Developmental, Social-Emotional, and Autism Spectrum Disorder Screening in Early Childhood

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

C&TC Requirements

Developmental surveillance is required at all C&TC visits, at all ages. Routine and periodic screening, using a recommended standardized instrument, is strongly recommended for all infants and young children:

- Developmental screening at intervals recommended by the American Academy of Pediatrics (AAP): at 9, 18, and 24-30 months of age and at preschool age.
- Social-emotional screening beginning at 6 months of age, continuing every 6 months through 2 years of age, then yearly.
- Autism Spectrum Disorder (ASD) screening at 18 and 24 months of age.

When surveillance or screening reveal developmental concerns, refer as soon as possible for additional evaluation and intervention services. Any parent concerns about development warrant further evaluation.

Personnel

Surveillance must be performed by licensed health care provider (physician, nurse practitioner, or physician assistant) or by a registered or public health nurse who has completed the C&TC Comprehensive Training through the Minnesota Department of Health.

Screening personnel qualifications are instrument-specific; refer to each instrument’s instruction manual for more information.

Documentation

Developmental surveillance must be documented in the C&TC visit record. Screening documentation must include the name of the screening instrument(s) used, the score(s), and the anticipatory guidance provided to the parent or caregiver related to the screening results. If the screening results are abnormal, documentation must include the plan of care and, when appropriate, a referral to a local community service agency.

Screening Procedures

Surveillance

Surveillance, or developmental monitoring, is a non-standardized but essential part of ongoing pediatric preventive care. It includes asking for parent or caregiver concerns about their child’s development, making accurate observations of the child’s development, identifying risk and protective factors, and accurately documenting the process and findings.

A history of a child’s social-emotional and current functioning must be obtained, including:

- Identification of mental health needs or risks, including history of trauma,
- Family mental health history,
- Attention and behavioral concerns, and
- Social and relationship skills.

Standardized screening

Instruments

For developmental and social-emotional screening, separate instruments are needed. Use standardized, recommended instruments (www.health.state.mn.us).

For ASD-specific screening, the Modified Checklist for Autism in Toddlers Revised (M-CHAT-R) (https://mchatscreen.com) is a commonly used, standardized screening instrument. Follow instrument scoring instructions to accurately determine whether the follow-up interview and referral is needed.
Timing and frequency of screening
It is generally not feasible to complete more than two screenings at a single well visit. Clinics should determine their standard screening protocols, aiming for this as a minimum:
- 3 developmental screenings by age 3 years,
- 2 ASD-specific screenings by age 2 years,
- Social-emotional screening every 6-12 months.

Referral and Management
Review the screening results with the child’s parent or caregiver, and ensure prompt referral, further evaluation, and treatment for concerns raised by the parent, surveillance, or screening.

Medical Evaluation
Comprehensive medical evaluation determines the cause and extent of any delay, and treatment options. Medical evaluation should include vision and hearing assessment, and may include referral to medical specialists such as a developmental pediatrician or geneticist. A medical diagnosis is required for some supportive services and insurance coverage.

Educational Evaluation
Refer the child for early intervention evaluation as soon as concerns are identified, either directly to the local school district or through Help Me Grow (1-866-693-GROW or Help Me Grow (www.HelpMeGrowMN.org). The local school district will determine eligibility for early childhood special education (ECSE) services, which are free of cost to the family.

Mental Health Evaluation
A qualified early childhood mental health professional can support families and young children with social-emotional concerns, and provide comprehensive evaluation for ASD, trauma, and more. Refer to the map of Early Childhood Mental Health services by county (www.dhs.state.mn.us) to find local providers.

Additional services
For children with milder concerns or whose parents decline referral, offer other community resources (www.health.state.mn.us).

For children with ASD and related disorders, a range of medically necessary services are available, including the Early Intensive Developmental and Behavioral Intervention (EIDBI) (www.mn.gov/dhs) benefit, and Children’s Therapeutic Services and Supports (CTSS) (www.dhs.mn.us). Refer the family to their local county or tribal agency (https://mn.gov/dhs) to locate a provider in their area.

Follow up
Establish a process for follow up with the family after referral to ensure access to appropriate and effective services. Communicate and coordinate with educational and other professionals, with the parent’s permission.

Additional Resources
- Help me Grow (www.HelpMeGrowMN.org)
- Learn the Signs. Act Early (www.cdc.gov)
- Zero to Three (www.zerotothree.org)
- Developmental and Social-Emotional Screening of Young Children (0-5 years) (www.health.state.mn.us)
- Minnesota Health Care Programs Provider Manual C&TC Section (www.dhs.state.mn.us)
- Child and Teen Checkups (www.health.state.mn.us)

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 or email health.childteencheckups@state.mn.us.

Revised 6/2019