

**Early Childhood Development and Health Programs
Lead State Agency: Arizona Health Care Cost Containment System**

Attachment A

	Medicaid – Arizona Health Care Cost Containment System (AHCCCS) Program	Medicaid – Arizona Long Term Care Program (ALTCS)	State Children's Health Insurance Program (KidsCare)
Purpose	To provide health services (acute and behavioral health services) to low-income populations who qualify for Medicaid.	To provide health services (acute, behavioral health and long term care services) to low-income populations who qualify for Medicaid and are at risk of institutionalization.	To provide health services (acute and behavioral health services) to low-income children and their parents who do not qualify for Medicaid due to higher income levels.
Responsible Agency and Statutory Authority	<p>Federal U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services</p> <ul style="list-style-type: none"> ▪ Title XIX of Social Security Act and 42 CFR <p>State AHCCCS Administration</p> <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 29, Article 1 and A.A.C. Title 9, Chapter 22 	<p>Federal U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services</p> <ul style="list-style-type: none"> ▪ Title XIX of Social Security Act and 42 CFR <p>State AHCCCS Administration</p> <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 29, Article 2 (ALTCS) and A.A.C. Title 9, Chapter 29 	<p>Federal U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services</p> <ul style="list-style-type: none"> ▪ Title XXI of Social Security Act and 42 CFR <p>State AHCCCS Administration</p> <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 29, Article 4 and A.A.C. Title 9, Chapter 31
Target Population and Eligibility	<p>Low income children, pregnant woman, families and blind, aged or disabled individuals: Eligibility varies depending on the eligibility category.</p> <p>For children under 6 years of age the AHCCCS Program covers children who meet U.S. citizenship requirements* and who are typically are:</p> <ul style="list-style-type: none"> ▪ Under age one with family income at or below 140% of FPL ▪ Ages 1 through 5 with family income is at or below 133% of FPL ▪ Eligible for Title IVE foster care of adoption subsidy ▪ Newborns of mothers who were receiving Medicaid when the child was born ▪ Are blind or disabled <p>*Children who meet the eligibility requirements of</p>	<p>Individuals who are at risk of institutionalization, including those who are elderly, or have a physical disability (EPD) or developmental disability (DDD).</p> <p>For children under 6 years of age, the ALTCS Program covers children who meet U.S. citizenship requirements and who:</p> <ul style="list-style-type: none"> ▪ Have a family income that is at or below 300% of the Federal Benefit Rate ▪ Are determined to be at immediate risk of institutionalization in either a nursing facility or an ICF/MR* <p>*Individuals enrolled in ALTCS but fail to be immediate risk of institutionalization at redetermination are enrolled in the ALTCS Transitional Program.</p>	<p>Low income children who:</p> <ul style="list-style-type: none"> ▪ Are under age 19 years ▪ Have family incomes below 200% of FPL ▪ Are U.S. citizen or qualified immigrant ▪ Have no health insurance ▪ Do not have parents who are employed by the State ▪ Are not Medicaid or Medicare eligible <p>Low income parents of children</p> <ul style="list-style-type: none"> ▪ Are under age 19 years ▪ Have family incomes below 200% of FPL ▪ Are U.S. citizen or qualified immigrant ▪ Have no health insurance ▪ Are not employed by the State ▪ Are not Medicaid or Medicare eligible ▪ Pay monthly premiums

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	<p>one of the Medicaid categorical groups above but do not meet citizenship or qualified immigrant status are eligible to receive emergency services.</p>		
Services Provided	<p>AHCCCS Program provides following type of health services</p> <ul style="list-style-type: none"> ▪ Acute medical services include hospital services, outpatient health services, pharmacy, durable medical equipment, laboratory and X-ray, home health, specialty care, EPSDT. ▪ Behavioral health services include treatment services, rehabilitative services, medical services, inpatient, crisis intervention, residential, day programs, prevention and support services (see ADHS – behavioral health services for more detail). ▪ Targeted case management is provided to children who are developmentally disabled (see DES-DDD for more detailed information). 	<p>ALTCs Program provides the following type of health services:</p> <ul style="list-style-type: none"> ▪ Acute medical services (see AHCCCS Program for listing) ▪ Behavioral health services (see AHCCCS Program for listing) ▪ Long term care service include home and community-based services (adult day health, home delivered meals, home health agency, homemaker, personal care, respite, habilitation, attendant care, home modifications, in-home private duty nursing services, emergency alert system), alternative residential settings (adult foster care, assisted living, hospices, group homes, rural substance abuse transitional agencies) and institutional care (nursing facilities, ICF-MR) ▪ Case management services 	<p>The same acute medical and behavioral health services provided to Medicaid AHCCCS enrolled children are also provided to children who are SCHIP-eligible (see AHCCCS Program for listing)</p>
Service Providers	<p>Responsible service providers vary depending on type of service being provided:</p> <ul style="list-style-type: none"> ▪ Most acute medical services are provided through contracted managed care organizations that contract with a network of acute care providers. Additionally, for on-reservation children services may be provided by Indian Health Services or Tribal Contractors. ▪ Some acute care services for children with special health care needs are provided by ADHS, Children's Rehabilitative Program (see description under ADHS for children with special health care needs). 	<p>Responsible service providers vary depending on the child's medical condition.</p> <ul style="list-style-type: none"> ▪ For children with physical disabilities, capitated program contractors are responsible for delivering acute medical, behavioral health services and long term care services. Case management services are provided by the program contractors. ▪ For children with developmental disabilities, the DES, Division of Developmental Disabilities is responsible for delivering acute medical, behavioral health services and long term care services (see DES-DDD for more detailed description). 	<p>The service providers are the same as those used to provide services to Medicaid eligible children (see AHCCCS Program for listing).</p>

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	Behavioral health services are provided by ADHS who contracts with Regional Behavioral Authorities (RBHA). The RBHAs in turn contract with behavioral health providers (see description under ADHS for Children's Behavioral Health).		
Number on Waiting List	Medicaid is an entitlement program and thus waiting lists are not allowed.	Medicaid is an entitlement program and thus waiting lists are not allowed.	Unlike Medicaid, SCHIP is not an entitlement program. States are granted a set amount of money each year. To date AHCCCS has not had to limit enrollment due to a lack of available federal funds.
Other Identified Service Gaps	There appear to be some unquantified service gaps in developmental specialty areas such as physical and occupational therapy. More providers need to be trained in and utilize the PEDS developmental screening tool (Parent's Evaluation of Developmental Status is a ten item parent questionnaire used for children birth to 8 years of age.)	(See Medicaid - AHCCCS Program)	(See Medicaid – AHCCCS Program)

**** AHCCCS Enrollment and Expenditure Data - Assumptions**

- Because children may move between programs over a 12-month period, a "monthly basis average" by program (i.e. Medicaid Acute, ALTCSS, SCHIP) could lead to duplication of individuals across programs. However, a "12-month period total" would remain unduplicated within each program.

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	Children with Special Health Care Needs/ Children's Rehabilitative Services	Women, Infants & Children	High Risk Perinatal/Newborn Intensive Care Program
Purpose	To improve the quality of life for children by providing family-centered medical treatment, rehabilitation, and related support services to enrolled children who have certain medical, handicapping, or potentially handicapping conditions.	To improve the nutritional status of income eligible pregnant, breastfeeding and postpartum women, infants and children up to the age of 5 years who are determined medically at risk.	To reduce maternal and infant mortality and morbidity through the provision of health and support services to high risk pregnant women and critically ill newborns.
Responsible Agency and Statutory Authority	<u>Federal</u> US Department of Health and Human Services <ul style="list-style-type: none"> ▪ Center for Medicare & Medicaid Services (see AHCCCS - Medicaid and SCHIP) ▪ Health Resources and Services Administration, Maternal and Child Bureau: Maternal and Child Health (MCH) Block Grant - Title V of the Social Security Act and 45 CFR, Part 96. <u>State</u> ADHS, Division of Behavioral Health and Children with Special Health Care Needs <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 2, Article 3 and A.A.C. Title 9, Chapter 7. 	<u>Federal</u> US Department of Agriculture, Food and Nutrition Services <ul style="list-style-type: none"> ▪ Section 17 Child Nutrition Act of 1966 and 7 CFR, Part 246 <u>State</u> ADHS, Division of Public Health Services <ul style="list-style-type: none"> ▪ ARS 46.331, ARS 36-700 and ARS 36-132(A)(9) 	<u>Federal</u> US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Bureau: <ul style="list-style-type: none"> ▪ Maternal and Child Health (MCH) Block Grant - Title V of the Social Security Act and 45 CFR, Part 96. (funding to support community health nurses follow children that are eligible for ADHS, Office for Children with Special Health Care Needs services) <u>State</u> ADHS, Division of Public Health Services, Bureau of Women's and Children's Health <ul style="list-style-type: none"> ▪ No statute (Line item in appropriations)
Target Population and Eligibility	Children who: <ul style="list-style-type: none"> ▪ Are Arizona residents under 21 years of age ▪ Have an identified qualifying physical disability, chronic illness or medical condition that is potentially disabling (e.g., club foot, birth defects, cerebral palsy, cystic fibrosis, spina bifida, sickle cell anemia) Children who are determined eligible under AHCCCS (Medicaid or SCHIP) receive the	Participants include: <ul style="list-style-type: none"> ▪ Women who are: 1) pregnant (during pregnancy and up to 6 weeks after birth of infant or the end of the pregnancy) 2) postpartum (up to 6 months after the birth of the infant or the end of the pregnancy) or 3) breastfeeding up to the infant's first birthday. ▪ Infants up to the first birthday ▪ Children up to the child's fifth birthday 	Participants are: <ul style="list-style-type: none"> ▪ All high risk pregnant women in need of emergency transport to higher level of care ▪ All neonates who are either transported to a NICU or who spend at least 72 hours in a NICU. These infants are followed by community health nurses until age three or when they are referred to another program (e.g., AzEIP)

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	Children with Special Health Care Needs/ Children's Rehabilitative Services	Women, Infants & Children	High Risk Perinatal/Newborn Intensive Care Program
	<p>services under AHCCCS.</p> <p>Children who are not eligible for AHCCCS may enroll in the state-only program. State-only children fall into two eligibility categories: 0-pay or 100% pay, depending on family income.</p>	<p>These participants must:</p> <ul style="list-style-type: none"> ▪ Be Arizona residents ▪ Have incomes at or below 185% of FPL or be eligible for Medicaid, TANF, Food Stamps ▪ Be at nutrition risk, e.g., poor diet, anemia, underweight or history of poor pregnancy outcome. 	
Services Provided	<p>CRS contracted clinics provide:</p> <ul style="list-style-type: none"> ▪ Medical services related to treating the qualifying diagnosis may include but is not limited to: wheelchairs, medical supplies, home health services, medicine, therapies, hospital services, durable medical equipments, treatment for eyes and ears. ▪ Support services (e.g., facilitate obtaining other needed services, educate families, and coordinate services). 	<p>Major program components include:</p> <ul style="list-style-type: none"> ▪ Nutrition education provided at WIC clinics – individual counseling, group classes and educational materials. ▪ Screening for infant/child immunization and lead. ▪ Referrals to other health and social services. ▪ Breastfeeding – individual counseling or group classes, breast pumps, educational materials. ▪ Supplemental foods via checks/vouchers provider to participants to purchase specific foods each month that are high in protein, calcium, iron and Vitamins A and C. ▪ Food Market Nutrition Program (FMNP) that provides FMNP vouchers to WIC participants to purchase fresh, unprepared locally-grown vegetables and fruits from farmer's markets or roadside stands. 	<p>Four major components include:</p> <ul style="list-style-type: none"> ▪ Maternal and neonatal transport services –to available higher levels of care. Also infant transport back to the community hospital near the family after the acute hospitalization. ▪ Hospital and inpatient physician services – comprehensive developmentally and risk appropriate care to critically ill infants within a hospital setting (NICU). ▪ Community nursing services – facilitates transition of child from NICU to home, periodic monitoring of child's medical and developmental needs, identifying those needing referral to intervention programs. Uses home visits (4 per year) to provide support and education to family. ▪ Developmental follow-up – conduct developmental assessment for infants after discharge if concerns about potential developmental delay and referral to DDD (see AZEIP). <p>No Lab services are provided under this Program</p>
Service Providers	<p>ADHS contracts with four CRS Regional Clinics that are responsible for delivering program services. These clinics are located in Phoenix, Tucson, Flagstaff and Yuma.</p>	<p>ADHS contracts with 21 community organizations (county health departments, community health centers, faith-based organization) who in turn offer a total of 127 WIC locations, statewide.</p> <p>ADHS is part of a Western States Consortium</p>	<p>ADHS contracts with:</p> <ul style="list-style-type: none"> ▪ Hospitals that are certified as Level II, II Enhanced Qualification or Level III NICU by Arizona Perinatal Trust ▪ Neonatologists to provide services in hospital ▪ Specialty transportation vendors

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	Children with Special Health Care Needs/ Children's Rehabilitative Services	Women, Infants & Children	High Risk Perinatal/Newborn Intensive Care Program
Number on Waiting List	Waiting lists are not allowed for those AHCCCS eligible children. There are not waiting lists for the state-only population. 0	(WESCA) that contracts with infant formula manufacturers for the purposed of providing one brand of infant formula, that the manufacture in turn will give the state a rebate for each can of infant formula purchased, as required by federal regulations. This allows more individuals to be served, e.g., 6 infants on a contract formula can be served for every infant on a non-contract formula. For the last 5 years, the contract was with Mead Johnson but starting October, the contract will be with Ross Laboratories.	<ul style="list-style-type: none"> ▪ Every perinatologist and neonatologist for 24/7 consultation (via 1-800 line) and if necessary, facilitate transport ▪ 16 different providers of community health nursing services, often county or independent contractors
Other Identified Service Gaps	Arizona Administrative Rule places certain limits on covered services for CRS members, and in general, care is limited to the CRS-eligible condition.	<p>Federal government has established a priority system for participation if a local WIC agency reaches its maximum case load. For example, pregnant women, breastfeeding women and infants determined to be at nutrition risk because of nutrition-related medical condition are the top priority.</p> <p>At this time, there are no waiting lists in any of the local agencies.</p>	No waiting lists
			The High Risk Perinatal Program began a Developmental Services Program in FY 2006 to meet a gap that was identified. Years ago there were Developmental Clinics where all discharged NIPC infants were referred if developmental delays were identified. The funding went away for the clinics and as a result the Program contracted with providers to provide developmental evaluation and anticipatory guidance to infants who were identified with delays but who did not qualify for AZEIP and who had no insurance or whose insurance did not cover developmental services. The referral must come from the PCP of the infant. These contracts have not been utilized to any significant extent. The

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	Children with Special Health Care Needs/ Children's Rehabilitative Services	Women, Infants & Children	High Risk Perinatal/Newborn Intensive Care Program
			contractors tell us that no one refers to them. The community health nurses conduct an Ages and Stages or Denver II and send the results through the parents to the PCP.

	Children's Behavioral Health Services	Primary Care Program: Community Health Centers	Health Start
Purpose	To provide a comprehensive array of behavioral health services to children in Arizona.	To provide primary health care services to low-income at risk uninsured and other underserved residents of the State with the goal to reduce health disparities and improve health outcomes.	To provide education, support and advocacy services to pregnant/postpartum women and their families in targeted communities across Arizona by utilizing lay health workers. Goal is to prevent low birth weight infants, increase care for high-risk pregnant women and the infant and ensure the child is immunized
Responsible Agency and Statutory Authority	<u>Federal</u> US Department of Health and Human Services <ul style="list-style-type: none"> ▪ Center for Medicare and Medicaid Services (see AHCCCS - Medicaid and SCHIP) ▪ Substance Abuse and Mental Health Services Administration, Center for Mental Health Services –Public Health Services Act, Title XIX, Part B and 45 CFR Part 96 <u>State</u> ADHS, Division of Behavioral Health Services <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 34, Article 3 	<u>Federal</u> US Department of Health and Human Services: <ul style="list-style-type: none"> ▪ Health Resources and Services Administration, Bureau of Primary Health Care – Public Health Services Act, Section 330 and 42 CFR Part 51c (for Community Health Centers in general) <u>State</u> ADHS, Division of Public Health Services, Office of Health Systems Development <ul style="list-style-type: none"> ▪ ARS 36-2907.05 ▪ Regulations: A.R.S 36-2171 	<u>Federal</u> None. <u>State</u> ADHS, Division of Public Health Services, Office of Women's and Children's Health <ul style="list-style-type: none"> ▪ ARS 36-697
Target Population and Eligibility	All children with a behavioral health condition who: <ul style="list-style-type: none"> ▪ Are enrolled in AHCCCS or ALTCSS-DDD 	Persons of any age must: <ul style="list-style-type: none"> ▪ Be Arizona residents ▪ Be uninsured 	Participants must be: <ul style="list-style-type: none"> ▪ Residing in a community/neighborhood that ADHS has determined has a high incidence of

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	Children's Behavioral Health Services	Primary Care Program: Community Health Centers	Health Start
	<ul style="list-style-type: none"> ▪ (See AHCCCS) ▪ Are not eligible under AHCCCS but have a qualifying behavioral health condition. 	<ul style="list-style-type: none"> ▪ Have a family income no great than 200% of FPL ▪ Be ineligible for AHCCCS, KidsCare or Medicare 	<p>inadequate prenatal and infant health care, low birth weight infants and inadequate childhood immunization rates.</p> <ul style="list-style-type: none"> ▪ Pregnant woman ▪ Mother/family with child under age of 2
Services Provided	<p>The following behavioral health services are provided:</p> <ul style="list-style-type: none"> ▪ Treatment services (counseling/therapy, assessment** and screening) ▪ Rehabilitative (skills training, health promotion, cognitive rehab, psychosocial education) ▪ Medical services (medication, ECT, medication management, lab and radiology) ▪ Support services (case management, personal care, family support, self-help, home care training, transportation, supportive housing, respite, oral translation, non-medically necessary services) ▪ Inpatient behavioral health services ▪ Crisis intervention ▪ Residential ▪ Day programs ▪ Prevention <p>**Uses a Birth to 5 Assessment Tool</p>	<p>The following clinically related services are provided:</p> <ul style="list-style-type: none"> ▪ Outreach services ▪ Primary and preventative health services ▪ Diagnostic laboratory and imaging services ▪ Pharmacy services ▪ Health education and health promotion ▪ Referral, tracking and follow-up services ▪ Well-woman Healthcheck services and EPSDT for children. ▪ Prenatal care and family planning services ▪ Preventative dental services ▪ Transportation ▪ Same day services ▪ Emergency stabilization and 24-hour medical coverage ▪ Behavioral health services <p>*A sliding fee scale is applied to all covered services.</p>	<p>The lay workers make home visits and provide case management services with oversight by nurses and social workers. Specific required activities include:</p> <ul style="list-style-type: none"> ▪ Identify screen and enroll pregnant women ▪ Assist pregnant women in obtaining prenatal care services. ▪ Educate participant on appropriate prenatal and infant/child care ▪ Assist in obtaining age appropriate immunizations ▪ Provide participants with a list of available services in community ▪ Administer the Ages and Stages Developmental Assessment, if the assessment result recommends possible further evaluation the child will be referred to the Arizona Early Intervention Program for further evaluation.
Service Providers	<p>ADHS:</p> <ul style="list-style-type: none"> ▪ Contracts with Regional Behavioral Health Authorities (RBHAs) who in turn contract with service providers. ▪ Has an IGA with several Tribes to deliver behavioral health services to tribal members living on the reservation. 	<p>Through competitive grants, ADHS contracts with 19 public and nonprofit entities (community health centers) of which:</p> <ul style="list-style-type: none"> ▪ 10 are federally qualified health centers ▪ 11 provide services in rural Arizona ▪ 142 clinics are available in 13 counties ▪ 41 sites are school-based with 4 school-linked 	<p>Through competitive grants ADHS contracts with 16 contractors that provide services in rural and urban areas throughout the state.</p> <ul style="list-style-type: none"> ▪ 9 county health departments ▪ 4 community health centers ▪ 3 501C3 non-profit organizations
Number on Waiting List	<p>Waiting lists are not allowed for Medicaid/SCHIP children. RBHAs may establish waiting lists for</p>	<p>No known waiting lists. However, contractors have had to limit services due to expediting all</p>	<p>Contractors determine the caseload for each Lay Health Worker. Health Start contractors indicate</p>

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	Children's Behavioral Health Services	Primary Care Program: Community Health Centers	Health Start
	certain non-Title XIX/XXI priority populations.	their grant funds before the end of the grant periods in past years.	that they do not have a waiting list to enroll individuals into the program.
Other Identified Service Gaps	Several years ago DBHS identified that there was a need to develop the workforce to better respond to children 0-5. DBHS received a 5 year State Infrastructure Development Grant in 2004, and prioritized developing expertise in working with children 0-5. Over the past 3 years DBHS has contracted with Southwest Human Development to deliver a variety of trainings to increase skill in the area of Infant Mental Health. This effort continues.	There are no Community Health Centers in two counties, and some facilities are in need of additional professional staff.	Program is not able to work with women before they get pregnant to help insure that they have a health pregnancy.

	Immunization Program	Sensory Program	Newborn Screening Program
Purpose	To purchase and provide free vaccines to public and private providers to children whose private insurance coverage does not cover the cost of the vaccines.	To provide a systemic hearing screening for hearing disorders in preschool and school-aged children (K -12 th grade)	To identify newborns with certain congenital disorders and newborns and infants with hearing loss and assist them in obtaining further assessment or treatment.
Responsible Agency and Statutory Authority	<p><u>Federal</u> US Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)</p> <ul style="list-style-type: none"> ▪ Vaccine for Children – Sec 1928(a) of Social Security Act ▪ Federal Immunization 317 Grant Program Section 317 of Public Health Service Act [42USC-2476] <p><u>State</u> ADHS, Division of Public Health Services, Arizona Immunization Program Office</p>	<p><u>Federal</u> US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Bureau</p> <ul style="list-style-type: none"> ▪ Maternal and Child Health (MCH) Block Grant - Title V of the Social Security Act and 45 CFR, Part 96. <p><u>State</u> ADHS, Division of Public Health Services, Office of Women's and Children's Health</p>	<p><u>Federal</u> US Department of Health and Human Services Health Resources and Services Administration, Maternal and Child Bureau:</p> <ul style="list-style-type: none"> ▪ Discretionary Program Grants (3 year non-competing continuation grant) <p><u>State</u> ADHS, Division of Public Health Services, Office of Women's and Children's Health</p> <ul style="list-style-type: none"> ▪ ARS 36-694 – 694.01 and A.A.C. R9-13-201 et seq.

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	Immunization Program	Sensory Program	Newborn Screening Program
Target Population and Eligibility	<ul style="list-style-type: none"> ▪ ARS 36-135; 36-671; 36-673; 36-674; 36-396; and A.C.C. R9-6-701-707; R9-5-304-305 <p>Children 18 years of age and younger are targeted by the immunization program.</p> <p>The federal Vaccines for Children (VFC) is for children who are:</p> <ul style="list-style-type: none"> ▪ 18 years or younger; ▪ Enrolled in AHCCCS - Medicaid ▪ Have no health insurance ▪ Are Native American/Alaskan Native; or ▪ Have health insurance but it does not cover immunization (able to receive free immunizations from FQHC) <p>The federal immunization 317 Grant Program targets provision of vaccine in local/county health departments and other public providers of children and adolescents not served by the Vaccines for Children Program; and as funding permits to uninsured and underinsured adults.</p>	<ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 7.2, Article 1 and A.A.C.R9-13-101 et seq. <p>All preschool and school-aged children in Kindergarten through 12th grade, during their first year of attendance and there after as necessary in any public or private schools or residential facility for children with special needs.</p>	<p>Congenital screening targets all newborns (up to 28 days of age) born in Arizona.</p> <p>Early identification of hearing lost targets newborns (up to 28 days of age) and infants (29 days of age to 2 years).</p> <p>Mandated education regarding newborn screening targets families, healthcare providers, and the public.</p>
Services Provided	<p>For children the following services are provided:</p> <ul style="list-style-type: none"> ▪ Orders and distributes to enrolled-providers all recommended vaccines per the immunization schedule. ▪ Provides vaccines to eligible children for free, although some may have to pay an administrative fee. ▪ Conducts annual coverage level assessment of children 19- 35 months in public and private sectors and children in school or day care. ▪ Provides immunization information and education to community and providers 	<p>State law mandates that ADHS act as the recipient of hearing screening data provided by the schools. ADHS also provides hearing screening curriculum, train the trainer classes for hearing screening, and audiometer loan-out to schools.</p> <p>School administrators are required to:</p> <ul style="list-style-type: none"> ▪ Provide screening for hearing disorders ▪ Refer children identified with hearing impairments to intervention services in the community 	<p>For all newborns:</p> <ul style="list-style-type: none"> ▪ Blood sample taken from baby's heel before leaving the hospital with second test is done at follow-up visit with baby's physician. ▪ Samples are analyzed by State lab and provided to ADHS and family. ▪ Hearing test results are reported to ADHS ▪ When tests are positive for a disorder or hearing loss, follow-up with parents to assist them in accessing evaluation services, specialty care and early intervention services ▪ Education program for general public, medical community, parents and professional groups.

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	Immunization Program	Sensory Program	Newborn Screening Program
<p>Service Providers</p>	<p>Public and private providers must:</p> <ul style="list-style-type: none"> ▪ Enroll in the ADHS immunization program ▪ Screen parents of children and determine whether their private insurance will cover or if they are eligible under federal program. ▪ Report each immunization to the Arizona State Immunization Information System (ASIS) 	<p>It is the school administrator's responsibility to ensure that all students are screened. Schools are mandated to provide and pay for screening. This is an unfunded mandate. Most schools or districts have nurses or aids that are trained screeners and provide the screening for the student. Parents pay for any further evaluation, if necessary. However, ADHS provides funding to train the trainers that train the hearing screeners. The hearing screeners, school nurses and audiologists, perform screening, make referrals and do follow-up.</p>	<p>ADHS contracts with the State Health Laboratory for conducting the congenital disorder tests.</p> <p>Newborn Screening Follow-up Specialists, Educator, and contracted pediatric specialists provide follow-up services</p>
<p>Number on Waiting List</p>	<p>Vaccine for Children program is an entitlement program and thus there can be no waiting list. There are no waiting lists for the other programs.</p>	<p>None</p>	<p>Not Applicable</p>
<p>Other Identified Service Gaps</p>	<p>Identified service gaps include:</p> <ul style="list-style-type: none"> ▪ Education of parents and their children is needed to advance their understanding of the benefits and the risks of vaccines. "Each year over 100,000 children are born, none of them arrive immunized." ▪ The number of health care providers to deliver public health prevention services, like immunization, has not kept pace with the population growth. ▪ The number of health care providers to deliver public health prevention services, like immunization, due to the financial demand to purchase vaccine and maintain proper storage. 	<p>At this time, schools are not mandated to provide Vision Screening.</p>	<p>Identified service gaps include:</p> <ul style="list-style-type: none"> ▪ Metabolic foods to treat many of the congenital metabolic diseases identified by newborn screening are only 50% covered by insurance at best, discouraging treatment compliance. ▪ Insufficient genetic counselors and pediatric Audiologists in Arizona.