



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

**Proposition 56**  
**Developmental Screenings**  
**March 2019**

The Department of Health Care Services (DHCS) is releasing for public comment the below Developmental Screenings proposal. Comments and/or questions should be submitted to [DHCS\\_PMMB@dhcs.ca.gov](mailto:DHCS_PMMB@dhcs.ca.gov) by **March 22, 2019**.

Background

Developmental screening is the use of a standardized set of questions to see if a child's motor, language, cognitive, social, and emotional development are on track for their age. National guidelines recommend a developmental screening for all children at 9 months, 18 months, and 30 months of age, and as medically necessary when risk is identified on developmental surveillance. All children enrolled in Medicaid are entitled to receive developmental screening as it is a required service for children under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

Proposal

- Effective Date: July 1, 2019
- Target Population: Children up to age 30 months
- Provider Types: All
- CPT Code: 96110
- Rate: \$59.90

For Fiscal Year (FY) 19-20 the Governor's Budget proposes to use \$60 Million (50% Proposition 56 Funds/50% Federal funds) to support developmental screenings on an ongoing basis for all children with full-scope coverage in Medi-Cal. These screenings will be billed and reimbursed in both the managed care and fee-for-service delivery systems. These payments will be in addition to the amounts paid for the office visit that accompanies the screening in fee-for-service scenarios or capitation paid by Medi-Cal managed care health plans (MCPs).

### *Target Population*

- The target population includes children up to age 30 months. The number of children under the age of 1 in Medi-Cal consistently remains at about 300,000 every month, therefore it is reasonable to assume that during the course of a single year there would be about 25,000 children age 9 months each month. The number of children between the ages of 1 and 5 in Medi-Cal consistently remains around 1,400,000 each month, therefore it is reasonable to assume that during the course of a single year there would be about 29,000 children age 18 months and 29,000 children age 30 months each month.

### *Tool*

- A standardized screening tool that meets the criteria set forth by the American Academy of Pediatrics (AAP)<sup>1</sup> and the Centers for Medicare and Medicaid Services<sup>2</sup> will be used.

### *Frequency*

- Developmental screenings are recommended at three specific times in early childhood (9 months, 18 months, and 30 months); and when medically necessary as determined by developmental surveillance. Screenings can occur at least 2 per year, as well as when medically necessary. Screenings can occur between ages 0 to 5 without a TAR, and with a TAR override if a screen needs to occur for a child ages 6 to 20

### Monitoring & Oversight

Monitoring and oversight will be conducted by both MCPs and DHCS. MCPs will include oversight in their utilization management processes; and during Facility Site Reviews when MCP nurses go onsite to provider offices and review medical records to determine if appropriate services such as screenings have occurred. DHCS will utilize its Audits & Investigations Division to monitor over-utilization through desk and onsite provider reviews and review of MCP encounter data.

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<sup>1</sup> <https://pediatrics.aappublications.org/content/118/1/405.full> - Broad screening tools should address developmental domains including fine and gross motor skills, language and communication, problem solving/adaptive behavior, and personal-social skills. Screening tools also must be culturally and linguistically sensitive. Screening tests should be both reliable and valid, with good sensitivity and specificity.

<sup>2</sup> <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html> - Tools meet the following criteria: 1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional. 2. Established Reliability: Reliability scores of approximately 0.70 or above. 3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s). 4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.