

DEVELOPMENTAL SCREENING OF INFANTS AND TODDLERS

When an infant is born and we look into his or her eyes, we can see the promise of a bright future for that child and for all of us. For some infants and toddlers, healthy development may not be a clear path, and intervention is needed to achieve that promise of a bright future. Occasionally, there are obstacles that compromise an infant's growth—a medical condition, prenatal or birth trauma, or factors in their environment. Many months may elapse between the time a problem or concern first emerges and when a child is enrolled in appropriate services, which can make a difference in the child's developmental outcome.¹ Developmental screening programs identify children whose development may deserve closer observation or assessment, and children who may be at risk of developmental problems later. Early identification of developmental issues, partnered with a system of supports to intervene, can prevent early challenges from compromising the child's development. Building ongoing developmental screening into services that routinely have contact with infants, toddlers, and their families allows professionals to monitor and support children's development. If concerns are raised by screening, children can be referred for in-depth evaluation and appropriate intervention to improve developmental outcomes. Policymakers can offer a bright future for infants and toddlers by assuring that all children have access to developmental screening, and that follow-up services are available for those children who need more detailed evaluation and treatment.



Finding a Needle in a Haystack

Sometimes, finding what you're looking for is like trying to find a needle in a haystack. You end up searching all over for the missing object, without much clue as to where it might be. When it comes to identifying children who face developmental challenges, we need to do much better than a random search in a haystack. With ongoing developmental monitoring, guidance to parents on typical development, a well-planned referral system, and coordinated developmental screening services, we can identify children with developmental problems much more readily. For the one in four children eligible for Medicaid, EPSDT screening requirements can make it easier to find that needle. We can turn a random search into an effective plan for low-income children if we ensure that every eligible child is enrolled in Medicaid and receives the comprehensive screening, diagnosis, and treatment mandated by EPSDT.



FAST FACTS

- Approximately one out of every six children in the U.S. faces a developmental disability or a disabling behavioral problem before age 18. Yet fewer than **50%** of these children are identified before they start school.²

- Poverty is a strong predictor of poor developmental outcomes in children. Low-income children are more likely than children from other income groups to have poor health and special health care needs that place them at risk of chronic health problems.³

- Uninsured children are less likely to receive developmental screenings and preventive health care than children enrolled in public insurance programs such as Medicaid or the Children's Health Insurance Program (CHIP).⁴

- **1 in 5** children with a disability will not be identified through a single developmental screening. Disabilities are more likely to be picked up if monitoring and screening are continued in all well-child medical care visits.⁵



Policy Recommendations

I.

Ensure that all infants and toddlers who are eligible for Medicaid and Medicaid-expansion CHIP programs receive periodic developmental screening under EPSDT that includes physical, mental, and dental health.

Low-income infants and toddlers are more likely to have poor birth outcomes or experience physical and social-emotional challenges that can lead to developmental delays and disabilities.⁶ Forty-four percent of U.S. children live in poor or near-poor families and are income-eligible for health services under public health insurance programs such as Medicaid and CHIP that mandate screening through EPSDT.⁷ However, many enrolled children do not receive the full screening to which they are entitled. In 2005, only seven states met the federal benchmark that at least 80% of the children enrolled in Medicaid receive at least one developmental screening annually.⁸ State Medicaid, managed care agreements, and children's health services plans should clearly outline required EPSDT services and other screening mandates, and ensure that these important services are delivered to all eligible children. Children eligible for CHIP services should also receive EPSDT-like screening, diagnosis, and treatment services regardless of whether the state uses CHIP funds for Medicaid expansion or for a separate children's health insurance program.

Key Definitions

Surveillance or monitoring refers to the ongoing process of observing a child's development and tracking parents' concerns. Developmental screening is the process of identifying children who may have a developmental problem or a delay in one or more domains of development, or who are at risk of developmental problems in the future. Comprehensive developmental screening should include consideration of the child's physical, cognitive, language, and social-emotional development. Screening tools are measures that gather evidence indicating the probability of or potential for a developmental problem, delay, or risk. Assessment is a more intensive process that evaluates the child's development in depth in order to identify a specific developmental problem and to determine whether the child could benefit from intervention.⁹

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): Under Medicaid, every eligible child is entitled to periodic developmental screening and treatment for diagnosed conditions in order to ensure that physical and mental conditions that could affect development are identified and corrected. The screening component includes keeping a health history and conducting a physical exam; laboratory tests; developmental and mental health screening; and dental, vision, and hearing screening.

Child Find: The Individuals with Disabilities Education Act (IDEA) requires that states create a system to "find" children from birth to 3 years of age who may be eligible for services provided under Part C of IDEA, and children ages 3–18 years for Part B services. Child Find systems must coordinate with other state agencies and systems in efforts to identify children in need of services.



2.

Require the use of standardized developmental screening tools through regulation, including tools that screen for issues in social-emotional development. Many physicians monitor development by relying on their knowledge of child development and past experience.¹⁰ However, many developmental issues, especially relating to social-emotional development and behavioral health, are not identified easily without the help of standardized screening tools. Screening activities should include consideration of family conditions, such as parental depression or alcohol or substance abuse, that impact the child's development and security. State Medicaid and CHIP regulations and private health care plans should spell out covered screening, diagnosis, and treatment services and identify appropriate screening tools. In addition, policymakers should make funding available to provide training and technical assistance to support professionals (pediatricians, home visitors, early care and education professionals, and others) to incorporate developmental screening practices into their contacts with infants, toddlers, and families.

3.

Ensure that physicians and mental health professionals are reimbursed adequately to conduct screening. Private insurance and Medicaid/CHIP coverage for engaging in screening activities may be inadequate, or regulations may limit the time available during a well-child doctor visit to conduct screening along with other health care activities. Policymakers should assure that reimbursement for well-child visits covers the time required to complete screening and other visit activities. Payment should also reimburse for screening activities as a separate activity whenever a concern is suspected between check-ups.¹¹

4.

Support outreach to inform parents about developmental screening and follow-up services. Many parents seek assurance that their children are developing on a typical path. If they have a concern, they often do not know where to reach out for help.¹² Community helpers who enter the lives of infants and toddlers (for example, child care providers, parent educators, home visitors, and health clinic staff) should understand that there are services available for developmental screening, assessment, and treatment and should be able to provide information about these services. Funds should be provided to conduct awareness and outreach campaigns to increase family participation in screening activities, including increased funding for "Child Find" activities under IDEA Part C.



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5.

Promote linkages between early identification services and a network of treatment services so that children's developmental concerns are addressed. Identifying a possible developmental concern is the first step to successful prevention or intervention. Developmental concerns can be recognized early and children's needs responded to if a strong early identification system is linked to a network of preventive and treatment services and supports. Creating linkages between various programs and services for infants, toddlers, and families ensures that services will reach the children and families who need them. Some valuable linkages include coordinating care through a medical home; strengthening information and referral networks; providing health and mental health consultation to child care; and building collaboration between public health, child welfare, and early intervention services to ensure that children in the child welfare system are screened. Funding should be provided to support increased coordination.¹⁴

Research

Early investments have significant benefit to children and to society at large.^{15, 16}

An example of this long-term benefit is found in the test to detect congenital hearing problems in newborns. This simple test allows children to be identified and treated beginning in the first months of life and may prevent severe disabilities in communication and language development. Although the incidence of congenital hearing problems is low, its personal and economic cost is great. The Centers for Disease Control and Prevention estimates that the cost of providing services to one year's cohort of newborns who are disabled due to hearing loss will equal \$2.1 billion in services over their lifetimes.¹⁷ Much of this expense could be eliminated by early detection and treatment. The newborn hearing screening test has been mandated in 31 states, and it is one of the 29 newborn screening tests recommended by the March of Dimes.¹⁸

Low-income children are at greater risk of developmental delays and problems.

Low-income children are more likely to lack health insurance and lack access to dental care.¹⁹ Their mothers are less likely to receive adequate prenatal care. Low-income children are more likely to face



Low-income children are more vulnerable to health and development problems, which requires a more concerted effort to ensure that low-income infants and toddlers receive the screening and services they need.



a number of risks to development such as parental depression, poor housing conditions (contributing to problems like lead poisoning or asthma), or nutritional deficiencies. These conditions make low-income children more vulnerable to health and developmental problems. In addition, the greater risk of exposure to substance abuse in the family, child abuse or neglect, or family disruption among low-income families puts children at greater risk of long-term problems in health and behavior.²⁰

Training and support for pediatricians can improve screening rates and practices.

The Assuring Better Child Health and Development (ABCD) project, designed to incorporate developmental monitoring and screening into pediatric practices and link pediatricians to referral networks, significantly increased the occurrence of developmental screening in 70% of well-child visits in a pilot program in North Carolina. The project also demonstrated strategies for taking these best practices to scale and made policy recommendations to improve practice statewide, such as revising Medicaid payment policies so that reimbursement for screening activities was adequately covered.²¹

Most parents welcome support and guidance. Most parents recognize that the early years are crucial to their child's development. However, many parents also note that they lack important information to guide them in supporting their child's development.²² An evaluation of EPSDT found that parents of eligible children did not understand the purpose of developmental screening, nor were they aware of screening services for which their children are eligible.²³ They look to trusted professionals such as pediatricians and nurses for this support.²⁴



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For more information about early intervention and the IDEA Part C system, see

[Making Hope a Reality: Early Intervention for Infants and Toddlers with Disabilities](#)

For more information about health benefits for low-income children, see

[Leading the Way to a Strong Beginning: Ensuring Good Physical Health of Our Infants and Toddlers](#).

For more information about the social-emotional needs of infants and toddlers, see

[Laying the Foundation for Early Development: Infant and Early Childhood Mental Health](#).

About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/policy.



National Center for Infants, Toddlers, and Families

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