



Current Status: Active

PolicyStat ID: 5027039



Origination:	03/2016
Effective:	01/2019
Last Approved:	01/2019
Last Revised:	01/2019
Next Review:	01/2020
Owner:	<i>Darlene Owens: Director, Substance Use Disorders, Initiatives</i>
Policy Area:	<i>Substance Use Disorders</i>
References:	

Fetal Alcohol Spectrum Disorder

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that a comprehensive array of services and supports that promote recovery, self-determination, community integration and participation, optimum independence, productivity and family resiliency will be provided to eligible consumers and their families through the Fetal Alcohol Spectrum Disorder (FASD) services.

PURPOSE

To provide standards and procedures regarding the provision of FASD services.

APPLICATION

This policy applies to the SUD providers, especially the Women Specialty Services (WSS) programs that provide Substance Use Disorder (SUD) and ancillary services to women who are of childbearing age, 11 to 44. Block Grant and PA 2 funding pays for FASD screening, testing if applicable and SUD treatment services.

KEY WORDS

Fetal Alcohol Spectrum Disorders (FASD):

STANDARDS

FASD SCREENING

1. For any treatment and prevention program that serves women, it is required that the program complete the Fetal Alcohol Spectrum Disorder (FASD) prescreen for children that they interact with during their mother's treatment episode. This is a routine practice for all FASD screening to be conducted for all women at-risk of drinking alcohol during their pregnancy. All contracted SUD providers must show the CD: *Recovering Hope Mothers speak out about Fetal Alcohol Spectrum Disorders* during intake.
2. Substance abuse clinicians do not need to be able to diagnose a child with any disorder in the spectrum of FASD, but do need to be able to screen for the conditions of FASD and make the proper referrals for diagnosis and treatment. The decision to make a referral can be difficult. When dealing with the biological family, issues of social stigma, denial, guilt and shame may surface. For adoptive families, knowledge of alcohol use during pregnancy may be limited. The following guidelines were developed to assist clinicians in making the decision as to whether referral is needed. Each case should be evaluated individually.

However, if there is any doubt, a referral to a FASD Diagnostic Clinic should be made.

3. Guidelines for FASD screening and referral:

- a. When prenatal alcohol exposure is known and other FAS characteristics are present, a child should be referred for a full FASD evaluation when substantial prenatal alcohol use by mother (i.e., seven or more drinks per week, three or more drinks on multiple occasions, or both) has been confirmed.
- b. When substantial prenatal alcohol exposure is known, in the absence of any other positive criteria (i.e., small size, facial abnormalities or central nervous system problems), the primary care physician should document exposure and monitor the child for developmental problems.
- c. When information regarding prenatal exposure is unknown, a child should be referred for a full FASD evaluation for any one of the following:
 1. Any report of concern by a parent or caregiver that a child has or might have FASD
 2. Presence of all three facial features
 3. Presence of one or more facial features with growth deficits in weight, height or both
 4. Presence of one or more facial features with one or more central nervous system problems
 5. Presence of one or more facial features with growth deficits and one or more central nervous system problems
- d. There are family situations or histories that also may indicate the need for a referral for a diagnostic evaluation. The possibility of prenatal exposure should be considered for children in families who have experienced one or more of the following:
 1. Premature maternal death related to alcohol use (either disease or trauma)
 2. Living with an alcoholic
 3. Current or history of involvement with Child's Protective Services
 4. A history of transient care-giving institutions
 5. Foster or adoptive placements (including kinship care)
- e. The attached *Fetal Alcohol Syndrome (FAS) Pre-Screen Form* can be used to complete the screening process. It also lists the Fetal Alcohol Diagnostic Clinics located in Michigan with telephone numbers for each referral. These clinics complete FASD evaluations and diagnostic services. The clinics also identify and facilitate appropriate health care, education and community services needed by persons diagnosed with FAS.

QUALITY ASSURANCE/IMPROVEMENT

The DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, SUD providers, their subcontractors and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWPHN staff, MCPNs, SUD providers, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual

requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

Michigan Department of Community Health Fetal Alcohol Spectrum Disorders Program FAS Screen.

RELATED POLICIES

None

RELATED DEPARTMENTS

1. Clinical Practice Improvement
2. Quality Improvement
3. Recipient Rights
4. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

EXHIBIT

Fetal Alcohol Syndrome (FAS) Pre-Screen Form

COPY

Attachments:

[FASD Screening Tool](#)

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

01/2019

Approver	Date

COPY

**Michigan Department of Community Health
Fetal Alcohol Spectrum Disorders Program
FETAL ALCOHOL SYNDROME (FAS) PRE-SCREEN**

FAS is a birth defect caused by alcohol use during pregnancy. FAS is a medical diagnosis. This form is not intended to take the place of a diagnostic evaluation.

Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Race:
City/State/Zip code:		Birth Date:
Parent/Caregiver Name(s):		Home Phone:
<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Other		Work Phone:

If two or more of the identifiers listed below are noted, the individual should be referred for a full FAS diagnostic evaluation.

IDENTIFIERS	Check or explain if a concern exists
1. Height and weight seem small for age	
2. Facial features (See diagram above)	
3. Size of head seems small for age	
4. Behavioral concerns: (Any one of these qualifies as an identifier) <ul style="list-style-type: none"> • Sleeping/eating problem • Mental retardation or IQ below familial expectations • Attention problem/impulsive/restless • Learning disability • Speech and/or language delays 	

<ul style="list-style-type: none"> • Problem with reasoning and judgment • Acts younger than children the same age 	
5. Maternal alcohol use with pregnancy	

Any previous diagnosis: _____

Screener: _____ Agency: _____

Contact the nearest center to schedule a complete FAS diagnostic evaluation.

FAS DIAGNOSTIC CENTERS IN MICHIGAN	
Ann Arbor: 734-936-9777	Grand Rapids: 616-391-2319
Marquette: 906-225-225-4777	
Detroit: 313-993-3891	Kalamazoo: 269-387-7073