



# The GEORGIA Pediatrician

A Publication of the Georgia Chapter of the American Academy of Pediatrics

## President's Letter

### Greetings from the Georgia Chapter of the AAP!



Ben Spitalnick, MD, MBA, FAAP

This *Special Edition* on Autism Spectrum Disorders (ASD), of *The Georgia Pediatrician* has been created to offer our members important information on screening, resources, and referral sources to support children identified with autism. It includes the latest in screening tools for ASD, new resources from the CDC *Learn the Signs Act Early* program, and information on supporting language development in infants and toddlers - a possible “canary in the coal mine” for detecting ASD. We’ve also included a coding update for reporting autism screening, a fascinating column from a youth with ASD, tips on transitioning youth with autism to adult care, and new referral sources in our state, including a recently-opened Autism Center in Macon.

Coincidentally, 2017 marks the 10th anniversary of the release of the AAP statement that recommended screening all children for autism using a validated, standardized tool at the 18 and 24 month visits. This recommendation has greatly increased the rates of screening by pediatricians and in general, we do a pretty good job. But like anything, there is always room for improvement. The Georgia AAP is committed to improving screening rates so these children can be identified as early as possible. Of course, screening is just the first step. After that, children who screen positive need evaluation and diagnosis. And if a diagnosis of ASD is made, then they need treatment services and as quickly and intensively as possible. And the plans—both private insurance and Medicaid—need to cover it.

Maybe some help is on the way. The Georgia Legislature recently passed a Medicaid budget that included nearly \$65M to provide services to children diagnosed with autism. Complete details regarding how these funds will be used have yet to be released, however, we have just learned that Georgia Medicaid will reimburse autism screening when reporting the 96110 and appending the EP and UA modifiers. For full details, visit the Medicaid web portal and download a copy of the EPSDT manual.

Another legislative move we are following closely, is the addition of “severe autism” to the list of conditions for which cannabis oil may be possessed for treatment. We at the Chapter opposed this bill for several reasons. We know of no studies which show that CBD oil is an effective treatment for ASD. Secondly, there isn’t even a formal diagnosis of “severe autism” and finally current AAP policy statements on cannabis and children point out several safety concerns. But with the law passed we know families of children with autism will be asking you for guidance in this treatment possibility, and we will continue to offer advice over the coming months.

We hope you find this special edition helpful. If you have any questions, contact Fozia Khan Eskew, Georgia AAP Early Intervention Coordinator, at [feskew@gaaap.org](mailto:feskew@gaaap.org) or via phone (404-881-5074). ■

Ben Spitalnick, MD, MBA, FAAP

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“250 Words on what’s being  
done at Hughes Spalding”

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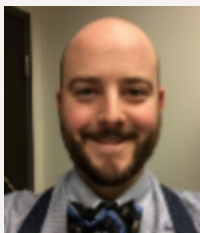
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## New Developmental Behavioral Pediatrician at Children’s Hughes Spalding



I joined the community of Georgia pediatricians in December of 2015, when I was hired to be the Developmental and Behavioral Pediatrician directing DBP resident education for Emory and Morehouse Schools of Medicine. Children’s Hughes Spalding became my clinical site in March of 2016. When it comes to autism spectrum disorders, the waitlists for specialists in Georgia are remarkable. The clinical need is rampant and available specialists are few. Our state leadership’s recent efforts with autism advocacy make Georgia an exciting place to practice as a DBP.

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exciting place to practice as a DBP.”

We continue to improve our practice at Children’s Hughes Spalding and seek feedback from providers and families. To support our community of primary care providers, our current aims include a “rapid entry” for children < 3 years of age with developmental concerns such as autism. We can excitedly report a very short waitlist for children under 3, and we are able to deliver validated diagnostics to this group. Since our Children’s Hughes Spalding leadership has approved growth in areas of diagnostic assessments for more complicated and older children, we should expand into this capability soon.

Georgia’s autism services should soon improve with changes to Medicaid. As pediatricians, we must continue to advocate and support these outstanding developments. I hope to work with the GA-AAP to strengthen our abilities as a workforce to manage children with ASD effectively in their communities. I look forward to Georgia’s future with hope and excitement. ■

**David O’Banion, MD, FAAP**  
**Assistant Professor**  
**Department of Pediatrics**  
**Emory University**





## ABA and Georgia: Great Advocacy, Great Results

### Georgia Now Requires Private Health Insurance to Cover Evidence-based Treatments

After years of advocacy, access to healthcare services for children with autism is increasing across the Peach State. In 2015, Georgia became the 41st state to require private health insurance to cover evidence-based autism treatments. Patients in Georgia, however, do not have state-regulated private insurance. Fortunately, under the leadership of Governor Nathan Deal, the 2017 Georgia legislature added coverage of medically necessary autism treatment to the State Medicaid Plan.

There are multiple options in evidenced-based treatment for autism. In developmental pediatric clinics, and at Autism Speaks, we advocate that many children with autism start Applied Behavior Analysis (ABA) due to its strong record of evidence. ABA is tailored to meet a child's individual needs and includes elements of parent training, thereby, improving communication and social skills and decreasing problem behaviors. AutismSpeaks.org has an informative toolkit on ABA (and more subjects, all free to download). The CDC and Peds In Review also have excellent summaries for practitioners to become more familiar with this important treatment option.

Starting July 1st, 2017, ABA and other medically-necessary autism treatments will be covered under the State Medicaid Plan. These treatments must be prescribed by a licensed physician or psychologist. Autism Speaks is diligently working with the

Department of Human Services to ensure that ABA providers are properly credentialed.

These developments will be life-changing for thousands of Georgia families. As healthcare providers, pediatricians can work with the GA-AAP to improve autism identification rates. In Georgia, identifying a child with autism can be paired with a powerful behavioral treatment.

For information about navigating the Georgia healthcare system for children with autism, visit the family services resource page at [www.autismspeaks.org](http://www.autismspeaks.org). Multiple toolkits relating to everything from service navigation to toilet training are free and are a great resource for pediatricians and the families they serve. In addition, the Autism Speaks Autism Response Team is available to provide support and information. They can be reached at 888-288-4762 or en Espanol 888-772-9050 or by e-mail at [familyservices@autismspeaks.org](mailto:familyservices@autismspeaks.org).

**David O'Banion, MD, FAAP**  
Assistant Professor  
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## Increasing Professional Capacity for Early Autism Evaluations in Georgia: The Georgia Autism Assessment Collaborative

Of the 1 in 64 children identified by age 8 with autism spectrum disorder (ASD) in metro Atlanta, only 45 percent of them undergo a developmental evaluation by age 3, as indicated by the Centers for Disease Control and Prevention (CDC). On average, children with ASD are diagnosed at 4 years and 1 month of age.

The Georgia Department of Public Health (DPH) and the Emory Autism Center (EAC), under the umbrella of the Georgia Autism Assessment Collaborative (GAAC), are providing specialized training to improve early screening and diagnosis for children with autism.

GAAC, a component of the Georgia Department of Public Health's (DPH) Autism Initiative, is a pilot project which aims to build the capacity of licensed psychologists and other profession-

als to provide quality diagnostic assessments with a focus on young children suspected of having ASD.

Though training programs based on the most current autism research and data, GAAC's aims to achieve three primary objectives: increase professional competence in the assessment and diagnosis of ASD; increase professional competence in knowledge about evidence-based treatments for ASD; and increase professional-family collaboration in the diagnostic and treatment processes for ASD.

The GAAC training is led by Catherine Rice, Ph.D and Michael Morrier, Ph.D., BCBA-D of the Emory Autism Center (EAC), a component of the Department of Psychiatry & Behavioral

*Continued on back cover*

# Autism & the Transition from Childhood to Adolescence



**Lisa D. Wiggins  
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M.D.**



The Centers for Disease Control and Prevention estimates that about 1 in 64 school-aged children in Georgia, and 1 in 68 school-aged children in the United States have an autism spectrum disorder (ASD).<sup>1</sup> Based on the estimated prevalence, approximately 50,000 youth with ASD turn 18 each year, plus there are about 450,000 adolescents and young adults with ASD aged 16-24 years old in the United States today. Adolescents and young adults with ASD are at greater risk for premature death from epilepsy and suicide, with a heightened occurrence of anxiety, depression, and non-communicable diseases (e.g., diabetes and heart disease).<sup>2-4</sup> Improving supports through the transition to adulthood and beyond is thus a critical need for those with ASD.

## Improving supports through the transition to adulthood and beyond is thus a critical need for those with ASD.

The Government Accountability Office (GAO) conducted a qualitative study that identified services and supports that transitioning youth with ASD need to address particular challenges they may face.<sup>5</sup> These key services are listed below. The GAO report concluded that supporting a successful transition into adulthood requires providing youth with ASD greater access to services that are (1) individualized to each person's needs; (2) sensitive to the fact that these needs may change over time; (3) available to all youth with ASD regardless of race/ethnicity, gender, family income, or location; (4) within local communities in order to foster access and community involvement; and (5) evidence-based to the extent possible, with recognition that little evidence currently exists and that efficacy testing of new and existing program models is needed.

Pediatricians play a critical role in supporting youth with ASD and their families. Pediatricians can support youth with ASD during the transition from childhood to adolescence and adulthood by recognizing the signs of ASD in school-aged children, screening for chronic conditions and psychiatric problems in persons with ASD, and providing information on available community supports and coordination of care.

Key Services Needed to Support Transitioning Youth with Autism Spectrum Disorder, As Identified by the United States Government Accountability Office<sup>5</sup>

- Behavioral interventions
- Mental health care
- Case management/coordination
- Postsecondary education planning
- Communication services
- Residential supports
- Day programming
- Social supports
- Family education and supports
- Transition planning services
- Life skills education and experience
- Transportation supports
- Medical care
- Vocational supports ■

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# CDC Resources Related to Autism Spectrum Disorders



**Jennifer Zubler**  
MD, FAAP

## CDC releases Milestone Tracker App

The GA-AAP and the National AAP have been working with the Centers for Disease Control and Prevention's Learn the Signs. Act Early (LTSAE) program for over ten years to provide pediatricians and families with FREE resources to support early identification of the 1 in 6 children with developmental disabilities and the 1 in 68 children with autism spectrum disorder (ASD). Pediatricians have identified the need for family-friendly materials about typical child development, which LTSAE materials supply. For many reasons, parents may not feel empowered or have the ability to communicate their concerns effectively to providers. LTSAE materials are designed to engage families in the ongoing process of developmental surveillance, to help all families learn about developmental milestones, celebrate and support their children's progress, and participate more fully in developmental screening. Should concerns arise, parents are better positioned to take action and follow-up on pediatricians' recommendations.

## The CDC offers FREE MOC Part 2 and CME via its Autism Case Training

CDC just released the FREE "Milestone Tracker" App, available in the iPhone App Store. Families can track their children's milestones and share their child's checklists with pediatricians at their health maintenance visits from their smart phones! The "Milestone Tracker" App is part of the FREE suite of LTSAE materials, designed to enhance surveillance from 2 months to 5 years of age. Materials are available to view and print at [www.cdc.gov/ActEarly/Materials](http://www.cdc.gov/ActEarly/Materials) and limited quantities can be ordered and shipped for free at [www.cdc.gov/ActEarly/Orders](http://www.cdc.gov/ActEarly/Orders).

## CDC's LTSAE Materials

- Teach families about typical milestones in how children play, learn, speak, act and move
- Encourage all families to track their children's development, celebrate progress, and discuss concerns with their pediatrician
- Include developmental milestones that are adapted from AAP's "Caring for Your Baby and Young Child: Birth to Age 5" and aligned with Bright Futures
- Come in a variety of formats (checklists, booklets, children's books, and more)
- Have been tested with families, are well received, have been shown to improve awareness and be helpful in elucidating real concerns and alleviating unwarranted concerns
- Are available in English and Spanish (with some items offered in simplified Chinese, Korean, Vietnamese and a few other languages)
- Can be customized with logo and local contact information for local printing

To further support pediatricians' efforts to identify, diagnose, and manage ASD, CDC also offers a FREE MOC part 2, CME, CNE online Autism Case Training available at [www.cdc.gov/AutismCaseTraining](http://www.cdc.gov/AutismCaseTraining)

CDC works with national and local partners to reach and provide LTSAE resources for families and providers. Here in Georgia, CDC supports an Act Early Ambassador, Jennie Couture from Bright from the Start: Georgia Department of Early Care and Learning, who is working to integrate LTSAE materials into Georgia's early education systems. The Department of Public Health and local WIC programs are using LTSAE materials and Project LAUNCH in Columbus, GA and distributing LTSAE materials to families. Nationally, CDC is working with Head Start, WIC, home visiting and other programs, as well as the AAP's Early Childhood Screening Initiative. CDC and AAP are supporting their second Quality Improvement project, "Don't Wait and See: Improving Developmental Surveillance, Screening, and Referral", with Dr. James's Pediatrics Village practice in Peachtree City participating. ■

**Jennifer Zubler, MD FAAP**  
**Pediatric Consultant Global Government Solutions**  
**Learn the Signs. Act Early**  
**Center for Disease Control and Prevention**



# New Navicent Autism Center Serving Families in Georgia

## **Family Support Services, Medical Clinic, Comprehensive Pediatric Rehabilitation, Therapeutic Learning Clinic, and Early Autism Project**

On September 21, 2015, The Autism Center, Navicent Health began with the passion of the Central Georgia community and a vision to expand services and improve access of care for individuals with autism spectrum disorder and related developmental disorders. Today we serve over two thousand families.

At the Autism Center, Navicent Health, we provide support for children, adolescents, and families living with autism spectrum disorder and other developmental disorders. Our mission is to remove barriers and increase access to early clinical diagnosis and treatment services.

Within the Autism Center, Navicent Health, there are five clinics that help support and promote optimal developmental outcomes through evidence-based treatment and intervention. These clinics include Family Support Services, Medical Clinic, Comprehensive Pediatric Rehabilitation, Therapeutic Learning Clinic, and Early Autism Project.

Family Support Services assist families in obtaining the best possible care for their child. With or without a diagnosis, Family Support Services facilitates support of the individual and family through their journey while providing a road map to resources and best course of action based on the specific diagnosis and needs of the patient. These services may include but are not limited to the following: assistance with care coordination or care navigation, behavior support, legal assistance, community agency navigation, transition support, connecting families with funding sources, and education support services. This clinic provides direct assistance to families to address the individual's needs and families' challenges.

The Medical Clinic is designed to meet the needs of lifetime support for individuals with autism or other developmental disorders and promote the earliest possible diagnostics and intervention to improve the lifetime development of individuals. We offer diagnostics, treatment, medication management, support of co-morbid diagnoses as well as developmental, psychological, and neuropsychological testing. Individual, family and group therapy is also available for families.

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Comprehensive Pediatric Rehabilitation provides a comprehensive outpatient pediatric therapy program with occupational, physical, and speech and language therapy services. Currently, we have 15 highly trained, dedicated occupational, physical, and speech therapists who provide the best possible services for each patient in a family-centered and family-involved environment. The evaluation process is specific to each patient based on the presenting concern(s) and diagnosis. A combination of parent interview, observation of functional performance, and standardized assessment assist in identifying a child's difficulties. The results of the evaluation guide each patient's individual intervention plan. Under the umbrella of occupational, physical, and speech and language therapy, the Comprehensive Pediatric Rehabilitation clinic also includes intervention and services such as aquatic therapy, assistive technology, feeding/oral motor therapy, sensory integration, and neurodevelopmental treatment.

The Therapeutic Learning Clinic (TLC) is one of a kind in the state of Georgia. The TLC provides evidence-based, comprehensive services to young children ages two to five with autism spectrum disorder and other developmental disorders, while supporting the family in the process. This Applied Behavior Analysis-based (ABA), holistic services focus on the individualized development of communication, social/emotional, adaptive, motor, behavioral, and pre-academic skills to aid the child in being successful in the home, school, and community settings. The goal of this clinic is to implement a pre-academic/early childhood curriculum for preparing your children for entry into the school system and work with family, school, and community agencies to provide a smooth transition for children exiting our clinic. Children referred to our program may demonstrate difficulties in

*Continued on next page*

cognition, communication, socialization, emotional regulation, sensory processing, fine and gross motor, pre-academic, school readiness, and toilet training, as well as other deficits. The TLC comprehensive therapeutic team consists of a doctoral-level educator, speech and language pathologists, occupational therapists, physical therapists, teaching assistants, and interns through a partnership with local universities.

ABA therapy is provided for individuals at the Autism Center, Navicent Health through the Early Autism Project. ABA fosters basic skills such as looking, listening and imitating, and complex skills such as reading, conversing and understanding another person's perspective. ABA also helps reduce behaviors that make it difficult for students to learn. Studies indicate that the earlier children receive ABA therapy, the more gains they make. The goals of ABA are to increase positive behaviors, to teach new skills, and to decrease undesired behaviors.

ABA techniques can help children generalize these new skills at home, school, and other settings where they play and interact with other people. ABA is endorsed by the U.S. and the American Academy of Pediatrics. It is an evidenced-based, effective treatment for autism.

Autism Center, Navicent Health is located at 1014 Forsyth Street, Macon, GA 31201.

If your patient has a developmental disorder or you suspect they might, we encourage you to call us at 478-633-8100 or toll free number at 1-844-482-2264 or email us at [autism@navicenthealth.org](mailto:autism@navicenthealth.org). ■



**Elizabeth Young  
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Developmental  
Pediatrician  
Navicent Health  
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## Journey to the Word Autism: A Patient's Perspective



**Miyah  
Sundermeyer**

The DSM-V manual and other official governing bodies currently view Autism as a developmental disability and a disorder. Being that I am on the mild end of the spectrum, I fall under these two categories and have received medical and psychological attention throughout most of my lifetime, from pediatric to adult patient.

It all began sometime in 1983 when my mother observed that my characteristics resembled one with autism but wondered why I could talk. Being that she was curious to get me diagnosed, we went from doctor to doctor. Between the ages 4 and 11, I knew nothing of the word "Autism" and assumed that like every other child, I had regular monthly check-ups. During those visits, my mother had received myriad responses from different physicians, but no firm answer addressing my mother's concerns.

One physician explained to her that I would go to college because of my high levels of intellect. Another actually laughed at my mother when she brought up that I might be autistic. All the while I continued to show behaviors indicating that I processed information differently. At one point, I was prescribed a special medicine that made me stop laughing in order to help me concentrate in school.

It was only after the age 11, when I was finally diagnosed with autism that these numerous visits stopped. After that, my next visit would be a decade later when I expected to be diagnosed due to another family member wanting to know whether I was autistic or not. Since then, I had only learned more about how mild autism can affect a developing adult. I had learned that my twenties would be like my teenage years. It was from this experience that I have been making self-discoveries ever since. ■

**Miyah Sundermeyer  
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Center for Leadership in Disability  
at the School of Public Health  
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# Reporting Screening for Autism Spectrum Disorder

## The 96110, Developmental testing; limited, can also be used to report autism screening

Current Procedural Terminology (CPT®) code 96110 is used when employing a developmental screening instrument of a limited nature, such as the Modified Checklist for Autism in Toddlers (M-CHAT-R/F). Code 96110 can be reported when a service is performed in the context of preventive medicine services or with other evaluation and management (E/M) services such as acute illness or follow-up office visits.

If, during a preventive medicine service, an abnormal developmental screen result is obtained, and the physician and parent (or guardian) spend additional time addressing developmental concerns and issues, as well as discussing abnormal results, it may be appropriate to report a problem-oriented E/M service (eg, 99213) in addition to the preventive medicine service and 96110. Modifier 25 must be appended to the problem-oriented E/M code reported (eg, 99213 25). An additional International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code should be linked to the problem-oriented E/M service. Time will usually be the key factor in determining your level of service.

This code can be reported multiple times during a single encounter, requiring a modifier. Insurers who cover this code might only cover one unit, however. If a service is repeated, there are several reporting options based on carrier preference. For example, if you review a developmental screen filled out by both parents (2) and the babysitter (1), that is a total of 3.

### You might report as follows:

- 96110 with 3 units
- or
- 96110
- 96110 59
- 96110 59



## Coding Pearls for reporting the 96110 to Private Payers

Use modifier 59 to denote a distinct procedural service from another procedure (ie, non-E/M service) by the same physician on the same day.

Based on the 2017 Medicare physician fee schedule, the published total relative value units (RVUs) are 0.27 for 96110. This is based on practice expense (eg, clinical staff time, medical supplies) and professional liability insurance expense for this service. This code can properly be reported when performed by clinical staff. There is no physician work value published for this code. The work for the physician is covered in the E/M service code reported.

For guidance on how to report autism screenings within Georgia Medicaid, please review the Georgia EPSDT manual at [www.mmis.georgia.gov/portal/](http://www.mmis.georgia.gov/portal/) under the main tab, Provider Information and the subtab, Provider Manuals. ■

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**Health Policy and Coding Specialist**  
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**American Academy of Pediatrics**





# Supporting Language Development in Children



**Terri McFadden  
MD, FAAP**

## **Delays in language: “the canary in coal mine?”**

Imagine what kind of difference it might make in our area, in our state, in our country, and even the world, if the playing field were leveled and, from birth, all children had access to rich conversations, literacy tools, books, and nurturing adults who understood the importance of reading together everyday.

It is an alarming fact that a child's reading level at the end of third grade is a highly accurate predictor for success in life. A recent study from the Annie E. Casey Foundation reports that, on average, children from economically disadvantaged households enter kindergarten with a 12-14 month learning deficit.

As Medical Director of Reach Out and Read Georgia (ROR GA), a program dedicated to providing children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together, I really believe that education is the biggest predictor of health. Reading, just like anything else is another important developmental milestone.

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ROR GA is tackling this problem head-on, starting before children reach school-age by leveraging existing medical infrastructure to encourage supportive, educational conversations with parents on the importance of reading aloud and the impact on children's brain development. Physicians working with ROR GA offer free books to children at well visits and explain to parents the importance of routines like reading aloud at the earliest stages of a child's life. Physicians are able to use the book as a developmental assessment tool and to engage parents in new ways they can interact with their children.

Physicians that implement the ROR GA model also receive materials and training on how to talk with parents about the importance of reading with their child for optimal brain development and social and educational development.

The results of this intervention are well-documented: Parents served by Reach Out and Read are up to four times more likely to read aloud to their children. During the preschool years, children served by Reach Out and Read score three to six months ahead of their non-Reach Out and Read peers on vocabulary tests. These early foundational language skills help start children on a path of success when they enter school.

In addition, the American Academy of Pediatrics has declared literacy promotion to be an “essential component of pediatric care” for all children, referencing Reach Out and Read as an effective intervention to engage parents and prepare children to achieve their potential in school and beyond.

At 124 program sites in 67 counties throughout the state, ROR GA serves more than 97,000 children and distributes 158,768 books annually. The organization is on a mission to serve every child in the state of Georgia with literacy tools, books, and parental education on the developmental impact of reading aloud.

Among the organization's partners are such influential local supporters as the Junior League of Atlanta, The Arthur M. Blank Family Foundation, The Goizueta Foundation, The James M. Cox Foundation, The United Way of Greater Atlanta, The Zeist Foundation, and more. ■



**where great stories begin™**

**For more information on  
Reach Out and Read Georgia  
or to get involved please visit  
the ROR GA website and sign  
up for our email list. Connect  
on Twitter and Facebook.**

**Terri McFadden  
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# The Autism Plan for Georgia



**Lillie Huddleston  
PhD**

## The Autism Plan for Georgia includes ten areas of activity

In 2011, the Center for Leadership in Disability at Georgia State University received the Georgia Autism Planning Grant (APG) to begin the work, with an Advisory Council, to structure and organize stakeholder input for creating high-quality, family-centered, comprehensive, coordinated systems of services and supports that would be accessible and available to all children with autism and related disorders.

The Advisory Council is comprised of key stakeholders in Georgia representing federal, state, and local governments, children, youth, and adults with autism, parents of individuals with autism, providers, and professional and advocacy organizations.

As a result of project activities, ten areas of focus emerged from surveys and discussions with families, providers, and policy-makers: Early Identification and Screening; Referral and Diagnosis; Health and Dental Services; Family Support, Early Intervention and Preschool Services; Elementary and Secondary Education; Community Services and Supports, Transition from Youth to Adult Systems, Adult Services and Supports, and Emergency Preparedness and First Responders. For each of these areas, quality indicators, data drivers, recommendations and problem statements were developed to support each area's objectives.

Six years later, more than 200 initiatives, provided by more than 30 partners, have been developed and implemented to support the ten areas of activity. Under the Autism Plan for Georgia (APG), there is increased awareness and intervention related to autism within underserved communities in both urban and rural sections of the state. Families have benefited from an increase in financial scholarships, grants and access to medical services due to the plan, and easily available peer-led materials, webinars, toolkits and online resources.

Efforts associated with the APG have extended beyond the initial funding periods. For example, we recently hosted our third Autism Conference and Expo of Georgia May 3rd- 4th in Atlanta. We are currently in the process of updating the plan and continuing to strengthen partnerships with stakeholders to solidify gains and identify new areas for future growth. ■

**For a complete list of all of the initiatives of the Georgia Autism Plan of Georgia, go to the website: <http://ga-autismplan.com>**

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# Using the Modified Checklist for Autism in Toddlers

## MCHAT-R/F Validated Autism Screening Tool for children 16 months to 30 months of age

The Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F; Robins, Fein, & Barton, 2009) is a brief parent-report screen designed for use during toddler check-ups. As recommended by the American Academy of Pediatrics (AAP, 2006; 2007), routine screening for autism spectrum disorder (ASD) is recommended for all children, regardless of whether a child shows risk for ASD from ongoing developmental surveillance or broad developmental screening. This multi-pronged approach to early detection of ASD is critical to ensure that children at risk for ASD are detected as early as possible and referred immediately for diagnostic evaluation and early intervention.

The M-CHAT-R/F was validated in a sample of more than 16,000 toddlers screened during 18- and 24-month check-ups (Robins, Casagrande, Barton, Chen, Dumont-Mathieu, & Fein, 2014). The key findings from this study are as follows:

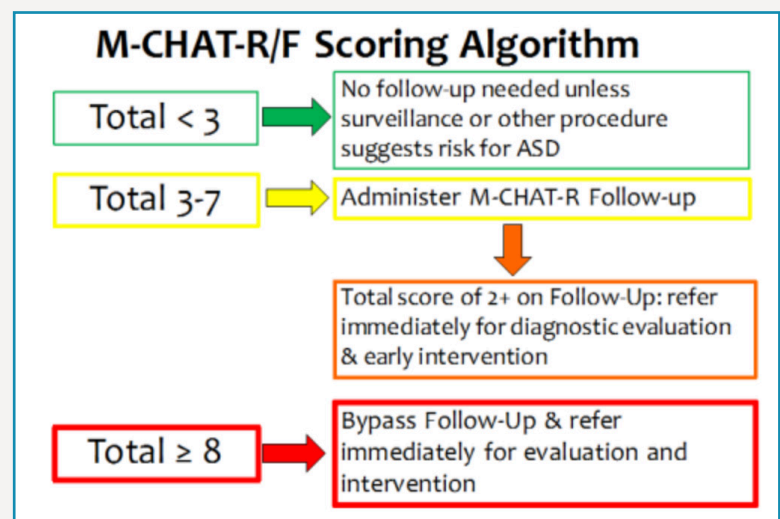
(1) Psychometric properties meet the AAP guidelines. Sensitivity (ability to detect ASD when it is present) was .854 and specificity (ability to detect non-ASD when a child does not have ASD) was .993. Positive predictive value (PPV; the confidence that a positive screen warrants action) was .475 when considering only ASD, but if one considers all children in need of referral for any developmental delay or concern, PPV increased to .946. The likelihood+ ratio was 114.052, meaning that a child who has ASD is 114 times more likely to screen positive on M-CHAT-R/F than a child who does not have ASD.

(2) The M-CHAT-R Follow-Up is essential for children who score in the moderate risk range (total score after the initial M-CHAT-R 3-7), to clarify responses, and get examples from parents about the target behaviors. Without the Follow-Up questions, the false positive rate will be high, which may reduce physicians' and parents' responsiveness to at-risk screening results. It is, however, acceptable to bypass the Follow-Up and immediately refer children in the high risk range (Total Score 8 and

higher) for diagnostic evaluation and early intervention. It also is important to note that only the Follow-Up questions for that child's at-risk items needs to be administered, not all 20 items. See Figure for M-CHAT-R/F Algorithm.

(3) If healthcare providers follow the algorithms, and make referrals when children screen positive, children may receive diagnoses and early intervention services as much as two years younger than the national median. Access to early intervention services for ASD has life-long impact on prognosis, so the earlier the better. Children should be referred if any of the following are true: (a) Initial M-CHAT-R score is in the high risk range (8 or higher); (b) M-CHAT-R/F score remains 2 or higher after relevant Follow-Up questions have been administered; or (c) parent or physician has concerns about ASD, regardless of the child's M-CHAT-R/F score. ■

The M-CHAT-R/F and related materials can be downloaded from [www.mchatscreen.com](http://www.mchatscreen.com).



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## Increasing Professional Capacity, continued from page 3

Sciences at Emory University. GAAC's aim is to build a community of committed professionals who learn more about early screening, assessment, and family support related to autism. A competitive application process was used to determine GAAC participants.

To date, 52 licensed professionals (mainly, psychologists) have participated in 32 hours of hands-on training in the 2nd edition of the Autism Diagnostic Observation Schedule (ADOS-2). The ADOS-2 is considered the gold standard diagnostic assessment used during a comprehensive evaluation of a person suspected of having an autism spectrum disorder (ASD). Psychologists were targeted since they are the professionals most likely to diagnosis ASD in children; yet only about 10% of them use "gold standard" diagnostic instruments in their assessments (Rice et al., 2009; 2014).

"Early intervention can make a difference in helping a child learn important skills and dramatically change developmental outcomes," said, Dr. Morrier. "It is essential for Georgia to increase the capacity of a well-trained team of secondary and tertiary professionals who can help families with the assessment and diagnosis of their young child suspected of having ASD."

"We want the GAAC to be a unique way to bring professionals across Georgia together to improve the early identification of children with ASD. Families need support and having experienced professionals to help them is important," said Dr. Rice.

In total, the GAAC has had 4 cohorts and has included professionals from across the state representing all Georgia health districts. The network built through the GAAC will connect professionals across Georgia to increase the capacity to identify and treat young children with ASD during the crucial early intervention years. To learn more about the Georgia Autism Assessment Collaborative (GAAC), visit the Emory Autism Center online or call the Department of Public Health Information Referral Center at 1-855-707-8277. ASD developmental screening and diagnostic tools can be found on the CDC's Screening and Diagnosis for Healthcare Providers webpage. ■



**Pictured here are some of the licensed professionals trained in the use of the ADOS-2**

For more information about DPH's Babies Can't Wait program, visit DPH online at [www.dph.georgia.gov/Babies-Cant-Wait](http://www.dph.georgia.gov/Babies-Cant-Wait).

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