

# Child and Teen Checkups (C&TC) Provider Updates

FALL 2022

## News from the Minnesota Department of Human Services (DHS)

The updated periodicity schedule is now live on the [DHS website \(dhs.state.mn.us\)](https://dhs.state.mn.us). Soon to be available on [C&TC resources \(mn.gov/dhs\)](https://mn.gov/dhs) are updated C&TC visit documentation forms for providers which reflect the 2022 periodicity schedule changes.

## Updated Periodicity Schedule

Wording was changed from “Maternal Depression Screening” to “Postpartum Depression Screening” to highlight that any accompanying parent or caregiver can be screened for postpartum depression during a C&TC well child visit for infants 0-13 months. This wording change is inclusive of the various identities of birthing people and emphasizes the importance of supporting the well-being of all primary caregivers of an infant.

Content on the back of the periodicity schedule was updated to include: 2019 Joint Committee on Infant Hearing (JCIH) hearing risk assessment and referral guidelines, otoacoustic emissions (OAE) hearing screening as an alternative for three- to five-year-old children who are unable to perform pure tone audiometry, and a link to the American Academy of Family Practice (AAFP) social determinants of health form.

## Hepatitis C Screening Recommendation

Effective October 1, 2022, a Hepatitis C Virus (HCV) screening is recommended once for young adults ages 18 and older during a C&TC visit. A licensed health care provider (physician, nurse practitioner, physician assistant) must interpret the results of HCV screening and ensure appropriate follow-up testing if needed. The HCV screening lab test documentation should include date, test results, and any needed treatment or follow up. For more information, refer to the [C&TC Hepatitis C Virus \(HCV\) Screening Fact Sheet \(health.state.mn.us\)](https://health.state.mn.us).

## Updated Provider Documentation Forms

C&TC partnered with Children’s Minnesota Gender Health Program to include gender-neutral language on the documentation forms to reflect the various identities of children and parents. Throughout the forms, the word “gender” was replaced with “sex” to refer to biological sex. Spaces were added for pronouns and gender identity. Terms were changed from “maternal” to “parental” or “birth parent” to reflect gender-neutral language for parents. Well visit forms for three years and older had words such as “girls” and “boys” replaced with “female assigned at birth” and “male assigned at birth” to refer to anatomy rather than identity.

Well visit forms for 11 years and older had anticipatory guidance added about gender identity, expression, and role, separated from resources about sexuality and sexual development. Resources and links were updated to support the changes outlined above.

## News from the Minnesota Department of Health (MDH)

### New Lead Screening Guidelines

*Authored by Katie Haugen, Lead/Health Homes Quality Improvement Coordinator*

The Childhood Blood Lead Screening Guidelines represent a set of best practices and recommendations for health care providers, local public health, and other individuals or organizations who are determining which children to test for lead exposure. These guidelines are currently undergoing revision by a multi-disciplinary workgroup, and an update is scheduled to be released in late 2022.

These guidelines were last revised in 2011, and at that time recommended targeted screening. This directed health care providers to order blood lead tests for:

1. Children residing in specific geographic areas that have high rates of elevated blood lead
2. Children matching specific groups that have high rates of elevated blood lead (identified by risk questionnaire)

Blood lead tests are typically performed *and are a required component of a C&TC* visit when the child is one and two years old but may be done any time the parent is concerned or if possible lead exposure is identified by risk questionnaire.

Refer to [MDH Blood Lead Level Guidelines \(health.state.mn.us\)](https://health.state.mn.us).

### Autism Screening

*Authored by Nicole Berning, DHS Clinical Lead in the Disability Services Division*

Currently, the American Academy of Pediatrics' (AAP) goal is [universal autism spectrum disorder \(ASD\) screening for children \(publications.aap.org\)](https://publications.aap.org) ages 18 and 24 months *and is recommended C&TC visit component at these ages*. Although ASD can be reliably diagnosed by 24 months, the average age of diagnosis in Minnesota is 5 years 3 months according to a recent study by the [Minnesota-Autism and Developmental Disabilities Monitoring Network \(MN-ADDM; addm.umn.edu\)](https://addm.umn.edu). MN-ADDM is part of the Autism and Developmental Disabilities Monitoring (ADDM) Network, a group of programs funded through the CDC to estimate the number of children with ASD and other developmental disabilities living in different areas of the United States.

This research also found that over 40% of children diagnosed with ASD had a concern regarding their development noted prior to age 3; however, these children did not go on to receive a medical diagnosis until much later. Later diagnosis leads to delays in accessing early intervention services. This is concerning since we know that early intervention has been shown to increase overall IQ, build language and communication skills, and teach self-regulation behaviors.

### Importance

1 in 36 children in Minnesota is diagnosed with ASD. ASD is the fastest growing developmental disability in America.

As pediatricians, you are often the first point of contact for families. You can help identify children who might need extra help in their development before they go to school. It is best to **NOT** take a “wait and see” approach. The [American Academy of Family Physicians \(aafp.org\)](https://www.aafp.org) notes that children with more optimal outcomes receive earlier, more intensive behavioral interventions. Despite these recommendations, MN Medical Assistance C&TC data indicates that only 10-12% of children eligible for C&TC services received the recommended ASD screening at 18 and 24 months or social-emotional screening at 18 months.

### Practice Considerations

Developmental and social-emotional screening should occur at 9, 18 and 30 month visits with ASD specific screenings at 18 and 24 months or any time a concern is identified. The [Modified Checklist for Autism in Toddlers Revised with Follow-Up \(M-CHAT-R/F; mchatscreen.com\)](https://mchatscreen.com) is the most common ASD screening tool used in clinical settings. It takes five minutes to complete and only two minutes to score. Parent-report tools like the M-CHAT often have the advantage of being brief, inexpensive, and practical in the clinic or office setting. The M-CHAT does not require training to administer and is available in multiple languages.

In an effort to mitigate the shortage of trained clinicians to evaluate ASD and the subsequently long wait lists, the (AAP) has recommended the use of a [Level 2 screener \(publications.aap.org\)](https://publications.aap.org) after a positive screen on a Level 1 screener before referring children for a full comprehensive evaluation for ASD. This way, a series of screening tools is used prior to referral.

View the [Child and Teen Checkups Manual on Screening for Autism Spectrum Disorder \(ASD\) in Toddlers \(dhs.state.mn.us\)](https://dhs.state.mn.us) for billing and additional instructions.

### Immunization Resources

To encourage up-to-date immunizations for youth, C&TC worked in partnership with the MDH Immunization Program to develop a flyer to connect with parents and families on the importance of well-child checks and vaccination. Visit [Well-child Visits and Immunization \(health.state.mn.us\)](https://health.state.mn.us) for more information.

The Minnesota Immunization Information Connection (MIIC) has developed a text-message immunization reminder service that is free for all Minnesota providers. The program is automated and takes only a 30-minute conference call to set up. For more information about the program and to participate, [refer to the Reminder/Recall Using Text Messages handout \(health.state.mn.us\)](https://health.state.mn.us).

### Tobacco Resources

A variety of tobacco cessation resources can be utilized and provided as a part of C&TC visits. [Universal Screening, Brief Intervention and Referral to Treatment \(SBIRT; samhsa.gov\)](https://samhsa.gov) is a recommended approach for the risk assessment and response for tobacco, alcohol, and drug use. *C&TC visit screening component required starting at age 11 years.* The goal is to identify the range of a young person’s substance use, from abstinence to addiction, and provide appropriate intervention at every health care visit.

Patients, parents, or caregivers who use tobacco products should be advised to quit and given resources, which can be found on [Quit Partner \(QuitPartnerMN.com\)](https://www.quitpartner.com). There are programs tailored to teens, the American Indian community, and pregnant persons dealing with mental illness. Visit the “Make a Referral” link to have the program contact clients.

More information and resources related to screening procedures and C&TC requirements can be found on the [Tobacco, Alcohol, and Drug Use Risk Assessment Fact Sheet \(health.state.mn.us\)](https://www.health.state.mn.us/tobacco).

## Psychiatric Assistance Line (PAL) Webinar on November 1, 2022

The Minnesota Pediatric Care Coordination Community of Practice is hosting a webinar about the Psychiatric Assistance Line (PAL), which is a free service that providers can call for mental health triage, referral, and consultation. Join to learn about the types of services that PAL offers and the importance of access to mental health clinicians. Tuesday, November 1, 2022, from 12-1 pm. Free to join, [register here \(docs.google.com\)](https://docs.google.com).

## Help Me Connect Video – Waiting Room (9 Minutes)

A new [Help Me Connect video is available \(helpmeconnect.web.health.state.mn.us\)](https://helpmeconnect.web.health.state.mn.us).

This nine-minute video is designed to be played in spaces where families may be waiting for services, such as health care clinics, WIC clinics, Early Childhood Screening, and more. It includes information about early childhood and family support services available to

Minnesota families with young children birth to eight years old.

Use the YouTube links below or contact [helpmeconnect@state.mn.us](mailto:helpmeconnect@state.mn.us) to request the MP4 files.

- [Help Me Connect Waiting Room – English \(youtube.com\)](https://www.youtube.com/watch?v=...)
- [Help Me Connect Waiting Room – Spanish \(youtube.com\)](https://www.youtube.com/watch?v=...)
- [Help Me Connect Waiting Room – Somali \(youtube.com\)](https://www.youtube.com/watch?v=...)

Minnesota Department of Health  
Child and Teen Checkups  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-3650  
[health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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*To obtain this information in a different format, call: 651-201-3650.*