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

General

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 a licensed health care provider: physician, nurse practitioner, or physician assistant, or by a registered or public health nurse (RN or PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH).

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 atypical, documentation must include the plan of care and, when appropriate, a referral to a local community service agency.

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

Procedure

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 Screening Instruments (www.health.state.mn.us).

For ASD-specific screening, the Modified Checklist for Autism in Toddlers Revised (M-CHAT-R/F) (www.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. Ensuring prompt referral, evaluation, and treatment for concerns raised by surveillance, screening, or the parent, can improve a child’s developmental path.

- Medical Evaluation – A comprehensive medical evaluation determines the cause and extent of any delay, and treatment options. A medical diagnosis is required for some supportive services and insurance coverage.
- Educational Evaluation - Refer the child for early intervention screening and/or 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).
- 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.

**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.

**Resources**

**Minnesota Department of Human Services**
- C&TC Schedule of Age-Related Screening Standards (www.dhs.state.mn.us)
- Minnesota Health Care Programs (MHCP) Provider Manual - C&TC Section (www.dhs.state.mn.us)

**Minnesota Department of Health**
- Child and Teen Checkups (C&TC) (www.health.state.mn.us)

**Additional Resources**
For children with milder concerns or whose parents decline referral, offer other Screening Resources (www.health.state.mn.us) and provide information on expected milestones from either the Help Me Grow or Learn the Signs Act Early website.

For children with ASD and related disorders, refer to the Pathway to Services and Supports for Autism Spectrum Disorder (ASD) (https://edocs.dhs.state.mn.us) to learn more.

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

**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.

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