

VCHCP POLICY ON SCREENING FOR AUTISM

Purpose:

To ensure that all children obtain autism screenings at ages 18 months and 24 months. It has been found that children diagnosed with Autism Spectrum Disorder (ASD) have improved long-term prognoses when early intervention has been received. Early identification also allows etiologic investigation and counseling regarding recurrence risk.

Scope:

Family Practitioners and Pediatricians caring for children age 2 and younger. The prevalence of ASD is approximately 6 to 7 per 100 in the United States. Therefore, PCPs are likely to diagnosis and provide care for children with ASDs.

Policy:

All VCHCP contracted providers are to adhere to the American Academy of Pediatrics (AAP) and Center for Disease Control (CDC) guidelines regarding screening for autism spectrum disorder. This includes:

1. Surveillance at every well-child visit. Recognize the early subtle red flags that indicate the possibility of an ASD.
2. Administration of a standardized development tool such as the Modified Checklist for Autism in Toddlers (M-CHAT) questionnaire or Pervasive Developmental Disorders Screening Test-II, Primary Care Screener (PDDST-II PCS) at age 18 and 24 months as well as a surveillance of risk factors. Risk factors include a sibling with ASD, parental concern, other caregiver concern or pediatrician/FP concern. Results are to be recorded in the medical chart of the patient.
3. If the ASD-specific screening result is negative but the parents and/or the PCP remains concerned, the PCP should schedule a follow up visit.
4. If the ASD-specific screening result is positive or if a child demonstrates 2 or more risk factors, refer for an appropriate comprehensive ASD evaluation

For VCHCP members, the comprehensive evaluation is done through the Tri-Counties Regional Center Program (TCRC). Children at ages up to 45 days prior to the 3rd birthday will be referred for an Early Start Developmental Assessment. Children over 3 years old will be referred to a case manager. The initial evaluation does not require a prior authorization and is free of charge. PCPs or parents can call directly to TCRC for an appointment at (800) 664-3177.

For members diagnosed with ASD, early intervention is key. Applied Behavioral Analysis (ABA) services are covered by VCHCP through our contracted providers.

Note: Reimbursement for developmental delay screening can be obtained by using CPT code 96110.



Administrative Policy: Screening for Autism

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

Evaluation of Compliance:

In order to ensure that the above policy is followed and that all children are appropriately screened for ASD, VCHCP will include in each provider's medical record audit the capture of data related to screening(s) done, screening results and follow up. Any provider who is not compliant with this activity may receive additional educational information regarding the screening procedure, follow up limited audit and possible corrective action plan (CAP) if warranted. If a CAP is requested, a Quality Assurance team member will monitor activities until the CAP details are addressed satisfactorily.

Administrative Policy: Screening for Autism

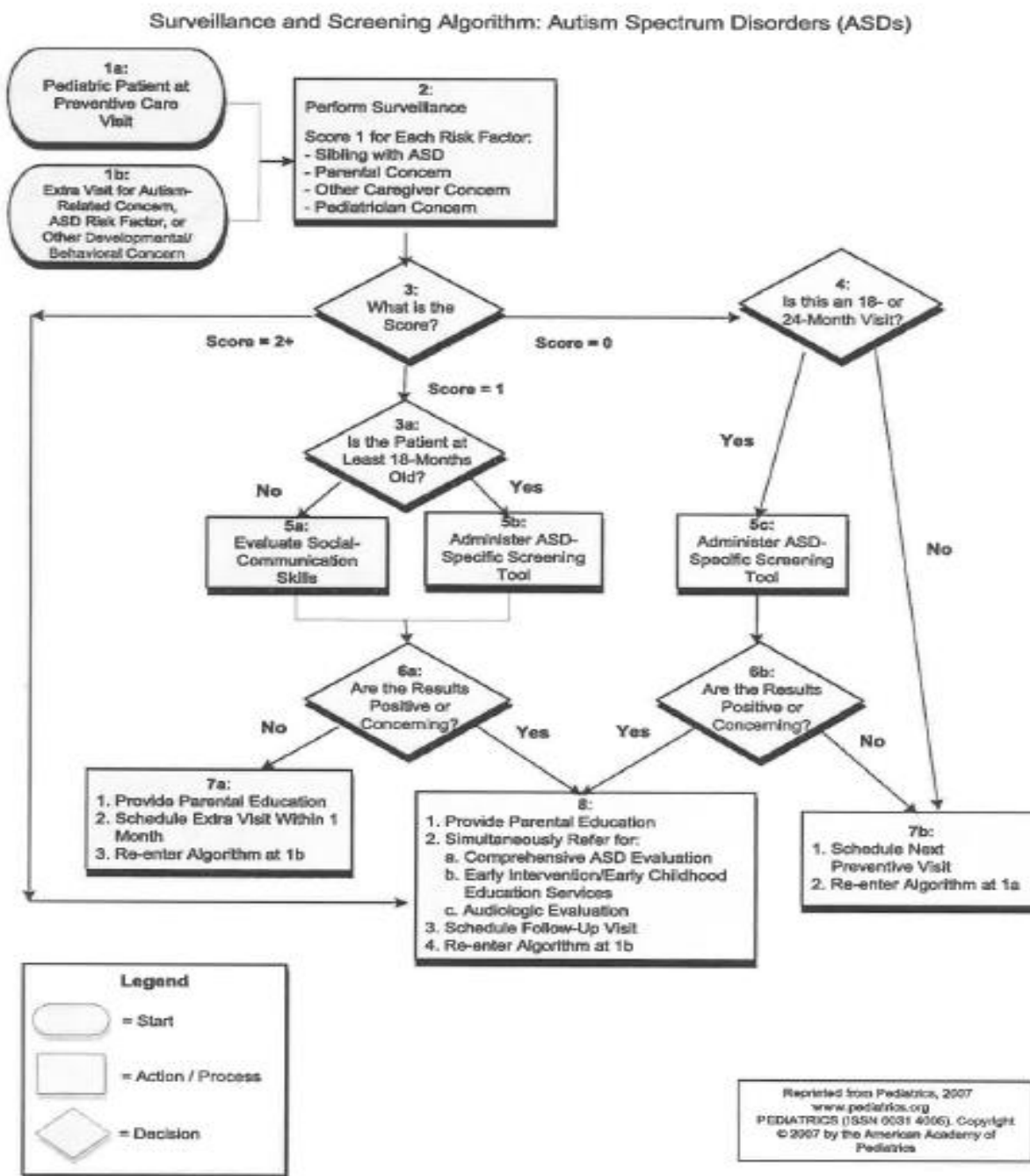
Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

A. Attachments:

I. Surveillance and Screening Algorithm: Autism Spectrum Disorders



II. M-CHAT instructions for use, M-CHAT questionnaire and scoring guide

Instructions and Permissions for Use of the M-CHAT

The Modified Checklist for Autism in Toddlers (M-CHAT; Robins, Fein, & Barton, 1999) is available for free download for clinical, research, and educational purposes. There are two authorized websites: the M-CHAT and supplemental materials can be downloaded from www.firstsigns.org or from Dr. Robins' website, at <http://www2.gsu.edu/~wwwpsy/faculty/robins.htm>

Users should be aware that the M-CHAT continues to be studied, and may be revised in the future. Any revisions will be posted to the two websites noted above.

Furthermore, the M-CHAT is a copyrighted instrument, and use of the M-CHAT must follow these guidelines:

- (1) Reprints/reproductions of the M-CHAT must include the copyright at the bottom (© 1999 Robins, Fein, & Barton). No modifications can be made to items or instructions without permission from the authors.
- (2) The M-CHAT must be used in its entirety. There is no evidence that using a subset of items will be valid.
- (3) Parties interested in reproducing the M-CHAT in print (e.g., a book or journal article) or electronically (e.g., as part of digital medical records or software packages) must contact Diana Robins to request permission (drobins@gsu.edu).

Instructions for Use

The M-CHAT is validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT can be administered and scored as part of a well-child check-up, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT was to maximize sensitivity, meaning to detect as many cases of ASD as possible. Therefore, there is a high false positive rate, meaning that not all children who score at risk for ASD will be diagnosed with ASD. To address this, we have developed a structured follow-up interview for use in conjunction with the M-CHAT; it is available at the two websites listed above. Users should be aware that even with the follow-up questions, a significant number of the children who fail the M-CHAT will not be diagnosed with an ASD; however, these children are at risk for other developmental disorders or delays, and therefore, evaluation is warranted for any child who fails the screening.

The M-CHAT can be scored in less than two minutes. Scoring instructions can be downloaded from <http://www2.gsu.edu/~wwwpsy/faculty/robins.htm> or www.firstsigns.org. We also have developed a scoring template, which is available on these websites; when printed on an overhead transparency and laid over the completed M-CHAT, it facilitates scoring. Please note that minor differences in printers may cause your scoring template not to line up exactly with the printed M-CHAT.

Children who fail more than 3 items total or 2 critical items (particularly if these scores remain elevated after the follow-up interview) should be referred for diagnostic evaluation by a specialist trained to evaluate ASD in very young children. In addition, children for whom there are physician, parent, or other professional's concerns about ASD should be referred for evaluation, given that it is unlikely for any screening instrument to have 100% sensitivity.

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- | | |
|--|--------|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes No |
| 2. Does your child take an interest in other children? | Yes No |
| 3. Does your child like climbing on things, such as up stairs? | Yes No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes No |
| 6. Does your child ever use his/her index finger to point, to ask for something? | Yes No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes No |
| 10. Does your child look you in the eye for more than a second or two? | Yes No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes No |
| 12. Does your child smile in response to your face or your smile? | Yes No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes No |
| 14. Does your child respond to his/her name when you call? | Yes No |
| 15. If you point at a toy across the room, does your child look at it? | Yes No |
| 16. Does your child walk? | Yes No |
| 17. Does your child look at things you are looking at? | Yes No |
| 18. Does your child make unusual finger movements near his/her face? | Yes No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes No |
| 20. Have you ever wondered if your child is deaf? | Yes No |
| 21. Does your child understand what people say? | Yes No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes No |

Modified Checklist for Autism in Toddlers (M-CHAT)*

Diana L. Robins, M.A., Deborah Fein, Ph.D., Marianne L. Barton, Ph.D., & James A. Green,

Ph.D.

University of Connecticut

*The full text may be obtained through the Journal of Autism and Developmental Disorders.

April 2001

PLEASE NOTE: The M-CHAT was not designed to be scored by the person taking it. In the validation sample, the authors of the M-CHAT scored all checklists. If parents are concerned, they should contact their child's physician .

Abstract

Autism, a severe disorder of development, is difficult to detect in very young children. However, children who receive early intervention have improved long-term prognoses. The Modified – Checklist for Autism in Toddlers (M-CHAT), consisting of 23 yes/no items, was used to screen 1076 children. Thirty of 44 children given a diagnostic/developmental evaluation were diagnosed with a disorder on the autism spectrum. Nine items pertaining to social relatedness and communication were found to have the best discriminability between children diagnosed with and without autism/PDD. Cutoff scores were created for the best items and the total checklist. Results indicate that the M-CHAT is a promising instrument for the early detection of autism.

Background

The M-CHAT is an expanded American version of the original CHAT from the U.K. The M-CHAT has 23 questions using the original nine from the CHAT as its basis. Its goal is to improve the sensitivity of the CHAT and position it better for an American audience.

The M-CHAT has been steadily expanding its radius of usage in the state of Connecticut and surrounding New England states. Its authors are still collecting data on the initial study, awaiting final outcomes for sensitivity and specificity after the subjects return for their 3.5 year well-child visit by 2003. The authors have applied for funding of an expanded study on 33,000 children. The M-CHAT tests for autism spectrum disorders against normally developing children.

M-CHAT Scoring Instructions

A child fails the checklist when 2 or more critical items are failed OR when any three items are failed. Yes/no answers convert to pass/fail responses. Below are listed the failed responses for each item on the M-CHAT. Bold capitalized items are CRITICAL items.

Not all children who fail the checklist will meet criteria for a diagnosis on the autism spectrum. However, children who fail the checklist should be evaluated in more depth by the physician or referred for a developmental evaluation with a specialist.

1. No	6. No	11. Yes	16. No	21. No
-------	-------	---------	--------	--------

Administrative Policy: Screening for Autism

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

2. NO	7. NO	12. No	17. No	22. Yes
3. No	8. No	13. NO	18. Yes	23. No
4. No	9. NO	14. NO	19. No	
5. No	10. No	15. NO	20. Yes	

MCHAT Follow-up Interview available at: http://www2.gsu.edu/~psydir/Diana_L._Robins_Ph.D._files/M-CHATInterview.pdf

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

III. Medical Records Audit Form

**Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Adults/Pediatrics**

Provider _____ Review Date _____
Specialty _____ Reviewer _____
Location _____ Percent Score _____

Directions: Write ☒ if Meets Criteria; X if it does not meet criteria;
NA if not applicable Write comments on attached back page (s)

		Chart	#1	#2	#3	#4	#5	POINTS Add total points.
		Member Initials						
		Age						
		Gender						
		PCP Start Date						
	INDICATORS							
1	Each page contains patient's name & ID number							
2	Record contains demographic information including address, phone #, emergency contact							
3	All entries contain author's identification. Author's identification may be a handwritten signature, unique electronic identifier or initials.							
4	All entries are dated							
5	Each entry is legible to someone other than the writer							
6	Significant illnesses and medical conditions are indicated on the problem list							
7	Medication allergies & adverse reactions are prominently noted in the record. If no known allergies, it is appropriately noted							
8	Past medical history (for patients seen three or more times) is identified & includes serious accidents, operations & illnesses							
9	Current medications are listed							
10	The history and physical examination identifies appropriate subjective & objective information pertinent to patient's presenting complaints							
11	Laboratory & other studies are ordered, as appropriate							
12	Working diagnosis are consistent with findings							
13	Treatment plans are consistent with diagnosis							

Administrative Policy: Screening for Autism

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

Ventura County Health Care Plan Primary Care Medical Records Review Tool Adults/Pediatrics

14	Encounter forms or notes have a notation, when indicated, regarding follow-up care, calls or visits						
15	Unresolved problems from previous office visits addressed in subsequent visits						
16	If a consultation is requested, there is a note from the consultant in the record.						
17	Consultation, lab & imaging reports filed in the chart are initialed by the ordering practitioner to signify review. Consultation, abnormal lab & imaging study results have an explicit notation in the record of follow-up plans						
18	There is no evidence that the patient is placed at inappropriate risk by diagnostic or therapeutic procedure						
19	If appointment missed, documented & recalled as medically necessary						
20	For patients 14 years & older, there is appropriate notation concerning the following risk factors: use of cigarettes, alcohol & substances, exercise and nutrition (for patients seen there three or more times, query substance abuse history)						
21	For patients 2 and under, was there an autism screening performed two times (18 months and 24 months)?						
22	There is evidence that preventive screening & services, are offered in accordance with established practice guidelines See Attached Preventive Health Guidelines checklist	See Scores on Attachment A (Preventive Health Guidelines Checklist for Adults)					
23	Immunizations are up to date or appropriate history in the medical records See Attached Preventive Health Guidelines checklist	See Scores on Attachment A (Preventive Health Guidelines Checklist for Adults)					

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

**Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Adults/Pediatrics**

ATTACHMENT-A: Checklist for Preventive Health Guidelines – Adults

	Chart	#1	#2	#3	#4	#5	Points
	<i>Initials >>>></i>						
	<i>Physical Exam</i>						
1	Health Maintenance Exam (HME); ages 18 to 39: every 5 years ages 40 to 49: every to 2 years ages 50 & up: every 1 to 2 years Includes Ht, Wt & BP For women ages 18 and up, includes Clinical Breast Exam						
	<i>Screening Exams</i>						
2	Abdominal Aortic Aneurysm for Men – For ages 65 + if any history of tobacco use - do one time Abdominal Ultrasound						
3	Breast Cancer Screening Mammography <i>Every 2 years for women aged 50-74</i>						
4	High Blood Pressure Screening For adults 18 & older						
5	Cervical Cancer Screening Cervical Smear w/ Pelvic Exam for women aged 21-64 every 3 years in women who have a cervix . Women aged 30-64 years with combined cervical smear and HPV co-testing every 5 years. Upper age limit may be determined on other medical grounds. Closer intervals may be determined by the physician. Not recommended for ages ≥ 65 if w/ adequate recent screening w/ normal Pap smears & are not at high risk						
6	Chlamydia for all sexually active non-pregnant women aged 24 & younger & for older non-pregnant women who are at increased risk * (<i>*Sexually active w/ more than one partner or with a new partner or w/ symptoms</i>)						
7	Cholesterol Screening*- For men ages 35 & older, as early as age 20 if w/ high risk For women ages 45 & older, as early as 20 if w/high risk <i>*Look for Lipoprotein panel: cholesterol, triglycerides, HDL, LDL</i>						

Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Adults/Pediatrics

8	Colorectal Cancer Screening* - any one or more of the following: <ul style="list-style-type: none"> • Flex Sigmoid every 5 years for ages 50 to 75 • Fecal Occult Blood Test (FOBT) annually beginning age 50 through 65+ • Colonoscopy : <ol style="list-style-type: none"> 1. Age 18 to 39: if high risk 2. Age 40-49: if positive family hx of 2 or more 1st degree- relatives at any age or 1st degree- relatives affected at age <60 3. Age 50 & up: every 10 years or when FOBT or Flex Sigmoid are positive <i>*See preventive guidelines</i>						
	Chart	#1	#2	#3	#4	#5	Points
	<i>Initials >>></i>						
9	Depression Screening* – with Health Maintenance Exam <i>*Look for narrative entry related to Depression</i>						
10	Diabetes Screening* : in asymptomatic adults with sustained BP (treated or non-treated) $\geq 135/80$ <i>*Look for Chem 7 or any glucose results</i>						
11	Obesity Screening for Adults Ht, Wt are recorded (BMI documentation ideal) Counseling offered as appropriate/necessary						
12	Osteoporosis Screening For women aged 65 & older Age 60 for women at increased risk for osteoporotic fractures						
13	Retinal Exams for Diabetics- Screening by an Ophthalmologist every other year. Persons with advanced diabetic disease require examinations on an annual basis						
14	Adult BMI screening and documentation <i>Immunizations</i>						
15	Influenza – yearly for age 50 & up* <i>Note: this group may seek vaccine outside PCP's office so it may not be documented on medical records; therefore this should be taken into consideration when scoring this measure</i> High risk group requiring early immunization: chronic metabolic diseases, renal dysfunction, anemia, immunodeficiency disorders, cardiac, vascular or pulmonary conditions)						
16	Tetanus booster – Every 10 years for age 19 & up						
17	HPV for females aged ≤ 26 years who have not completed the vaccine series						
18	MMR for adults born during or after 1957 unless w/ medical contraindication, history of measles based on provider diagnosis or laboratory evidence of immunity						
19	Varicella for all adults without evidence of immunity(2 doses)						

Administrative Policy: Screening for Autism

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

Ventura County Health Care Plan Primary Care Medical Records Review Tool Adults/Pediatrics

20	Pneumococcal pneumonia – Once at age 65 + years						
	High risk group requiring early immunization: chronic illness, immunocompromised individuals, HIV infected						
21	Herpes Zoster all adults aged ≥ 60 years of age						
22	Meningococcal for college freshmen living in dorms						
	Chart	#1	#2	#3	#4	#5	Points
	<i>Initials >>>></i>						
23	Hep A Vaccine (2 dose series)- a. Behavioral: Men who have sex with men and persons who use injection drugs; b) Occupational: persons working with HAV in a research lab setting; c) Medical: Persons with chronic liver disease and persons who receive clotting factor concentrates; Other: Persons traveling to or working in countries with high or intermediate endemicity of Hep A.						
24	Hep B Vaccine (3 dose series) : a. Behavioral: Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g. persons with more than one sex partner during the previous 6 months), persons seeking evaluation or tx for STD, current or recent injection-drug users; and men who have sex with men; b. Occupational: Health-care personnel & public-safety workers exposed to blood or potentially infectious body fluids; c. Medical: persons with end stage renal disease, including pts receiving hemodialysis, persons with HIV & persons with chronic liver disease;						

Provider's Percent Score _____

Maximum Achievable Raw Score = 220 Points

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

**Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Adults/Pediatrics**

Addendum Sheet for Comments – i.e. why criteria was scored negative

Patient's Initials	Item #	Comments

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

**Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Pediatrics (Child & Adolescent)**

Provider _____ Review Date _____
Specialty _____ Reviewer _____
Location _____ Percent Score _____

Directions: Write ☒ if Meets Criteria; X if it does not meet criteria;
NA if not applicable Write comments on attached back page (s)

	Chart	#1	#2	#3	#4	#5	POINTS
	Member Initials						Add Total points.
	Age						
	Gender						
	PCP Start Date						
	INDICATORS						
1	Each page contains patient's name & ID number						
2	Record contains demographic information including address, phone #, emergency contact						
3	All entries contain author' identification. Author's identification may be a handwritten signature, unique electronic identifier or initials						
4	All entries are dated						
5	Each entry is legible to someone other than the writer						
6	Significant illnesses and medical conditions are indicated on the problem list						
7	Medication allergies & adverse reactions are prominently noted in the record. If no known allergies, it is appropriately noted						
8	Past medical history (for patients seen three or more times) is identified. Past medical history relates to prenatal care, birth, operations & childhood illnesses.						
9	Current medications are listed						
10	The history and physical examination identifies appropriate subjective & objective information pertinent to patient's presenting complaints						
11	Laboratory & other studies are ordered , as appropriate						
12	Working diagnosis are consistent with findings						
13	Treatment plans are consistent with diagnosis						

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

**Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Pediatrics (Child & Adolescent)**

14	Encounter forms or notes have a notation, when indicated, regarding follow up care, calls or visits						
	Chart	#1	#2	#3	#4	#5	Points
15	Unresolved problems from previous office visits addressed in subsequent visits						
16	If consultation is requested, there is a note from the consultant in the record or notation of referral results noted						
17	Consultation, lab & imaging reports filed in the chart are initialed by the ordering practitioner to signify review. Consultation, abnormal lab & imaging study results have an explicit notation in the record of follow-up plans						
18	There is no evidence that the patient is placed at inappropriate risk by diagnostic or therapeutic procedure						
19	If appointment missed, documented & recalled as medically necessary						
20	For patients 14 years & older, there is appropriate notation concerning the following risk factors: use of cigarettes, alcohol & substances, exercise and nutrition (for patients seen three or more times, query substance abuse history)						
21	For patients 2 and under, was there an autism screening performed two times (18 months and 24 months)?						
22	Record contains consent for treatment						
23	Individual Health Education / Anticipatory Guidance Teaching documented						
24	Language documented if primary language other than English						
25	Immunization record for children is up to date See Attached Preventive Health Guidelines checklist	See Scores on Attachment A (Preventive Health Guidelines Checklist For Child & Adolescent)					
26	There is evidence that preventive screening & services are offered in accordance with established practice guidelines See Attached Preventive Health Guidelines checklist	See Scores on Attachment A (Preventive Health Guidelines Checklist For Child & Adolescent)					

Administrative Policy: Screening for Autism

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

Ventura County Health Care Plan Primary Care Medical Records Review Tool Pediatrics (Child & Adolescent)

ATTACHMENT-A : Checklist for Preventive Health Guidelines – Child & Adolescent

	Chart	#1	#2	#3	#4	#5	Points
1	*Periodic & Annual Well Child and Adolescent Visits: Well visits for history, physical, social and age appropriate counseling and testing. *Includes assessments of vision, speech, language for pre-school; and physical, social and emotional aspects of health and disease prevention, developmental assessment; Counseling for Nutrition and Physical Activity <ul style="list-style-type: none"> NB through age 24 mo: 9 visits Ages 25 mo through 6 years: annually Ages 7 through 11 years: biennially Ages 12 through 18 years: annually 						
	Physical exam includes following:						
2	Ht & Wt: all ages						
2a	BMI percentile: 24 mo - 19 yrs- 3-17 years						
3	Head Circumference: NB to 24 months						
4	Blood Pressure: Beginning age 3 years						
5	Chlamydia Screening At least one test annually for sexually active females ages 16 to 18						
6	Adolescent Counseling By age 15, discussion and offer of counseling if needed for tobacco, alcohol, sexually transmitted diseases, exercise, safety and drug abuse						
	Immunizations Aged 0-6 years By age 2 years:						
7	<ul style="list-style-type: none"> 4 DTP/DTaP 						
8	<ul style="list-style-type: none"> 3 IPV/OPV 						
9	<ul style="list-style-type: none"> 1 MMR 						
10	<ul style="list-style-type: none"> 3 H influenza type B (Hib) 						

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

**Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Pediatrics (Child & Adolescent)**

11	• 3 Hepatitis B						
12	• 1 Varicella						
13	• 4 PCV						
14	• 3 Rotavirus						
15	• 2 Influenza between the ages of 6 months - 24 months Yearly thereafter						
	Chart	#1	#2	#3	#4	#5	Points
	Immunizations Aged 7 to 18 years						
15	• 1 Tdap Booster (age 11-12 years)						
16	• 3 HPV (beginning age 9- Effective 2014)						
17	• Meningococcal (at age 11-12 & at age 13 to 18 if not previously vaccinated; Also to previously unvaccinated college freshman living in dorms)						
	Catch- up Immunizations (if not previously vaccinated)						
18	• Hep B						
19	• IPV						
20	• 2 MMR						
21	• Varicella if not already had disease						

Provider's Percent Score _____

Maximum Achievable Raw Score = 45 Points

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

**Ventura County Health Care Plan
Primary Care Medical Records Review Tool
Pediatrics (Child & Adolescent)**

Addendum Sheet for Comments – i.e. why criteria scored negative

Patient's Initials	Item #	Comments

**Administrative Policy:
Screening for Autism**

Created: 10/09/15

Effective: 11/12/15

Revised/Reviewed: 2/11/16, 2/9/17, 2/8/18, 2/14/19

B. References:

American Academy of Pediatrics Vol. 120 No. 5 November 1, 2007

www.aap/autism

www.cdc.gov/ncbddd/autism/screening.html

www.tri-counties.org

C. Created by: Catherine Sanders, MD

- Committee Review:
 - UM: November 12, 2015; QAC: November 24, 2015
 - UM: February 11, 2016; QAC: February 23, 2016
 - UM: February 9, 2017; QAC: February 28, 2017
 - UM: February 8, 2018; QAC: February 27, 2018
 - UM: February 14, 2019; QAC: February 26, 2019

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD	Annual review
2/8/18	No	Catherine Sanders, MD	Annual Review
2/14/19	No	Faustine Dela Cruz, RN; Catherine Sanders, MD	Annual Review