

**GOAL AREA: HEALTH**

**DEVELOPMENTAL AND SENSORY SCREENING (2 PARTS)**

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Through this strategy, developmental and sensory screenings are made available for children birth through age five, with an emphasis on early identification of potential developmental delays or sensory deficits that can impact a child's ability to learn. Parental awareness of the importance of routine screening is an important aspect of this strategy.</p> <p>As part of a comprehensive system of services to families, there is a need for a systematic approach to screen and identify children who may have developmental delays or sensory (hearing, vision) problems who have not yet met the AZEIP or child find criteria for services.</p>	<p>Screening for potential problems rests with parents having the knowledge of developmental norms and the ability to distinguish between what is expected and when to seek additional help.</p> <p>The Agency for Healthcare Research and Quality supports routine screening of all children to prevent delays in providing appropriate interventions: <a href="http://www.ahrq.gov/about/nac/cahmi02.htm">http://www.ahrq.gov/about/nac/cahmi02.htm</a></p> <p>There are 2 primary screening tools that are family friendly, reliable and valid and can be used in multiple settings: Ages and Stages questionnaires (ASQ) and the Parents' Evaluation of Developmental Status (PEDS)</p> <p>Additional screening tools that can lead to a specific developmental diagnosis <b>are not included</b> but can be found at: <a href="http://www.nectac.org/~pdfs/pubs/screening.pdf">http://www.nectac.org/~pdfs/pubs/screening.pdf</a></p>	<p>Include considerations, such as:</p> <ul style="list-style-type: none"> <li>• The methods of developmental screening begin with parental awareness of potential problems through physician assessment and referral to state agencies for further assessment and care coordination; and access to a standardized assessment tool.</li> <li>• Methods of parental access to screening include: <ul style="list-style-type: none"> <li>✓ Access to knowledgeable providers to discuss concerns</li> <li>✓ Use of paper and pen forms of screening tools,</li> <li>✓ Online access to assessment tools</li> <li>✓ A checklist of concerns to take to a primary care provider for further screening and referrals.</li> <li>✓ Home visitor assessment and case management services.</li> <li>✓ Provider network coordination of services to support families to navigate services.</li> </ul> </li> </ul>	<p>The cost of this strategy is based upon the following:</p> <ul style="list-style-type: none"> <li>• Purchasing materials for parents and distribution of these resources. Purchase of access to an online system for parent and provider screening coordination.</li> <li>• Support to purchase standardized developmental screening tools or access to online resources for primary practice provider offices.</li> <li>• The following are costs associated with the Ages and Stages questionnaires (ASQ) and the Parents' Evaluation of Developmental Status (PEDS) which are evidence based screening and assessment tools that are parent friendly and that have validity and reliability testing: <ul style="list-style-type: none"> <li>✓ ASQ- \$199 per package <a href="http://agesandstages.com/asq-products/">http://agesandstages.com/asq-products/</a> (unlimited duplication of materials),</li> <li>✓ ASQ online <b>Family Access annual subscription</b>: \$349.95 - can customize, family access with local follow-up opportunities:</li> <li>✓ Online management (<a href="#">ASQ Pro</a>, <a href="#">ASQ Enterprise</a>, and <a href="#">ASQ Hub</a>) and</li> </ul> </li> </ul>

<p>Special emphasis is on children who have spent time in a neonatal intensive care unit (NICU), and who may have had health problems when they were born. They have a greater risk for developmental delays and require additional screening.</p> <p>The results of basic screening activities must result in a referral for further screening and diagnostics. Results should also align with current state systems, such as AzEIP and IDEA Part B administered through ADE.</p>		<ul style="list-style-type: none"> <li>• Follow up with families about the result of the referral process and findings. Did they get an additional screening and what the next steps are should be asked.</li> <li>• This strategy is recommended for councils that want to consider multiple methods of system integration and coordination to support developmental screening. It fits with physician education, other provider education, prenatal outreach and Quality First criteria.</li> </ul>	<p>online questionnaire completion (<a href="#">ASQ Family Access</a>) options. The ASQ Hub allows for non-identified data to be captured and analyzed.</p> <ul style="list-style-type: none"> <li>• PEDS- \$30 for 50 responses- (limited duplication available) <a href="http://www.pedstest.com/WhoWeAre.aspx">http://www.pedstest.com/WhoWeAre.aspx</a></li> <li>• Purchase of time from a care coordinator for multiple practices to coordinate results of parental concerns and primary practitioners, through coordination of referral and follow up.</li> <li>• Some administration and travel costs are associated with this strategy.</li> <li>• Consider costs for: <ul style="list-style-type: none"> <li>✓ Screening Tool purchase.</li> <li>✓ Travel expenses at state rate.</li> <li>✓ Salary for program administrator and screening administrators</li> </ul> </li> </ul>
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<b>Hearing and Vision Sensory Screening</b>			
<b>STRATEGY SUMMARY</b>	<b>EVIDENCE / RESEARCH</b>	<b>CONSIDERATIONS FOR IMPLEMENTATION AND COST</b>	<b>COST</b>
<p>Sensory screening is also made available to children from infants through kindergarten. It is a periodic screening for sensory deficits that impact a child's ability to learn.</p>	<p>Vision problems are not uncommon in young children. One out of five children may have some type of vision concern.</p> <p>One in 300 children has a hearing deficit.</p> <p>Early identification and intervention minimize the effects of a vision or hearing loss on a child's development.</p> <p>Children at risk for hearing loss such as NICU graduates, or children with other indicators of hearing loss should be screened every 6 months.</p> <p>Yearly screening for sensory deficits are considered routine care.</p>	<p>Considerations for community based screening, including mobile screening vans and screenings using portable screening equipment:</p> <ul style="list-style-type: none"> <li>• Anyone who is conducting a screening should be trained on how to use screening instruments or equipment.</li> <li>• Administration of age appropriate sensory testing equipment.</li> <li>• Discuss results of screening with parents.</li> <li>• Plan for sequential screening if the child's response indicates follow up rather than a referral (could have been an off day, sick child with marginal results).</li> <li>• Follow up to vision and hearing screening shall interface with the vision and hearing screenings which occur for all children in public preschool and kindergarten.</li> <li>• Otoacoustic emissions (OAE) hearing screening is an objective method that screens hearing in a range of sound frequencies critical for normal speech and language development and is considered the most reliable method for screening infants and toddlers.</li> <li>• Make appropriate referrals to AzEIP, Child Find, local schools, health care providers, behavioral health professionals, or other community resources for a diagnostic</li> </ul>	<p>Varies based upon type of testing and access to screening equipment used.</p> <p>Cost dependent upon service delivery model and equipment used:</p> <p>Otoacoustic Emissions ~\$4000 Typanometry ~\$2500 Audiometer ~\$2000</p> <p>Otoacoustic emissions (OAE) hearing screening is optimal. <a href="#">OAE Hearing Screening Implementation Checklist»</a></p> <p>Annual calibration ~\$150 per piece of equipment</p> <p>Ophthalmoscope \$200 Photo-screener or Autorefractor \$4500-\$12,000 Automated/Computerized Eye Chart \$1250+, plus</p>

		evaluation if results warrant it.	annual software license renewal fee and supplies  Annual calibration for photo-screening of \$175 per piece of equipment  Data recording, management and reporting is built in when using EyeSpy 20/20. Annual software license renewal fees apply (cost dependent on number of screenings performed (range \$25-\$50 per screen))
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