

## The Importance of Developmental Screenings, Including Autism, in the Pediatric Setting

According to the Centers for Disease Control and Prevention (CDC), about 13 percent of children ages 3 to 17 in the United States have a developmental or behavioral disability, such as autism, intellectual disability and attention deficit hyperactivity disorder (ADHD). Additionally, many children may have delays in language or other areas that can impact readiness for school. Many children with these types of disabilities are not identified before age 10. Late detection and identification can negatively impact the opportunity for, and success of, treatment.<sup>1</sup>

### AUTISM SPECTRUM DISORDER (ASD)

Among the array of developmental or behavioral disabilities, the United States Department of Health and Human Services (HHS) and the CDC have emphasized that autism is a critical public health issue.<sup>2</sup> The CDC estimates the number of children diagnosed with ASD increased roughly 123 percent between 2002 and 2010, from 1 in 150 children to 1 in 68 children. It also estimates that about 1 in 59 children were identified with ASD in 2014.<sup>3</sup> According to the CDC, the increased prevalence may be due to a number of factors, including a broader definition of ASD and better efforts in diagnosing.<sup>4</sup>

### BACKGROUND

ASD is a biologically based neurodevelopmental disorder that presents in the first few years of life and can significantly interfere with an individual's lifelong functioning. It is characterized by impairments in three core areas:

- Deficits in social communication and interaction.
- Verbal and nonverbal communication.
- Restricted repetitive patterns of behavior, interests and activities.

As the first point of contact for parents, pediatric health care professionals play an important role in early recognition of the signs and symptoms of ASD. The primary care physician (PCP) serves as the medical home and coordinates follow-up referrals to the appropriate regional center and school district for additional testing and treatment. Therefore, it is necessary to have a strategy for systematic screening of ASD. Parents are also much more aware of the early signs of ASD because of frequent coverage in the media.

### SCREENING TIMELINES

The CDC and the American Academy of Pediatrics (AAP) recommend that children be screened for developmental delays and disabilities during regular well-child visits at 9, 18, and 24 or 30 months.

THIS UPDATE APPLIES TO  
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

### PROVIDER SERVICES

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ASD-specific screenings should occur in all children at ages 18 and 24 months because these are critical periods for early social and language development.

Screening for ASD is also indicated for children who show delayed language or communication milestones, or regression in social or language skills, and for children whose parents raise concerns regarding ASD.

## **AUTISM SCREENING TOOLS**

ASD-specific screening tools identify deviations from normal patterns of development; enable detection of conditions and concerns that may not be readily apparent without screening; should follow a developmental screening that has indicated a concern; may rely entirely on parent report information; or may require direct observation and engagement by the clinician.

Parent-report tools have the advantage of being brief, inexpensive and practical for people who know the child best and can describe the child's behavior over time in a variety of settings rather than being constrained to sampling behavior in one setting at one point in time.

Health Net Community Solutions, Inc. (Health Net) and CalViva Health strongly encourage the use of the Modified Checklist for Autism in Toddlers (M-CHAT™) tool, which is a parent-completed questionnaire designed to identify children, ages 16 to 48 months, who are at risk of autism. The checklist contains 23 questions and typically takes 10 minutes or less to administer. It is available in English, Spanish, Turkish, Chinese, and Japanese. There is also a revised version of the M-CHAT, called the M-CHAT-R.™ The M-CHAT and M-CHAT-R are available online at:

- Bright Futures: <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Developmental-Behavioral-Psychosocial-Screening-and-Assessment-Forms.aspx>.
- Official M-CHAT website: <http://mchatscreen.com/>.

Screening tools do not provide conclusive evidence of developmental delays and do not result in diagnoses. A positive screening result should be followed by a thorough assessment. A list of regional centers that can evaluate and assess an infant or toddler, age 36 months or younger, to determine eligibility for early intervention services is located on the California Department of Developmental Services (DDS) website at: [www.dds.ca.gov/rc/RCList.cfm](http://www.dds.ca.gov/rc/RCList.cfm).

## **ADDITIONAL INFORMATION**

More information about ASD is available on the provider website at [provider.healthnet.com](http://provider.healthnet.com). Select *Provider Library > Operations Manuals > Benefits > Autism Spectrum Disorder*.

Providers are encouraged to access the provider portal online at [provider.healthnet.com](http://provider.healthnet.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

### References

<sup>1</sup> [www.cdc.gov/ncbddd/childdevelopment/screening.html](http://www.cdc.gov/ncbddd/childdevelopment/screening.html).

<sup>2</sup> [www.hhs.gov/programs/topic-sites/autism/autism-support/index.html](http://www.hhs.gov/programs/topic-sites/autism/autism-support/index.html).

<sup>3</sup> <https://www.cdc.gov/ncbddd/autism/data.html>.

<sup>4</sup> [www.cdc.gov/ncbddd/autism/research.html](http://www.cdc.gov/ncbddd/autism/research.html).