

<http://www.ScreenYourChild.com>

Welcome to Child Development Review Online Screening

Congratulations on deciding to bring standardized online developmental screening to your practice! One of the primary goals of routine preventive health care is to ensure that a child is developing normally. CDR screening tools will make that part of your job easier.

Implementing the CDR Online Developmental Screening tool will be a rewarding, though possibly challenging, addition to your clinic. Initial resistance should wane as the advantages appear: ease of use, time savings, accurate developmental evaluations, and better parent-professional communication during well-child visits.

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1. Processes: This is a suggested plan for how to use CDR Online Screening in your practice. Adapt it however it best fits your clinic, taking care to be consistent in how and when you will screen, how follow-up is handled, and to make clear expectations for employees.

2. Online Screening Schedule: We recommend having the parent fill out the CDR Online Screening Tool before every well-child visit, starting at six months of age. You may also choose to give parents of newborns the paper two-sided Child Development Chart*, which shows them what to anticipate in their baby's development. Parents will look forward to filling out the CDR Online Screening Tool, as they will see concrete evidence of their child's progress over time on the Child Development Chart given to them at each visit. There is also a "Complete CDR Evaluation History Chart," showing cumulative results.

3. Goals: Decide what the goals are for your clinic. Examples:

"We want to screen at every well-child visit."

"We want the developmental screening portion of the visit to last less than 5 minutes"

"We want to know what parent concerns are up-front."

"We want to educate parents about development with something they can take home."

"We want to know when to refer a child for assessment and when to watch and wait."

4. Leadership: Pick an individual or team who believes in the value of developmental screening, one who is open to questions from employees as the tools are implemented. The leader must be enthusiastic about screening and ready to explain its importance to employees and parents, if needed.

5. Participation: Let everyone who will be affected by the screening tools know what their responsibilities are. Many will be involved: nurses, doctors, nurse practitioners, clerical staff, receptionists, families. Also, others may be indirectly involved: people in billing, medical records, developmental services.

6. Barriers: When barriers to using online tools arise, such as lack of computer access at home or literacy issues, there are options: The parent may be given access to a computer in the examining room or the nurse or other professional may ask them the questions in interview form. There are also paper versions of the screening tool, which may be used to achieve the same results. Finally, there is a Spanish version of the tool (available in paper only at this time).

7. How to Use CDR Online Screening:

a. Before Visit: If you want parents to complete the screen at home, when they make an appointment, the person scheduling should mention that online screening is available at ScreenYourChild.com. Ask the parent to complete the screen about one week before visit. You may do this by phone call, email, letter, or postcard. **Include the clinic name and pass code on all communications with parents.**

You may also choose to have the parent complete the Online Screen in your office before or during their visit on one of your clinic computers.

b. Day of Visit: Select a place in your records to note that screening is complete. *If parent has not completed online screening prior to the visit, have them use an office computer to do so or include a paper version (IDI for under 18 months, CDR-PQ for 18 months - Five Years) in the chart for a parent to fill out. Paper version ordering information can be found at the end of this document.*

c. Daily retrieval of Screening Results - Assign a staff member/administrator to retrieve the results from ScreenYourChild.com online each morning. Print the chart for parents as well as Text Results for the health care professional to use during the well-child visit. Or, if screening completed in exam room, results may be retrieved and printed out right after the screening is complete. Be sure to print the Child Development Chart for the parent to take home with them.

d. Professional Interpretation: The developmental results generated by the online screening tool are subject to the judgement of the health care professional as to what problems need to be addressed, as well as to any anomalies in the results that conflict with the observations of the health care professional.

e. Results Text to be Transferred into EMR At End of Day: Copy and paste the Developmental Screen Text Results, Parent's Picture of Child, and Possible Problem Checklist (for children 18 months and older) into your Electronic Medical Records file. You may also enter any "Doctor's notes."

f. Sample "Results" page and sample Infant Development Chart (see below)

Evaluation for **Taylor** done on **10/14/09**

Child's actual age at time of evaluation: **13 months, 4 weeks**

Developmental Screening Results: The behaviors on the Chart are placed where 75% of children do them. Development is classified as: *Typical* - 80% of age level and above, *Borderline* - 70% to below 80%, or *Delayed* - below 70% of age.

Social Skills:

Typical

Self-help:

Typical

Gross Motor:

Borderline

Fine Motor:

Typical

Language:

Typical

Parent's Picture of Child: After reading the parent's answers to the six open-ended questions and engaging them in further conversation about their child, use your judgement to mark with the appropriate symbol:

OK - No Problem

? - Possible Problem

P - Possible Major Problem

___ **Description:** Taylor is alert and curious, and very interested in having her picture taken. As soon as she sees the camera pointed at her, she smiles broadly with her mouth open and her head turned up!

___ **Parent's Questions/Concerns:** She is not walking alone yet.

To transfer this information into your Electronic Medical Records File, please highlight all of the text, and Copy it. Then simply Paste it into your records.

Child's Name: Taylor Poe

Infant Development Chart

Harold Ireton, Ph. D.

	Social	Self-Help	Gross Motor	Fine Motor	Language	
Birth	Quiets when fed and comforted		Wiggles and kicks.	Looks at objects or faces.	Cries.	Birth
1 mo.	Makes eye contact.	Alert: interested in sights and sounds.	Thrusts arms and legs in play.		Makes small throaty sounds.	1 mo.
	Social smile.		Lifts head and chest when lying on stomach.	Follows moving objects with eyes.	Cries in a special way when hungry.	
2 mos.						2 mos.
	Recognizes mother.	Reacts to sight of bottle or breast.	Holds head steady when held sitting.	Holds objects put in hand.	Makes sounds - ah, eh, ugh.	
3 mos.						3 mos.
	Recognizes other familiar adults.	Increases activity when shown toy.	Makes crawling movements.	Holds up hand and looks at it.	Laughs out loud.	
4 mos.					Squeals.	4 mos.
	Interested in his or her image in mirror, smiles, playful.	Reaches for objects.	Pivots around when lying on stomach.	Puts toys or other objects in mouth.	Makes sounds like "Ah-goo."	
5 mos.						5 mos.
	Reacts differently to strangers.	Comforts self with thumb or pacifier.	Rolls over from stomach to back.	Picks up objects with one hand.	Responds to voices: turns head toward a voice.	
6 mos.						6 mos.
	Reaches for familiar persons.	Looks for object after it disappears from sight-for example, looks for toy after it falls off tray.	Rolls over from back to stomach.	Transfers objects from one hand to the other.	Babbles.	
7 mos.					Responds to his/her name; turns and looks.	7 mos.
	Gets upset and cries if left alone.	Feeds self cracker or cookie.	Sits alone, steady.	Holds two objects, one in each hand, at the same time.	Makes sounds like da, ba, ga, ka, ma.	
8 mos.						8 mos.
	Plays "peek-a-boo."	Picks up small cup with two hands.	Moves forward somehow while on stomach.	Uses two hands to pick up large objects.	Makes sounds like da-da, ma-ma, ba-ba.	
9 mos.						9 mos.
		Resists having a toy taken away.	Crawls on hands and knees.			
10 mos.			Pulls self to standing position.			10 mos.
	Plays "patty-cake."	Picks up spoon by handle.	Walks around, plays on or furniture while holding on.	Picks up small objects using precise thumb and finger grasp.	Imitates sounds that you make.	
11 mos.						11 mos.
	Waves "bye-bye."		Stands alone briefly.	Puts small objects in cup or other container.	Understands phrases like No No and All gone.	
12 mos.						12 mos.
		Helps a little when being dressed.	Stands alone, steady.	Turns pages of books a few at a time.	Says Mama or Dada for parent.	
13 mos.					Hands you a toy when asked.	13 mos.
	Plays with other children.	Lifts cup to mouth and drinks.	Walks without help.	Builds tower of 2 or more blocks.	Points to things.	
14 mos.						14 mos.
	Gives kisses or hugs.	Insists on feeding self.	Climbs up on chairs or other furniture.	Marks with crayon or pencil.		
10/14/09						
15 mos.	Imitates simple acts such as hugging or moving a doll.					15 mos.
	Greets people with "Hi" or similar.	Feeds self with a spoon.	Runs.	Scribbles with crayon or pencil.	Says 2 or more words besides Mama or Dada.	
18 mos.						18 mos.
	Wants a doll, teddy bear or blanket in bed.	Eats with a fork.	Kicks a ball forward.		Uses at least ten words.	
21 mos.	Sometimes says "No" when interfered with.		Good balance and coordination.	Builds tower of 4 or more blocks.	Asks for a drink or food, using words or sounds.	21 mos.

This Child Development Review Evaluation is available online through <http://www.ChildDevelopmentReview.com/>. It is also available in a paper form. Copyright 2010. Please call (612) 850-8700 for more information or email: Heidi@childdevrev.com for more information.

g. Discussion of Results: Results will suggest how well the child and parent are doing. Most parents will be satisfied with what/how well their child is doing, while some will be concerned about their child's health, development or behavior.

If the parent and professional both view the child as doing well, the professional can simply affirm the fact. If parent and professional are both concerned about the child, followup (assessment) is probably needed. If the parent is concerned while the professional is not, reassurance and followup are suggested. If the parent is not concerned and the professional is concerned, considerable tact is required (and followup).

Parent's Functioning: The sixth question (asked of parents of children 18 months and above) gives the parent a brief opportunity to describe how they are doing as a parent and also to ask for help. The parent's distress and difficulty functioning can be as important as the child's functioning.

8. How to Handle Referral Questions: When to refer and for what (assessment? intervention?) is a complex question. So much depends on resources within your clinic, community and schools. Family's insurance is also a consideration. The following questions must also be answered:

Who will make referrals? PNP, Doc?

Who will facilitate referrals? PNP, Doc, nurse, triage nurse?

When will educational material be given and who will give it? PNP, Doc, Nurse?

Do you have early intervention brochures available?

Community Partners: Have available the names and contact information for the following partners in your area.

Child Service Coordinator:

Children's Developmental Services Agency:

Early Intervention Rep:

Local Mental Health Entity:

Private Mental Health Providers:

Family Support Network:

Head Start/Early Head Start:

Health check Coordinator:

Early Childhood Family Education:

School Nurse(s):

Medicaid Rep:

Other

9. POSTERS and POSTCARDS: Child Development Review can supply a poster design, suitable for office printing and display in order to familiarize parents with the

concepts and benefits of online screening and screening in general upon request. Postcard design also available.

10. INSURANCE CODES: Use code 96110 Developmental Testing; limited to get reimbursed by insurance providers.

11. BILLING: Online screening will be billed quarterly on a per use basis. Clinic administrators will have access to reports of all evaluations done by parents in their clinics.

Thank you for choosing Child Development Review Online Screening for your practice. We hope you find the transition smooth and the tools helpful to screen children and improve communication with parents.

For more information and questions, please email: heidi@childdevrev.com or call 612-850-8700.

12. Spanish Screening Tools and Paper Child Development Charts *are available online at ChildDevelopmentReview.com or by calling 612 850-8700 or emailing Heidi@childdevrev.com. Cost is \$45 per 75 Paper parent questionnaires, the Infant Development Inventory (IDI) and Child Development Review-Parent Questionnaire (CDR-PQ) are also available when online screening is not possible.*

APPENDIX:

A. HIPAA Compliance Statement

Child Development Review Online Evaluations are for the express use of the primary health care provider of each patient and the parents or caregiver of the patient who actually completed the questionnaire. They may not be accessed by anyone else, except at the request of the primary health care provider or the parent or caregiver who completed it. Exceptions are the administrator of the health care clinic, for auditing and billing purposes only and Child Development Review, for internal research purposes, for educational uses (without identifying the patient) or to assist the primary health care provider or clinic administrator. No information identifying a particular child will be shared with any third parties.

Behavior Science System, Inc., also known as Child Development Review, (CDR) does not anticipate receiving or disclosing any individually identifiable information in the normal course of providing services. Should Protected Health Information (PHI) be made available, or obtained by CDR, we do hereby assure our customers that we will:

◆ Comply with the rules and regulations concerning the privacy and security of PHI under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- ◆ Require the utilization of a Business Associate Addendum (BAA), in the event that confidential information will be disclosed. This addendum may be provided by CDR upon request.
- ◆ Not use or disclose any PHI except in the course of meeting our contractual obligations or as required by law.
- ◆ Protect against any non-permitted use or disclosure of PHI using no less than a reasonable amount of care.
- ◆ Report any non-compliance of which we become aware.
- ◆ At the request and direction of the customer and if feasible, make available PHI in accordance within the requirements of HIPAA.
- ◆ Upon reasonable notice and during normal business hours, allow the Secretary of the United States Department of Health and Human Services the right to audit our records and practices related to the use and disclosure of PHI to ensure compliance.
- ◆ Upon termination of contract or upon request, if feasible, return or destroy all PHI received or created as a result of any contract and retain no copies.
- ◆ Have established that all employees with access to PHI receive training on our policies and procedures according to HIPAA mandates.

B. Child Development Review Customer Internet Privacy Statement

Protecting your privacy is important to us. We hope the following statement will help you understand how Child Development Review collects, uses and safeguards the personal information you provide to us on our site.

We collect your email address as a user ID only so that you can login and complete our parent questionnaires, and your name and your child's name and date of birth so that your health care provider can access the correct evaluation for your child.

Your email, name and child's name will not be used for any other purpose. It will not be shared with any third parties and we will not contact you.

The information in the evaluation you complete may be used for research purposes as we strive to continue to improve our tools, but at no time will your child's name or your name be used in connection with this research.

If you have any questions about this policy, please contact Heidi@childdevrev.com. Child Development Review Online Evaluations are for the express use of the primary health care provider of each patient and the parents or caregiver of the patient who actually completed the questionnaire. They may not be accessed by anyone else, except at the request of the primary health care provider or the parent or caregiver who

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