

Chapter 17: Healthy Start Services Child Development Screening

Introduction

The CDC and the American Academy of Pediatrics recommend all children be screened for developmental delays. All infant and child Healthy Start participants are screened for developmental delays using the Ages and Stages Questionnaire, Third Edition (ASQ-3). By systematically screening children for developmental delays, Healthy Start will be in a better position to connect parents/guardians to early intervention services for their children when needed.

This chapter discusses the standards and guidelines for a Healthy Start worker providing child development screenings. Only qualified Healthy Start workers trained in the ASQ-3 will be able to provide screening for child development.

Definition of Services

The Ages and Stages Questionnaire is a developmental screen that is used to address five areas: communication, gross motor, fine motor, problem solving and personal-social. The ASQ-3 is available in English, Spanish and French and it is written at a 4th to 6th grade reading level.

Provider Qualifications

The Ages and Stages Questionnaire shall be provided by individuals who have, at a minimum, a high school diploma or equivalent GED and documentation of successfully completing training on the ASQ-3. Training must include:

- How to complete and score the screening tool;
- How to explain the screening tool score to the parent/guardian of the infant/child participant;
- Interventions based on the screening tool score; and
- Referral sources in the community for early intervention services.

Healthy Start services must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience.

Paraprofessionals must provide services under the supervision of a professional supervisor.

Standards and Criteria

Standard 17.1 Infant/Child participants are screened for developmental delays.

Criteria:

17.1.a Infant/child participants are screened using the ASQ-3 at 2, 4, 8, 12, 16, 20, 24, 30 and 36 months. In addition, the ASQ-3 may be administered at any face-to-face visit if the parent/guardian raises concerns.

17.1.b If a child has a disability diagnosis or if the child is receiving services for a developmental delay from Early Steps or a similar program, the child will not be screened by Healthy Start unless specifically requested by the parent/guardian.

17.1.c The initial ASQ-3 is completed face-to-face with the parent/guardian and child. If the parent/guardian is able to independently complete a screen, subsequent ASQ-3 screening tools may be left with or mailed to the parent/guardian to complete before the next visit; however, the Healthy Start worker must review the questionnaire and discuss any recommendations based on screening results face-to-face with the parent/guardian.

17.1.d Level of intervention is based upon the infant/child's ASQ-3 risk score and on professional judgement.

17.1.e Healthy Start services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>

Standard 17.2 The ASQ-3 will be provided by qualified and trained providers.

Criteria:

17.2.a Qualifications are met as outlined in this chapter and the Florida Administrative Code Rule 64F-3.

17.2.b Child development screening shall be provided by individuals who have documentation of receiving specialized training in the administration of the ASQ-3 and on referral sources for early intervention services in the community.

Standard 17.3 The Healthy Start worker will follow-up with referrals for early intervention services such as Early Steps or similar programs.

Criterion:

Written follow-up documenting status of referral for early intervention services must occur at a minimum of every 30 days until it is verified that the child is receiving services, the child is not eligible for early intervention services or the parent/guardian declines early intervention services for the child.

Standard 17.4 Healthy Start workers will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

17.4.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

17.4.b Time spent completing the questionnaire face-to-face with the parent/guardian and infant/child is coded to “Initial Assessment Service Units” (code 3215) if completed during the initial assessment or “Care Coordination Face to Face” (code 3320) if completed during ongoing care.

17.4.c Scoring the questionnaire, reviewing the questionnaire with the parent/guardian and discussing any recommendations based on screening results MUST be provided face-to-face and coded to “Initial Assessment Service Units” (code 3215) if completed during the initial assessment or “Care Coordination Face to Face” (code 3320) if completed during ongoing care.

17.4.d Referrals for early intervention services such as Early Steps are coded to “Early Steps/Developmental Evaluations” (code R032).

Standard 17.5 Healthy Start workers will document screening results and any interventions provided in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

17.5.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

17.5.b Documentation occurs in other components of the record, such as the family support plan, as appropriate.

Standard 17.6 ASQ-3 administrators will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The continuous quality improvement (CQI) process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement or as designated by the evidence based model.

Guidelines

“The ASQ-3™ *User’s Guide* recommends that children be screened initially at 2 and 4 months, then at 4-month intervals until they reach 24 months of age, and then at 6-month intervals until they reach 5 years. Other than the initial screenings at 2 and 4 months, screening more frequently than every 4-6 months is not recommended unless reasons suggest that more frequent screening would be useful (e.g., the parent is concerned about a change in the child; the child has been seriously ill).” (DOHVE, 2012).

Based on these recommendations, as long as a child is opened to Healthy Start, the child will be screened at 2, 4, 8, 12, 16, 20, 24, 30, and 36 months using the ASQ-3. If a child enters the Healthy Start program later than at birth, the closest corresponding screen should be completed with the child at the first face-to-face visit after the initial assessment visit and the child should continue to be screened based on the timeline laid out above. Additionally, ASQ-3 screening outside of these recommendations will only be administered when specifically requested by the parent/guardian or when professional judgement suggests additional screenings are needed.

The ASQ-3 is not recommended for children with a diagnosed disability. If a child has a disability diagnosis or if the child is receiving services for a developmental delay from Early Steps (or a similar program), the Healthy Start worker will not screen the child unless specifically requested by the parent/guardian.

The ASQ-3 screens five areas of development: communication, gross motor, fine motor, problem solving and personal-social. There are six questions in each of these sections. Each of these questions are scored as: Yes = 10 points, Sometimes = 5 points, Never = 0 points. The highest possible score in each section is 60 points. Cutoff points vary based on screening age. Points are transferred to the scoring tool corresponding to the age screened and fall into one of three categories. The Overall section has additional questions that are not scored, but if there are concerns will require follow-up.

The initial ASQ-3 screening is completed face-to-face with the parent/guardian and infant/child. For parents/guardians who can complete subsequent ASQ-3 screenings independently, this initial screening should be used as a training opportunity to show the parent/guardian how to use the screening tool. The ASQ-3 administrator should engage the parent/guardian to answer the questions regarding the child and to interact with their child to see if the child is able to complete the activity listed on the screen.

When the parent/guardian is able to independently complete the ASQ-3, subsequent ASQ-3 screenings may be left with the parent/guardian or mailed to the parent/guardian to complete. Although the parent/guardian can fill out the ASQ-3 screening tool without the ASQ-3 administrator present; scoring, reviewing the questionnaire with the parent/guardian and discussing recommendations based on screening results must be done face-to-face with the parent/guardian.

For parents/guardians who are not able to complete the ASQ-3 independently (for reasons such as low literacy level; reads in a language other than English, Spanish or French; etc.), the ASQ-3 administrator should assist the parent/guardian in completing the questionnaire.

The ASQ-3 administrator should follow ASQ-3 guidelines for choosing the correct questionnaire, administering the screening tool, scoring the screening tool, scoring questionnaires with omitted items, and adjusting for prematurity.

Healthy Start Standards and Guidelines 2019

Level of intervention is based upon the infant/child's ASQ-3 risk score and on professional judgement. The following table shows the intervention based on ASQ-3 score:

Scoring Area	Intervention
Child's score is above cutoff (outside the shaded zone)	The child is doing well in these particular areas. Provide positive reinforcement.
Child's score is close to cutoff (light shaded zone)	Monitor. Provide learning activities and schedule the next screening in a few months.
Child's score is below cutoff (dark shaded zone)	Needs Further Assessment. Refer to Early Steps or a similar early intervention program and continue to follow-up and monitor.
Concerns or Questionable Responses on the Overall Section	Requires follow-up.

Documentation

Screening results and the intervention based on these results will be documented in the participant's electronic record in the approved data management system within three business days of service. Screening documentation in the participant's electronic record must include, as appropriate:

- Authorization for release of information, signed by the participant, or on behalf of the participant, for any information that is to be shared among payers, providers, or others
- Ages and Stages Questionnaires, Third Edition (ASQ-3)
- Progress notes documenting any education and referrals provided
- Family Support Plan for Single Agency Care Coordination (DH 3151), as appropriate
- Referral Forms, as appropriate

Additional forms/assessments that may be included in the participant's electronic record include:

- ASQ-3 related forms

Coding

Healthy Start child development screening services should be coded in accordance with approved protocols and procedures for coding. Service code 3215 "Initial Assessment Service Units" (if the screening occurred during the initial assessment) or service code 3320 "Care Coordination Face to Face" (if the screening occurred during ongoing care) should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker should code one unit for every 15 minutes of services provided to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which child development screenings and interventions are provided to Healthy Start participants and their families as a preventative strategy to reduce risk factors that may affect their child's development and well-being.

The Healthy Start Coalition should verify that the screening administrator continues to meet provider qualifications and has continued their training in the delivery of the ASQ-3. Details of continuing education units, workshops, and training relevant to child development should be documented in the provider's file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations.
2. Percentage of Healthy Start infant/child participants who received a child development screen.
3. Percentage of infants/children who received the recommended number of child development screenings during their participation in Healthy Start.
4. Percentage of infants/children who received the appropriate intervention based on their ASQ-3 score.
5. Increase in the number of infants/children referred for early intervention services.
6. Percentage of infants/children who are referred to and enrolled in early intervention services.
7. Increase in correct documentation in the approved data management system to show screening, education and referrals were offered and/or provided to Healthy Start participants.
8. Adequate training opportunities for Healthy Start staff related to ASQ-3 and early intervention services in the community.

See Chapter 30, Continuous Quality Improvement, for more information.

Resources and References

Ages and Stages Questionnaires	www.agesandstages.com
Ages and Stages Age Calculator	agesandstages.com/age-calculator/
Child Find	www.fdlrs.org/child-find.html

Early Steps

www.floridahealth.gov/alternatesites/cms-kids/families/early_steps/early_steps.html

Centers for Disease Control and Prevention. (2016). *Developmental milestones*. Retrieved from <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Design Options for Home Visiting Evaluation (DOHVE). (2012). *Measurement tool brief: Ages & Stages Questionnaire, third edition (ASQ-3), Ages & Stages Questionnaires, Social-Emotional (ASQ:SE) information and guidelines for use in meeting MIECHV benchmark area measurement requirements*. Retrieved from http://agesandstages.com/wp-content/uploads/2015/03/DOHVE-ASQ-3-and-ASQ-SE-Issue-Brief_Cleared.pdf

Frequently Asked Questions

Q. *Can the parent/guardian complete the ASQ-3 on their own?*

A. The initial ASQ-3 screening is completed face-to-face with the parent/guardian and infant/child. If the parent/guardian is able to independently complete the ASQ-3 screening tool, subsequent ASQ-3 screenings may be left with the parent/guardian or mailed to the parent/guardian to complete.

Although the parent/guardian can fill out the ASQ-3 screening tool without the ASQ-3 administrator present, scoring, reviewing the questionnaire and discussing recommendations based on screening results must be completed face-to-face with the parent/guardian.

Q. *Is there a special code for child development screening?*

A. No, there is not a special code for child development screening. Since the ASQ-3 administrator must be face-to-face with the parent/guardian and infant/child to complete the initial ASQ-3 and to score, review the questionnaire and discuss recommendations based on screening results, time spent providing the ASQ-3 screen should be coded to “Initial Assessment Service Units” (code 3215) if completed during the initial assessment or “Care Coordination Face to Face” (code 3320) if completed during ongoing care.

Notes
