) screening is recommended by the American Academy of Pediatrics (AAP) for every child at 18 and 24 months of age, and whenever there are developmental concerns about a child (Meyers & Johnson, 2007).

Due to the higher risk among Medicaid-eligible children for a wide range of developmental and social-emotional delays, C&TC providers should provide routine developmental screening (beginning at 9 months) and social-emotional screening (beginning at 6 months).

ASD-specific screening at 18 and 24 months will help identify children who may have been missed by those broader periodic screenings.

Personnel
Qualifications for ASD-specific screening are instrument-specific; refer to the instrument’s manual for more information.

Documentation
Document the name of the screening instrument, the result, and the anticipatory guidance discussed with the parent or caregiver based on screening results. For positive screening results, document referral and follow-up plans.

ASD Screening Procedures
The Modified Checklist for Autism in Toddlers Revised (M-CHAT-R) is a commonly used, standardized ASD-specific screening instrument. If the score is in the mid-range, follow instrument instructions and include the follow-up interview, in order to avoid false positives and over-referral (Robins, et al., 2013). For other ASD-specific screening options, refer to AAP recommendations.

Referral and Management
If the ASD-specific screening result is positive, ensure a comprehensive medical, educational, and mental health evaluation. This assures accurate diagnosis of ASD or other conditions with similar signs and symptoms (like hearing impairment or a history of emotional trauma).

Medical Evaluation

For management of children diagnosed with ASD, refer to the Center for Disease Control and Prevention (CDC) ASD Treatment (www.cdc.gov) and AAP recommendations (Meyers & Johnson, 2007).

Educational Evaluation
Refer the child for educational evaluation as soon as concerns are identified. The local school district will determine eligibility for early childhood special education (ECSE) services, which are free of cost to the family.

Refer for ECSE evaluation either directly to the local school district, or through the statewide Help Me Grow (www.HelpMeGrowMN.org or 1-866-693-GROW).

Mental Health Evaluation
A qualified mental health professional can differentiate diagnoses of ASD versus other conditions with a similar presentation, such as a history of emotional trauma.
Refer to the Minnesota Department of Human Services map of Early Childhood Mental Health services by county (www.dhs.state.mn.us) to find providers available in the family’s county.

Services

ASD can usually be diagnosed before age two years. Earlier intervention is more effective.

A range of medically necessary services are available for children with ASD, including the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit, which provides behavioral intervention services for children from birth up to age 21 years with ASD or related conditions.

Other services available for children with ASD include, but are not limited to, speech therapy and occupational therapy, as well as Children’s Therapeutic Services and Supports (CTSS) (www.dhs.mn.us), which provides psychotherapy, crisis assistance, skills training and day treatment. Refer the family to their local county or tribal agency to locate a provider in their area.

Importance of ASD identification

According to the CDC, prevalence of ASD in the United States (2017) is about 1 in 68 children. Early identification and treatment of autism results in more favorable developmental, health and family outcomes (Meyers & Johnson, 2007).

Professional Recommendations

American Academy of Pediatrics

The AAP recommends universal, standardized ASD-specific screening at 18 and 24 months of age (Meyers & Johnson, 2007).

U.S. Preventive Services Task Force

The USPSTF concluded that there is insufficient evidence to recommend screening for ASD in young children for whom there are no concerns of ASD (Siu, 2016).

Resources

CDC

- Learn the Signs. Act Early (www.cdc.gov)
- Autism Case Training (www.cdc.gov)

Minnesota Department of Human Services

- Children with Autism Spectrum Disorders (www.dhs.state.mn.us)
- Minnesota Health Care Programs Provider Manual C&TC Section (www.dhs.state.mn.us)

Minnesota Department of Health

- Autism (www.health.state.mn.us)
- Child and Teen Checkups (www.health.state.mn.us)

References


For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email health.childteencheckups@state.mn.us.

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