Standard 5: Psychological and Social Services

To view examples of standard 5 documentation that Teams have submitted as evidence of compliance of the Standards for Cleft Palate and Craniofacial Teams, please visit: http://www.acpa-cpf.org/standards-examples

5.1 The Team has a mechanism to initially and periodically assess and treat, as appropriate, the psychological and social needs of patients and families/caregivers and to refer for further treatment, as necessary.

34. Describe how the Team identifies patients and families/caregivers who may be in need of further evaluation and treatment for emotional or behavioral issues. The use of a psychologist or social worker is encouraged to serve this function. If another professional serves in this role, please describe his/her qualifications.

Our team Psychologist does a thorough evaluation at the appointment assessing the family dynamics and patient functioning. If there are emotional or behavioral concerns, follow-up is organized with our provider or with an outside referral. If there are serious concerns for safety, social work and/or Child Services is immediately contacted.

35. If these services are provided internally by a professional listed on the team roster (must be listed on Table 2 of this application), submit a note or report from that provider; documentation of a referral is not necessary. **Omit all patient identifying information.** Label as 5.1.35 and limit the attachment to ten pages or fewer.

5.2 The Team has a mechanism to assess cognitive development.

36. Describe how the Team identifies patients who may be in need of further evaluation or treatment for cognitive development issues. The use of a psychologist or social worker is encouraged to serve this function. If another professional serves in this role, please describe his/her qualifications.

Those children that have had surgeries for craniosynostosis are more at risk for cognitive/developmental delays. They are referred to a specialist (PhD), Dr. who performs an extensive cognitive/developmental assessment. Some children are referred to our Center for Autism if applicable.

37. Attach an example from a patient's team record of a referral for evaluation or treatment of **cognitive development** concerns and the resulting report from that evaluation or treatment. If these services are provided internally by a professional listed on the team roster (must be listed on Table 2 of this application), submit a note or report from that provider; documentation of a referral is not necessary. **Omit all patient identifying information.** Label as 5.2.37 and limit the attachment to ten pages or fewer.

(5.1.35) Attach an example from a patient's team record of a referral for evaluation or treatment of **emotional** or **behavioral** concerns and the resulting report from that evaluation or treatment. Limit attachment to ten pages or fewer & omit PHI.

Office Visit 1/19/2017
Pediatric Psychology

Provider: [redacted] (Pediatric Psychology)
Primary diagnosis: Cleft lip and palate, bilateral
Reason for visit: Chronic Illness; Referred by [redacted]

Progress Notes

[redacted] (Physician) • Pediatric Psychology

PEDIATRIC BEHAVIORAL HEALTH INITIAL EVALUATION

Date of Service: January 19, 2017
Service Provided: 96150 Outpatient Health and Behavior Initial Evaluation (30 minutes)
Present at Session: [redacted] and his parents
Start time: 11:06 a.m. End time: 11:36 a.m.

[redacted] old male diagnosed with cleft lip and palate, as well as a complex medical history, seen as part of multidisciplinary craniofacial anomaly clinic. Areas of functioning discussed in today's evaluation include:

- **Medical Concerns** [redacted] described [redacted] complicated medical history including being born with bilateral cleft lip and palate, and developing hydrocephalus at six months requiring emergent surgery. Family reports that [redacted] was diagnosed with his cleft lip prenatally, and the family was "shocked at first" as they did not know what to expect. However, as they researched the diagnosis and treatment, and were connected with a family acquaintance who was born with and treated for cleft, they became more comfortable. [redacted] has undergone four surgeries thus far, with which he is reported to have coped well. [redacted] describes that he and his wife have only been married two years and the stress of [redacted] medical needs, as well as other things, results in them having "squabbles" at times. Family reports additional anticipated medical care will include an additional neurosurgery.
- **Early Development** [redacted] does not crawl and gets around by scooting on his bottom. He is beginning to cruise along the furniture. He is reported to love playing with his sister.
- **Sleep and Appetite** [redacted] is reported to sleep well through the night "a full eight hours" and will nap for 60 to 90 minutes during the day. [redacted] is reported to eat well. [redacted] reports that she is attempting to get food stamps as an additional support for the family, though is having some difficulty due to issues with obtaining pay stubs.
- **Emotional/ Behavioral Functioning** [redacted] is described to be a "happy" toddler.
- **Family Functioning** [redacted] lives with his parents, sister (age three years), and paternal grandmother in [redacted] [redacted] is working 20 hours per week at Dollar Tree and [redacted] works in home remodeling and the availability of work for him is intermittent. Significant events affecting the family, in addition to those described above, including [redacted] father passing away the day prior to their wedding, and the couple subsequently moving in with his mother. Department of Children and Family Services is involved with the family due to concerns with parents meeting [redacted]s medical needs. Parents expressed concern related to the cost of parking for these appointments, making it difficult for them to attend at times. This writer will reach out to colleague in social work in order to touch base with the family and determine if additional resources might be available. Family medical history is reported to be significant for cancer, DM II, and cardiac

disease. Family mental health history is reported to be significant for anxiety and depression.

Impressions/ Plan: [redacted] is a 15-month-old boy with a complex medical history and psychosocial situation. Family has previously attended part of the multidisciplinary clinic, though left prior to meeting with this writer. Met with family today as part of routine multidisciplinary cleft lip and palate clinic. Family is anticipating an additional neurosurgery and primary concern expressed during this evaluation was availability of resources, due to their own limited financial situation. These concerns include availability and access of food and difficulty obtaining food stamps, and the cost of parking for these appointments, making it difficult for them to attend at times. This writer will reach out to colleague in social work in order to touch base with the family and determine if additional resources might be available. Will otherwise plan to follow up with family during future multidisciplinary appointments.

Psy.D.
Pediatric Psychologist
Center for Pediatric Behavioral Health/ S20
Pager:

Additional Documentation

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 1/23/2017 5:20 PM

None

Visit Diagnoses

Cleft lip and palate, bilateral Q37.8
Congenital malformation of ear Q17.9
Congenital hydrocephalus (HCC) Q03.9

Office Visit 7/5/2016 Provider (Psychology)
Psychiatry Primary diagnosis: Craniosynostosis

Progress Notes (Psychologist) • Psychology

Department of Psychiatry and Psychology
Section of Neuropsychology

Neuropsychological Evaluation Report

CONFIDENTIAL

PATIENT NAME: [redacted]
CCF NO.: [redacted]
ATTENDING STAFF: PhD
DATE OF SERVICE: 07/05/2016
DATE OF BIRTH: [redacted]
REFERRAL SOURCE: Dr.

BACKGROUND AND REFERRAL INFORMATION: [redacted] is a 2 ½ year old, young girl of indeterminate handedness who was seen for neuropsychological evaluation as a follow-up to neurosurgery.

[redacted] birth, medical and developmental histories are notable for craniosynostosis diagnosed at 2 months of age. She was born at 38.5 weeks gestation to an uncomplicated pregnancy, labor and delivery. A craniectomy was planned to treat metopic craniosynostosis. [redacted] had surgery on March 19 of 2014. There is no other significant medical history of illness or injury. She is meeting developmental milestones on time. There are no concerns regarding sleep, appetite or mood. She has a 7 month old brother and is very affectionate towards him. She enjoys playing with older children but is working on sharing. Her favorite activities include games, being outside, dolls, pretend cooking, jumping and building things.

[redacted] is in preschool and is doing well. She is very bright and there are no issues at school. She has friends and is well socialized.

BEHAVIORAL OBSERVATIONS: [redacted] was casually dressed and neatly groomed. Her mother was interviewed while she was being tested. There were no obvious motor difficulties. She was friendly and cooperative. She seemed to enjoy the interactions with the examiner, but occasionally asked to see her mother. She was very attached to her teddy bear and the bear was present during testing. She was alert and seemed interested in most of the tests. Her speech was fluent and well-articulated. Comprehension of test questions and instructions was not problematic. She appeared to work to the best of her ability and results are felt to accurately reflect her skills at this time.

TESTS USED: Bayley Scales of Infant Development-Third Edition and Achenbach Child Behavior Checklist.

TEST RESULTS: The Bayley Scales of Infant and Toddler Development-3rd Edition measures skill acquisition in Cognitive, Language and Motor Domains. Scores are compared to those of same aged peers. [redacted] Cognitive score is 115 which is in the high average range of ability. Her Receptive Communication score is in the superior range (ss=14) as is her Expressive Communication score (ss=15). Her overall Language score is at the upper end of the superior range (SS=127). Fine Motor and Gross Motor skills are in the average range (ss=11 for both) and her overall score is at the upper end of the average range (SS=107).
*Scaled scores (ss) have a mean of 10 and a standard deviation of 3 while Standard Scores (SS) have a mean of 100 and a standard deviation of 15.

The Achenbach Child Behavior Checklist is a measure of behavioral functioning. [redacted] mother completed this questionnaire, but there are no significant elevations on any of the subscales.

SUMMARY AND IMPRESSIONS: [redacted] is a 2 ½ year old girl of non-determined handedness who was seen for evaluation as a follow-up to neurosurgery to correct metopic craniosynostosis. There are no concerns regarding her development/acquisition of developmental milestones. She started going to preschool in October of 2015 mainly to help with socialization. She is very bright and has done quite well. There are no behavioral concerns. Her scores on the Bayley Scales of Infant and Toddler Development range from average to superior. General Cognitive skills are high average, Language skills are superior and Motor skills are in the average range. Her mother had no behavioral concerns.

[redacted] is demonstrating strong cognitive development and there are no concerns. I have no specific recommendations. I feel she will continue to demonstrate this skills and does not require further assessment. If there are any changes or concerns, I am of course happy to see her again.

It was a pleasure meeting [redacted] and her mother. Please do not hesitate to contact me if you have any concerns regarding this evaluation.

PhD
Pediatric Neuropsychologist
2 hours staff time

Office Visit 12/26/2014 Provider Psychology)
Psychiatry Primary diagnosis: Scaphocephaly

Progress Notes Psychologist) • Psychology

Department of Psychiatry and Psychology
Section of Neuropsychology

Neuropsychological Evaluation Report

CONFIDENTIAL

PATIENT NAME: [redacted]
CCF NO.:
ATTENDING STAFF: PhD
DATE OF SERVICE: 12/26/2014
DATE OF BIRTH: [redacted]
REFERRAL SOURCE: RNFA

BACKGROUND AND REFERRAL INFORMATION: [redacted] old, left handed boy who was seen for neuropsychological assessment after undergoing surgery for craniosynostosis. His surgery was in January of 2014.

He was born at term to a pregnancy complicated by gestational diabetes. Labor and delivery were notable for difficulty with dilatation and eventual delivery via C-section. He was "tongue tied" and had trouble latching. His medical history is otherwise benign. There are no reported difficulties with sleep, appetite or mood. When he gets excited he does not eat, but in general there are no concerns. There is no indication of significant CNS trauma or infection. Early motor milestones were achieved appropriately. His speech is slightly below age expectations. There are no gross motor concerns, but he has some slight fine motor issues, problems with attention and speech. He lives with his parents and a younger sister. He and his sister have a fairly typical relationship. He gets along well with others and is friendly and playful. He is very interested in Space, robots, playing with blocks and Legos. [redacted] is in preschool and has regular classroom placement. He receives speech therapy once a week.

BEHAVIORAL OBSERVATIONS: [redacted] came to the evaluation with his parents. He was shy initially and wanted his parents with him during testing. He quickly adjusted to his surroundings and his parents were taken away for interview. He was amenable to testing and appeared to be in a good mood. There were no language deficits noted. His pencil grasp was somewhat awkward. His comprehension of test instructions was not problematic. His problem solving style was generally logical and thoughtful. At times he appeared to be slightly bored and would give silly answers. He has a little difficulty sitting still in the examiner's office. There was no confusion. Test results are believed to accurately reflect his skills at this time.

TESTS USED: Wechsler Preschool and Primary Scale of Intelligence-III, Bracken School Readiness Assessment, Expressive One Word Picture Vocabulary Test, Peabody Picture Vocabulary Test-IV, Beery Buktenica Developmental Test of Visual-Motor Integration, Achenbach Child Behavior Checklist.

TEST RESULTS: The Wechsler Preschool and Primary Scale of Intelligence -III was used to assess general intellectual ability. [redacted] obtained a Full Scale IQ score of 110 which is in the high average

range. His Verbal IQ score of 120 is superior and Performance IQ is 97 which is average for his age. His subtest scores were high average or better with the exception of a Visuoconstructional tasks which is in the low average range.

The Bracken School Readiness Assessment tests his knowledge of colors, letters, numbers/counting, sizes/comparisons and shape[redacted]verall score of 109 is at the upper end of the average range. He knew 70% of the colors, 40 % of the letters, 33% of the numbers/counting tasks, 64% of the sizes and comparisons questions and 75% of the shapes.

On a measure of confrontation naming, the Expressive One-Word Picture Vocabulary Test, his score (110) is in the high average range. The Peabody Picture Vocabulary Test is a measure of receptive vocabulary. His score of 116 is in the high average range.

[redacted]is left hand dominant and used this hand consistently throughout the evaluation to write and draw. Visual motor integration (Beery VMI, Sixth Edition) which requires copying line drawings of increasing difficulty, is in the moderately low range.

The Achenbach Child Behavior Checklist is a measure of emotional and behavioral functioning. There are no elevations on any of the subscales.

SUMMARY AND IMPRESSIONS: [redacted] who was seen for evaluation after undergoing surgery to correct craniosynostosis. Birth and developmental history are notable for some speech delay, but he is doing well in preschool and receives speech therapy once a week. There are no concerns about sleep, appetite or mood. [redacted] lives in a stable and loving home environment. He appeared to work to the best of his ability on the testing. He is very well developed verbally and in general has average intellectual ability. He has an age appropriate knowledge of information such as colors, shapes, numbers, and letters. His graphomotor/visuomotor integration is lower than the rest of his abilities, but this may resolve with time. If he does not appear to be developing better fine motor skills, an occupational therapy evaluation would be helpful to provide him with the structure he needs. There are no behavioral concerns at this time. [redacted] appears to be doing well.

It was a pleasure meeting [redacted] and his parents. Please feel free to contact me with any questions you may have regarding this evaluation.

PhD
Pediatric Neuropsychologist
2 hours staff time

Additional Documentation

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 1/9/2015 10:56 AM

None

Visit Diagnoses

Scaphocephaly 756.0