



ISSUE BRIEF

Screening for Developmental Delay

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Background

Developmental screenings, performed by a trained clinician, identify developmental delays in children, allowing intervention at the earliest age possible. A developmental screening may assess all areas of child development or identify a specific disorder, such as autism.

Issue

Washington's Medicaid Program reimburses a limited number of health care providers for developmental screenings, resulting in very few Medicaid eligible children screened. If developmental concerns are not identified early, the impact is greater and more costly as the children age. Fewer than half of children with developmental delays are currently being identified before they begin school.

Benefits of Screening

Screening enables early identification of children with developmental delays and helps these children start receiving the intervention they need. Universal developmental screening is cost-effective, since the longer it takes to detect delays; the more expensive it is to deal with them effectively. Research shows there are cost savings to society by having early diagnosis and intervention for children with autism. Investing \$33,000 per child with autism for intensive early intervention for 3 years before school entry saves society \$200,000 per child by age 22.ⁱⁱ

"The tremendous adaptability of the brain in the first three years of life means that the early treatment of delays leads to improved outcomes, whereas later intervention is less effective. In order to provide treatment to improve children's outcomes, early identification of delays and sensory impairments (i.e. vision and hearing impairments) is critical."ⁱ

About 16% to 18% of children have disabilities such as speech-language impairments, mental retardation, learning disabilities, and emotional/behavioral disturbance.ⁱⁱ

Cost of Screening Washington State Medicaid-Eligible Children

The American Academy of Pediatrics recommends a schedule for Developmental Screening at nine, 18, and 30 months. In addition, Autism Screening is recommended at 18 and 24 months. Both schedules can be met by screening at age nine, 18, 24 and 30 months.

Estimates for state and federal expenditures for the four developmental screenings among Medicaid eligible children aged 0 to 3 years in Washington State are shown in the Appendix. Using the 2009 Health Resources and Services Administration rates, the annual expenditures for screening for developmental delays are estimated to be \$340,000, of which the state expenditure is \$172,000.

What Parents & Families Say About Screening

Parents are usually the first to notice unusual behaviors in their child and are concerned about late diagnosis:

"My greatest frustration is why wait all these years to test my child when I've been saying the whole time there is something wrong."

"My son is almost 3 1/2, and he was diagnosed with autism almost two months after his 3rd birthday. I knew something was wrong by 17 months, but I didn't know the signs of autism. His medical doctor saw no reason to worry."

continued

Washington State Department of Health
Children with Special Health Care Needs Program
Email: autism.support@doh.wa.gov



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What Pediatric Leaders Say About Screening

The American Academy of Pediatrics (AAP) notes that early identification of developmental disorders is both critical to the well being of children and an appropriate responsibility of pediatric health care professionals.^{iv} The American Academy of Neurology and the Child Neurology Society states that early identification of children with autism and intensive, early intervention during the toddler and preschool years improves outcomes for most young children with autism.^v

What Other States are Doing

A number of other states have mandated medical insurance coverage for the screening, diagnosis and treatment of developmental disabilities. In 2008, five states passed autism insurance mandates which cover screening, diagnosis and behavioral therapy: Arizona, Florida, Louisiana, Pennsylvania and Illinois. The annual benefit caps range from \$36,000 to \$50,000.

Developmental experts say more children could be screened with a more comprehensive and standardized approach to screening and by allowing more types of providers to bill for this service.

Washington State Policy Gaps and What Can Be Done to Increase Early Diagnosis & Intervention

Washington State currently does not have adequate coverage for developmental screenings. Medicaid currently only reimburses psychologists for developmental screening—there is no provision for primary care physicians' reimbursement for the screenings.

In addition, insurance coverage for treatment of developmental delays is limited. Coverage may be available under the neurodevelopmental therapy mandate, but the mandate ends at age 7 years and some insurance carriers limit treatment reimbursements to \$1,000-\$2,000 per year and/or limit the number of visits.^{vi}

State policy changes, especially Medicaid and other health insurance plans, can effectively increase early diagnosis and receipt of necessary interventions and services for children with developmental delays by:

- Improving covered benefits for screening and intervention;
- Allowing trained clinicians to bill for developmental screenings; and
- Requiring physicians to use validated developmental screening tools at the nine, 18, 24 and 30 months well-child visits.

Appendix: Budget Detail

PROJECTED ANNUAL EXPENDITURES	Current Rate			90% Uniform Medical Plan Rate*		
	State Share	Federal Share	Federal & State Share	State Share	Federal Share	Federal & State Share
22,463* screens at 9, 18, 24 and 30 months	\$81,000	\$79,000	\$160,000	\$175,000	\$172,000	\$347,000
10% of these children (2,247) may need extended assessment.	\$91,000	\$89,000	\$180,000	\$198,000	\$194,000	\$392,000
Total Cost	\$172,000	\$168,000	\$340,000	\$373,000	\$366,000	\$739,000

*Within a given fiscal year, it is assumed that 25 percent of the population of children receiving screens at 9 months will again be screened at 18 months, and that 50 percent of children screened at 18 and 24 months will be screened again at 24 and 30 months, respectively.

*The Washington Chapter of the American Academy of Pediatrics is seeking payment for services at 90% of the UMP rate.

Footnotes:

ⁱ Sices, L. *Developmental Screening in Primary Care: Effectiveness of Current Practice and Recommendations for Improvement*. Commonwealth Fund. (2007)

ⁱⁱ Glascoe, F., Shapiro, H. *Introduction to Developmental and Behavioral Screening*. Developmental Behavioral Pediatrics Online. www.dpeds.org/articles/detail.ctm?id=5. Accessed (10/13/2008).

ⁱⁱⁱ Jacobson JW., Mulick JA., Green, G. Cost-benefit estimates for early intensive behavioral intervention for young children with autism—general model and single state case. *Behavioral Interventions*. Vol 13 (4), p201-226 (1998).

^{iv} National Academy for State Health Policy. *ABCD Screening Academy Progress Report: Improving the Identification of Young Children At-Risk for Developmental Delay*. State Health Policy Monitor, September, (2008).

^v Filipek, PA., Accardo, PJ., Ashwal, S., Baranek, GT., Cook, EH., Dawson, G., et al. Al. *Practice parameter: Screening and diagnosis of autism*. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurology Society. *Neurology*. Vol. 55(4), p468-479, (2000).

^{vi} Treatment of Autism Spectrum Disorders Mandated Benefit Sunrise Review, Washington State Department of Health, January 2009.

This fact sheet was developed in partnership with the Washington State Department of Health—Combating Autism Advisory Council, the Department of Social & Health Services, the University of Washington Leadership Education in Neurodevelopmental Disabilities (LEND) Program, the Department of Early Learning, and the Washington Chapter of the American Academy of Pediatrics.