

**IOWA MEDICAID STANDARDS TO PROMOTE
THE HEALTHY MENTAL DEVELOPMENT OF YOUNG CHILDREN**

A THREE-TIER SYSTEM OF CARE

The healthy mental development in Iowa’s young children, birth through 3 years, will be approached using a three-tier system of care, defined as follows:

- **Level 1**—Preventive developmental services for all children: (developmental and mental health surveillance, parental risk screening, anticipatory guidance, information and care coordination)
- **Level 2**—Developmental services for children at risk for developmental, behavioral or social-emotional problems: (standardized screening and less intensive interventions, e.g., parent education, problem-focused counseling, child-care or preschool, and case management)
- **Level 3**—Assessment for diagnosis and the development of a treatment plan: (intensive services for children with a diagnosis such as special education, rehabilitation, individual and family counseling, and other evidenced-based treatments)

MINIMUM STANDARDS FOR THE IDENTIFICATION OF DEVELOPMENTAL AND SOCIAL-EMOTIONAL PROBLEMS IN YOUNG CHILDREN

Iowa's **ABCD II Healthy Mental Development Initiative** proposes adopting the following standards to help providers identify developmental and social-emotional concerns that may arise in children from birth through 3 years who participate in Medicaid.

Level 1—Standard of screening for all children

Standard: Every regular EPSDT screening for a child 0-3 years will include surveillance of cognitive, motor, language, adaptive, social, and emotional development. Each screening must elicit and address parental concerns about the child’s growth and development, and review the following:

- Developmental milestones
- Social, emotional, and behavioral health, including early signs of autism
- Family risk factors, including parental stress and maternal depression

Level 2—Screening for children at risk

Standard: Every child 0-3 years old who is identified as at risk in any domain during the initial screening, as well as children the health care provider feels need additional developmental, social, emotional, or behavioral screening, must receive Level 2 screening. This screening may be completed in the health provider’s office or the health provider may refer the child to another community agency for *Level 2* screening. If indicated, the health provider may also refer a child directly for *Level 3* assessment.

Level 3-- For children with identified developmental or social-emotional concerns

Standard: Children birth through three who do not pass standardized screening or who, in the opinion of the practitioner, require further evaluation will be referred for a systematic, comprehensive assessment that includes standardized measures of the child and family’s functioning. Such an assessment is performed for the purposes of diagnosis and the creation of a treatment plan.

Developmental Screening

1. Iowa Health Maintenance Clinical Notes (HMCN)

This screening tool is completed at each well-child visit by health professionals including physicians, nurse practitioners, or Physician Assistants. It may also be completed by a nurse and reviewed by the physician, nurse practitioner, or Physician Assistant.

OR

2. A parent completed developmental questionnaire may be chosen to be administered at least 3 times by age 4 years. These are completed by a paraprofessional and reviewed by a health practitioner such as a physician, nurse practitioner, or Physician Assistant.

Recommended tools include:

- a. PEDS—0-8 years (Glascoe, 1998) http://www.pedstest.com/test/peds_intro.html
- b. Ages and Stages—2 months-5 years (Bricker and Squires, 1999)
<http://www.pbrookes.com/>
- c. Child Development Inventories—3 months-6 years (Ireton, 1994)
<http://www.childdevrev.com/index.html>

Social-Emotional and Behavioral Screening Including Autism

1. Iowa Health Maintenance Clinical Notes

This screening tool is completed at each well-child visit by health professionals including physicians, nurse practitioners, or Physician Assistants. It may also be completed by a nurse and reviewed by the physician, nurse practitioner, or Physician Assistant.

OR

2. A screening questionnaire may be chosen to be administered at intervals (yet to be determined) by a health practitioner. Recommended tools include:

- a. Ages and Stages - Social-Emotional (Squires, Bricker, & Twombly, 2002)
<http://www.pbrookes.com/>
- b. Brief Infant-Toddler Social and Emotional Assessment (Carter, 2000)
- c. Infant Development Inventory/Child Development Review (Ireton, 1994)
<http://www.childdevrev.com/index.html>

Screening for Parenting Stress and Family Risk Factors

1. Iowa Health Maintenance Clinical Notes

This tool is to be completed at each well-child visit along with administration of the Pediatric Intake Form (PIF) from *Bright Futures*
http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_intake_form.pdf at the initial visit. A shorter version of the PIF would be repeated annually.

OR

2. Use of alternative forms (yet to be determined) that cover similar information on a similar schedule of administration.

II. CHILDREN AT RISK FOR DEVELOPMENTAL DELAY

**DRAFT—For Review by Iowa
Health Provider Associations Appendix Three**

Children birth through three who are identified through the developmental review or who, in the opinion of the practitioner, need additional developmental, social-emotional or behavioral screening, must be referred for **follow-up screening** using standardized procedures. Recommended standardized screening tools include those listed below. Select the tool that is within the domain requiring additional screening.

Note: If one of the standardized tools recommended below was used in the initial screening, proceed to diagnostic-specific tools for further evaluation of the child.

Developmental Screening

This screening is to be provided by a health professional (although paraprofessionals may assist with administration of parent report scales). Recommended tools for follow-up screening include:

1. Ages and Stages (Bricker and Squires, 1999) <http://www.pbrookes.com/>
2. Brigance Infant and Toddler Screen (birth – 23 mos) (Brigance and Glascoe, 2002) <http://www.curriculumassociates.com/order/newproduct.asp?title=brigied2&s=&grade=&Type=SCH&CustId=829694912901291008333>
3. Bayley Infant Neurodevelopmental Screener (3-24 mo.) (Aylward, 1995) http://harcourtassessment.com/haiweb/Cultures/en-US/Products/Product+Detail.htm?CS_ProductID=015-8027-264&CS_Category=Motor&CS_Catalog=TPC-USCatalog
4. Denver II (0-72 mo.) (Frankenburg et al., 1992) <http://www.denverii.com/DenverII.html>

Social-Emotional and Behavioral Screening

Screening is to be provided by a health professional (although paraprofessionals may assist with administration of parent report scales). Recommended tools include:

1. Ages and Stages - Social-Emotional (Squires, Bricker and Twombly, 2002) <http://www.pbrookes.com/>
2. Brief Infant-Toddler Social and Emotional Assessment (Carter, 2000)
3. Infant Development Inventory/Child Development Review (Ireton, 1994) <http://www.childdevrev.com/index.html>

PDD/Autism Screening

Screening is to be provided by a health professional (although paraprofessionals may assist with administration of parent report scales). Recommended tools include:

1. M-CHAT (Robins et al., 2001) <http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=128&a=2226>
2. PDDST –II Stage 1 (Siegel, 2004) http://harcourtassessment.com/haiweb/Cultures/en-US/Products/Product+Detail.htm?CS_ProductID=076-1635-106&CS_Category=EarlyChildhood&CS_Catalog=TPC-USCatalog

If an autism screen is positive or if there is a high degree of suspicion, refer the child for diagnostic assessment. Refer all children with speech delay for audiological evaluation.

Parenting Stress/Family Risk Factors

Screening is to be provided by a health professional. Recommended tools include:

1. Edinburgh Postnatal Depression Scale - EPDS (Cox, Holden, & Sagovsky, 1987) <http://www.dpaininois.com/mch/edinburgh.html>

2. Parenting Stress Index Short Form (Abidin, 1995).
<http://www.parinc.com/product.cfm?ProductID=127>

III. CHILDREN NEEDING ASSESSMENT AND EVALUATION FOR DIAGNOSIS AND TREATMENT OF DEVELOPMENTAL, SOCIAL-EMOTIONAL, OR BEHAVIORAL PROBLEMS:

Children birth through three who do not pass standardized screening or who, in the opinion of the practitioner, require further evaluation must be referred for a systematic, comprehensive assessment that includes standardized measures of the child and family's functioning. Such an assessment is performed for the purposes of diagnosis and the creation of an appropriate treatment plan. The assessment should be specific to the issues identified. Recommended tests in all domains are determined by the professionals who provide the testing as authorized by their scope of practice.

Developmental Assessment

A complete evaluation of development is usually conducted by more than one health professional.

Social-Emotional and Behavioral Problems Assessment

PDD/Autism Assessment

Diagnostic evaluation is completed by experienced clinicians. An audiological evaluation is included in this assessment. Laboratory testing may be indicated.

Parenting Stress and Family Assessment

Further information may be found at:

Abidin, R. (1995) *Parenting Stress Index Manual* (3rd ed.), Odessa, FL: Psychological Assessment Resources.

Aylward, G.P. (1995) *Bayley Infant Neurodevelopmental Screener*. San Antonio, TX: The Psychological Corporation.

Bergman, D. (2004) *Screening for Behavioral Developmental Problems: Issues, Obstacles, and Opportunities for Change*. Portland, ME: National Academy for State Health Policy
http://www.nashp.org/Files/Screening_Tools_Paper_publication_draft.PDF

Bricker, D., and Squires, J. (1999) *Ages and Stages Questionnaires: A Parent-Completed, Child Monitoring System*, Second Edition. Baltimore, MD: Paul H. Brookes Publishing Co.

Brigance, A. and Glascoe, F. (2002) *Infant and Toddler Screen*. North Billerica, MA: Curriculum Associates, Inc.

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Cox, J., Holden, J., & Sagovsky, R. (1987), *British Journal of Psychiatry*, 150, 782-786.

Frankenburg, W.K., Dodds, J., Archer, P., Shapiro, H., Bresnick, B., (1992) The Denver II: A Major Revision and Restandardization of the Denver Developmental Screening Test. *Pediatrics*, 89:91-91-97.

Glascoc, F. (1998) *Collaborating with Parents: Using Parents' Evaluation of Developmental Status to Detect and Address Developmental and Behavioral Problems*. Nashville, TN: Ellsworth & Vandermeer Press.

Ireton, H. (1994). *Child Development Review*. Behavior Science Systems, Inc.

Jellinek M., Patel BP, Froehle MC, eds. 2002. *Bright Futures in Practice: Mental Health – Volume II*. Took Kit. Arlington, VA: National Center for Education in Maternal and Child Health.

Robins, D., Fein, D., Barton, M., & Green, J. (2001). The Modified Checklist for Autism in Toddlers: An Initial study investigating the early detection of autism and pervasive developmental disorders. *Journal of Autism and Developmental Disorders*, 31(2), 131-144.

Siegel, B. (2004) *Pervasive Developmental Disorders Screening Test II (PDDST-II): Early Childhood Screener for Autism Spectrum Disorders*. San Antonio: The Psychological Corporation.

Squires, J., Bricker, D. and Twombly, E. (2002) *Ages & Stages Questionnaires: Social-Emotional—A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors*. Baltimore, M.D.: Paul H. Brookes Publishing Co.