

CHECK & CONNECT: RECOMMENDATIONS TO PROMOTE HEALTHY CHILDHOOD DEVELOPMENT





CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH

1101 Market Street, Suite 1320

Philadelphia, PA 19107

Tel: (215) 686-9009

Fax: (215) 686-5212

Thomas A. Farley, MD, MPH

Health Commissioner

Dear Pediatric Provider:

As part of *A Running Start – Health*, our city plan to improve the health of young children, I am reaching out to you to highlight the importance of conducting regular developmental and autism screenings, using standardized tools, and referring children for early intervention services.

While I am sure you assess the developmental status of your patients, using standardized screening tools such as the **Survey of Well-Being of Young Children (SWYC)** and the **Modified Checklist for Autism in Toddlers (M-CHAT)** increases your chances of identifying early the children most in need of attention.

Standardized screening is reimbursable under most health plans and can be conducted by support staff to save you time.

We put together this packet of materials to help you integrate standardized developmental screening into your practice:

- Description of **two developmental screening tools** we are recommending
- Overview of Philadelphia's two **Early Intervention agencies** and **referral forms**
- **FAQs** about early childhood developmental screening
- Tips about **billing** for developmental screening
- Screening **workflow** recommendations

Sincerely,

A handwritten signature in black ink that reads "Thomas Farley".

Thomas A. Farley, MD, MPH

Health Commissioner

FAQs: EARLY CHILDHOOD DEVELOPMENTAL SCREENING

Screening infants and toddler for developmental delays

Q: Why should I use standardized screening tools? I can recognize when a child is delayed.

- ▶ Standardized screening tools, like the ones recommended in this packet, are recommended by the American Academy of Pediatrics and are more effective at identifying children with potential developmental delays than informal developmental surveillance. (Please visit phila.gov/health/check-and-connect for more info.) In addition, most health plans provide additional reimbursement when standardized screening is conducted.

Q: Is it true that boys are late talkers so it's normal if they show signs of being developmentally delayed?

- ▶ No. Any child – boy or girl – who shows signs of being developmentally delayed should be referred to an early intervention coordinating agency for evaluation.

Q: If a child is hospitalized for a prolonged period of time, should he/she be exempt from developmental screenings since any delay is justified due to his/her medical condition?

- ▶ No, regardless of other medical conditions, any child who shows signs of being developmentally delayed should be referred for evaluation.

Referring to Early Intervention agencies

Q: My patient passed the developmental screener but I am still concerned about his/her development. Can I still refer this child for Early Intervention services?

- ▶ Yes, no screening instrument is perfect and there may be qualitative or other asynchronous issues that the screener does not address. Any child that a provider is concerned about should be referred.

Q: Is it a problem if I refer a child to Early Intervention who might have already been referred by another provider or agency?

- ▶ No, Early Intervention agencies cross-reference referred children to make sure they do not receive duplicated services.

Q: I don't want to overburden Early Intervention agencies. Can they handle a lot of referrals?

- ▶ Yes, Early Intervention agencies are well-equipped to evaluate children who might have developmental delays and provide services to those who do.

Billing

Q: Can I bill for both Developmental Screening and Autism Screening performed at 18 months?

- ▶ Yes, both services can be reimbursed even if performed during the same visit. The code for Developmental Screening is 96110 and the code for Autism Screening is 96110 U1. Reimbursement varies by health plan but is typically \$6 - \$12.

KEY RECOMMENDATIONS

1. Use standardized tools for developmental & autism screenings at recommended periodicity schedule

- SWYC: Survey of Well-being of Young Children
- M-CHAT-R/F: Modified Checklist for Autism in Toddlers, Revised with Follow-Up

2. Refer children to Early Intervention services

- Infant Toddler Early Intervention (Age 0-3)
- Elwyn SEEDS (Age 3-5)

RECOMMENDED SCREENING TOOLS

Age (months)	Services	Recommended Tools*
9-11	Developmental Screening	SWYC (Developmental Milestones portion)
18	Developmental Screening	SWYC (Developmental Milestones portion)
	Autism Screening	M-CHAT-R/F -OR- SWYC (POSI portion)
24	Autism Screening	M-CHAT-R/F -OR- SWYC (POSI portion)
30	Developmental Screening	SWYC (Developmental Milestones portion)

*SWYC screening tools are also available for the following ages (months): 2, 4, 6, 12, 15, 36, 48, 60

SWYC - Survey of Well-Being of Young Children

M-CHAT-R/F - Modified Checklist for Autism in Toddlers, Revised with Follow-Up

POSI - Parent's Observation of Social Interactions

To access the full set of SWYC & M-CHAT-R/F screening tools,
please visit phila.gov/health/check-and-connect

RECOMMENDED SCREENING TOOLS

SWYC

The **Survey of Well-being of Young Children (SWYC)** is a free and comprehensive screening instrument for children under 5 years of age. Parents can complete the form on paper or on a tablet in a few minutes while in the waiting room. Once these forms are scored, you can determine which children should be reviewed further or referred for a formal developmental evaluation. While the SWYC contains several sections, we are recommending two portions for developmental and autism screenings:

1. Developmental Milestones portion for Developmental Screening
2. Parent's Observation of Social Interactions (POSI) portion for Autism Screening.

Sample attached on page 4: SWYC, Developmental Milestones, 18 months

M-CHAT-R/F

The **Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)** is a 2-stage parent-report screening tool to identify children 16 to 30 months of age who should receive a more thorough assessment for possible early signs of autism spectrum disorder. The first-stage screening tool contains 20 questions that parents can complete in the waiting room. The items are scored one point each according to their autism risk, and based on total scores, children are considered low-risk (0-2), medium risk (3-7), or high-risk (8-20).

Sample attached on page 5: M-CHAT-R, First-stage Screening Tool

**To access the full set of SWYC & M-CHAT-R/F screening tools,
please visit phila.gov/health/check-and-connect**

SAMPLE: SWYC DEVELOPMENTAL MILESTONES, 18 MONTHS



Milestones: 18 months

18 months, 0 days to 22 months, 31 days
V1.07, 4/1/17

Child's Name: _____
 Birth Date: _____
 Today's Date: _____

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Runs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks up stairs with help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kicks a ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least 5 familiar objects - like ball or milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least 5 body parts - like nose, hand, or tummy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbs up a ladder at a playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "me" or "mine"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumps off the ground with two feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts 2 or more words together - like "more water" or "go outside"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words to ask for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



© 2010 Tufts Medical Center, Inc. All rights reserved.

SAMPLE: M-CHAT-R, FIRST-STAGE SCREENING TOOL

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

- | | | |
|--|-----|----|
| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE , pointing to a snack or toy that is out of reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?
(FOR EXAMPLE , being swung or bounced on your knee) | Yes | No |

REFERRING TO EARLY INTERVENTION SERVICES

Age 0-3 Infant Toddler Early Intervention

OVERVIEW

Infant Toddler Early Intervention helps families with child development, learning, and behavior at no cost. If the child is eligible, the parents are part of the team that creates an Individualized Family Service Plan (IFSP) based on the child's unique needs and reflects the family's concerns and priorities. The team then decides the best service or support to help the child and family reach the IFSP goals.

WHO TO REFER

Birth to third birthday and ANY of the following...

- Evidence of developmental delays by use of standardized screening tools
- A health condition that comes with a high probability for development delay
- Developing differently from others their age
- Developmental issues that concern the pediatric provider or the parent or guardian
- Prenatal substance exposure, including alcohol*
- Cared for in a Neonatal Intensive Care Unit*
- Birth weight under 1500 grams*
- Homelessness or unstable housing*
- Lead level > 5 mcg dL*
- Involved with the Department of Human Services (DHS)*

* Will receive Regular Developmental Screening calls every 3 months to assess developmental status and eligibility to receive Early Intervention services

HOW TO REFER

Fax referral form: 215-685-4638

OR

Call: 215-685-4646

* Referrers will be notified by mail that ITEI has received the referral and if child will receive services (if family has successfully completed the process and consents)

Referral forms can be found in the back of this pamphlet.

To access the full set of SWYC & M-CHAT-R/F screening tools,
please visit phila.gov/health/check-and-connect

REFERRING TO EARLY INTERVENTION SERVICES

Age 3-5 Elwyn SEEDS

OVERVIEW

Elwyn SEEDS coordinates Preschool Early Intervention services, performs multi-disciplinary evaluations, and contracts with provider agencies for ongoing Preschool Early Intervention services. Services are provided at no cost to families and include special instruction, occupational therapy, speech therapy, physical therapy, and nursing.

WHO TO REFER

3 to 5 years old and...

- A significant delay in one or more areas of development compared to other children of the same age
- OR-
- Any of the physical or mental disabilities defined under the Individuals with Disabilities Education Act
- AND-
- In need of special education and related services

HOW TO REFER

Fax referral form: 215-823-5083

OR

Call: 215-222-8054

Referral forms can be found in the back of this pamphlet.

**For more information on Elwyn SEEDS,
please visit phila.gov/health/check-and-connect**

Clinic/Hospital:	Phone: () - -	Fax: () - -	Email:
------------------	----------------	--------------	--------

Philadelphia Infant Toddler Early Intervention (EI) REFERRAL

PLEASE FILL IN

Child (First, Last): _____ Male Female Date of Birth: __/__/____
 Address: _____
 SSN (Last 4 Digits): XXX-XX-____
 Parent/Guardian (First, Last): _____ Best Phone #: () - -
 Primary Language: _____ Check if Interpreter is needed Alternate Phone #: () - -

Send to: Philadelphia Infant Toddler Early Intervention
 701 Market Street, Suite 5200, Philadelphia, PA, 19106 Birthto3EI@phila.gov Phone: (215) 685 - 4646 Fax: (215) 685 - 4638

Health Appraisal (Requesting Information Pertinent to Developmental Needs)

Was Developmental Screening (i.e. ASQ, SWYC) done? Yes No If yes, attach score summary sheet.
 Developmental Concerns: Clinical Obs. Parent Report Screening Test () Diagnoses: _____ ICD Code _____
 Related Concerns (birth/medical history, neurological findings/ton, nutrition/growth, obesity, recommended follow-up for concerns)

Precautions/Contra-indications/Emergencies (allergies, asthma, diabetes, seizure, equipment)

Immunizations complete for age? Yes No Was child premature? Yes No
 Medications (impact on diet/ activities)?

Medical Necessity Authorization for EI Services and Prescription for Physical Therapy

I authorize Early Intervention (EI) for this child which will include

- Evaluation services such as developmental screening, Multi Disciplinary Evaluation (MDE)
- Service Coordination, At-Risk Monitoring if eligible
- Developmental therapies/services identified on child's Individualized Family Service Plan (IFSP), based on child's EI eligibility as determined by MDE

Early Intervention services will be individually determined by the EI team (which includes the family) and written consent on the IFSP. The IFSP and the child's continuing need for specific EI services will be re-evaluated as needed, at least quarterly and annually.

I prescribe Physical Therapy. If (✓) checked, provide as indicated by child's MDE/IFSP.
 Prescription effective from __/__/____ until the child's 3rd birthday or until EI team assessment determines these EI services are no longer needed.
(EI intake will add date of child's initial EI intake call with parents)

Physician Check (✓) All concerns that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Low Birth Weight (____ lb/gr____ hosp) | <input type="checkbox"/> Cognitive development/ Skill Acquisition | <input type="checkbox"/> Physical development |
| <input type="checkbox"/> NICU Care (Hosp: _____) | <input type="checkbox"/> Communication/language/speech | <input type="checkbox"/> Sensory Status/Neurological |
| <input type="checkbox"/> Affected by prenatal substance exposure, including alcohol* | <input type="checkbox"/> General Development | <input type="checkbox"/> Social/Emotional/Behavioral |
| <input type="checkbox"/> Referred by Department of Human Services* | <input type="checkbox"/> Medical diagnosis/condition | |
| <input type="checkbox"/> Elevated blood lead level () | Specify _____ | |
| <input type="checkbox"/> Experiencing Homelessness | | |

Check any areas that may need further evaluation:

Hearing Note: Did child pass PA Newborn Hearing Screening Test (Yes No Inconclusive
 Feeding/Nutrition concerns Fine Motor Gross Motor Vision

Today's Date: __/__/____ Most Recent Exam Date: __/__/____	Date of Next Appointment: __/__/____	Physician's Name: _____ Signature: _____ Check if PCP <input type="checkbox"/>	(Stamp: Name, Address, Lic. #)
---	---	--	--------------------------------



ELWYN SEEDS REFERRAL FORM

***PLEASE FAX COMPLETED REFERRAL FORM TO ELWYN SEEDS INTAKE AT 215-823-5083 OR EMAIL TO 3to5EI@elwyn.org

Date of Referral :

Name of Child:	Date of Birth:
----------------	----------------

Name of Parent/Legal Guardian:	Address (street, city, state, zip):
	Telephone:
Name of Foster Parent (if applicable):	Email:
	Native Language:

Preschool/Head Start/Childcare Information:	Address (street, city, state, zip):
	Telephone:
	Email:

Name of Person Completing Referral:	Telephone:
	Email:

Area of Concern (please check all that apply)

Communication Speech/Articulation Communication/Language
 Personal/Social Fine/Gross Motor
 Other (please explain) _____

Check if referral being completed by parent/legal guardian:

___ I _____ (name of parent/legal guardian) would like to be contacted to coordinate an early intervention evaluation for my child.

Check if referral is being completed on behalf of parent/legal guardian:

___ I hereby give my permission to _____ (name of referral source) to release the above information to Elwyn—Philadelphia SEEDS Early Intervention Program for evaluation. (**You will be asked to sign a Permission to Evaluate by Early Intervention before an evaluation is done on your child)

Signature of Parent/Legal Guardian

Date

Signature of Referring Agency Representative

Date

INCORPORATING DEVELOPMENTAL SCREENING INTO YOUR PRACTICE WORKFLOW

Here are the steps to complete the SWYC and M-CHAT developmental screening tools:

Give SWYC/M-CHAT to parent/guardian to complete (paper or tablet)

Can be done by:

- Clerical staff in waiting room
- MA/RN during pre-exam conference
- Pediatric practitioner during exam

Score SWYC/M-CHAT

Can be done by:

- Clerical staff in waiting room
- MA/RN during pre-exam conference
- Pediatric practitioner during exam
- Automatic scoring through EHR

Review score with parent/guardian, decide if early intervention is needed, refer child

Can be done by:

- MA/RN during pre-exam conference
- Pediatric practitioner during exam

Electronic Health Records (EHRs)

- Many EHRs can record SWYC/M-CHAT results. Talk to your EHR vendor about enabling these features; if your EHR vendor needs specifications, please visit phila.gov/health/check-and-connect (EI section under development) to view relevant technical resources.
- Recording screening results electronically helps you track development for your individual patients and your entire panel.

BILLING FOR DEVELOPMENTAL SCREENING

Screenings performed during the specified ages are reimbursable for children in the Medical Assistance (Medicaid) program as specified in Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix. Since developmental/autism screening is also recommended by the AAP as part of the Bright Futures periodicity schedule, most commercial insurers also reimburse for CPT 96110, but check with individual payers for their reimbursement rates and criteria. Many payers' reimbursement rates range from \$6 - \$12 for each 96110 claim submitted.

Reporting & Procedural Codes

- Developmental Screening: Use CPT code 96110 to report the completion of this screen.
- Autism Screening: Use procedure code 96110 with modifier U1 to report the completion of this screen.

Report each service on separate lines with the appropriate modifiers to ensure accurate reporting and prevent claim denials for duplication of services.