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December 9, 2009

CHDP Provider Information Notice No.: 09-14

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PROVIDERS, AND MEDI-CAL MANAGED CARE PLANS

SUBJECT: CHDP HEALTH ASSESSMENT GUIDELINES REVISION: "SECTION 503: DEVELOPMENTAL AND SOCIO-EMOTIONAL/BEHAVIORAL SURVEILLANCE, SCREENING AND ANTICIPATORY GUIDANCE"

The purpose of this CHDP Provider Information Notice (PIN) No. 09-14 is to distribute the revised section of the Developmental Guidelines Section of the CHDP Health Assessment Guidelines (HAGs), Section 54, formerly Section 503, entitled "Developmental and Socio-Emotional/Behavioral Surveillance, Screening and Anticipatory Guidance. The revised section includes the following items:

- Section 54 - Developmental and Socio-Emotional/Behavioral Surveillance, Screening and Anticipatory Guidance
- Table 54.1 - Developmental Anticipatory Guidance By Age
- Appendix A:
  - Introduction to Table of Screening Tools
  - Table of General Developmental Screening Tools
  - Table of Other Developmental Screening Tests

The Children's Medical Services (CMS) Branch, in collaboration with various Stakeholders from the Assuring Better Child Health and Developmental Screening Academy Initiative, developed recommendations for developmental and socio-emotional/behavioral surveillance and screening based on the latest research and guidance from the American Academy of Pediatrics. Based on this information, the CMS Branch has revised the anticipatory guidance components of the developmental and socio-emotional/behavioral section of the HAGs. Pediatric health care providers are essential in identifying suspected developmental and/or behavioral issues early in order to initiate interventions where appropriate.

The revised portion of the HAGs includes recommendations for CHDP health assessment providers to screen routinely at the nine, 18 and the 24 or 30-month health assessment visits utilizing tools that have at least 70 percent accuracy for specificity and sensitivity. A list of recommended tools is included in this revision.

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The use of developmental screening tools is reimbursable through fee-for-service Medi-Cal for eligible children using Current Procedural Terminology (CPT-4) code 96110. The current rate for this code is \$54.90 and reimbursement is limited to one unit per day for each child. The provider must submit a copy of the screening report, which includes the summary, with the appropriate Medi-Cal claim form in order to be reimbursed. The tests are not reimbursable for children who are only eligible for state-funded CHDP health assessments. CHDP Health Assessment Providers who participate in Medi-Cal Managed Care Plans should contact the Managed Care Plan for questions regarding reimbursement.

The revised section, table and appendix can be downloaded from the following link:  
<http://www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx>

We hope that this updated information will assist you in providing the highest quality of well-child care to children in your practice. If you have any questions, please contact your local CHDP program.

Sincerely,

**Original Signed by Harvey Fry for Luis R. Rico**

Luis R. Rico, Acting Chief  
Children's Medical Services Branch

## **DEVELOPMENTAL AND SOCIO-EMOTIONAL/BEHAVIORAL SURVEILLANCE, SCREENING, AND ANTICIPATORY GUIDANCE**

### RATIONALE

Developmental and socio-emotional/behavioral observations by the health care provider can identify problems early so that additional comprehensive assessments and intervention can be initiated. Research demonstrates that early intervention maximizes the chances of improving outcomes. The Early Intervention Program for Infants and Toddlers with Disabilities was enacted in 1986 under the Individuals with Disabilities Education Act (IDEA; 20; U.S.C., Section 1431 et seq.), IDEA Part H (Public Law 99-457(1986)) to ensure that children from birth to age three years with risk conditions or exhibiting signs of developmental problems receive the earliest intervention possible. This law provided the states with planning money from the federal government to design a comprehensive interagency, multidisciplinary program of services for children with handicapping conditions and their families. California responded to this legislation by establishing the Early Start Program to achieve these goals and receives ongoing federal funding for the program.

Pediatric health care providers are critical in the successful implementation of this mandate through the timely referral of children with suspected early delays. Some behaviors are more readily identified as problems because they are observable whereas other problems may not be as apparent, such as depression and anxiety. For this reason a careful review of a child's developmental and behavioral functioning is necessary at each well child encounter.

Parents and caregivers play an important role in the development of children at all ages. Studies of children show that children do best if they have secure emotional ties with a parent or relative, and find a support system through school, church, or community. Helping parents and caregivers support children in their developmental processes and achievements becomes an essential part of each health assessment visit. See Table 54.1 Developmental Anticipatory Guidance for a summary of developmental milestones and activities to stimulate growth.

## DEVELOPMENTAL, SOCIO-EMOTIONAL/BEHAVIORAL SCREENING

Developmental screening is the administration of a standardized tool that helps identify children at risk of a developmental disorder. Good screening tools are validated and culturally and linguistically sensitive and reliable. A tool that has good validity can discriminate between a child at risk for delay and the general population. In most cases, a general screening tool is appropriate. Other screening tools are available if there is a need to screen in a specific domain. For a list of approved tools, see Appendix A, Developmental Screening Tools.

Normal screening results provide an opportunity to focus on supporting normal developmental tasks with the parents, together with other anticipatory guidance. If the screening results raise concerns, this should be discussed with the family and there should be a referral of the child for developmental testing to identify specific developmental disorders. Early identification of a disorder will provide prognostic information and allow initiation of appropriate early childhood therapeutic interventions. In addition, when a delay is confirmed, the child needs a comprehensive medical evaluation. There is no universally accepted list of the dimensions of development for the different age ranges of childhood and adolescence. In younger children up to age 5, at least the following elements should be screened:

1. Gross motor development, focusing on strength, balance, locomotion.
2. Fine motor development, focusing on eye-hand coordination.
3. Communication skills or language development, focusing on expression, comprehension, and speech articulation.
4. Social-emotional development, focusing on the ability to engage in social interaction with other children, adolescents, parents, and other adults.
5. Cognitive skills, focusing on problem solving or reasoning.

As the child grows through school age, focus should be on visual-motor integration, visual-spatial organization, visual sequential memory, attention skills, auditory processing skills, and auditory sequential memory. The assessment should also

encompass such areas of special concern as potential presence of learning disabilities, peer relations, psychological/psychiatric problems.

For adolescents, the assessment should include the areas described above, as well as emotional well-being, building healthy relationships, exposure to substances of abuse, violence and injury prevention, and vocational skills.

## SCREENING REQUIREMENTS

### DEVELOPMENTAL SURVEILLANCE

Developmental surveillance is the ongoing process of recognizing children who may be at risk of developmental delays.

- Conduct an age appropriate and culturally sensitive socio-emotional/behavioral history and surveillance at each health assessment visit. Integrate information from the health history and physical examination to determine whether the child's socio-emotional development and behavior falls within an expected range according to age group and cultural background.
  - 1 Elicit and attend to the parents' concerns about their child's development.
  2. Document a developmental history.
  3. Make observations of the child.
  4. Identify risk factors.
  5. Maintain an accurate record of findings.

### DEVELOPMENTAL SCREENING

Screening is the use of standardized tools to support and refine risk.

- Administer standardized developmental screening tools routinely at the nine, 18- and the 24 or 30-month visits. These tests are reimbursable through fee-for-service Medi-Cal for eligible children and available through Medi-Cal Managed Care Plans. They are not reimbursable for children who are eligible for CHDP health assessments-only

- Consider administering behavioral screening tools such as the Pediatric Symptom Checklist, PEDS (Parents Evaluation of Developmental Status) or ASQ-SE when a concern about behavioral or mental health issues is raised by the parent or during the assessment. There is no reimbursement for behavioral screening through the CHDP program, but the test results may guide necessary treatment and referrals for certain children.
- Give developmental anticipatory guidance appropriate for age. See Table 54.1, Developmental Anticipatory Guidance.
- For specific social and emotional information and anticipatory guidance, see Bright Futures' developmental tools for parents and providers; "What to Expect and When to Seek Help", go to: [www.brightfutures.org/tools/index.html](http://www.brightfutures.org/tools/index.html).

#### REFERRAL, TREATMENT, AND/OR FOLLOW-UP

- A concern in any developmental domain raised during developmental surveillance should be promptly addressed with standardized developmental screening tests and/or appropriate referral. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental surveillance. The AAP provides an algorithm for developmental surveillance and screening found in Pediatrics 2006;118:405, or on the website: <http://pediatrics.aappublications.org/cgi/content/full/118/1/405>
- Providers are required to refer a child to the Early Start Program within two days of identifying an individual who is under three years of age and might be in need of early intervention services. (California Code of Regulations, Title 17, Section 52040(e)(4).
  - Eligible infants and toddlers are those who have a diagnosed developmental delay or who may be at risk for having a developmental disability.
  - The Early Start Central Directory of Early Intervention Resources is a comprehensive resource for parents, family members, service providers,

and members of the public. It provides information on the early intervention resources available in California by county and can be found at the following website: [www.dds.ca.gov/EarlyStart](http://www.dds.ca.gov/EarlyStart).

- Preschool Special Education Programs at local school districts conduct evaluations of suspected developmental abnormalities in children ages 3-5 and provide services for eligible children and their families, following standards established by AB 2666 (Hannigan) (Chapter 311, Statutes of 1987). Contacting the local school district and speaking with whoever is responsible for the 0-5 population is the most direct way for families to find the information about services. CHDP providers may also obtain information from the local CHDP program.
- Refer to appropriate child development resources for additional assessment, diagnosis, treatment or follow-up when concerns or questions remain after the screening process.
- All children who may have developmental abnormalities should be referred to California Regional Centers. A description of the eligibility and a list of Regional Centers can be found on the website: [www.dds.ca.gov/RC/Home.cfm](http://www.dds.ca.gov/RC/Home.cfm).

### AUTISM SPECTRUM DISORDER (ASD)

Autism spectrum disorder is no longer a rare condition. Recent CDC data indicate that as many as one out of every 150 eight- year old children have a diagnosis of ASD. In California, the number of individuals with a diagnosis of ASD has increased over 1100% since 1987, according to the California Department of Developmental Services.<sup>1</sup> Early Identification of children with an autism spectrum disorder (ASD) increases the likelihood of successful treatment. Screening tools that evaluate social and communication skills are helpful. As with other behavioral screening, there is no

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<sup>1</sup> “Autism Spectrum Disorders: change in the California Caseload. An Update: June 1987-June 2007”. California Health and Human Services Agency

reimbursement for autism-related screening but the test results may guide necessary treatment and referrals for certain children. Current recommendations of the AAP are as follows:

- Administer an autism screening tool at 18 months of age and at 24 months of age.
- Consider administering an autism screening tool prior to 18 months of age if there is a sibling with a diagnosis of autism and/or there are parental or caregiver concerns.
- See Appendix A for recommended autism screening tools or refer to the following AAP Policy document:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1183>

- For more information on common behavioral features of ASD see Bright Futures, Third Edition.<sup>2</sup>
- For further information on ASD in California, see [www.dds.gov](http://www.dds.gov)
- For further information and resources on child development and behavior in the medical setting, see <http://www.dbpeds.org>.

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<sup>2</sup> Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.p.89-90.

**Table 54.1: Developmental Anticipatory Guidance By Age**

Age Group	Developmental Surveillance and Milestones	Activities to Stimulate Growth and Development
1 month	<p>Responds to sounds by blinking, crying, quieting, or startle response.</p> <p>Fixates on human face and follows with eyes.</p> <p>Responds to parent's face and voice.</p> <p>Lifts head momentarily when in prone position.</p> <p>Has flexed posture; moves all extremities.</p> <p>Can sleep for 3-4 hours at a time; can stay awake for 1 hour or longer.</p>	<p>Learn baby's temperament.</p> <p>Hold, cuddle, and play with baby.</p> <p>Crying usually peaks around 6 weeks old.</p> <p>Talk and sing to baby.</p>
2 months	<p>Coos and vocalizes reciprocally.</p> <p>Is attentive to voices.</p> <p>Shows interest in visual and auditory stimuli.</p> <p>Smiles responsively.</p> <p>In prone position, lifts head, neck and upper chest with support on forearms.</p> <p>Some head control in upright position.</p>	<p>Learn baby's temperament.</p> <p>Hold, cuddle, and play with baby.</p> <p>Talk, sing, read to baby; play music.</p> <p>Establish bedtime routine/</p> <p>Provide age-appropriate toys.</p>
4 months	<p>Controls head well.</p> <p>Smiles, laughs, babbles and coos.</p> <p>Grasps rattle.</p> <p>Inspects and plays with hands and feet.</p> <p>Shows range of feelings like joy, surprise, anger, and fear.</p>	<p>Talk, sing, read to baby; play music.</p> <p>Play pat-a-cake, peek-a-boo.</p> <p>Provide age-appropriate toys.</p> <p>Set bedtime routine; put baby to bed awake with same comfort object.</p> <p>Imitate baby's sounds when playing together.</p>
6 months	<p>Reaches persistently.</p> <p>Sits with no support.</p> <p>Grasps and mouths objects.</p> <p>Vocalizes single consonants.</p> <p>Turns to rattling sounds.</p> <p>Rolls over.</p>	<p>Provide toys and items that baby can grasp easily.</p> <p>Read, play music, and sing to baby.</p> <p>Set bedtime routine; put baby to bed awake with same comfort object.</p> <p>Talk to baby and try to have baby repeat single syllable sounds, "ba", "da", and "ma".</p>
9 months	<p>Holds objects in one hand.</p>	<p>Place on floor in safe area to provide</p>

**Table 54.1: Developmental Anticipatory Guidance By Age**

Age Group	Developmental Surveillance and Milestones	Activities to Stimulate Growth and Development
	<p>Responds to own name. Smiles at self image in mirror. Bears weight on legs. Pokes with index finger. Feeds self with fingers. Drinks from a cup. Plays peek-a-boo and pat-a-cake.</p>	<p>opportunity to strengthen large muscles and explore. Talk, sing, and read to baby; play games, music. Set simple rules, limits. Offer small pieces of soft foods for baby to eat with fingers.</p>
1 year	<p>Cruises and may take a few steps alone. Plays with toys; puts several objects in a container. Says mama or dada. Imitates vocalizations. Plays social games.</p>	<p>Talk, sing, and read together. Encourage safe exploration. Don't allow hitting, biting, aggressive behavior. Limit rules, set routines, be consistent. Expect curiosity about genitals.</p>
15 months	<p>Vocabulary of 3-6 words Walks well. Understands simple commands. Stacks two blocks. Indicates wants by pointing or grunting. Waves bye-bye.</p>	<p>Praise good behavior and accomplishments. Talk, sing, and read to child. Use discipline to teach, not punish. Avoid power struggles; set limits; be consistent. Discourage hitting, biting, aggressive behavior.</p>
18 months	<p>Uses spoon. Points to at least one body part. Walks up steps. Listens to a story. Helps in house Scribbles. Points with index finger to indicate interest in something. Brings object to parent to show them something.</p>	<p>Praise good behavior and accomplishments. Encourage self expression and choices. Allow assertiveness within limits. Keep discipline brief. Read stories with child. Offer pretend play toys such as playhouse and toy figures. Listen to child, show interest; spend time with child. Don't expect child to share all toys. Help siblings resolve conflicts. Help child express emotions.</p>

**Table 54.1: Developmental Anticipatory Guidance By Age**

Age Group	Developmental Surveillance and Milestones	Activities to Stimulate Growth and Development
2 years	<p>Can kick ball.                      Steady gait, runs.                      Vocabulary of 20 words; speech half understandable.                      Uses 2 word phrases.                      Puts on some clothing.                      Washes and dries hands.</p>	<p>Play social games.                      Hug, talk, read, and play together.                      Praise good behavior and accomplishments.                      Reinforce limits, be consistent.                      Learn how to help with fears, nightmares.                      Encourage self-expression, choices and safe exploration.</p>
3 years	<p>Jumps in place.                      Pedals tricycle.                      Washes and dries hands and face; brushes teeth.                      Separates from mother easily.                      Knows own name, age, and sex.                      Talks well; is easily understandable and uses plurals, and 4-5 word sentences.</p>	<p>Provide opportunities to ride tricycle.                      Teach simple songs; read stories together.                      Help child name what he/she sees, hears, or does.                      Encourage safe exploration, socialization, physical activity.                      Provide choices, reinforce limits, and use "time out".                      Use correct terms, answer questions.                      Expect normal curiosity.</p>
4 years	<p>Prints a few letters or numbers.                      Walks backward, skips and hops.                      Can sing a song.                      Enjoys making up and telling stories.                      Gives first and last name.</p>	<p>Encourage child to talk about feelings, experiences, and school.                      Read together with child.                      Assign chores.                      Set appropriate limits.                      Visit parks, museums, and libraries.</p>

**Table 54.1: Developmental Anticipatory Guidance By Age**

Age Group	Developmental Surveillance and Milestones	Activities to Stimulate Growth and Development
5-10 years	<p>Interacts with small number of neighborhood children in groups.</p> <p>Adheres to predetermined rules.</p> <p>Knows right from left.</p> <p>Cause and effect are understood.</p> <p>Can walk a chalk mark.</p> <p>Feels good about school.</p> <p>Develops self-efficacy, or the knowledge of what to do and the confidence and ability to do it.</p>	<p>Offer board games and cards.</p> <p>Encourage participation in clubs and team sports.</p> <p>Encourage safe, healthy habits, healthy foods, physical activity, and seat belt use.</p> <p>Provide books for reading; interest child in hobbies.</p> <p>Praise child.</p> <p>Set limits, establish consequences.</p> <p>Assign chores.</p> <p>Teach how to resolve conflicts and handle anger.</p> <p>Provide personal space.</p> <p>Show interest in school performance and activities.</p> <p>Encourage good physical health and exercise patterns.</p>
11-14 years	<p>Participates in organized sports, social activities, and community groups.</p> <p>Uses both hands independently.</p> <p>Becomes more graceful and coordinated.</p> <p>Ability to get along with peers; maintains peer relationships.</p> <p>Can understand another point of view.</p> <p>Learns from mistakes and failures, tries again.</p> <p>Understands parental limits and consequences for unacceptable behavior.</p> <p>Shares in household chores.</p> <p>Learns new skills.</p> <p>Preoccupation with rapid body changes.</p>	<p>Promote family activities.</p> <p>Show affection, praise good behavior.</p> <p>Model respect, family values, safe driving practices, and healthy behaviors.</p> <p>Respect adolescent's need for privacy.</p> <p>Emphasize importance of school, show interest in school activities.</p> <p>Keep guns unloaded and locked up, or remove from home.</p> <p>Minimize criticism; avoid nagging, negative messages.</p>

**Table 54.1: Developmental Anticipatory Guidance By Age**

Age Group	Developmental Surveillance and Milestones	Activities to Stimulate Growth and Development
15-17 years	<p>Improved social skills; maintains family relationships.</p> <p>Sets goals and works toward achieving them.</p> <p>Takes on new responsibility.</p> <p>Beginning emotional emancipation.</p>	<p>Promote participation in social activities.</p> <p>Expect responsibility for some household chores.</p> <p>Promote healthy and safe habits.</p> <p>Encourage responsibility for school attendance, homework, and course selection.</p>
18-21 years	<p>Acts responsibly for self.</p> <p>Maintains family relationships.</p> <p>School achievement.</p> <p>Begins preparation for further education, career, marriage, and parenting.</p> <p>Exhibits capacity for empathy, intimacy, and reciprocity in interpersonal relationships, and self-identity.</p>	<p>Promote community interaction.</p> <p>Promote responsible, safe driving.</p> <p>Encourage participation in family traditions.</p> <p>Promote maintenance of strong family relationships.</p>

## Developmental Screening Tools Choices for Practices and Providers

The following tables are designed to help select high-quality and practical tools to screen children from birth to 8 years of age for developmental delays or disabilities. All tools listed have at least 70% accuracy – that is, sensitivity and specificity, correctly identifying at least 70% of children with and without disabilities, delays or problems.

The American Academy of Pediatrics recommends that physicians administer developmental screenings with a high-quality tool – such as ASQ3 (the Ages and Stages Questionnaires), PEDS (Parent’s Evaluation of Developmental Status), and PEDS:DM (PEDS: Developmental Milestones) – at least three times before a child’s third birthday – at the 9-month, 18-month, and 30-month (or 24-month) pediatric visits.<sup>1</sup>

The *screening starting point* for all children is general developmental screening. All of the tools in the table “*General Developmental Screening Tools*”:<sup>2</sup>

- Cover all developmental domains;
- Have high accuracy – 80-90%;
- Are short, simple, parental-report instruments;
- Are low-cost and easy to administer and score;
- Are appropriate for very young children; and
- Can be completed in many settings – in a pediatric or family medicine practice, in a child care center or Head Start program, during a home visit to a family with a young child, etc.

### ASQ, ASQ3, PEDS, and PEDS:DM:

- Are billable under CPT-4 Code #96110 (developmental screening) in fee-for-service Medi-Cal settings;
- Can be used with Electronic Medical Records (EMR); and
- Are available online.
  - ASQ3 is available online in English and Spanish, as is the ASQ:SE (Social-Emotional).
  - PEDS is online in English, Spanish and Vietnamese. The online application includes a record of parental concerns, PEDS results by developmental domains, summary report for parents, billing codes (ICD-9 and procedure codes), and a referral letter to the child’s pediatrician or Early Intervention program when indicated.
  - PEDS:DM is available online in English and Spanish.

To help providers select appropriate second-level screening tools for specific developmental domains, the list of *General Developmental Screening Tools* is followed by a number of specialized screening tools (*Other Developmental Screening Tools*).

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<sup>1</sup> American Academy of Pediatrics’ Council of Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children with Special Needs Project Advisory Committee. “Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening.” *Pediatrics* 2006; 118; 405-420, <http://pediatrics.aappublications.org/cgi/reprint/118/1/405.pdf>.

<sup>2</sup> *Note:* The Denver-II Developmental Screening Test, while well-known, is not included in this table – primarily because its accuracy is much lower than the newer ASQ, ASQ3, PEDS, and PEDS:DM.

## Appendix A

# General Developmental Screening Tools

Name of Tool	Description of the Tool	Developmental Domains Covered	Age Range	Administration Time	To Purchase or for Additional Information
<p><b>ASQ – Ages and Stages Questionnaires</b></p> <p>Parental report about a child's skills</p>	<p>30 questions (answered yes, sometimes, not yet), plus 7-8 unscored overall questions.</p> <p>Parents indicate a child's developmental skills, using one of 19 age-specific questionnaires.</p>	<p>All Domains Covered: communication, gross motor, fine motor, problem-solving, and personal-social skills</p>	<p>4-60 months (5 years)</p> <p>Can be given as young as 3 months</p>	<p>15-30 minutes</p>	<p><a href="http://www.brookespublishing.com">www.brookespublishing.com</a></p> <p>and</p> <p><a href="http://www.agesandstages.com">www.agesandstages.com</a></p>
<p><b>ASQ-3 – Ages and Stages-3 Questionnaire</b></p> <p>Parental report about a child's skills</p>	<p>Questions are answered yes, sometimes, not yet.</p> <p>Parents indicate a child's developmental skills, using one of 21 age-specific questionnaires.</p>	<p>All Domains Covered: communication, gross motor, fine motor, problem-solving, and personal-social skills</p>	<p>1-66 months</p> <p>Can be given as young as 1 month</p>	<p>10–15 minutes</p> <p>1-3 minutes to score</p>	<p><a href="http://www.brookespublishing.com">www.brookespublishing.com</a></p> <p>and</p> <p><a href="http://www.agesandstages.com">www.agesandstages.com</a></p>
<p><b>PEDS – Parents' Evaluation of Developmental Status –</b></p> <p>Parental-report about parental concerns</p>	<p>10 questions (the same for all ages, answered yes, no, a little).</p> <p>Parents identify "concerns" they have in each developmental domain.</p>	<p>All Domains Covered: expressive language and articulation, receptive language, gross motor, fine motor, school, self-help, social-emotional, behavior, and global-cognitive</p>	<p>0-95 months (7 years, 11 months)</p>	<p>2-10 minutes</p>	<p><a href="http://www.pedstest.com">www.pedstest.com</a></p>
<p><b>PEDS:DM – PEDS: Developmental Milestones –</b></p> <p>Parental-report about a child's skills</p>	<p>6-8 items or questions, depending on the age level.</p> <p>Parents indicate a child's developmental skills, using one of 22 age-specific questionnaires</p>	<p>All Domains Covered: expressive and receptive language, gross motor, fine motor, self-help, social-emotional, behavior, and (for older children) reading and math</p>	<p>0-95 months (7 years, 11 months)</p>	<p>3-5 minutes</p>	<p><a href="http://www.pedstest.com/dm">www.pedstest.com/dm</a></p>

These tools have been validated and have sensitivity and specificity greater than 70%.

California Department of Health Care Services, Systems of Care Division, Children's Medical Services Branch

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## Other Developmental Screening Tools

Name of Tool	Description of the Tool	Age Range	Administration Time	To Purchase or for Additional Information
<b>Social-Emotional and Behavioral Screening Tools</b>				
<b>ASQ-SE - Ages &amp; Stages Questionnaires: Social-Emotional</b> - Parental-report about a child's social and emotional behavior	8 color-coded age-specific questionnaires that screen for personal and social skills, including self regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. Questionnaires contain 22-36 items	6 to 60 months	10-20 minutes  1-3 minutes to score	<a href="http://www.brookespublishing.com">www.brookespublishing.com</a> and <a href="http://www.brookespublishing.com/store/books/squires-asqse/index.htm">http://www.brookespublishing.com/store/books/squires-asqse/index.htm</a>
<b>Autism Screening Tools</b>				
<b>M-CHAT Checklist for Autism in Toddlers</b> - Parent-completed questionnaire	Questionnaire designed to identify children at risk of autism from the general population.	16-48 months	5-10 minutes	Public domain: <a href="http://www.firstsigns.com">www.firstsigns.com</a>
<b>PDDST-II - Pervasive Developmental Disorders Screening Test-II, Stage 1-Primary Care Screener</b> - Parent-completed questionnaire	Questionnaire designed to identify children at risk of autism and pervasive developmental disorders from the general population.	12-48 months	10-15 minutes to complete;  5 minutes to score	<a href="http://pearsonassess.com/haiweb/cultures/en-us/productdetail.htm?pid=076-1635-106">http://pearsonassess.com/haiweb/cultures/en-us/productdetail.htm?pid=076-1635-106</a>
<b>SCQ - Social Communication Questionnaire</b> (formerly Autism Screening Questionnaire-ASQ) - Parent-completed questionnaire	Designed to identify children at risk of autistic spectrum disorders from the general population. Based on items in the ADI-R.	≥4years	5-10 minutes	Western Psychological Corporation: <a href="http://www.wpspublish.com">www.wpspublish.com</a>
<b>Language and Cognitive Screening Tools</b>				
<b>CSBS-DP - Communication and Symbolic Behavior Scales-Developmental Profile: Infant Toddler Checklist</b> - Parent-completed screening tool	Standardized tool for screening of communication and symbolic abilities. The Infant Toddler Checklist is a 1 page long questionnaire.	6-24 months	5-10 minutes	<a href="http://www.brookespublishing.com/store/books/wetherby-5605/index.htm">http://www.brookespublishing.com/store/books/wetherby-5605/index.htm</a>
<b>Motor Screening Tools</b>				
<b>EMPP - Early Motor Pattern Profile</b> Physician-administered standard examination	Physician-administered standard examination of movement, tone, and reflex development. Simple 3-point scoring system.	6-12 months	5-10 minutes	<a href="http://test.medicalhomeinfo.org/screening/DPIP/DSS.ppt#257,1,Developmental%20Surveillance%20and%20Screening">http://test.medicalhomeinfo.org/screening/DPIP/DSS.ppt#257,1,Developmental Surveillance and Screening</a>

These tools have been validated and have sensitivity and specificity greater than 70%.

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Appendix A-3