



Medical Provider Guide for Developmental Surveillance and Screening

READY?

Preparing Yourself and Colleagues

Step 1: Prepare Yourself and Your Staff

1. Understand the difference between developmental surveillance and screening.

Surveillance - All children receive surveillance at every well-child visit, as recommended by the American Academy of Pediatrics (AAP), to recognize those who may be at risk for developmental delays. This includes assessing caregiver stress and depression and social-emotional development. (See pages 8-10 for surveillance tools or www.iowaepsdt.org for Iowa Child Health and Development Record (CHDR) forms.)

Screening – At specific AAP-recommended time periods or whenever a concern is identified, the provider uses a validated developmental screening tool to identify children who may be at risk for a disorder or may need further evaluation. (See pages 11-16 for screening recommendations and tools.)

- This requires more time, but can be reimbursed under code 96110. Medicaid, *hawk-i*, and many private insurance plans are reimbursing for developmental screening under this code. (See pages 18-19 for more billing information.)
2. Consider possible new resources or referrals for issues revealed. Your local Title V child health agency or *1st Five* site coordinator is an excellent place to start. (See pages 21-23 for contact information.)
 3. Be prepared for the human side of change.
 - Change can be difficult; benefits must be made clear, and perceived barriers must be discussed.

4. Obtain explicit support from leaders.
5. Assess training needs. (See page 7 for available training topics.)

Step 2: Identify a provider champion and an office champion

Role of the Provider Champion:

- Directs practice participation through support of the project
- Initially informs staff of commitment to enhancing well-child visits
- Ensures that the surveillance tools are integrated into well-child visits
- Completes a 10 minute office assessment survey before and after making changes

Role of the Office Champion:

- Needs decision making power re: office protocols
- Responsible for project management tasks:
 - Coordinates logistical details for implementation
 - Conducts assessment of staff training needs
 - Schedules office trainings
 - Determines effective referral process with local child health agency
 - Maintains on-going contact with local care coordinator of child health agency
 - Maintains adequate supply of:
 - well-child surveillance forms (if no electronic medical records)
 - referral forms
 - patient information materials
 - Delegates tasks to interested staff

SET.

Considerations for Surveillance, Screening, Referral and Follow-up

Step 1: Surveillance

1. Communicate with staff about new procedures for surveillance.
 - Familiarize staff with the new forms and *what is an automatic screening or referral*.
 - Provide consistent information for all staff to give parents about the purpose of assessment and how the information benefits their child's care.
2. Determine when the new forms will be filled out.
 - Completed by family in office waiting room. (See pages 9-10 – available by contacting the *1st Five* state coordinator at 1-800-383-3826)
 - Completed by staff in exam room. (See page 8 – CHDR forms available from <http://www.iowaepsdt.org>)
 - Completed by provider in exam room. (See page 8 – CHDR forms available from <http://www.iowaepsdt.org>)

3. Determine who will discuss the results with the family, identify intervention options, and explain their importance.
 - RN
 - Nurse Practitioner
 - Physician Assistant
 - Provider

Step 2: Screening

1. New procedures for screening—seek input from staff. (For an example of how one practice has implemented screening, see page 17.)
 - Select screening tool. The Iowa Department of Public Health supports the Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire S-E (ASQ-SE) [<http://www.agesandstages.com/>], and the Modified Checklist for Autism in Toddlers (M-CHAT) [<http://www.firstsigns.org/screening/tools/rec.htm>]. A complete list of tools can be found at www.iowaepsdt.org. (See pages 14-16 for table of screening tools.)
 - Organize materials to be easily accessed as needed.
 - Provide consistent information for all staff to give parents about the purpose of the screening and assessment and how the information benefits their child’s care.
 - Determine the intervals for administering the screening tool. (AAP recommends developmental screenings at 9, 18, and 24 or 30 months and screening for autism at 18 and 24 months or whenever a parent or provider concern is expressed.) (See pages 11-13 for Iowa *Care for Kids* recommendations.)
 - Determine how you will identify patients who should be screened (e.g., flagging charts, incorporating a reminder system into patient appointments).
 - Determine office protocol for administering screening:
 - Completed by family in office waiting room.
 - Completed by staff in exam room.
 - Completed by provider in exam room.
2. Who will distribute and score the screening tool?
 - Office staff role: _____
 - Medical Assistant role: _____
 - RN role: _____
 - Nurse Practitioner role: _____
 - Physician Assistant role: _____
 - Physician role: _____
 - Other: _____
3. Test out on a few patients/families before implementing throughout the practice.
 - Did this tool uncover new and important parental concerns?
 - How did the parents react to providing this information?
 - Do I need more information or training to make this a better interaction?
 - How could we improve the flow of providing the tool to the parent?
4. Determine what to do with completed screenings.
 - Store? If so, where?
 - How to incorporate information from the screening into future care?

Step 3: Referral and follow up

1. Identify how to link patient referrals with community resources.
 - We suggest contacting your local Title V child health care coordinator or ***1st Five*** site coordinator via fax back form or phone call. (See pages 21-23 for your local contact information.) Care coordinators link families with intervention services, monitor progress, and update providers on status of referrals.
2. Determine who should handle the fax back forms:
 - Office Manager
 - Receptionist
 - Referring RN
 - Referring Physician Assistant
 - Referring Physician
 - Other: _____

Tips on How to Deliver Difficult News.

- Plan ahead.
- Start with observations, questions, or concerns by the child's parent.
- Share your observations, frankly but compassionately.
- Start with positive comments on what the child is doing well before sharing concerns.
- State that further screenings and follow up are critical to ensuring the best possible positive outcome for their child.
- Provide information on referral sources or explain that a care coordinator will be contacting them. Have parent sign the release of information form.
- Emphasize importance of following up on the referral.

GO. **Monitoring Progress**

1. Ask for patient feedback during visits.
2. Ask for staff feedback.
3. Assess results.

Supplementary Resources

American Academy of Pediatrics. The National Center of Medical Home Initiatives for Children with Special Needs. (2008). Developmental Surveillance and Screening Provider Information.

<http://www.medicalhomeinfo.org/screening/index.html>

Commonwealth Fund. Improvement Checklist: Steps to Using Screening and Surveillance in Your Office. Retrieved 2008, from http://www.commonwealthfund.org/usr_doc/Improvement_Checklist-Steps_to_Screening_and_Surve.pdf

Centers for Disease Control and Prevention. Department of Health and Human Services. (2005). Developmental Screening for Health Care Providers. Retrieved 2008, from http://www.cdc.gov/ncbddd/child/screen_provider.htm#chart

Early & Periodic Screening, Diagnosis & Treatment Care for Kids. www.iowaepsdt.org

The Commonwealth Fund. (2006). A Practical Guide for Improving Child Developmental Services. Module 2: Developmental Screening and Surveillance. Retrieved 2008, from http://www.commonwealthfund.org/innovations/innovations_show.htm?doc_id=372065

American Academy of Pediatrics. (2010). Tools for Working with Practices to Improve Preventive Care Using Bright Futures. Retrieved 2010, from http://www.brightfutures.aap.org/clinical/training_and_implementation_materials.html



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Consultation and training resources are available to help staff and medical providers understand and effectively implement the process of enhancing developmental surveillance and screening. The ***1st Five*** physician consultant can uniquely tailor training for your practice needs to improve patient outcomes and to make reimbursement for services easier for your practice. Possible training topics include:

Surveillance

- Four key surveillance areas for the healthy mental development of young children: social, emotional and behavioral development; parental depression; family stress; and autism.
- The clinical implementation of surveillance for development; social, emotional and behavioral health; and family risk factors.
- Assessing for caregiver/parental depression during well child exams.

Screening

- The clinical implementation of screening for: development; social, emotional and behavioral development; PDD/Autism; and parental risk factors.
- Overview of recommended developmental and autism screening tools and their use in a practice setting.

Other Topics

- One-on-one technical assistance related to practical application issues such as:
 - Review of patient flow
 - Staffing well-child exams
 - Using results of enhanced surveillance
 - Problem solving with physicians on practice change concerns for surveillance, screening and referrals
- Linkages with local care coordination resources.
- How to discuss sensitive topics with parents (such as depression and/or family stress).
- How to deliver difficult news to parents.
- How to discuss culturally sensitive issues.
- Billing codes.

To schedule a consultation or training for your practice or to learn more about the ***1st Five*** Healthy Mental Development Initiative, contact the ***1st Five*** state coordinator at 1-800-383-3826 or your local ***1st Five*** site coordinator (see pages 22-23).

Iowa Child Health and Development Record		2 month Well Exam
<p>Date _____ Patient # _____</p> <p>Name _____ Date of Birth _____</p> <p>Address _____</p> <p>_____</p> <p>Lives with: <input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parents <input type="checkbox"/> Other caregiver <input type="checkbox"/> Others (including siblings) _____</p> <p>_____</p> <p>May release information to: (parent, guardian, other family – list) _____</p> <p>_____</p> <p>Parental concerns: _____</p> <p>Changes in child's health since last visit: _____</p> <p>_____</p>	<p>FAMILY HISTORY: <input type="checkbox"/> Reviewed and updated</p> <p>SOCIAL HISTORY: Childcare: _____</p> <p>FAMILY RISK FACTORS: Changes in family since last visit: _____</p> <p>_____</p> <p>Stress: How much stress are you and your family under now? <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>What kind of stress? <input type="checkbox"/> Relationships <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Violence/Abuse <input type="checkbox"/> Lack of help <input type="checkbox"/> Financial <input type="checkbox"/> Health Insurance <input type="checkbox"/> Child care <input type="checkbox"/> Other _____</p> <p>How stressful is caring for your child? <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>MATERNAL/CAREGIVER DEPRESSION: In the past month, have you/partner felt down, depressed or hopeless? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often In the past month have you/partner felt little interest or pleasure in doing things? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often</p>	
<p>GENERAL HEALTH:</p> <p>Nutrition: <input type="checkbox"/> Breast: _____ times/day <input type="checkbox"/> Bottle _____ oz/day <input type="checkbox"/> Vit D (until 32oz formula per day)</p> <p>Elimination: <input type="checkbox"/> Stooling: soft, easy to pass BMs</p> <p>Sleep: _____ hours through the night</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Place on back to sleep <input type="checkbox"/> <input type="checkbox"/> Put to bed awake at night and naps <input type="checkbox"/> <input type="checkbox"/> Bottle to bed? <input type="checkbox"/> <input type="checkbox"/> Problems: _____</p> <p>DEVELOPMENT: Screen or refer if concerns or "No" response on milestones in bold type</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Smiles responsively <input type="checkbox"/> <input type="checkbox"/> Vocalizes <input type="checkbox"/> <input type="checkbox"/> Responds to sound <input type="checkbox"/> <input type="checkbox"/> Follows objects with eyes <input type="checkbox"/> <input type="checkbox"/> Raises head when prone</p> <p>Family concerns about growth, development, behavior _____ _____</p>	<p>ANTICIPATORY GUIDANCE: <input type="checkbox"/> Check if discussed</p> <p>FAMILY WELL-BEING:</p> <p><input type="checkbox"/> Is mom getting rest? Post-partum checkup? Time for self & partner? <input type="checkbox"/> Sibling adjustment to infant. <input type="checkbox"/> Plan for return to work. <input type="checkbox"/> Resources for local child care</p> <p>BEHAVIOR:</p> <p><input type="checkbox"/> Importance of talking, reading, singing cuddling and – cannot spoil. <input type="checkbox"/> Learn baby's responses, temperament. <input type="checkbox"/> Sleep environment – firm mattress, no loose bedding, crib slats < 2 3/8" apart</p> <p>NUTRITION / ORAL HEALTH:</p> <p><input type="checkbox"/> Vitamin D until taking 32 oz formula <input type="checkbox"/> Safe pumping & storage of breast milk. <input type="checkbox"/> Wait to introduce solids at 4-6 months of age <input type="checkbox"/> No honey until 1 yr. <input type="checkbox"/> Introduce bottle by 2mo if going to daycare <input type="checkbox"/> No bottle propping.</p> <p>SAFETY:</p> <p><input type="checkbox"/> Encourage day/night routine and supervised tummy time. <input type="checkbox"/> Reinforce: H₂O heater set to < 120 degrees <input type="checkbox"/> If smoking in home: discuss quitting, limiting exposure <input type="checkbox"/> Rear-facing car seat. <input type="checkbox"/> Baby may roll - always one hand on baby (never leave on changing table, couch, bed.). <input type="checkbox"/> Wash hands.</p>	
<p>MEDICAL HISTORY:</p> <p>Perinatal problems: _____</p> <p>Newborn screening: <input type="checkbox"/> Normal <input type="checkbox"/> Abn _____</p> <p>_____</p> <p>Medications: _____ Allergies: _____</p> <p>Major medical illnesses/special health care needs: _____</p> <p>_____</p> <p>Hospitalizations: _____</p> <p>Surgeries: _____</p>		

Name of Child _____

Lives with: 1 parent 2 parents Other caregivers _____

Other (include brothers, sisters, and other family, etc.)

DEVELOPMENTAL MILESTONES

What new things is your baby doing?

Does your baby.... (Circle Yes or No)

Smiles at the sound of your voice or when smiled at **Yes No**

Raises head when laying on tummy **Yes No**

Responds to loud noises **Yes No**

Follows moving objects with his/her eyes **Yes No**

Makes sounds with his/her voice **Yes No**

Concerns about development or behavior? **Yes No**

(If yes, explain) _____

What other questions or concerns do you have today?

SOCIAL HISTORY:

Whether this is your first child or a new addition to an already growing family, parenting can be challenging and it is normal to need help sometimes. That's why it's important to check in with you about how you are doing as your child's #1 caregiver. Your health and sense of well-being plays a large role in how your child is doing. Please take a moment to answer the following questions which helps us know better how to support you.

How much stress are you and your family under now?

None Slight Moderate Severe

What kind of stress?

Relationships Drugs Alcohol Violence/Abuse Lack of help

Financial Health Insurance Child Care Other _____

How stressful is caring for your child?

None Slight Moderate Severe

In the past month, have you felt down, depressed or hopeless?

No Sometimes Often

In the past month have you felt little interest or pleasure in doing things?

No Sometimes Often

FAMILY HISTORY: Circle if present

Depression or other mental illness, drug/alcohol abuse, learning problems, violence, heart disease, high blood pressure, diabetes, kidney disease, deafness, cancer, other

(note): _____

Nombre del niño(a) _____

Vive con: El papá La mamá En pareja Otros (por ejemplo: una nana/niñera/guardián)

Otros (incluya hermanos y hermanas y familiares, etc.)

Etapas del Desarrollos

¿Qué cosas nuevas está haciendo su bebe?

Su bebe... (Circule Si o No)

Sonríe al escuchar su voz o responde con sonrisas cuando alguien le sonríe **Si No**

Levanta la cabeza cuando esta boca bajo **Si No**

Responde a los ruidos fuertes **Si No**

Sigue un objeto con la mirada **Si No**

Hace ruidos con su voz / balbucea **Si No**

¿Tiene la familia preocupaciones sobre el desarrollo o comportamiento de el/la niño(a)? **Si No**
(Si la respuesta es si, explique) _____

¿Que otras preguntas o preocupaciones tiene hoy?

HISTORIA SOCIAL:

Ya sea su primer hijo(a) o una adición a una familia que está creciendo, el ser padre puede ser un reto y es normal que se necesite ayuda de vez en cuando. Por eso es importante revisar cómo está usted, ya que usted es el/la cuidador(a) #1 de sus hijos. Su salud y sentido de bienestar juegan un papel muy grande en cómo esta su hijo(a). Por favor tome un momento para contestar las siguientes preguntas que nos ayudarán a apoyarlo(a) mejor.

¿Ahorita cuánto estrés tiene usted y su familia?

Nada Un poco Moderado Mucho

¿Qué clase de estrés?

Relaciones Drogas Alcohol Violencia/Abuso Falta de ayuda Económico
 Seguro médico Guardería Otro _____

¿Cuánto estrés le produce el cuidado de su niño(a)?

Nada Un poco Moderado Mucho

¿En el último mes se ha sentido triste, deprimida(o), o desesperada(o)?

No A veces Seguido

¿En el último mes ha sentido poco interés o placer haciendo cosas?

No A veces Seguido

HISTORIA FAMILIAR: Ponga un círculo alrededor de los problemas que estén presentes en su familia

Depresión u otra enfermedad mental, abuso de drogas/alcohol, problemas de aprendizaje, violencia, enfermedades del corazón, hipertensión (presión alta), diabetes, enfermedad de los riñones, sordera, cáncer, otro

(explique): _____

		Iowa EPSDT Care for Kids Health Maintenance Recommendations																						
		AGE																						
		See below *																						
		Infancy					Early childhood				Late childhood			Adolescence										
		2-3 ¹ days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	2.5 yr	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+ yr	
PROCEDURES	History	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Physical exam	As part of each visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Measurements	Weight/length: each visit through 18 mo; BMI each visit 24 mo and older		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
		Head circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
		Blood pressure	A													●	●	●	●	●	●	●	●	
	Nutrition/Obesity prevention	Assess/educate	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Oral health	Assessment - Dental history; Dental referral		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
		(Oral health, 6 mo – 2 yrs: Referral to dental home if available; otherwise, assess oral health)							●		●	●	●	●		●								
	Developmental and behavioral assessment	Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
		Developmental screening: 9, 18, 24 or 30 mo Autism screening: 18 & 24 mo						●			●	●	○											
	Sensory screening	Vision																				○	○	S
		Hearing																						
	Immunization	Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed		●	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●	●	○	○	○	○
	Antioptatory guidance	Provided at every visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Lipid screening											A		A									○	
	Hemoglobin/hematoorit	Perform once between 9-month and 12-month visits for children at risk; also annually for adolescents if risk factors are present				A			●		A													
Hemoglobinopathy	Only once (newborn screen) and offered to adolescents at risk.	○																						
Lead Screening	Assess and screen children at 12 mo. and 2 years of age; Assess and test high-risk children at 18 months, 3,4, 5 and 6 years.						●			A	●		A											
Metabolic screening	The Iowa Newborn Screening Program tests for hypothyroidism, galactosemia, phenylketonuria, hemoglobinopathies, congenital adrenal hyperplasia, plus expanded metabolic screening.	○																						
Sexually transmitted infections	Screen as appropriate. People with a history of, or at risk for, STIs should be tested for chlamydia and gonorrhea.																				A			
Cervical Dysplasia Screening	Pap test at age 21																				A		●	
Tuberculin test	Testing is recommended for high risk groups, which include household members of persons with TB or others at risk for close contact with the disease; recent immigrants or refugees from countries where TB is common (e.g., Asia, Africa, Latin America, Pacific Islands and former Soviet Union); migrant workers; residents of correctional institutions or homeless shelters; persons with certain underlying medical disorders. Children with HIV and incarcerated adolescents should be screened yearly.	A																						

¹ For newborns discharged within 24 hours or less after delivery.
 * Medicaid recommends and will reimburse for annual visits for older children and adolescents, but does not yet require them.

Iowa Recommendations for Scheduling *Care for Kids* Screenings Development and Behavioral Assessment for Title V Child Health Agencies

Iowa Recommendations for Scheduling *Care for Kids* Screenings (EPSDT Periodicity Schedule) was revised in July 2009 to better align with *Bright Futures* Third Edition, the American Academy of Pediatrics Guidelines for Health Supervision of Infants, Children, and Adolescents. The revised schedule includes delineation of the development and behavioral assessment section into five categories: developmental surveillance, developmental screening, psychosocial/behavioral assessment, autism screening, and alcohol and drug use assessment. This document is designed to provide Title V Child Health agencies with a brief summary for each category in the 'development and behavioral assessment' section of Iowa's Periodicity Schedule.

For more detailed information about developmental and behavioral surveillance and screening tools, see the Iowa EPSDT *Care for Kids* Provider Website at www.iowaepsdt.org. A chart of screening tools found on this website is attached. Helpful information is also provided in the Medicaid Screening Center Provider Manual at http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/scenter.pdf under Developmental Screening and Mental Health Assessment.

1. Developmental surveillance:

- For agencies completing the full well child exam: Developmental surveillance is a component of the full well child exam. If you are using the **Iowa Child Health and Developmental Record (CHDR)** forms, these questions would be found in the 'Developmental' section. There is no separate billing for this service, as it would be included as part of the physical exam. (See <http://www.iowaepsdt.org/ScreeningResources/CHDR.htm> for the Iowa CHDR forms.)
- For agencies referring to a medical home for the well child exam: Completion of the **CHDR's** 'Developmental', 'Social History', and 'Anticipatory Guidance' sections have been approved for billing as a care coordination service. Documentation for the care coordination service must report use of the **CHDR** and reflect the scope of the service, findings from the family, and any referrals that may result.

2. Developmental screening:

- In Iowa, there are several tools that are recommended. Our Title V Child Health programs were offered training on the **Ages and Stages Questionnaire (ASQ)** and **Ages and Stages S-E (ASQ SE)**. There are other developmental screening tools listed at www.iowaepsdt.org such as **Bayley Infant Neurodevelopment Screener**, **Brigance Infant and Toddler Screen**, and **Parents' Evaluation of Developmental Status (PEDS)**.
- The developmental screen may be billed to Medicaid by Title V Child Health agencies using Code 96110. It is billed separately from a well child exam. This service requires the administration of a recommended tool, interpretation and report of the results of the screening, anticipatory guidance, and any referrals that may result from the screen. Documentation of each of these elements must be included in the client chart.

3. Autism screening:

- In Iowa, there are two recommended tools, the **Modified Checklist for Autism in Toddlers (M-CHAT)** and the **Pervasive Development Disorders Screening Test II (PDDST II)**. (See www.iowaepsdt.org.)
- The autism screen may be billed to Medicaid by Title V Child Health agencies using Code 96110. (Note that this code can only be billed once per visit (so at 18 months when both the developmental screen and autism screen are due, you could only bill one 96110 for the screenings provided). The autism screen is billed separately from a well child exam. This service requires the administration of a recommended tool, interpretation and report of the results of the screening, anticipatory guidance, and any referrals that may result from the screen. Documentation of each of these elements must be included in the client chart.

4. Psychosocial/behavioral assessment:

- **Psychosocial/behavioral surveillance**

- For agencies completing the full well child exam, psychosocial/behavioral surveillance is provided at each visit as a component of the full well child exam. If you are using the Iowa **Child Health and Developmental Record (CHDR)** forms, these questions would be found in the 'Social History' section. There is no separate billing for this service, as it would be included as part of the physical exam. (See <http://www.iowaepsdt.org/ScreeningResources/CHDR.htm> for the Iowa CHDR forms.)
- For agencies referring to a medical home for the well child exam: Completion of the **CHDR's** 'Developmental', 'Social History', and 'Anticipatory Guidance' sections have been approved for billing as a care coordination service. Documentation for the care coordination service must report use of the **CHDR** and reflect the scope of the service, findings from the family, and any referrals that may result.

- **Psychosocial/behavioral screening**

- Psychosocial/behavioral screening may be provided using the **Pediatric Symptom Checklist** (See http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklst.pdf.) There are two versions, a parent report and a youth self report (Y-PSC) for adolescents ages 11 – 18. The **Pediatric Symptom Checklist, Youth Self-Report (Y-PSC)** may be used to provide a mental health screen for 11-18 year old patients during well visits, sports physicals and other routine office visits.

Psychosocial/behavioral screening may be billed to Medicaid by Title V Child Health agencies using Code 96110. It is billed separately from a well child exam. This service requires the administration of a recommended tool, interpretation and report of the results of the screening, anticipatory guidance, and any referrals that may result from the screen. Documentation of each of these elements must be included in the client chart.

5. Alcohol & drug use assessment:

- *Bright Futures* recommends the **CRAFFT Screening Tool**. The **CRAFFT** is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted. (See <http://www.ceasar-boston.org/CRAFFT/index.php>).

Use of the **CRAFFT Screening Tool** may be billed to Medicaid by Title V Child Health agencies using Code 96110. It is billed separately from a well child exam. This service requires the administration of a recommended tool, interpretation and report of the results of the screening, anticipatory guidance, and any referrals that may result from the screen. Documentation of each of these elements must be included in the client chart.

Screening Tools	Age Range Covered	Areas Screened	Format	Who Can Complete It	Administration Time	Validity and Reliability	Scoring	Languages	Purchase/Obtainment Information
Developmental Screening Tools									
Ages and Stages Questionnaire (ASQ)	4-60 mo	communication, gross motor, fine motor, problem-solving, and personal-social	Series of 19 age-specific questionnaires	Parents	10-15 min	Normed on 2,008. Sensitivity (0.70-0.90: moderate to high) specificity (0.76-0.91- moderate to high)	Scored by professionals. results in pass/fail domain. Provides a cutoff score in 5 domains that indicate possible need for further evaluation	English, Spanish, French, Korean and Others	Paul H. Brookes Publishing Co: 800/638-3775; www.brookespublishing.com
Ages and Stages Questionnaire S-E (ASQ)	6-60 mo	Social-emotional (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people)	Series of 8 age-specific questionnaires	Parents	10-15 min	Normed on 3,000. Very good validity and reliability	Scored by professionals.	English and Spanish	Paul H. Brookes Publishing Co: 800/638-3775; www.brookespublishing.com
Bayley Infant Neurodevelopment Screener	3-24 mo	neurologic functions, receptive functions (visual, auditory, and tactile input), expressive functions (oral, fine, and gross motor skills), and cognitive processes	Series of 6 item sets	Directly administered	10 min	Normed on ~1,700. Sensitivity (0.7-0.86: moderate) specificity (0.75-0.86- moderate)	Graded as low, moderate, or high risk in each of 4 conceptual domains by use of 2 cutoff scores	English and Spanish	Psychological Corp: 800/211-8378; www.harcourtassessment.com
Brief Infant-Toddler Social and Emotional Assessment (BITSEA)	12-36 mo	assess emerging social-emotional development	42 items	Directly administered	7-10 min	National sample of 600 children. Clinical groups included language delayed, premature, and other diagnosed disorders.	Problems total score and competence total score	English and Spanish	www.harcourtassessment.com
Brigance Infant and Toddler Screen	0-90 mo	articulation, expressive and receptive language, gross motor, fine motor, general knowledge, personal social skills, and academic skills (when appropriate)	Series of 9 forms	Directly administered	10-15 min	Normed on 1,156 children from 29 clinical sites in 21 states. Sensitivity (0.70-0.80: moderate) Specificity (0.70-0.80: moderate)	All results are criterion based. No normative data are presented.	English and Spanish	Curriculum Associates Inc. 800/225-0248; www.curriculumassociates.com
Child Development Review	18 mo- 5 yr	social, self-help, motor, and language	6 open-ended questions and a 26 item possible-problems checklist to be completed by the parent	Parent	10-20 min	Standardized with 220 children 3-4 yrs from primarily white, working class families in south St. Paul, MN; sensitivity (0.68: low) specificity (0.88: moderate)	Responses are classified as indicating: (1) no problem, (2) a possible problem, or (3) a possible major problem	English and Spanish	Behavior Science Systems Inc.

Screening Tools	Age Range Covered	Areas Screened	Format	Who Can Complete it	Administration Time	Validity and Reliability	Scoring	Languages	Purchase/Obtainment Information
Developmental Screening Tools									
Denver Developmental Screening Test (Denver II)**	0-6 yr	expressive and receptive language, gross motor, fine motor, and personal-social skills	125 items	Directly administered	10-20 min	Normed on 2,096 term children in Colorado. sensitivity (0.68: low) specificity (0.0.43-0.80: low to moderate)	pass/fail then compared with age-based norms to classify as normal, suspect or delayed	English and Spanish	Denver Developmental Materials: 800/419-4729; www.denverii.com
Infant Development Inventory	0-18 mo	social, self-help, motor, and language	4 open-ended questions followed by 87 items crossing the 5 domains	Parent	5-10 min	Studied in 86 high-risk 8 mo-olds seen in perinatal follow-up program and compared with Bayley scales. Sensitivity (0.85: moderate) specificity (0.77: moderate)	delayed or not delayed	English and Spanish	Behavior Science Systems Inc.
Parents' Evaluation of Developmental Status (PEDS)	0-8 yr	developmental and behavioral problems needing further evaluation (may be useful as a surveillance tool)	single response form used for all ages	Interview of parent	2-10 min	Standardized with 771 children from diverse ethnic and socioeconomic backgrounds. Sensitivity (0.74-0.79: moderate) specificity (0.70-0.80: moderate)	provides algorithm to guide need for referral, additional screening, or continued surveillance	English, Spanish, Vietnamese, Arabic, Swahili, Indonesian, Chinese, Taiwanese, French, Somali, Portuguese, Malaysian, Thai, and Laotian	Ellsworth & Vandermeer Press LLC: 888/729-1697; www.pedstest.com

** Recent studies have shown the specificity of the Denver II to be lower than some of the other tools currently on the market. The Denver II does not include the social/emotional criteria at the same level as the other screening tools.

Autism Screening Tools									
Modified Checklist for Autism in Toddlers (M-CHAT)	16-48 mo	autism	23 questions (average)	Parent	5-10 min	Standardized sample included 1,293 children screened, 58 evaluated, and 39 diagnosed with an autistic spectrum disorder. Sensitivity (0.85-0.87: moderate) specificity (0.93-0.99: high)	risk categorization pass/fail	English, Spanish, Turkish, Chinese and Japanese	Public domain: www.firstsigns.com
Pervasive Developmental Disorders Screening Test II (PDDST II)	12-48 mo	autism	22 questions (average)	Parent	10-15 min	Validated using extensive multi-method diagnostic evaluations on 681 children at risk of autistic spectrum disorders and 256 children with mild-to-moderate other developmental disorders. Sensitivity (0.85-0.92: moderate to high) specificity (0.71-0.91: mo	risk categorization pass/fail	English	Psychological Corp

Screening Tools	Age Range Covered	Areas Screened	Format	Who Can Complete it	Administration Time	Validity and Reliability	Scoring	Languages	Purchase/Obtainment Information
Parent/Caregiver Screening Tools									
Edinburgh Postnatal Depression Scale (EPDS)	mothers	postnatal depression	ten item scale	Self-administered	5 min	sensitivity (0.86) specificity (0.78)	max score of 30, score of 10+ may indicate depression	many languages	UIC Perinatal Consultation: 800/573-6121
Parenting Stress Index Short Form	parents of children 1 mo-12 yr	Identify parent-child problem areas in parents	36 items	Self-administered	10 min	reliability (0.78-0.90) validity (0.50-0.92)	Total Stress score from three scales: parental distress, parent-child dysfunctional interaction, and difficult child.	many languages	www3.parinc.com
Pediatric Intake Form (PIF) from Bright Futures	parent/ family history	parental depression, substance use, domestic violence, history of abuse, social supports, and other risk factors	66 questions (average)	Self-administered	10-20 min	no data	A score of 4 or more risk factors indicates child should be referred for early stimulation programs	no data	www.brightfutures.org
Psychosocial/behavioral Screening Tools									
Pediatric Symptom Checklist	4 - 18 yr	problem behaviors including both externalizing (conduct, attention, etc.) and internalizing (depression, anxiety, adjustment, etc.)	35 short statements	Parents	10 min	no data	Ratings of never, sometimes or often are assigned a value of 0,1, or 2. Scores totaling 28 or more suggest referrals. For children 4 - 5 years of age, several items referring to academic performance are omitted and a cutoff of 24 is used.	Spanish and Chinese	http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklist.pdf
Pediatric Symptom Checklist, Youth Self-Report	adolescent ages 11 -18	problem behaviors including both externalizing (conduct, attention, etc.) and internalizing (depression, anxiety, adjustment, etc.)	35 short statements; 37 with 2 suicide screening questions	Self-administered	10 min	no data	Ratings of never, sometimes or often are assigned a value of 0,1, or 2. Scores totaling 28 or more suggest referrals. (30 or more with the 2 suicide screening questions)	Spanish and Chinese	http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklist.pdf
Alcohol and Drug Use Screening Tool									
CRAFFT	adolescents under age 21	screens for high risk alcohol and other drug use disorders	3 questions followed by 6 additional questions depending upon response	Provider or self-administered	5 min	no data	Determines whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.	English, Spanish, and Portuguese	Recommended by AAP www.brightfutures.org http://www.ceasar-boston.org/CRAFFT/index.php

An Example of How One Practice Has Implemented Screening

At Walnut Creek Pediatric Clinic in Windsor Heights, Dr. Rhonda Enserro has a nurse on staff, Lindsay Russell, who manages the procedure for administering developmental screenings. Walnut Creek uses the ASQ for developmental screening and the M-CHAT for autism-specific screening.

The following outlines the clinic's office protocols:

1. One week prior to appointment, Ms. Russell reviews physician schedules for upcoming well-child visits that are due for AAP-recommended screenings.
2. Ms. Russell asks the family's preference for receiving a paper copy of the screening, a letter containing a weblink to the screening, or an email containing a link to the screening. The preferred option is sent to the families.
3. For any last minute appointments or families who did not complete screening prior to the appointment, Ms. Russell completes the screening in the office before or after the child is seen by the doctor, depending on schedule convenience.
4. Ms. Russell brings a box of toys for the screening; in case the parent is unsure on some questions, then the child has the opportunity to demonstrate his/her ability with the toys.
5. After scoring the screening tool, Ms. Russell talks to the physician and the family about the results.
6. If the child scores in the normal range, Ms. Russell reassures the family that the child's development is progressing normally. The screen will be repeated at the next AAP- recommended time point.
7. If the child is close to the cutoff in a developmental area, Ms. Russell offers the family ASQ learning activities and repeats the screen at the next well-child visit.
8. If the child scores below the cutoff, Ms. Russell and the physician give a referral to 1st Five or AEA. If the family declines the referral, learning activities are given and the child is rescreened at the next well-child exam.
9. Filing claims for reimbursement from Medicaid, *hawk-i*, and private insurers using code 96110 can help fund staff time for administering developmental screening.

- **Developmental surveillance is included as part of a regular well-child exam.**

Well-child exams should include all of the following:

- Comprehensive health, nutrition, and developmental history
- Review of physical, mental health, and developmental status
- Review of family risk factors, including family stress and maternal depression
- Unclothed physical exam
- Immunization history
- Oral health screening
- Counseling, anticipatory guidance, risk factor reduction interventions
- Ordering appropriate immunizations or laboratory/diagnostic procedures

Well-child visits can be billed under the following codes:

Age range	New patients	Established patients
Less than 1 year	99381	99391
1-4 years	99382	99392
5-11 years	99383	99393
12-17 years	99384	99394
18-21 years	99385	99395

- **Developmental screening can be billed as a separate service on the same day:**

Limited developmental testing with interpretation and report. *Developmental screening and social emotional screening that includes use of a limited screening instrument may be billed in addition to the preventive medicine services, or with other evaluation and management services. In order for the test to be billed as a separate service the interpretation and report must be a significant, distinct service. Bill under code 96110. As of June 2010, the maximum rate for reimbursement is \$64.12. 96110 can only be billed once for the same day and same patient.*

Medicaid and *hawk-i* policies reimburse for developmental screenings under code 96110, as do **many private insurance policies**, including the majority of Wellmark and UnitedHealthCare plans.

- **Submitting Medicaid Claims:**

Electronic: Submitting claims electronically will result in faster reimbursement. Iowa Medicaid Enterprise (IME) offers free software for submitting electronic claims. Contact the Electronic Data Interchange Support Services (EDISS) coordinator at 1-800-967-7902. Or visit the IME web site at www.ime.state.ia.us.

- **Steps to reimbursement:**

1. **Verify eligibility** by visiting the web portal or by calling the Eligibility Verification System (ELVS) at 800-338-7752 or 515-323-9639.
 - Eligibility can be verified using Medicaid ID number or social security number and birth date.
 - To establish a web portal account, call 800-967-7902.
2. **Include required information**
 - Member's Medicaid number
 - Member's first and last names and middle initial
 - Date and place of service
 - Provider NPI number



Informational Letter No. 590

March 16, 2007

To: Physicians, Nurse Practitioners
From: Iowa Department of Human Services, Iowa Medicaid Enterprise
Re: Billing Developmental Services

Developmental surveillance and screening during preventive health care visits allows the primary care provider an opportunity to offer anticipatory guidance to the family about supporting their child's development, facilitate early intervention and treatment, and improve developmental outcomes. Payment for conducting developmental screening using a standardized screening tool or conducting an in-depth developmental evaluation is not included in the reimbursement for a child's preventive office visit or E/M service. When a standardized screening or evaluation is performed, providers should bill using the following codes:

96110 Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report

The use of developmental and social-emotional screening instruments of a limited nature (e.g., PEDS, Ages and Stages, Brief Infant-Toddler Social Emotional Assessment--BITSEA, Modified Checklist for Autism in Toddlers--M-CHAT and Vanderbilt ADHD rating scales) is reported using CPT code 96110 (*developmental testing; limited*). Code 96110 is often reported when performed in the context of preventive medicine services, but may also be reported when testing is performed with other evaluation and management (E/M) services such as acute illness or follow-up office visits.

96111 Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report

Extended developmental evaluation using standardized instruments (e.g., Bayley Scales of Infant Development, Woodcock-Johnson Tests of Cognitive Abilities (Third Edition) and Clinical Evaluation of Language Fundamentals (Fourth Edition)) is reported using CPT code 96111. This service may be reported independently or in conjunction with another code describing a separate patient encounter provided on the same day as the testing (e.g., an evaluation and management code for outpatient consultation). When 96111 is reported in conjunction with an E/M service, the time and effort to perform the developmental testing itself should not count toward the key components (history, physical exam, and medical decision making) or time for selecting the accompanying E/M code.

The Iowa Medicaid program encourages providing surveillance and screening of a child's development on a regular basis. Additional information and a "short list" of domain-specific screening tools recommended by a Panel of Iowa health care providers can be found at www.iowaepsdt.org. To view the recently released screening policy from the American Academy of Pediatrics go to <http://pediatrics.aappublications.org/cgi/content/full/118/1/405>.

EPSDT Care for Kids Program:

EPSDT is the Early Periodic Screening, Diagnosis, and Treatment program for children birth to twenty-one years enrolled in Medicaid. The focus of this program is to assure that eligible children receive preventive health care services including oral health care. In Iowa, the EPSDT program is called *Care for Kids*. EPSDT *Care for Kids* services are free to Medicaid enrolled children. Through the EPSDT program, the Title V Child Health agencies and their subcontractors implement care coordination services, which place a high priority on helping families make health care decisions for their child.

The care coordinator:

- Helps families make informed health care choices for their children
- Establishes and maintains medical homes and dental homes
- Reminds families that periodic well-child screenings and dental exams are due
- Assists with scheduling appointments
- Arranges support services such as transportation to providers, child care, or interpreter services
- Links families to health-related community services

Title V care coordinators provide services for Medicaid eligible or uninsured children. To access the EPSDT *Care for Kids* program coordinator for your county, you may call the Healthy Families Line at 1-800-369-2229 or use the map found on page 21.

1st Five Healthy Mental Development Initiative:

Several Title V child health agencies are also *1st Five* sites. Iowa’s *1st Five* Healthy Mental Development Initiative builds partnerships between primary care provider practices and public service providers to enhance high quality well-child care. *1st Five* promotes the use of standardized developmental surveillance and screening tools in primary care provider practices that support healthy mental development for young children during their first five years. *1st Five* provides enhanced care coordination in the following way:

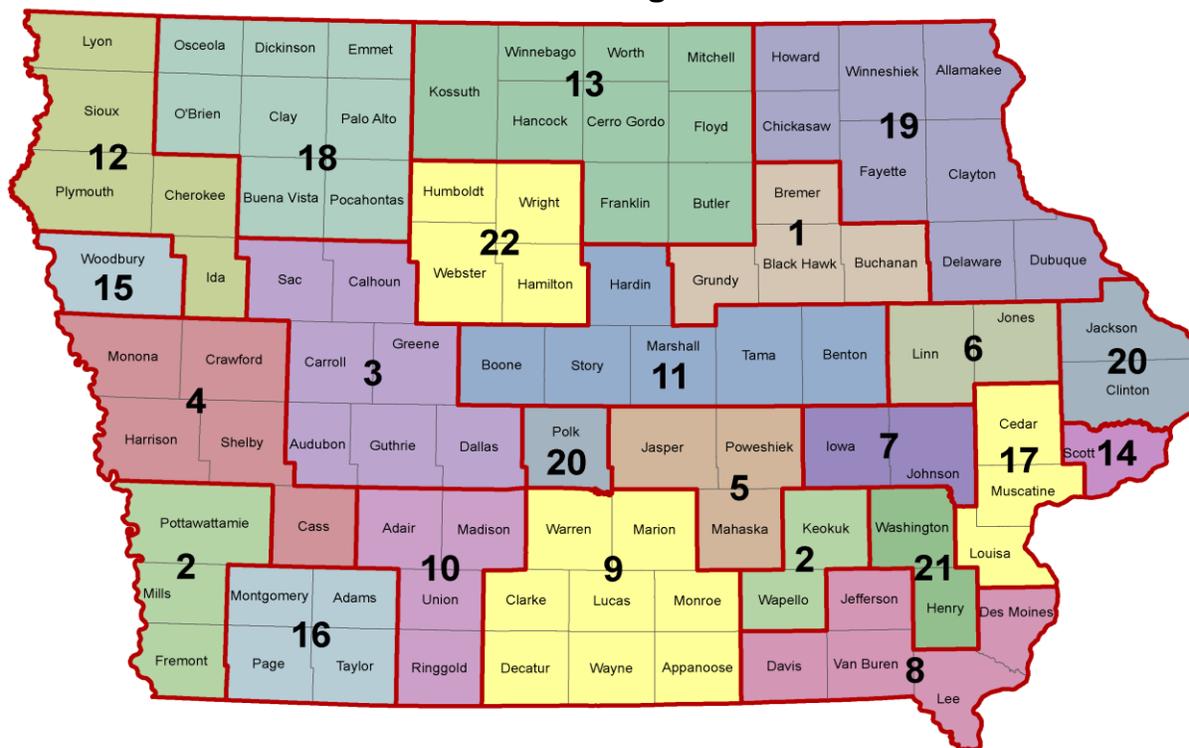
1. If a primary care provider has identified a concern, the provider will refer the family, upon receiving their consent, to the local *1st Five* health agency care coordinator.
2. The care coordinator will then link the family and child to the appropriate support and intervention services.
3. The care coordinator will monitor the progress of these services and update the provider on the status of the referral.

1st Five care coordination is available to all children, regardless of insurance. To contact *1st Five*, you may call the state coordinator at 1-800-383-3826 or see page 23 for your *1st Five* site coordinator’s contact information.

Typical support and intervention services that 1st Five/Title V care coordinators refer to:

Early ACCESS	Child Health Specialty Clinics	DHS resources
Area Education Agency	Adult education resources	Housing assistance
Stork’s Nest programs	Vision/hearing screenings	Infant/child supplies
Parent support programs	Dental services	Lead testing
Food assistance programs	Mental health services	Maternal depression support
Head Start	Case management services	Home visit programs (PAT, HOPES)
Employment assistance	Substance abuse treatment	Abuse prevention services
Energy assistance	Transportation assistance	Other local services
Health insurance	Child care resources	

EPSDT Care for Kids Program Coordinators



1. Black Hawk County Health Department

1407 Independence Avenue, 4th Floor
Waterloo, IA 50703
Michelle Osterhaus (319) 291-2413

2. Child Health Specialty Clinics

Iowa City Pottawattamie/Mills/Fremont
100 Hawkins Drive 300 W. Broadway, Suite 106
CDD #247 Council Bluffs, IA 51503
Iowa City, IA 52242 Linda Meyers
(712) 309-0366

Keokuk/Wapello
American Home Finding Association
Denise Janssen (641) 682-8784

3. Community Opportunities, Inc. dba New Opportunities, Inc.

23751 Hwy 30, P.O. Box 427
Carroll, IA 51401
Beth Liechti (712) 792-9266 ext. 412

4. Crawford County Home Health, Hospice, & PH

105 North Main Street
Denison, IA 51442
Gayle Chapman (712) 263-3303

5. Grinnell Regional Medical Center

210 4th Avenue
Grinnell, IA 50112
Vicki Nolton (641) 236-2566

6. Hawkeye Area Community Action Program, Inc.

1515 Hawkeye Drive
Hiawatha, IA 52233
Gloria Witzberger (319) 393-7811 ext. 1031

7. Johnson County Public Health

855 South Dubuque Street, Suite 217
Iowa City, IA 52240
Erica Wagner (319) 356-6040 ext. 5891

8. Lee County Health Department

2218 Avenue H, Suite A
Ft. Madison, IA 52627
Peggy Moreland (319) 372-5225

9. Marion County Public Health

104 South Sixth Street
Knoxville, IA 50138
Kate Roy (641) 828-2238

10. MATURA Action Corporation

203 West Adams Street
Creston, IA 50801
Mary Groves (641) 782-8431

11. Mid-Iowa Community Action, Inc.

1001 South 18th Avenue
Marshalltown, IA 50158
Kate Pergande (641) 752-7162 Ext. 163

12. Mid-Sioux Opportunity, Inc.

418 South Marion Street
Remsen, IA 51050
Staci Morgan (712) 786-3418

13. North Iowa Community Action Organization

300 15th Street N.E.
Mason City, IA 50401
Lisa Koppin (641) 423-5044 ext. 17 / (800) 657-5856

14. Scott County Health Department

600 West 4th Street, 4th Floor
Davenport, IA 52801
JaNan Less (563) 326-8618 ext. 8857

15. Siouxland Community Health Center

1021 Nebraska Street
Sioux City, IA 51102
Ivy Bremer (712) 202-1033

16. Taylor County Public Health

405 Jefferson Street
Bedford, IA 50833
Joan Gallagher (712) 523-3405

17. Unity Health Care

1609 Cedar Street
Muscatine, IA 52761
Rebecca Schultz (563) 263-0122

18. Upper Des Moines Opportunity, Inc.

101 Robbins Avenue, P.O. Box 519
Graettinger, IA 51342
Tami Meendering, Spencer Office (712) 580-3899

19. Visiting Nurse Association of Dubuque

1454 Iowa Street, P.O. Box 359
Dubuque, IA 52004
Molly Lammers (563) 556-6200 (800) 862-6133

20. Visiting Nurse Services

1111 9th Street, Suite 320
Des Moines, IA 50314
Annie Wood (515) 558-9951

21. Washington County Public Health & Home Care

110 North Iowa Avenue, Suite 300
Washington, IA 52353
Jen Weidman (319) 653-7758 (800) 655-7758

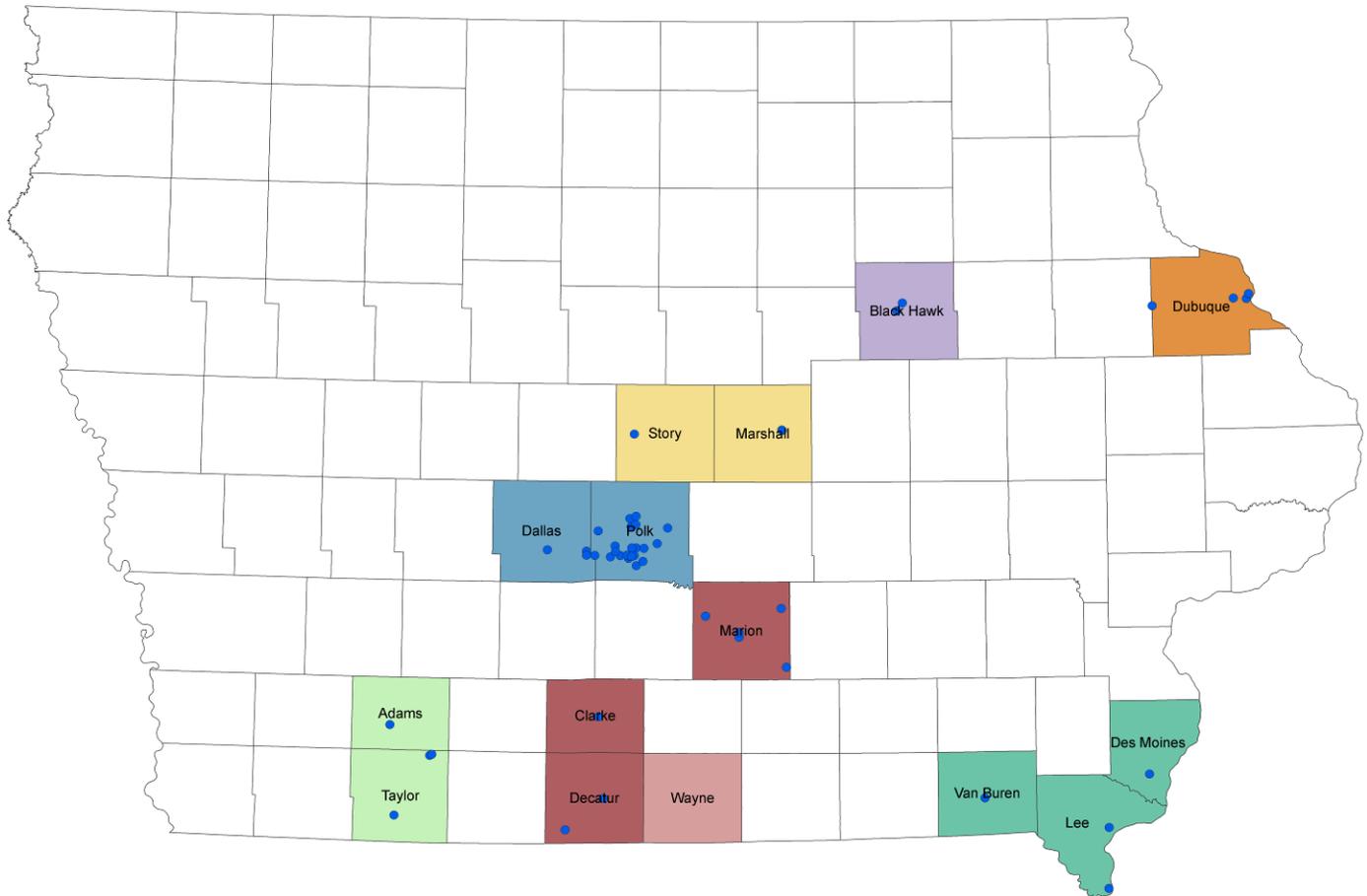
22. Webster County Health Department

330 1st Avenue North, Suite L-2
Fort Dodge, IA 50501
Brandi Alexander (515) 574-3804 (888) 289-3318

Updated November 2009
H:\maps



Participating Counties and Primary Care Practice Locations



*Participating medical practices are identified with blue markers in the darkly shaded counties. Current **1st Five** sites are anticipated to expand into medical practices in the lightly shaded counties in the coming year.

Currently, 54 medical practices are engaged in 14 counties, impacting approximately 65,000 children from birth to five years.



Agency Contact Information

State Coordinator

Sonni Vierling
Iowa Dept. of Public Health
Lucas Bldg., 5th Fl
321 E. 12th St
Des Moines, IA 50319
(515) 281-8284
svierlin@idph.state.ia.us

Dubuque County

Molly Lammers
Program Director
Visiting Nurse Association
1454 Iowa Street
PO Box 359
Dubuque, IA 52004
(563) 566-6200, ext. 1924
(563) 556-4371 (fax)
molly.lammers@finleyhospital.org

Story and Marshall Counties

Karla Anderson
Program Coordinator
Mid-Iowa Community Action,
Inc.
126 S. Kellogg, Ste. 1
Ames, IA 50010
(515) 232-9020 ext. 115
(515) 956-3310 (fax)
kanderson@micaonline.org

Marion, Decatur, Wayne, and Clarke Counties

Emily Des Planque
Program Coordinator
Marion County Public
Health Department
104 S. 6th Street
Box 152
Knoxville, IA 50138
(641) 828-2238
(641) 842-3442 (fax)
edesplanque@marionph.org

Taylor and Adams Counties

Joan Gallagher
Program Director
Taylor County Public
Health
405 Jefferson
Bedford, IA 50833
(712) 523-3405
(712) 523-3402 (fax)
joanmch@frontiernet.net

Lee, Van Buren, and Des Moines Counties

Michele Ross
Program Coordinator
Lee County Health
Department
2218 Avenue H
Fort Madison, IA 52627
(319) 458-6672
(319) 372-4374 (fax)
mross@leecounty.org

Polk and Dallas Counties

Sarah Black
Program Coordinator
Visiting Nurse Services
1211 Vine St
W. Des Moines, IA 50265
(515) 558-9608
sarahb@vnsdm.org

Black Hawk County

Rhonda Bottke
Program Director
Black Hawk County
Health Department
1407 Independence Ave,
4th Floor
Waterloo, IA 50703
(319) 292-2283
(319) 291-2659 (fax)
rbottke@cfu.net

(Name of Title V/Child Health Agency)

Fax Back Referral Form

(xxx)xxx-xxxx Phone (xxx)xxx-xxxx Fax

Contact: xxxxxxxxxxxx

Child's Name	Sex M F	DOB	Referral Date
circle one of the following: Uninsured <i>hawk-i</i> Private Insurance Medicaid			
Primary Care Provider:	Telephone:	Contact Person:	
Reason for referral to (Title V/Child Health Agency): <input type="checkbox"/> <i>Developmental Concerns</i> (Please fax copy of developmental screening sheet) <input type="checkbox"/> <i>Social Stressors</i> (Please fax copy of parental screening form) <input type="checkbox"/> <i>Dental Health</i> <input type="checkbox"/> <i>Other</i>			
Brief description of problem(s):		Identified needs of child/family for follow-up services:	
Screening Tool Used		Screening Date	
Parent or Caretaker's Name		Telephone	
Address		List any Communication Barriers	
Release of Information			
I give _____ permission to contact the health care coordinator regarding potential services available through the (Title V/Child Health Agency). I understand that information may be exchanged between the (Title V/Child Health Agency), the referring clinician and any of the referral sources listed below.			
Signature _____ Relationship _____ Date _____			
Possible Referral Sources	Circle or fill-in those that apply (may need to change according to your area)		
Parent Education - Support Services	PAT HOPEs Stork's Next Support Groups Child Birth Classes NEST Other:		
Professional Counseling Mental Health Services	Community Mental Health Center Bridgeway Counseling Associates ResCare Other:		
Early Intervention - Evaluation Services	Early ACCESS AEA Child Specialty Clinics Other:		
School Readiness Programs	Developmental Preschool Early Head Start Head Start Programs Other:		
Substance Abuse Treatment - Evaluation	ADDs Other:		
Other Social Services	Food Stamps/Food Pantries	Clothing Assistance	General Relief WIC
	Housing Assistance	Domestic Violence	Nutrition Education DHS
	Legal Aid	Financial Assistance	Employment Services <i>hawk-i</i>
Transportation	Bus passes Medical reimbursement	SEATS	Other
Other Health Related Services	Tobacco Cessation Immunizations	Lead Testing	Dental Other:
Referral Follow-up Update: (completed by care coordinator and faxed back to medical practice)			

(Name of Title V/Child Health Agency)

Fax Back Referral Form

(xxx)xxx-xxxx Phone (xxx)xxx-xx xx Fax

Contact: xxxxxxxxxxxx

Nombre del Niño: _____		Sexo M F	Fecha de Nacimiento:	Fecha de Remisión:
circle one of the following: Uninsured <i>hawk-i</i> Private Insurance Medicaid				
Médico:		Teléfono:		Persona de contacto:
Razón por remisión a (Title V/Child Health Agency): <input type="checkbox"/> <i>Preocupaciones sobre desarrollo en el paciente</i> (Please fax copy of developmental screening sheet) <input type="checkbox"/> <i>Factores sociales de estrés</i> (Please fax copy of parental screening form) <input type="checkbox"/> <i>Salud Dental</i> <input type="checkbox"/> <i>Otro</i>				
Breve descripción del problema(s):			Identificación de necesidades del niño/familia para el seguimiento de servicios:	
Screening Tool Used			Screening Date	
Nombre del <u>padre</u> o guardián legal			Teléfono	
Domicilio			List any Communication Barriers	
Permiso para ceder Información				
Yo doy permiso a _____ para comunicarse con el coordinador de salud acerca de los servicios disponibles por parte de (Title V/Child Health Agency). Entiendo que la información será compartida entre (Title V/Child Health Agency), el/la médico remitente y cualquiera de las recomendaciones que están en la lista presentada a continuación.				
Firma _____ Fecha _____				
Posibles Recomendaciones		Circle or fill-in those that apply (may need to change according to your area)		
Servicios de Apoyo para Educación de Padres		PAT HOPEs Stork's Next Support Groups Child Birth Classes NEST Other:		
Consejería Profesional ó Servicios de Salud Mental		Community Mental Health Center Bridgeway Counseling Associates ResCare Other:		
Servicios de Intervenciones y Evaluaciones Temprana		Early ACCESS AEA Child Specialty Clinics Other:		
Programas de Preparación Escolares		Developmental Preschool Early Head Start Head Start Programs Other:		
Tratamiento y Evaluación referente a Abuso de Drogas/Alcohol		ADDS Other:		
Otros Servicios Sociales		Food Stamps/Food Pantries		Clothing Assistance General Relief WIC
		Housing Assistance		Domestic Violence Nutrition Education DHS
		Legal Aid		Financial Assistance Employment Services <i>hawk-i</i>
Transporte		Bus passes Medical reimbursement SEATS Other		
Otros Servicios Relacionados a la Salud		Tobacco Cessation Immunizations Lead Testing Dental Other:		
Referral Follow-up Update: (completed by care coordinator and faxed back to medical practice)				